

2014

Consequences for Nursing Graduates of Failing the National Council Licensure Examination (NCLEX)

Julius Atemafac
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Julius Atemafac

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Walden University
2014

Abstract

Consequences for Nursing Graduates of Failing the
National Council Licensure Examination (NCLEX)

by

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MBA/MS, Strayer University, 2010

AAS/BS, University of the District of Columbia, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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Abstract

Little information is available regarding the consequences of new nursing graduates who fail the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The purpose of this study was to understand how these graduates could successfully pass this examination in subsequent attempts. Guided by Fisher's personal change model, the key research questions addressed the consequences of failing the NCLEX-RN exam and the actions the new graduate took after failing it. A phenomenological design was employed with a purposive sample of 17 new nursing graduates in the metropolitan area who had failed the NCLEX-RN. An inductive approach using a constant comparison, content analysis was used to analyze data. NVivo software was used to assist in identifying and clustering codes to form a thematic label. Emergent themes were extracted and then triangulated with those themes emerging from each respondent's interview. Results of the study indicated that students who failed the NCLEX-RN exam were depressed, isolated, and financially strained as they continued to pay their student loans during their unemployment. The findings indicated that schools of nursing seldom offer support for graduates who do not pass the exam. This finding informed the development of an NCLEX-RN preparation course to aid students to pass the NCLEX-RN exam, either on their first attempt or after failing the exam. Positive social change may occur as nursing school program directors and faculty use the results of the study to modify curriculum and develop strategies to ensure higher NCLEX-RN success rates.

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Dedication

This doctoral study is dedicated to all new graduates who have failed the NCLEX-RN examination at least once, as well as nursing schools facing accreditation challenges due to poor NCLEX-RN scores.

It is also dedicated to my beautiful wife, Denise, who has been very supportive and encouraging since the beginning of this journey. She has kept our wonderful children well cared for while I have found myself consumed by this study, and she has also managed to remain an excellent wife.

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The Lord Almighty stands to receive his glory for helping me with my education. He has always been there for me, and I give him the praise for taking me out of our small interior village in Cameroon to a land of opportunities—the United States of America.

There is no successful study without the expertise of the committee members. I must acknowledge my chair, Dr. Wendy Edson, who has been with me along the way, offering her expertise and thinking skills that helped to bring me to this point. Dr. Edson is a dream chair for any doctoral student, and to say she is excellent at what she does is definitely an understatement. My second committee member, Dr. Kriesta Watson, has also been very supportive, working together with my chair to ensure a successful study. She is a wonderful expert in what she does.

I must also acknowledge my father, Mbe. Michael Awungafac, who died in 2011 at the age of 90. Though he was illiterate, he remained committed to his farms to raise money for his children's elementary education. I remember him praying from 12 am to 1 am most nights, and his prayers were centered on God rewarding his children with the education he did not have the opportunity to get. I also wish to thank my mother, Alice, who stood by my father, supporting him all the way and making sure we never went to bed hungry. She is a strong woman, and I thank God for her.

My beautiful wife, who is also my best friend and the excellent mother of all my children, I acknowledge for her unfailing support. And I also give a lot of thanks to my wonderful children for understanding that I could not spend much time with them because I was busy reviewing articles.

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Section 1: The Problem

Introduction

It is not enough to graduate from nursing school with a diploma or a conferred degree. To be a nurse or feel fulfilled as a nursing school graduate—indeed, in order to practice nursing in any jurisdiction within the United States of America—the graduate must successfully pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN; National Council of State Boards of Nursing [NCSBN], 2013). Every graduate understands that passing the NCLEX-RN is a requirement to practice, and therefore, they strongly desire to pass it. The NCSBN sets the standards for the NCLEX-RN, and this examination is used to determine if a graduate has the required skills to provide adequate nursing care to patients (Wendt & Kenny, 2009). Unfortunately, many new graduates within the Mid-Atlantic metropolitan area have not been able to meet the standards set by the NCSBN, as demonstrated by their failing the NCLEX-RN at least once (Carr, 2012). Carr (2012) has documented significant failures nationwide among students, despite their having completed nursing programs.

Researchers have pointed out many factors that contribute to the success of nursing education programs. Gilmore (2009) suggested that it is crucial for students to pass the prerequisite subjects before enrolling in nursing courses. Other researchers have insisted that students pass science, math, and admission tests before joining nursing courses to ensure that they will be successful (Hopkins, 2009; Tipton, 2009). However, there is no information available regarding the actions, changes, and supportive factors assisting new graduates to be successful in subsequent attempts after failing the NCLEX-

RN. The main purpose of this study was to investigate the consequences, actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN exam. It is expected that the results of this study will enhance the ability of nursing graduates to be successful on subsequent retakes of the NCLEX-RN exam. Leaders of nursing school programs can also use the results of this study to better advise students, modify curriculum, and develop strategies to ensure a higher success rate on the NCLEX-RN.

This study was necessary because there is a problem of new graduates in the Mid-Atlantic metropolitan area failing the NCLEX-RN examination. This assertion is supported by the NCSBN report (2013) that stated that graduates from many jurisdictions of the United States failed the NCLEX-RN exam on the first attempt. In this section, I describe a local problem, rationale for choosing the problem, guiding research questions, review of literature, and implications involving the consequences of graduates failing the NCLEX-RN exam.

Definition of the Problem

Since I began preparing nursing school graduates for the NCLEX-RN in 2007 at a test review center (TRC) in a large metropolitan area in the Mid-Atlantic region of the United States, I have encountered many students who have failed the examination multiple times. In 2009, a nursing school graduate came to our training center to seek admission into the program. As she began talking, tears filled her eyes, and she explained that her husband had threatened to file for divorce because she had failed the exam seven times. She asserted that her unsuccessful attempts at the examination had resulted in

financial difficulties for her family, and the situation had become unbearable for her husband when she had to request time off work to prepare for the seventh (and unsuccessful) attempt. She further explained that she intended to save her marriage and needed all the help she could get to pass the examination (Center Statistics, 2009).

In 2012, another nursing school graduate came to the TRC seeking help. He explained that his federal loans were beginning to cause him financial difficulties, and he needed to pass the NCLEX-RN. He further stated that the federal government requires every graduate to begin paying his or her school loans within 6 months of graduation. He said that people he knew of who had failed the examination several times were successful after attending the TRC's NCLEX-RN tutoring program. He also said that he feared not being able to pay back the federal loans, which could cause him to lose his credit standing (Center Statistics, 2012).

These students are typical of many of the graduates who have had multiple failures on the NCLEX-RN. Out of the 325 graduates who completed tutoring at the TRC in 2009, more than 86% (280) had attempted the examination at least three times (Center Statistics Report, 2009). In 2010 in the training center, I tutored and prepared 478 graduates for the exam. Of them, 33 (7%) had failed five times, 321 (68%) had failed three times, 96 (20%) had failed twice, and 28 (5%) were taking the exam for the first time. Thus, 95% of our student body in 2010 had failed the exam at least twice. The trend is consistent: In 2011, the figure was 92%, and in 2012, 94% (Center Statistics Report, 2010, 2011, 2012).

Despite the success (97% pass rate) the TRC has had in the past years preparing new graduates for the NCLEX-RN exam, many graduates of nursing programs in the Mid-Atlantic metropolitan area fail it, either on the first attempt or after repeated attempts. Boards of nursing in the Mid-Atlantic metropolitan area have reported NCLEX-RN results for the first two quarters of 2013 (Virginia Board of Nursing [VBON], 2013). According to these data, in the first two quarters of 2013 alone, 113 of 232 (48.7%) new graduates failed on the first attempt. These results indicate low NCLEX-RN pass rates on the first attempt, almost all below 80%, which is the lowest acceptable pass rate to maintain state board of nursing approval (VBON, 2013). See Table 1 for a summary of pass rates in a US metropolitan area.

Table 1

Pass Rates for NCLEX-RN in a US Metropolitan Area by School and by Quarter in 2013

School	# of students who took NCLEX-RN	# of students who passed NCLEX-RN	Percentage pass on first attempt	Quarter NCLEX-RN was taken
A	28	13	46%	Jan.-to-March
A	8	6	75%	April-to-July
B	9	4	44%	Jan.-to-March
B	7	2	28%	April-to-July
C	9	0	0%	Jan.-to-March
C	13	8	61%	April-to-July
D	12	8	66%	Jan.-to-March
D	15	5	33%	April-to-July
E	4	1	25%	Jan.-to-March
E	13	6	46%	April-to-July
F	32	14	44%	Jan.-to-March
F	26	12	46%	April-to-July
G	27	22	81%	Jan.-to-March
G	29	18	62%	April-to-July

Note. From Virginia Board of Nursing, (2013). *NCLEX summary report*. Retrieved on 09/10/2013 from http://www.dhp.virginia.gov/nursing/nursing_edprogs.htm

The TRC is in a central location within the Mid-Atlantic metropolitan area and is accessible by all public transport systems. Nursing school graduates who come to the TRC usually visit the center for self-registration prior to class start dates. The registration process gives instructors of the TRC the opportunity to talk to these individuals and to find out if the individual has taken the examination before and, if so, how many times. The instructors also ask if these graduates have been to other TRCs and inquire about their work schedules, their study styles, and any study plans. In this conversation, the

graduate and the instructor begin to develop an individualized study plan that fits into the graduate's work schedule.

Most of the students are referred by those who have been through the program; others are referred by the schools from which they graduated. All major universities and community colleges within the Mid-Atlantic metropolitan area refer their graduates to the TRC. Each instructor for the TRC tutors and prepares an average of 35 graduates per month for the NCLEX-RN, helping them to understand the basic concepts of nursing and relating the nursing process to patient care. The instructor also explains test-taking strategies and makes the graduates practice answering several questions as they learn to apply the nursing process to the exam questions.

The consequences of failing the NCLEX-RN are dire and extensive for the student, both emotionally and financially. McCumpsey (2011) pointed out that the emotional impact of failing the NCLEX-RN is usually devastating to the candidate's employment potential and financial situation. Therefore, students must perform well to avoid emotional and financial problems, according to Carr (2012).

Nursing schools also suffer because NCLEX-RN pass rates determine state approval and accreditation and influence future enrollment. The impact of NCLEX-RN failure also resonates in the healthcare industry because students who fail cannot be employed. The hospitals, which are the hiring agents, experience severe shortages and suffer financial losses because the failed nurse cannot continue in the position of a new graduate nurse (American Association of Colleges of Nursing [AACN], 2014). The NCLEX-RN exam is a final stage, so failure on the NCLEX-RN licensing exam means

fewer registered nurses. The AACN (2014) stated that an estimated 1.2 million nurses will be needed to fill U.S. job openings through 2020.

Hagan (2011) explained how failures on the NCLEX-RN, and subsequent shortages of RNs, affect the levels of service in nursing practice in the United States as a whole. The AACN (2013) stated that two levels of licenses are available to those entering the nursing profession in the United States: licensed practical nursing (LPN) and registered nursing (RN). Institutions allow LPN nurses to perform nursing duties only under the supervision of someone licensed by the state regulatory board as a registered nurse. LPN nurses provide medication under the supervision of registered nurses. On the other hand, registered nurses are licensed to perform specialized services that require biological, physical, nursing science, and social knowledge, and RNs need no supervision. In the medical field, the RN supervises the LPN and other members within the healthcare system (NCSBN, 2010).

Nurses working in the United States are required to successfully complete state board-approved programs as well as pass the NCLEX-RN. The licensure examination is taken after a student successfully completes either an associate degree in nursing (ADN) program, which is community-based and takes 2 years, a 3-year diploma program based in a hospital, or a 4-year degree program based in a university (AACN, 2010). Different educational paths are available for nurses who seek to advance from LPN to the ADN program; it takes 2 years for LPNs to earn an associate degree in nursing. The ADN program has the capability of producing more nurses within a limited period of time. The NCLEX-RN exam was developed by the NCSBN and is used to determine if a nurse has

the required skills to provide adequate nursing care to the patients (Wendt & Kenny, 2009a).

In recent years, many hospitals within the Mid-Atlantic metropolitan area have offered nursing school graduates jobs while waiting for them to pass the licensure examination (AACN, 2014). This early job placement strategy has been associated with a critical shortage of registered nurses, following repeated failures in the NCLEX-RN (Buerhaus, Staiger, & Auerbach, 2009). According to predictions by Buerhaus et al. (2009), the estimated shortage of nurses in the Mid-Atlantic metropolitan area was expected to be 50,000. Projections by the AACN (2014) indicated that this shortage will grow to 260,000 by the year 2025. The nursing shortage has been attributed to the small number of nurses who pass the NCLEX-RN exam, the aging workforce, negative work conditions, and increasing nurses' demands. The shortage of licensed registered nurses is further heightened by the fact that considerable resources are used to train the nurses, and NCLEX-RN failures are skyrocketing (AACN, 2014).

The shortages are expected to get worse due to the scarcity of qualified registered nurses and the inability of nursing school graduates to pass the NCLEX-RN. These predicaments could cripple the healthcare system if measures are not taken to enhance new graduate success on the NCLEX-RN exam. Due to NCLEX-RN failures, the Jonas Center for Nursing Excellence (JCNE) has partnered with the AACN to create free online resources, fully peer-reviewed, to help new graduates prepare for the NCLEX-RN exam (AACN, 2014).

Many students complain about their educational programs, saying the programs are not effective in preparing them for the exam (personal communication, 2012). It is, therefore, imperative to identify the main causes of NCLEX-RN failures in order to develop strategies to resolve these failures. It is likely that a number of factors, both academic and nonacademic, cause these failures. The academic problems include issues such as accelerated learning. Nonacademic issues include those that impede individual learning ability, such as language barriers, low incomes, and students being forced to work at jobs while attending school (Carr, 2012). Carr (2012) also found that graduates delayed taking the examination due to family commitments, fear of failure, and a shortage of money for application and exam fees. Various educational foundations, such as the Carnegie Foundation, have called for radical changes to improve nursing education programs (Schiavenato, 2009). Suggested changes to improve educational programs within the Mid-Atlantic metropolitan area include introducing nursing students to prenursing education earlier, improving teaching methods, and expanding clinical education (Benner, Day, Leonard, & Sutphen, 2009; Carnegie Foundation, 2010). However, there is no information available regarding the actions, changes, and supportive factors assisting new graduates to be successful in subsequent attempts after failing the NCLEX-RN. The main purpose of this study was to investigate the consequences, actions and changes, and supportive factors that can assist new graduates after failing the NCLEX-RN exam.

Rationale

Evidence of the Problem at the Local Level

NCLEX-RN failure has been a concern of various boards of nursing over the past few years because nursing school graduates continue to fail the NCLEX-RN exam even after several attempts (VBON, 2013). Table 1 clearly showed this trend. The TRC continues to receive students in its NCLEX-RN tutoring program who have failed the NCLEX-RN examination on multiple attempts, and these failures have prompted this study. If the TRC can fully understand the reasons for these multiple failures, it will be in a better position to help these graduates succeed. The NCSBN sets the standards for the NCLEX-RN examination and, quite properly, will not compromise on these standards because of safety and quality issues (NCSBN, 2013).

Furthermore, the NCSBN sets its standards based on education, regulation, and nursing practice. NCSBN insists that these standards safeguard public life and thus cannot be compromised despite the challenges facing the workforce, economy, and environment (Buerhaus et al., 2009). Therefore, this study was the best way to understand the difficulties these graduates are facing so that they can meet the standards of the NCSBN.

The success stories from those who attended tutoring sessions at the TRC further support the need for this study and its potential to assist in better service for those struggling to pass the NCLEX-RN. One of the successful candidates wrote the following, as quoted in the Center Statistics Report (2010):

I gained so much knowledge through the process; a lot of things I did not know from nursing school, I know them now. The content and information are real on the exam, no joke. This is a place where you get your money's worth. After getting to know about the center, I passed the NCLEX-RN examination with only 85 questions. (p. 21)

For this study, I collected data from nursing school graduates within the Mid-Atlantic metropolitan area who had taken the examination at least once, since I wanted to understand the consequences of the failure, what they did as a result, and who or what was helpful to them.

The main purpose of this study was to investigate the consequences, actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN. With an understanding of these factors, I developed an NCLEX-RN preparation course to foster student success on subsequent NCLEX-RN attempts. The results of this research could also be relevant to leaders of nursing school programs, who can then advise students, modify the curriculum, and develop strategies to ensure a higher success rate on the NCLEX-RN.

Evidence of the Problem From the Professional Literature

Several studies have probed the high rate of failure among nursing students. Among them, Ali and Naylor (2010) investigated the causes for failure in the NCLEX-RN exam, which include demographic factors such as age, gender, and race. Simon and McGinniss (2013) also investigated the impact of entry qualifications on the performance

of students. Stringent qualifications are meant to select students who have the capacity to complete the course and pass the licensure exam (AACN, 2014).

Many researchers have found correlations between performance in sciences and exam success rate. For instance, Moseley and Mead (2009) found a positive correlation between high performance in science and success in the licensure examination. Their study offered support for the common practice in selection procedures of checking student performance in science-based courses.

Furthermore, Loftis and Williamson (2009) and Ali and Naylor (2010) found that the students who took anatomy and physiology courses prior to admission to the nursing courses had a higher chance of succeeding in the nursing program than those who did not. Moreover, Gilmore (2009) showed a high correlation between success rate and the taking of prerequisite courses in biological sciences. It would therefore be prudent to introduce prerequisite courses to those students taking nursing before they can enroll in the program. Despite these measures, NCLEX-RN pass rates remain very poor in the Mid-Atlantic metropolitan area, supporting the need for this study. The main purpose of this study was to investigate the consequences, actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN.

Definitions

Accelerated Nursing Programs (ANPs): ANPs were developed to enhance colleges' abilities to educate and graduate competent nursing students (Ali & Naylor, 2010) due to the shortage of nurses.

ANPs follow several different routes. One is an LPN-to-RN associate degree in nursing. In the LPN-to-RN program, LPNs are given the opportunity to acquire associate degrees in nursing without following the traditional route followed by those who are not LPNs. The Accelerated Second Degree Bachelor of Science in Nursing Program is intended to prepare students who already have a degree in a nonnursing field for professional nursing practice. These accelerated second degree programs are shorter than those following the traditional pathway. Graduates of the accelerated second degree programs are also eligible to take the NCLEX-RN examination, just like those who graduate following the traditional pathway, and they are all held to the same standards by the NCSBN (AACN, 2014).

Assessment Technologies Institute (ATI), LLC: Nationwide, ATI is considered to be a preeminent e-learning provider. The organization offers programs that are instrumental in improving faculty, student, and program outcomes. ATI also develops preentry examination for nursing institutions. Schools using this standardized test as a screening tool for qualification for admission into their program have reported lower attrition and higher retention rates. Others have reported that using the ATI exit exam as a quality indicator for graduation from the program has brought their NCLEX-RN pass rate closer to 100%. However, few studies have been carried out to link the performance in the ATI preentrance examination and student passing of the licensure examination after graduation (ATI, 2011).

Health Education Systems, Inc. (HESI): HESI is part of the Elsevier Company, a major publishing company that specializes in publishing healthcare books, particularly

for nursing programs. The HESI predictor exit examination has been used by different nursing programs to predict success on the NCLEX-RN exam (HESI, 2010). Studies have shown that passing the HESI exit exam is a significant predictor of student performance in the licensure examination (Murray, 2009). Most schools use the standardized HESI exit exam as a criterion for graduation, and for this reason, every nursing student in his or her last semester is required to take the test and be successful in order to qualify for graduation. It is believed that this standardized test is able to predict a student's readiness for the licensure examination (HESI, 2011).

National Council Licensure Exam for Registered Nurses (NCLEX-RN): The NCLEX-RN exam is an examination required by all member boards of nursing for graduates of nursing programs to pass as a measurement of their competence to perform safely and effectively as a newly licensed entry-level nurse (NCSBN, 2010). A new graduate must demonstrate the achievement of sufficient skills, knowledge, and ability to provide excellent patient care by passing the NCLEX-RN exam (AACN, 2014).

The continuous introduction of new technology into the healthcare system and changes in patient acuity require that the NCSBN review and change the standards of the NCLEX-RN exam every 3 years. The NCLEX-RN exam was last updated and standards for passing the exam were raised in April of 2013 (NCSBN, 2013).

National Council of State Boards of Nursing (NCSBN): Standards are set by the NCSBN for the NCLEX-RN examination, and quite properly, the NCSBN will not compromise on these standards because of safety, quality issues, and public protection (NCSBN, 2013). Furthermore, the NCSBN sets its standards based on education,

regulation, and nursing practice. NCSBN insists that these standards safeguard public life and thus cannot be compromised, despite the challenges facing the workforce, economy, and environment (Buerhaus et al., 2009). The NCSBN also endeavors to share safety information with the public and various boards of nursing throughout the 50 states. The NCSBN develops the NCLEX-RN and makes exam statistics and publications available to the public and nursing programs (NCSBN, 2013).

Traditional Routes for Nursing Programs (TRNPs): The traditional routes for nursing programs offer a bachelor of science degree in nursing (BSN) to those individuals who have successfully completed a 4-year nursing curriculum (Ali & Naylor, 2010). The traditional program route is designed for freshman entry-level candidates, but transfer students also apply for this program. The program prepares graduates to take the NCLEX-RN. These graduates are expected to develop global awareness in order to provide therapeutic care in varied communities. The graduates should also know how to effectively access professional research, function as collaborative team members, and be able to use new technology (AACN, 2014).

Significance

Nursing students desire to be able to practice nursing in any of the available clinical settings following successful completion of a nursing program. To do so, each new graduate must successfully pass the NCLEX-RN examination, but some of these new graduates have had repeated failures on the exam (Carrick, 2013). These repeated failures harm the individual's prospects of obtaining a job and consequently the ability to put into use their nursing education. Carrick (2013) further explained that students who

fail the test on the first attempt usually lose concentration and subsequently fail again the second and possibly the third or even more times. These students find themselves in financial difficulties, resulting in the inability to pay their federal school loans.

Nursing study requires critical thinking, which entails utilization of skills, knowledge, and attitudes to solve a given problem (Walker, 2009). Skills are derived mostly from work experience and knowledge acquired by the individual. Walker (2009) asserted that although most nursing courses prepare students to use critical thinking and problem solving during the decision-making process, practical knowledge about the complexity of situations in real life is important, and this can significantly affect a student's performance. Practical skills also enable nursing students to gain confidence that contributes to overall success in their examination. Walker reported that exposing students to simulations of real-life experiences enables them to perform better because they have had increased exposure to patient-care scenarios. The author therefore recommended that students should be exposed to lessons that are more practical during their studies to pass the NCLEX-RN.

Due to poor performances on the NCLEX-RN by new graduates, many nursing schools now use a predictor examination to help determine student ability to be successful on the licensure exam. Unfortunately, students do fail this predictor exam, and the failure further delays their graduation from nursing school and requires them to return for another semester of remediation prior to taking the exit exam again. The remediation process delays the number of graduates and therefore affects clinical settings such as

hospitals, nursing homes, and assisted living facilities that need to employ nurses (NCSBN, 2013).

NCLEX-RN pass rates are also a determining factor for a school to obtain or maintain its accreditation status. Additionally, boards of nursing post pass rates as a public document, and showing poor rates could hinder an institution's ability to recruit students and retain accreditation (AACN, 2014).

Guiding/Research Question

The research questions of this study were as follows:

1. What actions did the new graduate take after failing the NCLEX-RN examination the first time?
2. What are the consequences of failing the NCLEX-RN for new graduates of nursing programs in the metropolitan area?
3. What changes were made by the new graduates in their preparation to retake the NCLEX-RN?
4. What factors were supportive of new graduates who had failed the NCLEX-RN?

Much research has documented challenges faced by students after failing the NCLEX-RN examination on the first attempt. Some have asserted that failing the examination can lead to emotional devastation for the individual (Chiang, Chapman, & Elder, 2010), and others have claimed that such failure can bring psychological defeat and actually contribute to subsequent multiple failures on the same examination (AACN, 2014; Dapremont, 2011). To be defeated psychologically can result in a series of challenges,

which is why many nursing graduates, especially in the Mid-Atlantic metropolitan area, have had multiple attempts without success on the NCLEX-RN (AACN, 2014).

Despite all the research documenting the consequences of multiple failures on the examination, research is lacking in the area of what new graduates do after failing the examination. It is crucial to discover what actions they can take and what changes they can make toward preparing for the test again in order to be successful on the next attempt. It is also discouraging to know that research has not been done in the area of new graduate support following unsuccessful attempts on the NCLEX-RN examination. Hence, it is important to understand that a support system for educational success is imperative, especially when it comes to taking a standardized test such as the NCLEX-RN. This support system cannot come from the family members but from nursing educators, who are expected to understand what it takes to pass the examination (AACN, 2014).

Peterson (2009) noted that graduates, once out of school, unfortunately have nothing more to do with their various institutions, nor do the school educators follow up with them as a means of encouragement toward their NCLEX-RN success. For these reasons, a study is required to answer questions on the consequences that new graduates face after failing the NCLEX-RN, what they do differently when again preparing for the test, and the support system they need from educators to aid in passing the test. Therefore, this study addressed the local problem of multiple attempts on the NCLEX-RN examination.

Review of the Literature

A great deal of research has been conducted on nursing education, especially in the area of the NCLEX-RN examination. Much of it has focused on nursing curricula as a means toward success in the NCLEX-RN exam; however, there were few or no articles on the specific subject of NCLEX-RN failures. The NCLEX-RN exam is a standardized test every graduate must pass in order to practice nursing in a clinical or educational setting in the United States (AACN, 2014). When *NCLEX-RN examination* was used as a search term in PILOTS, CINAHL, ERIC, ACM, Ed/ITLib, MEDLINE, and LGBT databases, many articles were found with reference to most nursing disciplines, from NCLEX-RN prediction and NCLEX-RN success rate to preparation for the NCLEX-RN exam and other nursing disciplines. When the search was narrowed to *NCLEX-RN failures*, no new articles were found. In the reviewed literature below, I discuss the theoretical framework, curriculum evaluation, faculty approach, bridging the gap between theory and practice, and NCLEX-RN failures.

Theoretical Base

John Fisher first presented his personal change model (PCM) at the Tenth International Personal Construct Congress, Berlin, 1999. He later developed it further in the context of his emerging constructivist theory. The model is based on the fact that people go through change in stages. It also claims that whether the change is positive or negative, people do express themselves in stages. The PCM recognizes that individuals deal with personal change following a transition curve. The curve was created in 2003 and revised in 2012 (Fisher, 2012).

I adjusted this curve model to address the perceived consequences, actions, and self-efficacy of nursing students and their behaviors toward preparing for the NCLEX-RN examination. Where Fisher's model discusses "persons," I substituted "nursing students." I have suggested that a proactive approach to change is advisable for nursing students and faculty prior to taking the exam, rather than simply reacting to failure. Moreover, Fisher's "personal change" behaviors were replaced with "studying" behaviors. Fisher revised this model in 2012 to take into account the complacency stage. Although I did not evaluate the effect of this stage, I used the revised version of the model for this study.

The following six assumptions on which the PCM is based reflect both nursing and behavioral science perspectives: (a) everyone will transition through all the stages; (b) everyone will progress through all the phases in a linear or sequential way; (c) people may move through the stages in either direction as circumstances change throughout; (d) each stage builds on the last stage and incorporates any learning (positive or negative) from experience; (e) not everyone will go through the stages at the same time period; and (f) some people may remain in one stage forever and not progress to the next stage, which could hinder their personal progress, depending on whether the change was a negative or positive one (Fisher, 2012). See Figure 1 for a summary of Fisher's PCM.

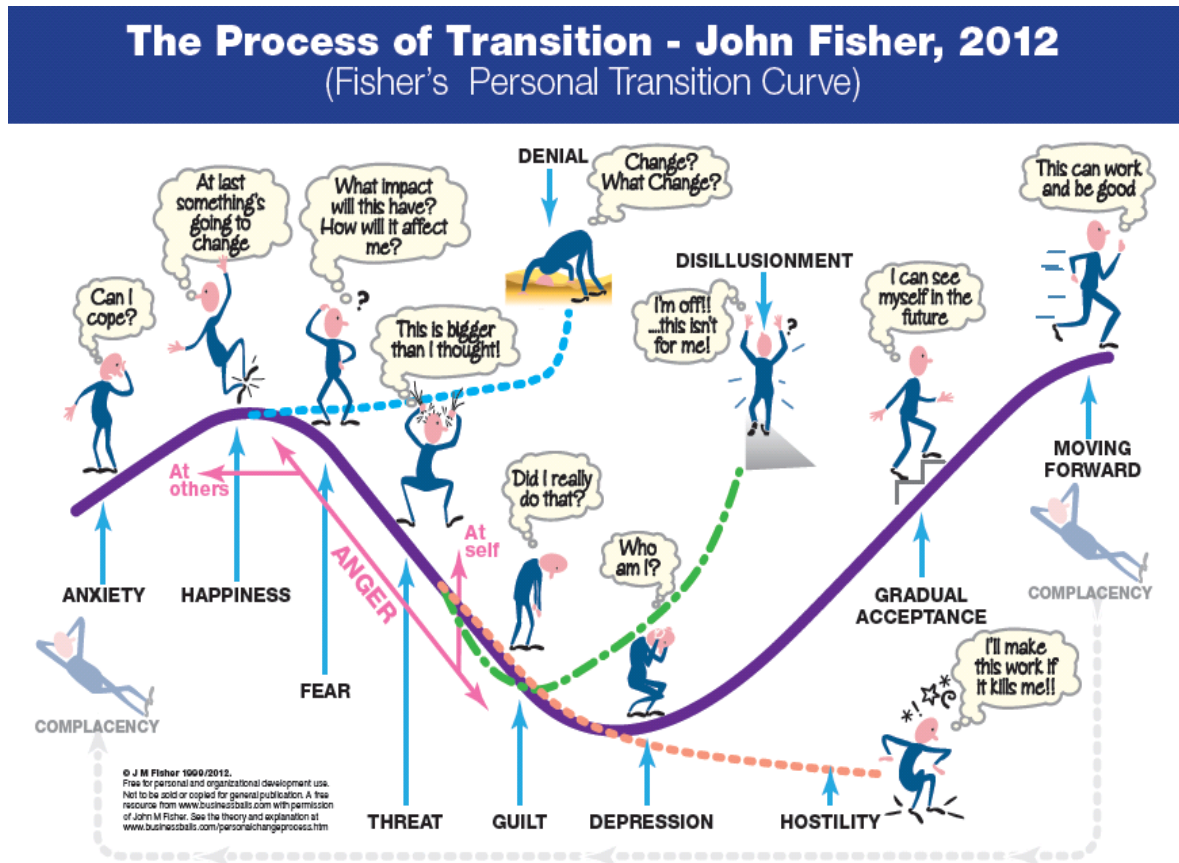


Figure 1. John M. Fisher's personal change model showing the multifaceted nature of persons moving through the stages of change toward a good outcome. Reprinted with permission from the process of transition developed by J. M. Fisher (2012), *Journal of Ethical Living and Life Learning*, 16(3), 21-29. Copyright 2012 by *businessballs*.

The three theoretical statements on which the PCM is based are as follows: (a) people's perception of the situation could be escalating in "severity" of impact and importance to sense of self; (b) fear of the unknown can constrain commitment to action,

a mediator of behavior as well as actual behavior; and (c) when people go through multiple transitions at the same time, this could have a cumulative impact on them as individuals.

The nursing instructor is part of this model (see Figure 1), not only after a student has failed the NCLEX-RN but also in the prevention of failure and the promotion of motivational factors in studying and success. The consequences, actions, and changes made by failed students for this study are part of the theory and are considered to be of major motivational significance. Fisher used Kelly's personal construct theory (PCT) of personality (Kelly, 1955), which centered on the distinct ways in which individuals construct and reconstruct the meanings of their lives. Students who are able to find a positive construct evolving around their NCLEX-RN examination are more intrinsically motivated and are more likely to challenge themselves with difficult tasks; they are also more likely to blame themselves for their NCLEX-RN failures. Fisher (2012) described the stages of the PCM as follows:

Anxiety. In this stage, the person is aware that some events happen outside of his or her ability to control or understand (Fisher, 2012). The nursing student, for example, is not sure what to expect on the NCLEX-RN exam and may be unsure of how to adequately prepare for it. How the graduate deals with this stage dictates progression through the rest of the curve and the extent of the impact on his or her core sense of the NCLEX-RN exam.

Happiness. In this stage, the person experiences a feeling of happiness or relief when he or she becomes aware that change is imminent (Fisher, 2012). This will occur

whether memories of past events are positive or negative. The person has a belief that positive things are likely to happen and may feel excitement and anticipation. The student who was able to find a positive construct in the anxious stage may have a concept of personal success on the NCLEX-RN exam and may begin to develop a strategy to study for it. This student may have a high possibility of being successful on the NCLEX-RN exam. The student who ended with a negative construct in the anxious stage may become pessimistic and procrastinate in their preparation. This individual may have a lesser chance of being successful on the NCLEX-RN.

Fear. The feeling of fear is a necessary consequence of facing the unknown (Fisher, 2012). The student graduate preparing for the NCLEX-RN will begin developing fear as the exam date approaches. This fear will either motivate the graduate to study and prepare well for the exam or cause them to procrastinate. The student will have a better chance of passing the NCLEX-RN exam if this stage becomes a motivating factor.

Threat. In this stage, the threats possibly contained in a new, strange environment can lead to feelings of uncertainty about one's ability to act or react to them (Fisher, 2012). The person is also aware that large changes in behavior may be required. The student graduate in this phase begins to see him or herself as being successful and moving on to practicing in a clinical setting (hospital), or, on the other hand, begins to wonder what he or she will do upon failure of the NCLEX-RN exam. A student motivated by the anticipation of the comprehensive change of practicing nursing in the hospital will have a better sense of self-efficacy about passing the NCLEX-RN exam.

The student who hangs onto a negative construct such as “What if I fail?” may become less intrinsically motivated about the exam, which could lead to failure.

Guilt. In this stage, the individual may find that his or her perception of self is undergoing a shift (Fisher, 2012). The shift may lead to an exploration of past behavior and self-perception and a search for alternative explanations of one’s behavior. The student who has failed the NCLEX-RN may develop shame and guilt and find it difficult to talk about this negative view of self. The student may get stuck in this stage of guilt, which in turn affects his or her ability to be motivated to prepare for the test again, resulting in more failures. In this case, the student graduates to the next stage—depression.

Depression. Here the individual may come to believe that past events are a sign that he or she is “not good enough.” The nursing school graduate who has failed the NCLEX-RN exam can become very critical of self, and the resultant undermining of core sense of self leaves the individual adrift with no sense of identity and no clear vision of how to prepare for the exam again (Carr, 2012). This may cause a student to remain in this stage for a long time, making it more difficult to begin the preparatory process again.

Gradual acceptance. In this stage, negative interpretations of past behavior may be transformed, and the person may begin to understand the reasons for this behavior and start to see a path to a more successful future (Fisher, 2012). The new graduate who has failed the NCLEX-RN exam begins to evaluate the possibilities of passing the exam. At this time, the student begins to take steps toward preparing for the exam again. This

phase may take longer to appear if the new graduate spends a lot of time in the guilt and depression phases.

Moving forward. A renewed sense of self emerges in this stage, and the person begins to act with more integrity and in harmony with inner convictions and with confidence they can make correct choices (Fisher, 2012). The new graduates who have failed the NCLEX-RN develop a new studying plan, seek help from other sources, are positive that what they are doing will work for them, and believe that NCLEX-RN success is on the way.

Disillusionment. This stage reflects the belief that one's behavior will not lead to success and that it is not acceptable to others (Fisher, 2012). The new graduate who failed the NCLEX-RN and never moved past the guilt and the depression phases may become unmotivated, unfocused, increasingly dissatisfied, and gradually withdraw from studying. The student may either give up on the exam or go for the test without preparing well and may fail again.

Hostility. In this stage, the person is unable to discontinue behaviors that have led to past failures (Fisher, 2012). The new graduate who failed the NCLEX-RN may continue to study and prepare the same way as before and continue to fail the exam multiple times. At some point, the studying plan is ignored (at best), and actively undermined (at worst). At this time, the student may fall back into the guilt and the depression phases, making it very difficult to come to grips with preparing for the exam again.

Denial. Here the individual cannot recognize the existence of any change or the possibility of future change (Fisher, 2012). The student refuses to accept the reality that he or she failed the NCLEX-RN exam. The student constricts or narrows his or her range of construction, hoping to eliminate that reality.

Anger. In this phase, the person first turns anger outward and blames others. Later, they begin to blame themselves (Fisher, 2012). The new graduate who has failed the exam begins to blame the nursing program for the lack of preparation. Upon self-introspection, these students may turn their anger inward and begin blaming themselves for not studying enough, for not taking time off work to prepare for the test, and for not seeking help from other sources.

Complacency. Here the individual learns to accept change (Fisher, 2012). He or she develops a rational framework for events and allows the change to become part of a new reality. The new graduate accepts failure on the NCLEX-RN exam. The danger for the graduate is that he or she may become relaxed about the exam and begin seeking more hours at work or other part-time jobs to compensate for the failure to pass and to obtain licensure. The graduate begins to work many hours to meet financial demands and may not have the time to prepare for the test again until weeks, months, or even years later, further decreasing his or her chances of passing the exam (NCSBN, 2010). The graduate abandons old studying plans and fails to develop and follow new studying plans.

Curriculum Evaluation

Several articles have pointed out that the nursing curriculum affects NCLEX-RN success. In a qualitative study, Paulson (2010) stated that many researchers have in the

past believed modifying the nursing curriculum was the answer to developing and graduating students who would be successful in passing the examination. Similarly, the National League for Nursing (NLN), a leading educational reformer, has also called on educators to conduct research on new models of curriculum in an effort to enhance student learning that leads to success on the NCLEX-RN examination and ensures safe practice (NLN, 2011).

To support earlier studies, Van de Mortel and Bird (2010) in a quantitative study for continuous curriculum review showed that student satisfaction with the nursing program was reflected on the NCLEX-RN examination results. These authors further argued that the availability of course coordinators to monitor the effectiveness of unit delivery and integrity of the course went a long way to enhance student performance on the course, the program as a whole, and subsequently the NCLEX-RN examination. These authors were not the only ones calling for tutoring and course coordinators. In a qualitative study, Stallwood and Groh (2012) emphasized that implementing tutoring and diagnostic sessions into the nursing curriculum is a credible process to enhance student learning and subsequently doubles or even triples their chances of passing the NCLEX-RN examination. Similarly, Staples and Urban (2014) in their qualitative study further supported a need for tutoring by stating that students must attend tutoring sessions that are designed to focus on the NCLEX-RN blueprint to be successful on the NCLEX-RN exam. The NLN (2011) also called for faculty to implement tutoring and diagnostic sessions to enhance students' success in the NCLEX-RN examination.

Furthermore, the AACN (2014) has documented self-learning as an active learning strategy for nursing students at the degree level. Although the AACN argued that there must be a periodic assessment of teaching methods for efficacy and review of curriculum, literature exists suggesting that this strategy has not been documented to have a huge impact on the NCLEX-RN examination. In a qualitative study, Giddens and Morton (2010) completed an evaluation of a curriculum 2 years after its implementation. These authors asserted that self-learning strategies added to the curriculum did not change learning outcome, nor did the self-learning strategies affect the NCLEX-RN examination results.

Literature on effectiveness of curriculum on the NCLEX-RN results continues to evolve. Aktan et al. (2009) used a mixed methodology to conduct a comparison of outcomes in a traditional versus an accelerated nursing curriculum. Their findings revealed that there was little difference in outcomes between the accelerated and traditional students, and there was no difference in the NCLEX-RN pass rate for both groups. Additionally, Walker (2009), in a quantitative study stated, “the multiple races, ethnicities, and languages of nursing undergraduate population is now one of the most challenging issues nursing education has now to confront and find better ways to manage” (p. 23). Walker further reported that students with previous degrees from foreign countries expressed some level of difficulty in passing the NCLEX-RN examination, though they graduated from a nursing program with good grades.

Faculty Approach

Paulson (2010) in a qualitative study argued that the perception of a faculty member and their ability to effectively integrate instructional techniques in the classroom and clinical settings can be very effective in nursing education, which is usually reflected in the graduate's NCLEX-RN results. Paulson also referred to research that has documented how some colleges have resorted to hiring adjunct faculty as clinical instructors. Faison and Montague (2013) echoed the same concern in their study and asserted that preparing graduates to be successful on the NCLEX-RN exam entails the use of experienced faculty members able to integrate instructional techniques from classroom to simulation laboratory and clinical rotations.

Giddens and Morton (2010) documented the curricular challenges faced by nursing faculty in the face of continuous, rapid change in healthcare service provision. These challenges, along with accelerating faculty retirements and an influx of new, inexperienced faculty, have resulted in many nursing programs experiencing reduced ability to evaluate and upgrade curricula. In support of the study conducted by Giddens and Morton, Van de Mortel and Bird (2010) posited that when faculty members cooperatively discussed the curriculum and course outlines for each course, going from a “my unit” perspective to a sense of collective responsibility for the whole course, this led to good academic leadership to improve student learning outcomes—again, likely to be reflected on the NCLEX-RN examination. Herrman and Waterhouse (2009) asserted that the use of sophomore nursing students as undergraduate teaching assistants resulted in students' report of decreased anxiety and increased confidence in the freshman student.

Bridging the Gap Between Theory and Practice

Walker (2009) stated that the key to linking theory to practice is allowing healthcare agencies and higher education to find a common ground of expectations for improvements in clinical practice and preparation of healthcare professionals. Additionally, evidence-based practice and the positive outcomes it brings to nursing curricula and the final results on the NCLEX-RN examination were studied by Ross, Noone, Luce, and Sideras (2009). Ross et al. (2009) claimed that a nursing education curriculum built on evidence-based practice brings about teamwork and interprofessional collaboration that fosters graduation of well-prepared nurses ready to take the NCLEX-RN examination. The study of Ross et al. has been supported by various reports by the NCSBN (2013) that claimed that evidence-based practice supports graduates' ability to be successful on the NCLEX-RN exam on the first attempt. Romeo (2013) provided further support for evidence-based practice by stating that it fosters the critical thinking skills that are significant for nursing education and for licensure.

NCLEX-RN Failures

Much research has been conducted in the area of nursing curriculum in an effort to document its effect on the NCLEX-RN examination. There is also literature that specifically addresses unsuccessful attempts to pass the exam. In a quantitative study, Carrick (2011) observed that even though many new graduates from nursing programs are successful on the NCLEX-RN exam, there is a portion of students who continue to be at risk for failure. The standards set by various nursing boards continue to demand more effective nursing education programs—and NCLEX-RN results are used to evaluate

effectiveness. The Pennsylvania State Board of Nursing (PASBN) had a minimum standard of 40% until 2009, when its standard was increased to 80%. Every nursing program in the state must maintain an accumulative yearly score of 80% on the NCLEX-RN examination to remain operational (PASBN, 2009).

Carrick (2011) also claimed that new graduates usually do not take the test until several weeks following graduation, and during this period the new graduate may experience personal life challenges that could cause them to drift away from their NCLEX-RN study plan and make failing the NCLEX-RN examination more likely. Similarly, the NCSBN (2013) has reported that a longer duration between graduation and taking the NCLEX-RN examination is associated with decreased pass rates. Likewise, the NLN in their 2011 report urged nursing school programs to encourage students to take the examination within 3 months of graduation. Furthermore, Lavin and Rosario-Sim (2013) said that scheduling to take the NCLEX-RN exam within 3 months of graduation decreases the chances of failure.

Student attitude toward the NCLEX-RN has also been reported to have a substantial effect on exam success. Carr (2010) asserted that new graduates who viewed the NCLEX-RN examination as a requirement for obtaining a job in a hospital did not prepare for the test at their full capacity, which could have led to their failure. Graduates who viewed the exam as a requirement for graduation and subsequently practicing in a hospital were more committed to passing the test, and these graduates did pass the NCLEX-RN. The problem has been persistent even though selective admission criteria have been instituted, including admission exams, interviews, a requirement for

professional references, high entry grades, and successful completion of prerequisite courses. Even so, a large portion of nursing students still fail to qualify for the NCLEX-RN (Kaufman, 2010).

Researchers have pointed out many factors that contribute to the success of nursing education programs. Gilmore (2009) suggested that it is crucial for students to pass the prerequisite subjects before enrolling in nursing courses. Other researchers have insisted that students pass science, math, and admission tests before joining nursing courses to ensure that they will be successful (Hopkins, 2009; Tipton, 2009). Similarly, Simon and McGinniss (2013) in their quantitative study asserted that passing biology and chemistry and having a high GPA are predictive of student success in nursing education and subsequently the NCLEX-RN exam. However, very few researchers have tried to study the nonacademic factors that may have significant impact on student nurses, including job commitment, raising children, financial difficulties, high living expenses, and other personal issues (Carr, 2012).

Numerous studies have probed the high rate of exam failure among nursing students based on demographic factors. One is age; according to Ali and Naylor (2010), students who enroll in accelerated programs are much older than those in the traditional programs, with an average age between 28 and 40. These older students have extra burdens, such as family and marital issues. Other researchers have also identified age as a factor that affects the success rate in the NCLEX-RN examination (McCarey, Barr, & Rattray, 2011; Timer & Clauson, 2010). Furthermore, McCarey et al. (2011) stated that other studies showed that in a community setting, older students have a greater chance of

succeeding, as well as a greater ability to attend summer sessions as compared to younger students. Similarly, in a quantitative study, Simon and McGinniss (2013) supported the assertion that mature learners are more likely to be successful in nursing education because these learners are more motivated and self-directed in learning compared to younger traditional students. Despite these findings, a number of studies have shown that age has no substantial impact on performance in the NCLEX-RN examination (Korvick, 2009; Peterson, 2009; Prive, 2010). These studies document many inconsistencies in using age as a predictor of students' performance.

Race is another demographic factor that affects the success of students in the examination. Studies by Kostecki (2009) showed that students from the African American community living in the suburbs were less likely to pass the licensure exams than whites or those of unknown ethnicity. Other researchers also asserted race to be a possible contributor to the overall success of students (Landry, 2010). The studies revealed that race and ethnicity expose students to many difficulties associated with financial limitations, family responsibilities, language problems, and lack of time to concentrate on studies, all of which hamper a student's ability to perform well on the NCLEX-RN examination (Alameida, 2011; Timer & Clauson, 2010).

Another widely studied factor is the impact of gender on student success rate. Researchers from colleges in metropolitan areas showed that female students had a higher success rate than male students (Kostecki & Bers, 2009) and that men have a higher failure rate than women (Ali & Naylor, 2010). In contrast, a number of studies concluded that there is no correlation between gender and success rate. Peterson's study (2009) of

66 baccalaureate students enrolled in a nursing program revealed no correlation between success and age or gender. Similarly, Simon and McGinniss (2013) reported that even though mature learners have a greater chance of succeeding in nursing education, there is no correlation between success and gender.

Studies also have been carried out to investigate the impact of entry qualifications on the performance of students. Many researchers exposed a positive correlation between students who perform well in science and the success rate in licensure examinations. Moseley and Mead (2009) suggested that a good selection procedure would be to check the student's performance in science-based courses. Various researchers have studied the link between performance in sciences and the success rate in examinations (Ali & Naylor, 2010; Loftis & Williamson, 2009). The results showed that the students who took anatomy and physiology courses prior to admission had a higher chance of succeeding in the nursing program than those who did not. Simon and McGinniss (2013) also stated that students who pass biology and chemistry are more likely to be successful in nursing education and subsequently the NCLEX-RN. Furthermore, studies have presented a high correlation between success rate and the taking of prerequisite courses in biological sciences (Gilmore, 2009). Success in psychology has also been linked to a higher success rate in the examination (Landry, 2010).

Performance of students in nursing courses also correlates with performance in the licensure examination. Courses such as pharmacology, nursing fundamentals, and psychiatric nursing have been found to have a significant influence on success in the licensure examination (Gilmore, 2009). For those with significantly low performance, the

educational institution can recommend that they change majors or attend remediation sessions to improve performance. Tau (2013) said that remediation on topics focusing on the NCLEX-RN blueprint will enhance NCLEX-RN success. Researchers also indicated that performance in previous academic courses is likely to be correlated with results in the NCLEX-RN (NLN, 2011). Students who perform well in academic examinations given during the ADN program are likely to perform well in their higher learning and also pass the licensure exam. The inference from these studies is that nursing education programs should raise their cutoff points to ensure that students pass their final examination (Dickerson, 2010).

Several nursing institutions give admission examinations to students who apply for the nursing program to enable them to select the most qualified students (Murray, 2009). Similarly, Lavin and Rosario-Sim (2013) recommended that nursing programs implement predictor entrance exams to ensure the admission of the most qualified candidates. Health Education Systems Inc. (HESI) and Assessment Technologies Institute (ATI) are among the companies that have been accredited to give exams in the nursing sector. Studies have concluded that passing the HESI exam is a significant predictor of student performance in the licensure examination (Murray, 2009). There is a strong positive correlation between a student's performance in the final examination and the admission exam. Most researchers agree that performance of students in the HESI admission exams is an indicator of future performance in the final licensure examination (HESI, 2012). On the other hand, the ATI test usually tests for the student's ability to take the course without difficulties (ATI, 2011). However, few studies have been carried

out to link the performance in the ATI preentrance examination and student passing of the licensure examination. Additionally, Spurlock (2013), in a qualitative study, found that high-stakes testing did not accurately identify students who fail the NCLEX-RN.

In addition to admission exams, different colleges use other selection procedures to screen applicants. Tests include the Scholastic Aptitude Test (SAT) and tests from ACT. Studies show a significant correlation between the success rate in the NCLEX-RN exam and ACT scores (Hopkins, 2009). Thus, the performance of students in admission exams plays a significant role in determining future performance in the NCLEX-RN exam (Uyehara, 2009). Another predictor of performance in the licensure exam is the grade point average (GPA). Studies show that students with a GPA of 3.20 or higher had a higher passing rate in the exam than students with a lower GPA (Stuenkel, 2009). In contrast, students who failed the NCLEX-RN had significantly lower GPAs, especially in science-related subjects (Uyehara, 2009).

The experience of students in the healthcare sector also could have an impact on their performance in the licensure exam. Although most nursing courses prepare students to use critical thinking and problem solving during the decision-making process, practical knowledge about the complexity of situations in real life is important, and this can significantly affect a student's performance (Wilson et al., 2011). However, student experience comes with age and adult responsibilities, which have been studied as factors affecting the performance of students in postsecondary examination. Carr (2012), in writing about adult students, noted that most of them prefer community colleges, which are convenient, affordable, and provide the access that adults require. Most adult students

work and have numerous issues that significantly affect their studies, such as family affairs, unemployment, work-related stress, financial commitments, limited study time, and children. All these factors significantly affect their performance and success rate.

Psychological and social factors also affect success rates at nursing institutions. A student's ability to succeed is greatly determined by his or her self-efficacy and confidence. In addition to support that nursing students gain from family members, including children, the institution plays a pivotal role in the success rate of nursing education (Dapremont, 2011). Dapremont (2011) showed that many students need to be motivated by nursing education programs and recognized for their educational efforts. When this does not happen, students tend to be demotivated and thus perform poorly. It is imperative that faculty provide functional and psychological support to the students. Another study encouraged students to give their opinions on what future nursing students should do to pass the licensure exam (Chiang, Chapman, & Elder, 2010). Most of these suggestions were more inclined toward self-efficacy, self-motivation, and the need to be persistent in one's goals and objectives.

Implications

Ensuring public protection is the essence of why the NCLEX-RN examination is administered. The NCSBN (2013) has determined that candidates for nursing licensure must pass an exam that is a measure of the competencies they will need for safe and effective performance at professional entry level. Graduates must study and take necessary and productive actions that are connected to ensuring competence at the NCLEX-RN exam.

Analysis of the data and results of the research might show that students are anxious about computer-based assessment (CBA), which is the only method of administering the NCLEX-RN examination. Practicing to be effective in taking CBA might be warranted as long as it can be shown that there is an association between perceived barriers and benefits to study and self-efficacy with the NCLEX-RN pass rate. Graduates are likely to already have computers; adding this tool to their studying strategy would require minimal effort and would most likely not result in much extra expense. Graduates would just have to purchase computer-based NCLEX-RN-style practice questions to add to their study plan.

The research might also reveal that graduates are consumed with personal daily requirements such as work and other obligations that prevent them from following an NCLEX-RN study plan. Graduates must understand that following a study plan intensively is the most effective way to be successful on the NCLEX-RN exam. The results of the study may support a possible project of a curriculum plan development. The curriculum plan will outline 12 units, with objectives for each unit. Unit I will focus on the NCLEX-RN registration process and development of a successful study plan. The rest of the units will focus on content areas a student is required to know to be successful in passing the NCLEX-RN exam. The curriculum plan project may reveal useful information, which, if available to graduates, could be used to make adjustments in their actions and provide supportive factors, which could assist them to be successful in subsequent attempts after failing the NCLEX-RN.

Summary

The accrediting bodies rely on NCLEX-RN pass rates to maintain accreditation for each nursing school and will continue to do so. However, nursing schools also continue to have high attrition, and hospitals and other healthcare centers continue to seek competent graduates who can function in a changing healthcare system. Nursing schools and faculty members are challenged to train and graduate competent nurses who can pass the NCLEX-RN on first attempt and enter the workforce as professionals. Unfortunately, students are progressing through the program but failing the NCLEX-RN, which is a requirement to obtain licensure and be eligible to enter the workforce. This is not an isolated problem because there are many common contributing factors that affect many schools of nursing.

The next section will provide the methodology that was used as a foundation and support for insight on NCLEX-RN failures by examining the consequences of failing the NCLEX-RN and actions taken by graduates after failing. Setting of the study, selection of participants, sample size, data collection methods, procedures, and analysis of data collected will be discussed.

Section 2: The Methodology

Introduction

This study explored the consequences of failing the NCLEX-RN examination, and the actions and changes new graduates made after failing. Results will give students some insight into how to raise their confidence level as they prepare to sit for the NCLEX-RN exam again. The results will also help students develop a study plan. Factors investigated are motivation to be successful, decisions that give more time to studying, NCLEX-RN exam preparation, approach to the exam, exam phobia, ability to take the exam, retaking the exam after failure, support systems, adjusting life barriers, and failures in self-efficacy that might interfere with studying and thus increase the likelihood of failing the NCLEX-RN exam.

Research Design and Approach

Design

A qualitative design was best for the study, rather than a quantitative or mixed methods design. A qualitative design permitted the study of a few individuals yet provided in-depth information on the experience of failing the NCLEX-RN. Maxwell (2013) asserted that qualitative research has an inherent openness and flexibility that allows the possibility for the researcher to modify the research design and focus as needed and pursue new discoveries and relationships. A quantitative design depends on statistical hypothesis testing, which requires that the author does not significantly alter the research plan after data collection has begun. In this qualitative study, I was interested

in not just the actual behavior of the participants, but also in how the participants interpreted and understood their own behavior. When a graduate knows the consequences of failing the NCLEX-RN exam, he or she can take actions to avoid failure and make the necessary changes required to be successful. Viewing the consequences of failure as a threat to success can also serve as motivation for the positive behavior of studying. Those actions, motivated by the desire to meet the goals of lessening anxiety, passing the NCLEX-RN, moving to the workforce, and earning a salary deserved by a registered nurse, are the benefits of studying and self-efficacy.

Approach

A descriptive phenomenological approach, as described by Holloway and Wheeler (2010), was used to explore the consequences of failing and the actions and changes new graduates made after failing the NCLEX-RN examination. According to these authors, a phenomenological approach is the “attempt to understand the meaning of events and interactions to ordinary people in particular situations” (p. 228), which in this case is the NCLEX-RN exam. The authors noted that bracketing prior assumptions and preconceptions in this type of study was important. Their research process started with the *lifeworld*, the “lived experience” of the participants, and centered initially on individual and unique everyday experiences and concrete examples of the phenomenon to be researched.

Phenomenology has commonly been used in exploratory studies and in cases where not much knowledge exists about the phenomena under study. Since there was not much research in the area of the consequences for new graduates of failing the NCLEX-

RN, the problem could not be reduced to numbers. This is further support for not using a quantitative design in this study—no instrument exists that could be applied in measurement. Maxwell (2013) posited that in qualitative research, “the researcher is the instrument” (p. 88), and his or her eyes and ears are the tools employed to gather information and to make sense of what is going on with the situation being studied. Therefore, further requiring the researcher to make use of whatever informal data-gathering strategies are feasible or available to him or her, including “hanging out” and casual conversations, are important considerations when conducting an interview study. With the application of a descriptive phenomenological approach, a narrative explanation was preferable for this area of very little research.

Furthermore, a quantitative design requires a larger sample, and because the students in this study had graduated, it was difficult to find the sample size needed to conduct a thorough quantitative study. Maxwell (2013) wrote that in quantitative design, data are collected from large samples and aggregated across individuals or situations. He further claimed that quantitative researchers “tend to be interested in whether and to what extent variance in *X* causes variance in *Y*, while qualitative researchers, on the other hand, tend to ask how *X* plays a role in causing *Y*, what the process is that connects *X* and *Y*” (p. 31).

Qualitative methods are defined as those in which the researcher acquires knowledge based on constructivist perspectives (Creswell, 2009). The meaning of a given scenario is drawn from individual experiences, social constructions, or examination of historical trends. Most qualitative studies result in the construction of a pattern or

description of a trend that enables researchers to draw conclusions on the issue being studied. Qualitative research methods seek to identify the causes of a given social phenomenon based on the effects of other parameters within the same social system. This study necessitates the use of in-depth interviews conducted with new graduates as the qualitative research methodology.

Setting, Population, and Sample

Setting

The site of the study was a TRC, a private tutoring center located in a Mid-Atlantic metropolitan area. The TRC offers tutoring services to students preparing for the NCLEX-RN examination, and 95% of its student population has failed the NCLEX-RN at least once. Tutoring sessions are offered on a monthly basis in two separate classes, with an average of 25 to 40 students per class. The TRC employs two full-time faculty members plus an administrative assistant, a program director, and part-time faculty members. The TRC tutors 600 to 1,080 students in an average year.

Population and Sample

In this study, the targeted population was new graduates of programs with an associate degree and/or a bachelor's degree in nursing who had failed the NCLEX-RN exam at least once. Since the study focused on persons who had failed the NCLEX-RN exam, homogeneous sampling was applicable, which is described as the selection of a sample from a group of persons with the same subculture or having similar characteristics (Holloway & Wheeler, 2010). These new graduates are required to pass the NCLEX-RN exam in order to be licensed as registered nurses. Unfortunately, graduates of nursing

programs in this Mid-Atlantic metropolitan area have demonstrated an inability to pass the examination, either at the first attempt or after repeated attempts.

The sample studied included 17 new graduates of nursing programs in this Mid-Atlantic metropolitan area who had failed the NCLEX-RN at least once. This sample size allowed the ability to achieve saturation in the data collection process. Holloway and Wheeler (2010) explained that saturation can also be called *informational redundancy*, signifying that no other new concepts or dimensions for categories that could be identified and be of importance to the study can be reached. All participants were new graduates attending an NCLEX-RN preparation center. The sampling was strategic and purposeful because the study focused on a case's unique contexts, as suggested by Miles, Huberman, and Saldana (2013). The sample size of 17 participants allowed for the study of a few individuals and yet allowed the ability to examine an in-depth picture of the NCLEX-RN situation at hand. Miles et al. (2013) stated that qualitative research usually involves in-depth work with small samples of individuals in their normal environment, whereas quantitative research usually occurs outside of the subjects' personal contexts in order to achieve statistical significance. Because of the small sample size of 17 participants, I also employed the use of qualitative design in carrying out this study. Creswell (2012) emphasized that qualitative study works best with smaller numbers; larger numbers of individuals or sites can yield unwieldy, superficial results.

Selection of Participants

The selection of study participants was conducted through a purposive, homogeneous sampling based on ethical principles in the process of interacting with

persons who have the requisite knowledge and experience and from whom rich data can be obtained, as recommended by Holloway and Wheeler (2010). These authors noted that a purposive sample is selected for a specific purpose, and, therefore, it must have specified characteristics, such as being information rich. Thus, I selected a homogeneous sample of new graduates who had all failed the NCLEX-RN. Students who have failed the NCLEX-RN belong to a subgroup in the community.

Procedures

To begin the selection of participants, I first identified a gatekeeper at the TRC who gave me access to the center and permission to speak to those I was going to be interviewing. Once I had established the contact, I promptly and clearly explained the type of study I was doing, including its scope and aims. Understanding that my presence could have an effect on the TRC, which could be threatening to the people involved and could also skew my study, I endeavored to establish a relationship of trust in the early phase of the process, as recommended by Holloway and Wheeler (2010). Though the power of the gatekeeper might influence candidates to participate, I ascertained that participation was entirely voluntary (see Appendix B). Following permission to conduct the study at the TRC, I developed flyers about the study to seek volunteers (see Appendix E). The flyers were distributed to individuals attending the NCLEX-RN preparation center, with the specification that only candidates who have failed the NCLEX-RN exam could volunteer to participate in the study. An address was provided on the flyer with a mail-back stamped envelope. Since I knew the TRC intimately as a tutoring instructor, I believe this was helpful to ensure it was suitable for the study. To prevent the possibility

of students feeling coerced to participate, only students not attending my tutoring sessions were invited.

Once I received a response from a volunteer expressing his or her desire to participate in the study, I called the potential participant to schedule an initial meeting. The initial meeting was my first face-to-face contact with the participant, which was a perfect time for me to begin establishing a trusting relationship. When studying participants, the relationship requires ongoing negotiation and renegotiation, and I could not assume total access, because it may not even be required for a successful study, according to Maxwell (2013).

Maintaining a working relationship with participants is essential in an interview study. I also understood that what I perceive as a study could always be perceived by the participants as an intrusion into their lives, and I tried to understand how the participants perceived my actions and dealt with it in order to maintain a good, ethical working relationship with them to ensure that throughout the study there would be no problems. The initial meeting gave me the opportunity to clearly explain the purpose of the study, including what I was asking them to do and what I would do with the data and also allowing them time to ask questions.

During my explanation of the study, I endeavored to convey that each participant had the choice of withdrawing consent at any time during the research (See Appendix B). To maintain maximum confidentiality, I made sure they understood their personal information was not going to be shared with anyone else, and data collected would be securely kept in a locked cabinet whose key remained with me alone. Information

provided by them would not be used for purposes other than the study itself, and any identifier such as name or address that could reveal their identity would not be used in the report. Pseudonyms would be used instead.

If the participant was still interested in participating in the study, I provided a consent form. I emphasized that even if they signed the consent, they had the option of withdrawing their consent at any time during the research. I did not want them to think signing the consent was legally binding and obligated them to complete the process. I scheduled a time for the interview once the consent form was signed.

Data Collection Methods

In this study, I designed and employed the interview protocol containing open-ended questions for 17 participants who were new nursing graduates in the Mid-Atlantic metropolitan area who had failed the NCLEX-RN at least once. The interview questions concerned their perceptions, lived experiences, and the consequences of failing the NCLEX-RN examination, and the actions and changes these new graduates may have made after failing. All interviews were conducted individually with each selected participant in a closed-room session. All interview proceedings were audio-recorded purposely to provide an accurate record of the conversation. Using an interview protocol, I asked the participants 10 to 20 questions aimed at determining the participant's perspectives on the following concepts: NCLEX-RN exam preparation, exam approach, exam phobia, ability to take the exam, retaking the exam after failing, support system, and consequences after failing.

During the data collection process, I used research logs, reflective journals, and cataloging systems to track my data and emerging understandings concerning the phenomenon. The research log was used to keep track of when data were collected, how they were collected, from whom they were collected, and when another interview was conducted. The use of research logs, reflective journals, and cataloging systems expedite the research process, formulate research plans, and allow easy retracing of steps. The proceeding of the primary data collection technique, which is the semistructured interview, was then audio-recorded. These interview proceedings were then transcribed for analysis. In ensuring the reliability and accuracy of the transcribed materials, I again invited the participants to do member checking purposely to review the transcripts and correct the transcriptions should there be any misinterpretations.

New Graduate Interviews

Interviews were conducted to determine the consequences of failing the NCLEX-RN examination for new graduates of nursing programs in the Mid-Atlantic metropolitan area. Those interviewed were student participants selected by homogeneous sampling. All interviews were conducted individually with each selected participant. Each of the interviews was conducted in a closed-room session, and each of the participants was required to respond to the posed questions. It is hard, frustrating, and embarrassing for anyone to talk about personal failure, and for this reason, a focus group was not suitable for the study. Participants were more comfortable discussing such a sensitive matter in a closed private setting.

The interviews were tape-recorded to provide an accurate record of the conversation. Since I conducted one-on-one interviews, the use of small microphones attached to the interviewee's shirt was appropriate. I also used an interview protocol to take brief notes in the event the tape recorder malfunctioned during the interview. Creswell (2012) asserted that "an interview protocol is a form designed by the researcher that contains instructions for the process of the interview, the questions to be asked, and space to take notes of responses from the interviewee" (p. 225).

The interview protocol (see Appendix C) contained 10 to 20 questions aimed at measuring the participant's perspectives on the following concepts: NCLEX-RN exam preparation, exam approach, exam phobia, ability to take the exam, retaking the exam after failing, support system, and consequences after failing. The protocol was revised as information emerged from interviews, following the recommendations of Holloway and Wheeler (2010). Each of the interviews took 45 minutes to an hour, and each participant was required to attend approximately three interview sessions. Subsequent interviews following the initial interview were designed to do member checking to ensure validity of the study. Research logs, reflective journals, and cataloging systems were used to keep track of data and emerging understandings. The research log was used to keep track of when data were collected, how they were collected, from whom they were collected, and when another interview was scheduled. The use of research logs, reflective journals, and cataloging systems helped expedite the research process, formulate research plans, and allow easy retracing of steps, as needed.

Researcher's Role

I am an NCLEX-RN tutoring instructor at the TRC and have been for 7 years. Some candidates who register for the tutoring program usually attend sessions taught by me, and others attend sessions taught by other instructors. Each tutoring session is 4 hours a day for 4 weeks. Since I work for the TRC, my presence was not considered threatening to the people involved and was not expected to skew the study, as put forth by Holloway and Wheeler (2010). For this reason, only students attending other sessions taught by other instructors were invited to participate. On the other hand, being an instructor at the TRC could have affected the data collection process positively because participants might have found it comfortable talking to me, and would have been likely to perceive the study as beneficial, since they were in need of help to pass the NCLEX-RN examination. It should be noted that these feelings could have influenced their engagement at the interview sessions, and some may have been inclined to offer their opinions instead of facts that are needed for a good study.

Some of the participants may have viewed me as part of management and felt the study was being conducted for the purpose of improving management for the setting. This could have negatively affected their responses when interviewed, but it could also have affected data collection in a positive way, as some may have viewed it as a means to develop strategies to help them succeed in the NCLEX-RN exam.

Data Analysis

Creswell (2012) noted that “qualitative analysis is an ongoing process requiring continuous reflection about the data, asking analytic questions, and writing notes throughout the study” (p. 239). This method of data analysis is also described as iterative, meaning there is back and forth from collection to analysis. This method usually requires refining the questions asked, making the process more time consuming, as suggested by Holloway and Wheeler (2010). I analyzed data concurrently with gathering data, making interpretations, and writing reports.

I employed the use of Philips SpeechExec 7 Pro Transcribe software LFH-4500. I transcribed earlier interviews and wrote memos for possible inclusion in the final report. Also, the structure of the final report was organized during the process. For appropriate data analysis, I organized interviews by participant. In order to obtain the richest data, I transcribed earlier interviews verbatim, as recommended by Holloway and Wheeler (2010). I did this transcription myself, since the process helped me immerse myself in the data and develop sensitivity to the issues of importance within it. The first page of the transcription note contains date, location, and time of interview, including the code number or pseudonym for the informant. I then put the transcription page into columns, which took half the page, so that the other half was used for coding and comments.

I used the inductive process as my data analysis technique, which narrows data into a few themes and breaks it into manageable sections (Creswell, 2009). In this process, I used the NVivo software in organizing, synthesizing, and identifying relevant words and phrases that are relevant in determining the codes of the study. The use of the computer software is helpful in preventing my biases and personal framework to be

incorporated in the study. NVivo software allowed me to compare the new data with the documented data from the reflective journal. Holloway and Wheeler (2010) disapproved of the way that “line-by-line coding identifies information which both participant and researcher consider important” (p. 286). I also grouped together the codes with similar meanings for later categorization. To categorize the data, I cut up the protocols, kept them in a file, and pasted them on pages of paper, which I placed in a ring binder. I also used colored pens to identify closely linked material. I kept a list of the categories or themes to compare the new data with the themes established earlier. The new information was added into the themes already developed or guided me in uncovering new themes.

As part of the data analysis, I used NVivo, a computer qualitative software to aid me in the identification of codes that were relevant to answer the research questions. The software is capable of sorting words and phrases that relate to the identified initial codes. I uploaded the codes and meanings of these codes into NVivo. The following codes were used: (a) before the exam, (b) after the exam, (c) realization, (d) changes, (e) preparation, and (f) factors. These codes were provided with associated terms and meanings, which serves as the reference code for NVivo analysis. I then reuploaded the codes to compare the coding between and among the participants’ transcripts. I again examined the context to ensure that the codes identified with the aid of NVivo were contextually correct. These codes were then clustered through grouping core codes together to form a thematic label. Two or three codes were then summarized in one thematic element. From the results of the codes and grouping of the codes to form themes and clusters, I then determined which

themes were critical to the central question. This step included the analysis of the themes and elements to ensure they met the criteria for the final determination.

The description of the codes uploaded in NVivo provided a number of hits with similar textural meanings. The comparative review of the observation notes and the grouping of codes aided in identifying the themes and the associated thematic category. As soon as the sorting process was done, I printed the NVivo report to check whether these codes were mislabeled or whether I had missed any codes during the initial phase of the transcriptions' review. Based on the review of the resulting codes initiated by the NVivo, I reuploaded the description of the codes containing the corrected reported NVivo discrepancy. The codes then generated the number of times or frequency each appeared in the transcripts and the groups with which these codes were associated. The grouping, which poses similar meanings, was then used to develop the themes. These themes were then manually categorized and labeled as thematic categories.

Systems for Keeping Track of Data

I used the data coding process in analyzing the transcribed interviews generated from the 17 study participants. In addition to the transcribed interviews, I ensured that I tracked my data collection by completing the observation notes alongside the audio recording interviews. I also checked the consistency of the audio recording to that of the transcribed interview while identifying codes and mapping the relationship of the codes to the research questions. These techniques were essential in generating meanings from the seemingly rich textural interview data.

In consolidating and analyzing the codes generated from the transcription, I sorted and grouped the codes with similar meaning. I ensured that the code groups were provided with descriptive definitions and sample verbatim responses. Alphanumeric codes of Participant #1 to Participant #17 were assigned to conceal the personal information of the participants. In this manner, I could keep track of the profile of the participants while maintaining anonymity. I then reduced the codes to theme groups to form a major idea in the database, as recommended by Creswell (2012), because “it is better to write a qualitative report providing detailed information about a few themes rather than general information about many themes” (p. 269) and this is a strength for the study.

Findings

This section presents the results of the phenomenological analysis conducted to answer the following research questions: (a) What actions did the new graduate take after failing the NCLEX-RN examination the first time? (b) What are the consequences of failing the NCLEX-RN for new graduates of nursing programs in the metropolitan area? (c) What changes were made by the new graduates in their preparation to retake the NCLEX-RN? and (d) What factors were supportive of new graduates who had failed the NCLEX-RN? This section discusses how codes, thematic categories, and themes emerged from the data transcripts of the participants’ interviews. The section concludes with a summary that highlights essential elements requiring further discussion and analysis in the subsequent section.

A total of 17 participants were interviewed for the study. Of the 17 participants, they were 6 males and 11 female new nursing graduates from a Mid-Atlantic metropolitan area who had failed the NCLEX-RN at least once. Table 2 summarizes the sociodemographic profile of the participants included in this study.

Table 2

Demographic Profile of the Participants

Participant code	Gender	English as Second Language: Yes/No	Degree	Number of times took NCLEX-RN
Participant #01	Female	Yes	BSN	7
Participant #02	Female	Yes	ADN	5
Participant #03	Female	Yes	BSN	3
Participant #04	Female	Yes	BSN	1
Participant #05	Male	No	BSN	3
Participant #06	Female	Yes	BSN	1
Participant #07	Male	Yes	ADN	4
Participant #08	Female	No	BSN	3
Participant #09	Male	No	BSN	2
Participant #10	Female	Yes	ADN	1
Participant #11	Female	No	BSN	2
Participant #12	Male	No	BSN	1
Participant #13	Female	No	BSN	1
Participant #14	Female	No	ADN	2
Participant #15	Male	No	BSN	1
Participant #16	Male	No	ADN	2
Participant #17	Female	No	ADN	1

Note. BSN is Bachelor of Science in Nursing, and ADN is Associate Degree in Nursing.

The development of thematic categories and themes was determined by the number of occurrences a specific code emerged across all 17 transcripts of participant interviews. This meant that the total number of possible responses in a theme was 17 (Strauss & Corbin, 1997). Table 3 shows the thematic categories emerging from the transcripts of the participants.

Table 3

Emerging Thematic Categories

Thematic Category 1: Actions the new nursing graduate took after NCLEX-RN failure
<ul style="list-style-type: none"> Took review classes Engaged in depressive and isolation mode Contemplated factors of failure
Thematic Category 2: Consequences for students who failed the NCLEX-RN examination
<ul style="list-style-type: none"> Repayment of loan No school support Waning support from spouses
Thematic Category 3: Changes made by new graduates in preparing for NCLEX-RN retake
<ul style="list-style-type: none"> Focusing on content-based learning Using different studying strategy Reduction of distractions Developing confidence Strengthening the motivation to study
Thematic Category 4: Factors hindering new nurse graduates from passing the NCLEX-RN
<ul style="list-style-type: none"> Existing career and job responsibilities Familial responsibilities Financial problems Psychological fears/anxiety/exam phobia Various distractions Unsupportive family
Thematic Category 5: Success factors for new nurse graduates for passing the NCLEX-RN
<ul style="list-style-type: none"> Effective strategies in studying and retaining information Motivation to study beyond extended hours and requirement Seeking support from family and friends Prioritization

What Actions Did the New Graduate Take After Failing the NCLEX-RN**Examination the First Time?**

The first thematic category, *actions the new nursing graduates took after NCLEX-RN failure*, emerged based on the responses of the participants concerning the first

research question. This thematic category was determined from the initial and the NVivo coding process. I then provided the context and meanings of these codes as reference points for the NVivo coding. These codes were then reuploaded to identify and compare the occurrences of the phenomenon between and among the transcripts of the participants. Based on these codes, three themes emerged: (a) took review classes, (b) engaged in depression and isolation, and (c) contemplated factors of failure.

Took review classes. All 17 participants responded that while they were in the state of depression, they enrolled themselves in review classes before retaking the examination. Participant #1 said that she immediately sought the guidance of professional reviewers to guide her pass the exam. She said, “I didn’t give up on the exam and I took review courses in an attempt to be successful, but that has not happened.” Participant #14 also stressed that taking review classes before retaking the examination boosted her confidence that she would eventually pass the NCLEX for RN. Participant #14 recalled,

I didn’t have any confidence until I came here for the review course. My confidence came back once I started learning the content I felt I was lacking in. I have better understanding, and that has helped me so much.

Engaged in depression and isolation. Sixteen of the participants claimed that they were depressed and isolated themselves from their family and friends upon knowing their NCLEX-RN results. Participant #1 shared this,

Failing the NCLEX-RN exam has been very devastating for all the seven times I have written the test. Each time I fail the exam I will go into hunger strike and will not eat for days. This is so depressing because I have a passion for nursing.

Each time I fail the test, I will wait about a year before applying for the test again.

In fact, I waited at least 16 months between the sixth and seventh attempts.

Participant #2 said,

I felt so bad about failing the NCLEX-RN exam, cried so much for days. To make matters worse, some of my family members laughed at me and said I thought everyone could be a nurse. They said they didn't think nursing was for me. My husband was also a champion of laughing at me and this made it so devastating for me because I was expecting much support from him at least.

Participant #4 claimed that NCLEX-RN results affected her relationship with her husband, to which her depression could be attributed. Participant #4 said,

I was depressed for several days after failing the test, and to make matters worse for me, I kept thinking about what my husband did to me-cheated and had 2 babies. This further worsens my depression and it has been 9 months and I have not been back to take the test and not to even talk of studying.

Participant #8 shared that it took her 3 months to accept the results of the exam. She said,

It took me about 3 months before I could come out of that depressive mood. I had to consult with a psychiatrist, but thank God I didn't need antidepressants. I had support from my mother and she is still supporting me to her best.

Contemplated factors of failure. Twelve of the participants indicated that the results of their NCLEX-RN allowed them to recall the possible factors affecting their failure.

Participant #1 shared, “That time was actually when reality set in. After failing the third and fourth time, it became a routine for me, and each time I go for the test, I expected to fail and that was what happened.”

Participant #2 compared herself with other NCLEX-RN passers. She said, “When I see older persons passing the NCLEX-RN exam, I ask myself, why not me? This is a motivating factor because I consider myself as a young girl that can do better.”

Participant #9, on the other hand, focused his strategy on preparing for the examination. He said,

I didn't gain anything from this experience except for the fact that practicing questions alone will not help me. I realized I needed to work hard to understand my content before practicing questions, and another review does not give content but techniques on answering and practicing questions.

This is supported by Participant #10, who shared that her strategy in studying had been a factor in her NCLEX-RN failure. She said,

I can say I realized that I needed to study more and know my content better than just practicing questions. I think that was what I learned from failing the test. I was thinking I was very good in infection control, but when I went to the test, the infection control questions were very challenging and I realized I needed to study a whole lot more.

Participant #12 also realized that she needed to focus more on the content of the learning materials than focusing on just practicing questions. She said,

I felt bad but I will not say I was depressed. I just felt I needed to study more of my content because I realized I needed to know the content to be able to better, to think through the questions and analyze them, and that's why I'm here now to take the review course to learn my content very well. This experience was not similar to any other because it was my first time experiencing failure throughout nursing school.

See Table 4 for a summary of actions new nursing graduates took after failure on the NCLEX-RN.

Table 4

Actions the New Nursing Graduates Took After NCLEX-RN Failure

Themes	# of participants to offer this experience	% of participants to offer this experience
Took review classes	17	100
Engaged in depressive and isolation mode	16	94
Contemplated factors of failure	12	71

The participants who took a review class were in the phase of moving forward in Fisher's curve of personal change model (PCM) as they sought help, as discussed by Fisher about this phase of his model. Participants who contemplated factors of failure were in the phase of guilt in Fisher's curve of PCM as they recalled the possible factors affecting their failure. Most of the participants remained in the depressive phase of Fisher's curve of PCM where they had no sense of identity or a clear vision on how to study for the NCLEX-RN exam again.

What Are the Consequences of Failing the NCLEX-RN for New Graduates of Nursing Programs in the Metropolitan Area?

After considering all participants' responses, the second thematic category, *consequences for students who failed the NCLEX-RN examination*, three themes were articulated. This category of themes relates to the second research question. As shown in Table 5, these themes include (a) repayment of loan, (b) no school support, and (c) waning support from spouses.

Repayment of loan. Twelve of the participants shared that failing the NCLEX-RN examination imposed financial difficulty, as graduates must nevertheless pay their student loans. Participant #13 shared,

The only challenge I have now is to start paying for my school loans, and my mother has offered to help as long as I pass the NCLEX-RN exam by mid-October. She said, "You will have to start paying the loan by yourself starting December 1, 2014."

No school support. Seven of the participants shared that their nursing school seldom offers support for graduates who do not pass the examination. Participant #13 said, "The support from the school was before graduation, when they offered us a review course, but after failing the test, I didn't get any support from the school."

Waning support from spouses. Five of the participants shared that with the results of the NCLEX-RN examination, their relationship with their spouses was destroyed. Participant #5 shared,

The only thing I could say I learned from failing the NCLEX-RN exam was that it could result to divorce because that was what happened to me. This experience was not similar to any other experience because it was my first time experiencing a huge consequence of failing an exam. I can't compare it to anything else in my life. I didn't receive any support from my loved ones or my school.

Participant #16 said, "My experience of failing the test the second time was really sad because of the strain it put on my relationship with my wife. I haven't had any support from my wife since failing the second time."

See Table 5 for a summary of the consequences of NCLEX-RN failure.

Table 5

Consequences for Students Who Failed the NCLEX-RN Examination

Themes	# of participants to offer this experience	% of participants to offer this experience
Repayment of loan	12	71
No school support	7	41
Waning support from spouses	5	29

Twelve of the participants experienced anxiety about student loan repayment and are in the phase of anxiety in Fisher's PCM as they continue to wonder what will happen because they do not have the means to make student loan payments due to NCLEX-RN failure. Because of no support from the school of nursing or individual spouses, 70% of the graduates failed to move past the guilt and depressive phases of Fisher's PCM, thus entering the phase of disillusionment in the curve. In this case the graduate becomes

unmotivated, unfocused, and increasingly dissatisfied, and gradually withdraws from studying and may attempt the exam again without studying and probably fails again.

What Changes Were Made by the New Graduates in Their Preparation to Retake the NCLEX-RN?

After considering all participants' responses, the third thematic category, *changes made in preparing to retake the NCLEX-RN*, articulated three themes. This category of themes relates to the third research question. As shown in Table 6, these themes include (a) focus on content-based learning, (b) use of a different studying strategy, (c) reduction of distractions, (d) developing confidence, and (e) strengthening the motivation to study.

Focus on content-based learning. Fourteen of the participants claimed that they changed their approach in reviewing the learning materials. A majority of these participants indicated that their school instructed them to practice questions rather than learning the content. Participant #9 shared,

I have been feeling different, and I do think I'm getting to understand my content better. For now, I'm concentrating on my content and I want to know my content better before practicing questions again. My major change was coming here for the review course and focusing on understanding content before practicing questions. I now have a good foundation of content to build on. I do feel fulfilled and assured because I'm beginning to understand my content.

Participant #3 said,

I have made some changes on my studies such as studying content and concept instead of focusing on practice questions only. I am writing flash cards as I study

so that I can use them for review when at work. I have been reading my flash cards at any given opportunity and I have better understanding compared to the past.

Use a different strategy. Thirteen of the participants shared that in retaking the examination, they changed their strategies in studying, Participant #1 shared that critical thinking is essential in reviewing the materials. She realized that other than just practicing answering questions, she should learn the concept behind the answer. Participant #1 shared,

I have some positive changes toward my studies. I now use flash cards, which was something I never thought of. I take my flash cards to work even though sometimes I don't have the time to review them. I used to study with the impression that I may remember it if I see it in a question. I have changed that. I now study to retain the material. I used to read questions and start looking for answers without thinking through the question. I have changed that. I now ask questions and think through the question and do critical thinking before choosing an answer. I try to apply the content I know before answering the question.

Participant #1 also shared that she changed her study routine. She said,

I don't wait for a perfect time to study. This time I try to study at any given opportunity. I study more now than before. My husband has begun helping me with other household duties, and that is giving me some more time for my studies. I'm just hoping I will be able to pass on the eighth attempt. I now study on a daily basis, which is something I didn't do before.

Participant #2 decided to change her work schedule to “give more time to my studies.” She said that she had to ask her mother to babysit her daughter so she could better concentrate on studying.

Participant #13 shared that she often uses the library in studying. She found that she is more productive in the library than studying at home. She said,

Going to the library is helping me. I used to always study in my room but now I go to the library and I have been more productive studying in the library. After failing, I waited until July to start studying again, and that created a lot of laziness in me. That was my only challenge.

Reduce distractions. Twelve of the participants claimed that in order to pass the exam, they need to reduce the number of responsibilities that could distract their studies. Participant #4 said,

I have decided to reduce distractions by dropping my children to a friend’s house when I’m studying, stop attending other occasions, and focus absolutely on my studies. I’m also taking the test review center’s course to help me prepare for the exam very well. I’m 90% investing time into my studies. I have decided to cut down my working hours to give more time to my studies.

Participant #6 resigned from her work to prioritize her examination review. She said,

I have stopped working in order to give more time to my studies. I have also stopped attending parties and other social events and I will remain like this until after passing the NCLEX-RN exam. I spend several hours every day studying for the NCLEX-RN exam other than just practicing questions like I did the first time.

My husband is paying all the bills and giving me support to study for the test. I also relocated from Houston, Texas, to the Washington D.C. area in order to attend the test review center course for NCLEX-RN exam preparation and to stay away from friends that can distract me.

Develop confidence. Six of the participants shared that passing the examination requires the test takers to develop their confidence by thoroughly understanding the concepts that may be covered during the exam. Participant #5 shared,

Since coming here for a review class, I have developed a lot of confidence, and I'm studying very hard and really investing time to my studies. I feel stronger toward passing the test because of the strong support I'm receiving from the review course here at the test review center. I feel more confident than other times.

Strengthen the motivation to study. Six of the participants articulated the importance of identifying the motivators that could boost their interest in studying further. Participant #3 shared how she missed a job opportunity because of her failure to pass the NCLEX-RN. She used this experience to motivate herself in studying beyond what she previously had with Test 1. She said,

It was very traumatic for me when I realized that I was not going to get the job as a registered nurse. Prior to taking the exam the first time, I had a job offer in a hospital at a cardiac unit, but I was not able to keep the job because I had failed the NCLEX-RN exam. This was a difficult situation for me. After that, I didn't take the exam seriously anymore. This incident was very significant because it

affected my ability to study, and consequently, I failed the exam again two other times.

Participant #5 shared his plans in motivating himself. He said,

I will stop working completely if I could, but I need to pay for child's day care as well as my mortgage and other bills. I do have exam phobia and I don't know what to do about it. Other people have told me, studying very well will help eliminate my phobia, and that's all I'm doing right now.

See Table 6 for a summary of changes made by new graduates in preparing for an NCLEX-RN retake.

Table 6

Changes Made by New Graduates in Preparing for NCLEX-RN Retake

Themes	# of participants to offer this experience	% of participants to offer this experience
Focus on content-based learning	14	82
Use different studying strategy	13	76
Reduce distractions	12	71
Develop confidence	6	35
Strengthen the motivation to study	6	35

As these participants are making changes to their studies in order to pass the NCLEX-RN exam, they are in the moving forward phase of Fisher's PCM as they are acting with more integrity and harmony with inner convictions and with confidence that they can pass the NCLEX-RN exam again. The participants are also in the gradual acceptance phase of the PCM as they have taken steps toward preparing for the exam again. The fear phase of the PCM has played a role as well because the fear of failing

again has motivated the participants to develop a studying plan, and they are making the necessary changes to their studying habits. These participants have also acquired motivation in the threat phase of the PCM and have envisioned self as staff nurses in the hospital and thus have a better sense of self-efficacy about passing the NCLEX-RN exam and are motivated to study.

What Factors Were Supportive of New Graduates Who Had Failed the NCLEX-RN?

After considering all participants' responses, the fourth thematic category, *hindering and facilitating factors in passing the NCLEX-RN*, articulated several themes. This category of themes relate to the third research question. As shown in Table 7, the hindering factors identified in the study include (a) existing career and job responsibilities, (b) familial responsibilities, (c) financial problems, (d) psychological fears/anxiety/exam phobia, (e) various distractions, and (f) unsupportive family.

Existing career and job responsibilities. Thirteen of the participants shared that they have their respective career and job responsibilities that distract their attention in studying. Participant #1 shared, "Working is a major factor hindering my studies. Sometimes, I work 12 hours daily for 6 days a week. That really takes time away from my studies."

Familial responsibilities. Ten of the participants indicated that in addition to work, their responsibilities with their kids and spouses are hindering their ability to find time to focus in their studies. Participant #1 shared,

Dealing with my children is also another factor because as a mother, I come home to the children every day and I must make sure they have dinner before going to bed. By the time I finish for the day, I'm so exhausted and can't even study and I have to go back to work the following morning for another 12-hour shift.

Financial problems. Nine of the participants shared that reviewing and retaking the examination is a financial burden to the family. These participants claimed that their investment in taking the examination was often the source of their misunderstanding with their respective spouses. In addition to covering the cost and review of the NCLEX, some of them are obligated to pay their study loans. Participant #4 said,

I work 48 hours a week because I need to pay back my school loans, caring for my children, dealing with divorce, my sick parents, no time to study because of work, children at home on summer holidays and I can't afford to put them in summer school because I don't have the money.

Participant #2 said,

Financial burden is a major hindrance to my studies as well as working several hours. One of the challenges I faced once I thought about starting to prepare for the NCLEX-RN exam was my husband refusing for me to start my studies because he felt there will be no money coming home since I was going to take time off work to study.

Psychological fears/phobia/anxiety. Nine of the participants claimed that since their first examination failure, they developed anxiety that affected their concentration during the final examination. Participant #1 shared,

A major challenge I have these days is psychological. Sometimes I think about all my failed attempts and I will begin to feel it's not worth wasting my time to study for the test anymore. This feeling will push me to pick up more hours at work, resulting in lack of time to study again. I will lack motivation to study. When I first started preparing to study for another attempt, I will fear failing again and that will really hinder my ability to start studying again. This has been a major challenge.

Participant #3 said,

Memories of failing the exam affect my ability to study for the exam again . . . I do have exam phobia during the test, especially when I don't have any idea on what the questions are asking. Hard questions create a lot of anxiety in me. All I have done for my phobia is to pray and nothing else. I do feel if I learn and know my information very well, that should help with my anxiety.

Various distractions. Individually, nine of the participants indicated several distractions that were obstructing their studies. Participant #8, for instance, enumerated these as

Factors that hinder my studies include thinking about my failed attempts and becoming very discouraged and not being able to retain what I study. Factors that help with my studies include my mother asking me to move in with her, stop working completely, my mother helping me with my school loans, and coming here for the review course is another factor aiding my studies.

Participant #7 enumerated,

. . . working 60 hours a week, children to care for, thinking of school loans, can't study at home because of my children, distractions, such as insults from my wife who seems to think I will never pass the NCLEX-RN exam. At some point she said she believes I cheated my way through nursing school. My wife telling me I'm just wasting time instead of taking care of my children or working more hours to help with home bills and my school loans.

Participant #8 shared that losing her father affects her concentration. She said, "I lost my father right after failing the NCLEX-RN exam the third time, and that has made it so difficult for me to study. This affects my ability to concentrate and retain what I studied."

Unsupportive family. Five of the participants shared that their spouses were generally unsupportive in their review class. Participant #2 said, "Husband telling me I will never pass and we argued about my test all the time and he will say all I'm doing is wasting time and family money. He will ask, "Who will pay the bills and I'm not doing it all by myself."

Participant #4 also shared the family problem that affected her performance in the examination. She said,

I had never failed an exam in my life and this failure was devastating and very difficult for me to cope. I had no support from my school or my loved ones. The

person (husband) I thought was going to be my support did not do that but caused me so much stress because of his two bastards (children) from two other women.

See Table 7 for a summary of factors hindering new nurse graduates from passing the NCLEX-RN.

Table 7

Thematic Label #4: Factors Hindering New Nurse Graduates From Passing the NCLEX-RN Exam

Themes	# of participants to offer this experience	% of participants to offer this experience
Existing career and job responsibilities	13	76
Familial responsibilities	10	59
Financial problem	9	53
Psychological fears/anxiety/exam phobia	9	53
Various distractions	9	53
Unsupportive family	5	29

These participants were in the fear and anxiety phases of Fisher's PCM. In the fear phase, the graduate begins to procrastinate and will have less chance of passing the NCLEX-RN exam. Graduates motivated by this phase develop strategies to study for the exam again and will have a better chance to pass the exam. In the anxiety phase, the graduate is not sure of what to expect anymore and is unsure of how to adequately prepare for the NCLEX-RN exam.

In terms of the success factors, four themes emerged in the analysis. These included (a) effective study strategy, (b) motivation, (c) priority on studying, and (d) seeking support. The subsequent section details this.

Effective strategies in studying and retaining information. As discussed previously, remembering and understanding are essential components in passing the exam. Participant #1 said, “Each time I study and I’m able to remember what I studied, I’m motivated to study more. I started having this feeling since I came to this test review center and I was taught how to study properly.”

Motivation to study beyond extended hours and requirement. As reflected above, payment of their student loans is essential in passing the exam. Participant #1 said, “Another motivating factor is when I look back and see my school loans and how much time I have invested into nursing, I will think to myself I have no other choice but to study and pass the NCLEX-RN exam because whether I pass or not, I still need to pay back the school loans.”

Participant #7 said,

My motivation is mainly my school loans and I can’t afford to spend that much money and don’t work as a nurse. I love helping sick people and I’m motivated by that and I believe passing the NCLEX-RN exam will give me the opportunity to better help those that are sick.

Participant #9 shared,

For my motivation, my school loans and I can’t afford to pay all this money and then don’t pass to practice nursing. I get motivated by the possibilities at my job because my supervisor told me to pass the NCLEX-RN exam and I will be promoted to an RN position with good pay too.

Another motivation of the participants was to correct the humiliation they received from their friends, coworkers, and family. Participant #1 shared,

Another motivating factor is the humiliation I received from my coworkers. One time one of the registered nurses told me, “I order you to do more duties because I went to school and I worked hard to be a nurse. If you think you know, why didn’t you go to school to be a nurse too?” This humiliation is something that motivates me to want to pass the NCLEX-RN exam so badly.

Participant #10 shared that her motivation to study was her desire to be a nurse. She said, “Factors that help my studies include thinking about my future. It encourages my studies when I see people wearing scrubs; it encourages me to study harder and I want to pass and wear scrubs as a registered nurse.”

Seek support from family and friends. Five of the participants shared that NCLEX-RN success could also be attributed to the support of family and friends.

Participant #11 described this support in this way: “I talk with my friends and we discuss the material together, drop from working full time to part time, going to the library every day to study, and getting help from my husband.”

Prioritization. Four of the participants claimed that success factors include the need to prioritize the NCLEX-RN review. Participant #3 shared,

I have stopped working in the morning to give more time to my studies, I’m beginning to concentrate much better on my studies. I have put my baby in a day care so that I can have time to go to the library.

See Table 8 for a summary of success factors for new nurse graduates to pass the NCLEX-RN.

Table 8

*Thematic Label #5: Success Factors for New Nurse Graduates to Pass the NCLEX-RN**Exam*

Themes	# of participants to offer this experience	% of participants to offer this experience
Effective strategies in studying and retaining information	15	88
Motivation to study beyond extended hours and requirement	8	47
Seeking support from family and friends	5	29
Prioritization	4	24

Participants are in the gradual acceptance, moving forward, fear, and threat phases of Fisher's PCM. In the gradual acceptance phase, the participants are taking steps toward preparing for the exam again. In the moving forward phase, the participants are acting with more integrity and harmony with inner convictions and with confidence that they can pass the NCLEX-RN exam. In the fear phase, the participants develop fear of failing again and are motivated to develop a studying plan and are making the necessary changes to their studying habits. In the threat phase, the graduate begins to envision self as a staff nurse in the hospital and thus have a better sense of self-efficacy about passing the NCLEX-RN exam and is motivated to study. If a graduate hangs onto negative constructs such as "What if I fail?" he or she may become less intrinsically motivated about the exam, which could lead to failure.

Validity

Holloway and Wheeler (2010) noted that achieving validity in qualitative research can be challenging, because the researcher relies on truth-telling by the participants. They asserted that, for this reason, the field notes must be detailed and extensive. A researcher could be in danger of imposing his or her own ideas or distorting the meaning of the participant accounts. For accuracy and credibility, I employed the use of triangulation, member checking, peer debriefing, clarifying researcher bias, and reflexivity.

Triangulation

This is the process of assembling evidence from different individuals and types of data collection (Creswell, 2012). During this process, I examined each information source for evidence to support a theme. I triangulated the data from different participants at different times, as described by Holloway and Wheeler (2010). This action ensured an accurate study by drawing information from multiple sources.

Member Checking/ Validation

After initial transcription of the interviews, I paraphrased the participant's words. I then scheduled another meeting with the participant during which I read to them the paraphrasing and asked them if the interpretation was a true and fair representation of their perspective, as recommended by Holloway and Wheeler (2010). By doing this, I gave participants the opportunity to correct earlier mistakes, confirmed that the reality of their perspective was presented, assessed my understanding and interpretation of the data, and provided an opportunity to challenge my ideas. This action ensured the accuracy and credibility of the study.

Reflexivity

Being part of the world I am studying, I might have had some influence over the participants. However, because this was a qualitative study, eliminating my influence was not the goal; rather, it was understanding it and using it productively for the study, as recommended by Maxwell (2013). To avoid undesirable consequences of this influence, I took great care to avoid leading questions. Intensive interviews also allowed the opportunity to collect “rich data that were detailed and varied enough to provide a full and revealing picture of what is going on” (Maxwell, p. 126). To accurately achieve such rich data, I transcribed the recorded data verbatim, not just focusing on field notes I felt were significant.

Discrepant Cases

Maxwell (2013) pointed out that asking others for feedback on conclusions is a valuable way to identify bias and assumptions and to check for flaws in logic or methods. In this case, I made use of colleagues competent in qualitative research, who reanalyzed the raw data, listened to my concerns, and discussed them, as suggested by Holloway and Wheeler (2010). This identified inappropriate subjectivity in my work and suggested alternate explanations, which further ensured coherence and plausibility. All data were rigorously examined, both that which supported my hypothesis and that which did not, in order to arrive at the most accurate conclusions. If there was a discrepant case that was particularly difficult to sort, such as in the case where the interpretation of the discrepant data was in doubt, I simply reported the discrepant data, and left the conclusion up to the readers.

Conclusion

The purpose of this descriptive phenomenological study was to investigate the consequences, the actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN. This section presented the results of the phenomenological analysis conducted to answer the following research questions: (a) What actions did the new graduate take after failing the NCLEX-RN examination the first time? (b) What are the consequences of failing the NCLEX-RN for new graduates of nursing programs in the metropolitan area? (c) What changes were made by the new graduates in their preparation to retake the NCLEX-RN? and (d) What factors were supportive of new graduates who have failed the NCLEX-RN?

Using the content analysis, five thematic categories emerged. These categories of themes included (a) actions the new nursing graduate took after NCLEX-RN failure, (b) consequences for students who failed the NCLEX-RN examination, (c) changes made by new graduates in preparing for NCLEX-RN retake, (d) factors hindering new nurse graduates from passing the NCLEX-RN, and (e) success factors for new nurse graduates to pass the NCLEX-RN. The results of this study revealed the consequences of failing the examination and should guide students to take actions to avoid failure and make the changes required to be successful. The next section will focus on the project, discuss how the research problem will be addressed, and enumerate the description of the project, rationale, and details of the project.

Section 3: The Project

Introduction

The purpose of this descriptive phenomenological study was to investigate the consequences, actions, and changes, and supportive factors assisting new graduates after failing the NCLEX-RN. The examination of these factors aided in the development of a project, an NCLEX-RN preparation course that will foster student success on subsequent NCLEX-RN attempts. This project will also be relevant to leaders of nursing school programs, who can use it to advise students, modify curriculum, and develop strategies to ensure a higher success rate on the NCLEX-RN.

Data from this study indicated that students are waiting months and years after graduation before taking the NCLEX-RN exam. The NCSBN reported that a longer duration between graduation and taking the NCLEX-RN examination is associated with decreased pass rates (NCSBN, 2013). Similarly, the NLN (2011) urged nursing school programs to encourage students to take the examination within 3 months of graduation. Furthermore, Lavin and Rosario-Sim (2013) said that scheduling to take the NCLEX-RN exam within 3 months of graduation decreases the chances of failure. Therefore, in the study project, I will present a 12-week course plan, which encourages new graduates or final-year nursing students to take the NCLEX-RN exam within 3 months of graduation. Developing an NCLEX-RN preparation course that encourages students to take the examination within 3 months of graduation can help to bridge the gap in practice and foster student success and alleviate frustrations in this population, giving them the opportunity to concentrate on their studies.

Project Description and Goals

Project Description

To help students pass the NCLEX-RN exam, a course designed specifically for the purpose of preparing for the examination is absolutely necessary. The objective of the NCLEX-RN preparation course is to assist new graduates to take the NCLEX-RN exam within 3 months of graduation. In this course, emphasis is placed on students learning the required nursing content while applying the concepts in answering NCLEX-RN-style questions. This NCLEX-RN preparation course (See Appendix A) was developed based on the results obtained from the research study.

The results from the research study indicated that graduates did not have collected and summarized material to study for the NCLEX-RN examination other than consulting their various textbooks. The number of books is very large and created fear and anxiety in the graduate, which was identified as a contributing factor to the NCLEX-RN failures. Hyland (2012) found that summarized curriculum content in a single package from all nursing textbooks is beneficial and guides the students' studying tactics, decreasing their anxiety and helping to improve the NCLEX-RN first-time pass rate. Results of the study indicated that new nursing graduates failed the NCLEX-RN exam because the graduates did not have a collection of guiding material to study and the NCLEX-RN preparation course will closely focus on addressing this factor.

The study also found that family members were making the graduates feel inferior about their studies and their ability to pass the NCLEX-RN examination. For this reason, the NCLEX-RN preparation course is designed to be in a classroom setting where

candidates will serve as the basis for encouragement for each other, and the instructor will also help to motivate and facilitate their learning.

For the reasons discussed above, the first unit of the course focuses on guiding the graduate to develop a tangible studying plan. Small group mentoring, adaptive quizzes and instructor's reviews, and assisting the student to develop an action plan to overcome drawbacks are project strengths. This will promote success for the students.

A portion of the NCLEX-RN course also centers on graduates' debate on various NCLEX-RN style scenarios. The instructor will develop sample NCLEX-RN scenarios and will divide the class into groups. Then, each group will study and prepare to debate. This will generate an interactive learning environment resulting in confidence for the graduates and enhancing the graduates' ability to obtain assistance from one other and from the instructor.

Goals and Objectives

The NCLEX-RN preparation course is intended to achieve the following goals: (a) assisting the graduate to apply the ANA standards of practice, (b) concept-mapping, (c) describing the nursing process and evidence-based practice that will be necessary to successfully complete the NCLEX-RN exam, and (d) integrating, analyzing, and synthesizing the content and skills necessary to successfully pass the NCLEX-RN exam. The objectives of the NCLEX-RN preparation course were generated to help the graduate meet the goals of the course. At completion of the course, the student will be able to accomplish the following goals:

1. Discuss major classes and effects of common medications, identify side effects and adverse reactions, accurately calculate medication dosages, and administer medications through the enteral, parenteral, and topical routes as needed to pass the NCLEX-RN exam.
2. Prepare and maintain a sterile field in an attempt to prevent cross-contamination and keep the resident safe and correctly answer sample NCLEX-RN-style questions.
3. Insert and remove both female and male urinary catheterization and correctly answer sample NCLEX-RN-style questions.
4. Collect laboratory specimens through various means while maintaining the safety of the patient and correctly answer sample NCLEX-RN-style questions.
5. Identify various diseases, their clinical manifestations, treatments and possible complications, nursing care and patient-family teaching, and correctly answer NCLEX-RN-style questions.
6. Identify all the changes that occur in a fetus during its monthly development in the womb and correctly answer sample NCLEX-RN-style questions.
7. Identify nursing care and patient-family teaching for various pregnancy complications and correctly answer NCLEX-RN-style questions.
8. Identify all the stages of labor, its complications, treatments, nursing care, and correctly answer sample NCLEX-RN-style questions.

9. Identify the stages of development through the life span, diseases in each of the stages, treatments, nursing care, and apply the nursing process to correctly answer sample NCLEX-RN-style-questions.
10. Identify all the stages of Erikson's developmental tasks from infancy through the life span and the relationship to mental health and mental illness and apply the nursing process and correctly answer sample NCLEX-RN-style questions.
11. Identify the ANA Standards of Practice and apply them in correctly answering sample NCLEX-RN-style questions.
12. Prioritize nursing care, identify the stems used by the NCLEX-RN exam, and correctly answer sample NCLEX-RN-style questions.
13. Successfully pass a 265-question comprehensive NCLEX-RN-style test with 90% accuracy.
14. Identify his or her weaknesses and with the help of the instructor develop a strategic plan to overcome the weaknesses.

Rationale

Many nursing schools now use a predictor exam to help determine student ability to be successful on the licensure exam. Unfortunately, students do fail this predictor exam, requiring remediation, which further delays the number of graduates and therefore affects clinical settings such as hospitals, nursing homes, clinics, and assisted living facilities that need to employ nurses (NCSBN, 2013). Exposing students to real-life experiences enables them to perform better because they have had increased exposure to

patient-care scenarios, and students should be exposed to lessons that are more practical during their studies in order to enhance NCLEX-RN exam success (NCSBN, 2013).

Factors impacting the students' ability to be successful on the NCLEX-RN exam were identified in this study, and an NCLEX-RN preparation course plan was developed that will enhance the students' ability to overcome these factors and be successful on the NCLEX-RN exam. The literature review identified the best way to overcome factors that contribute to NCLEX-RN failures, and these factors have been applied to the NCLEX-RN preparation course project. Each of the factors identified in the data analysis are addressed in the NCLEX-RN preparation course curriculum plan.

Review of the Literature

The NCLEX-RN preparation course was developed by drawing findings from the research study and an intensive review of the literature. Curriculum evaluation and content of the project were two main topics of interest when choosing the genre for the project, the NCLEX-RN preparation course. The search was conducted through major databases including CINAHL Plus, Nursing & Allied Health Source, MEDLINE, Health & Medical Complete, CINAHL & MEDLINE Simultaneous Search, Web of Science, Ovid Nursing Journals, Health Technology Assessments, UMI ProQuest Digital Dissertation, and Health and Psychosocial Instruments (HaPI). When *curriculum evaluation* and *curriculum development* were used as search terms in the databases, many articles were found related to multiple disciplines as well as nursing. When the search was narrowed using *nursing curriculum development and evaluation*, only three more articles were found. For the project study, the NCLEX-RN preparation course, *course*

syllabus development was used as a key term in the databases, which yielded many articles from different disciplines including nursing, but when the search was narrowed to *NCLEX-RN course syllabus*, no new articles were found. The literature review below discusses curriculum evaluation and development and the NCLEX-RN course syllabus and will show a need for the project study.

Curriculum Evaluation and Development

To ensure a program is achieving its objectives through its developed curriculum, the curriculum must be evaluated to measure its outcomes and student success. Phillips et al. (2013) asserted that innovating curriculum to focus on concept, content, and simulation and identifying areas needing improvement, and doing so immediately, can help an average student achieve success in a nursing program. Similarly, it has been noted in the past that evaluating curriculum to identify at-risk students and developing an early intervention program should help the students achieve success within the curriculum and enhance NCLEX-RN pass rates (Fowles, 1992). Furthermore, Stansfield and Browne (2013) posited that if curriculum is evaluated and innovated to include indigenous knowledge in which information is disseminated through group discussions in the form of storytelling, students tend to appreciate the program, better fostering success. Continuous evaluation of the curriculum should support a sequence for all courses and identify goals that students must achieve before progressing to the next level of the curriculum and successfully completing the program.

Generating a course sequence within a curriculum to foster success and graduate competent nurses is a big challenge for nurse educators. Scaia and Young (2013)

claimed, “a historical examination of a nursing curriculum is a bridge between past and present from which insights to guide curriculum development can be gleaned” (p. 5). Furthermore, Olarerin (2014) asserted that evaluating curriculum, its accuracy and building a course sequence that fosters goal attainment at different levels of the program, should be considered by all nursing programs and faculty of nursing. Additionally, Popoola (2013) documented that to meet healthcare needs and strengthen nursing education, curriculum should be concept-based and built to identify goals at each level of the program. However, curriculum evaluation and implementation of a change curriculum can be very challenging.

Every member of the faculty is called upon to participate in curriculum evaluation, and it is important to note that any faculty member can initiate curriculum evaluation. Different faculty have different approaches to disseminate information to students, and for this reason, every member of the faculty team as well as all stakeholders should be encouraged to participate in curriculum evaluation (Allan, Smith, & O’Driscoll, 2010). In another study by Paulson (2010), the author claimed that evaluating and modifying curriculum to improve weak areas could result in graduating competent nurses. Hence, a collaborative effort by all stakeholders during curriculum evaluation will result in effective curriculum development (Van de Mortel & Bird, 2010). It is important to ensure the newly developed curriculum will be effective.

A systematic approach can be used for curriculum evaluation and development to ensure relevancy. Davis (2012) concluded, “the development of a conceptual model to facilitate curriculum review, revision, design, and implementation proved beneficial,

serving as a guide to ensure inclusion of elements deemed important by faculty” (p. 393). Similarly, another study posited that the core competencies developed by the Institute of Medicine (IOM) proved beneficial when used by a nursing program to evaluate its curriculum (Morris & Hancock, 2013). Furthermore, Jacobs and Koehn (2004) noted that using a conceptual model, a nursing program included its student population, and the model proved beneficial in identifying elements deemed important by the stakeholders.

NCLEX-RN Preparation Course

The review of literature articulated a need for a more guided approach toward NCLEX-RN preparation. Mauro, Hickey, McCabe, and Ea (2012) asserted that programs that kept their students engaged after graduation had better NCLEX-RN pass rates than programs that did not. One of the programs developed an intervention plan requiring that graduates of the program return after graduating for continuous tutoring sessions toward NCLEX-RN exam preparation. Unfortunately, another study showed that other schools did not engage students in the NCLEX-RN exam preparation process, and thus, these schools had very poor NCLEX-RN pass rates (Davenport, 2007). Similarly, Carrick (2011) found that graduates were confused when preparing for the NCLEX-RN exam; they did not know how to differentiate between what was important to study and what was not. Engaging students during the NCLEX-RN exam preparation phase in the NCLEX-RN preparation course will be a determining factor to ensure NCLEX-RN success.

Throughout the literature review, all the articles continued to articulate a need to prepare graduates for the NCLEX-RN exam in addition to allowing them to prepare on

their own. One program offered a review course to its graduates, which included nursing content review, completion of a minimum of 1,000 practice questions, and strategies to deal with psychological factors such as negative thoughts. The school's NCLEX-RN pass rate went from 63% to 92% (Frith, Sewell, & Clark, 2005). Similarly, another study showed that if a program is able to identify factors that can aid student success early in the program or before graduation, it can develop a plan to support the students and reduce attrition (Penprase, Harris, & Qu, 2013). In contrast, Phelan (2014) noted that most schools encourage their students to practice several questions, and graduates that do so without having full understanding of the nursing concept had difficulties passing the NCLEX-RN exam.

Most students usually practice computerized NCLEX-RN style questions, and this has not proven to be beneficial. It is therefore believed that the NCLEX-RN preparation course will assist students achieve better results because it incorporates classroom discussions as well as debate sessions to be facilitated by the instructor. NCSBN (2014) noted that students who failed the NCLEX-RN exam have decreased self-esteem and confidence, and this can be made worse as the graduate has to wait 45 days to be eligible to test again. This can affect the students' attitude toward taking the exam. Norton, Relf, Cox, Farley, and Tucker (2006) found that there is a need to design a remediation course focusing on NCLEX-RN exam preparation. They recommended that students should be in groups to foster collaboration and have a facilitator to aid their learning. Another study by Herrman and Johnson (2009) found a school that designed a separate course to

“provide a sequential building of NCLEX-RN specific content throughout the final semester” (p. 385) had better pass rates on the NCLEX-RN exam.

Zweighaft (2013) found that introducing students to the HESI specialty exams early in the curriculum exposes the graduates to standardized testing. This will help faculty and student identify deficiencies and develop a remediation plan early in the program. Langford and Young (2012) posited that a specific NCLEX-RN review course with the application of HESI adaptive quizzes and a specialty exam has improved NCLEX-RN pass rate. Similarly, Nibert and Morrison (2013) echoed the same idea: a specific NCLEX-RN review course with use of HESI specialty exams has aided students pass the NCLEX-RN exam on their first attempt.

The literature review supports the contention that mentoring increases the NCLEX-RN pass rate. Harding, Rateau, and Heise (2011) showed that a mentoring program for NCLEX-RN preparation in the final semester of nursing school did result in improved pass rates. Similarly, Woo, Wendt, and Liu (2012) documented that mentors and preceptors can improve students’ success in the NCLEX-RN exam by engaging them through encouragement and practice. Additionally, Roa, Shipman, Hooten, and Carter (2011) noted that “psychological support, review programs, and coaching” (p. 376) should be made available to graduates who have failed the NCLEX-RN exam to prevent repeat failure. The study project, the NCLEX-RN preparation course, was designed to address this, as the instructor will act as a mentor and facilitator during the course. In support of this contention, a mentoring program that included standardized testing implemented in a school of nursing was evaluated 5 years after implementation and

found that the mean NCLEX-RN pass rate was significantly higher compared to the preceding years (Schroeder, 2013). Standardized testing is included in the project study-NCLEX-RN preparation course.

A clearer understanding of remediation can aid faculty members in assisting their students to achieve success. Hyland (2012) posited that nurse educators must seek to have clearer understanding of remediation in order to be able to implement evidence-based NCLEX-RN review courses and improve pass rates. This is supported by another study, which asserted that faculty who understand and use remediation throughout the nursing program have better pass rates on the NCLEX-RN exam compared to their colleagues who did not (Trofino, 2012). Remediation in the medical-surgical nursing course increases self-efficacy and improves NCLEX-RN pass rates (Silvestri, 2010). Additionally, remediation and mentoring students in small groups during the nursing program has proven beneficial and improved first time NCLEX-RN pass rate (Lopez, 2013). Drawing from the results of the research study and findings from literature review, the project study, the NCLEX-RN preparation course, was developed to incorporate remediation, mentoring in small groups, evidence-based review practice, standardized testing, specialty adaptive quizzing (to continue to assess the student and identify strengths and weaknesses during the course), and a comprehensive standardized test at the end of the course.

Implementation

The project study, the NCLEX-RN preparation course, is designed to be implemented either by an independent review center to help students pass the NCLEX-

RN after graduation or by a nursing program at the final semester before graduation. A nursing program considering curriculum change could consider implementing this project to improve NCLEX-RN pass rates for its students. I will present the project to the review center's program director where this study was conducted, and since the director had expressed interest in considering curriculum change, I believe she can use her power to push for the implementation of this project at the Center. The director and other members of the management team will meet to review the course before presenting it to the faculty members. Faculty will then meet with the program director to give their input on the changes. The NCLEX-RN preparation course is designed to promote students' success in the NCLEX-RN exam.

Needed Resources and Existing Supports

Since the TRC is in the process of changing its curriculum, the resources needed already exist. Computers are available for students to take the adaptive quizzes and the comprehensive test while at the center. There is wireless Internet at the Center to connect all the students. The Center currently has a printer for printing and binding the books. The director of the program and faculty will need to work extra hours to develop the adaptive quizzes as well as the comprehensive tests, since this was not part of their previous curriculum. A benefit is that the center already has a computerized testing system.

Since learning that the project included adaptive quizzes and a comprehensive test at the end of the course, the director of the program at the TRC has expressed satisfaction with the NCLEX-RN preparation course. The adaptive quizzes are intended for the

faculty to continuously evaluate the students during the course and identify students' weaknesses, resulting in an action plan tailored to each student. The director believes this will guide the review center to stay focused on students' needs and improve students' success on the NCLEX-RN exam. The director has had prior discussions with faculty at the Center on the potential for making changes in their curriculum to improve outcomes.

Potential Barriers

The director and faculty of the Center will need to work extra hours to develop the adaptive quizzes as well as the comprehensive tests, and this will result in the Center spending extra money to pay for overtime hours of work. Some faculty members may resist the change due to fear. The NCLEX-RN preparation course will require the faculty to change the way they present the information to the students, and this can cause resistance. Modifying familiar teaching methods requires extra effort, and faculty may not be willing to offer that extra effort. Mentoring the students in small groups is a component of the course and again will require extra effort.

The TRC currently has a program that is 4 weeks long. The NCLEX-RN preparation course was developed to last for 12 weeks, and this will require candidates to pay more for the program. The need to pay more money could alienate potential candidates, therefore reducing business for the center and could put a strain on the center's finances. Despite the potential barriers, the NCLEX-RN preparation course is designed to aid graduates' success in the NCLEX-RN exam.

Proposal for Implementation and Timetable

Once I present the project to the director of the TRC in the first week of November 2014, she can present it to her management team in their quality assurance meeting in late November 2014. Their concerns will be promptly addressed. Once all their concerns have been addressed, the program director will schedule a meeting with faculty members within the first week of December to present the proposed changes. In that meeting she will gather input from the instructors and their concerns, which will be addressed immediately. Because the program director has had prior discussions with faculty about a potential change of curriculum, I do not envision the instructors will reject the change. It is expected that the new NCLEX-RN preparation course syllabus will be implemented at the TRC in May 2015.

The TRC has existing contracts with many colleges that send their students to the center for NCLEX-RN preparation. Thus, it will be an excellent idea to present a brief description of the project to the directors or deans of these nursing programs. An executive summary of the project should be presented to show the nursing programs a plan the TRC is following to improve NCLEX-RN success for new nursing graduates. Presenting the executive summary to the deans and directors of these programs is only possible once an approval of the doctoral study project is received from the chief academic officer of Walden University.

Roles and Responsibilities of Student and Others

The purpose of the project, the NCLEX-RN preparation course, is to enhance student success on the NCLEX-RN exam. Thus, the student owes himself or herself the

first line of responsibility toward NCLEX-RN success. The student must study the provided materials and be present in class on time daily to participate in the discussions and scheduled student debates. It is the student's responsibility to take the adaptive quizzes made available to them throughout the course and inform the instructor once a quiz is completed so that the instructor can review and provide feedback. The student is also responsible for writing down any questions that may arise during his or her studies and asking the instructor the following morning in class. The student will be expected to follow a self-developed study plan.

The instructor provided by the TRC takes the role of a facilitator and is responsible for creating a class schedule that fits around the developed syllabus. The instructor is expected to be knowledgeable in the subject matter and mentor the students accordingly. The course instructor will also review all adaptive quizzes completed by students, give feedback to students, and assist students develop an action plan to overcome any weaknesses they may have. The instructor has the responsibility to ensure the course content meets the objectives and goals of the program. The program director is responsible for making sure the course is implemented correctly to meet its goals and objectives. The program director is also required to give the instructors all the support they need to implement the NCLEX-RN preparation course. The TRC will also make computers and internet access available to students for them to be able to take the adaptive quizzes and complete the comprehensive test.

Project Evaluation

Outcome-based evaluation will be used to evaluate this project, the NCLEX-RN preparation course. Formative assessments will be used by the instructors during the 12 weeks to evaluate students' knowledge and their ability to apply the learned concept to answering NCLEX-RN style questions. Students and faculty will be given an opportunity to evaluate the course by answering a questionnaire survey. The program director will also contact deans of schools of nursing who send their students to attend the course to obtain an evaluation of the course by asking them to answer a questionnaire survey. The course is designed to enhance NCLEX-RN student success. The center will track this by comparing NCLEX-RN pass rates from preceding years to the pass rate following the implementation of the NCLEX-RN preparation course.

A short-term evaluation will be obtained through adaptive quizzes. Since adaptive quizzes are part of the course and are designed so that a student must score a certain percentage before being able to move to the next level, students' scores will be tabulated and compared throughout the entire course as well as compared to their scores on the comprehensive test at the end of the course. Evaluating students' scores on the adaptive quizzes will reveal to the instructor if the immediate goals and objectives of the course are being met. Long-term evaluation will depend on the students' success on the NCLEX-RN exam after completing the course. Statistical data will be collected and analyzed, and, if necessary, revisions will be made to continue to meet the goals and objectives of the course.

Implications Including Social Change

Local Community

The project, the NCLEX-RN preparation course, was developed based on the results of the research study as well as literature review. The results of the study indicated that the students who fail the NCLEX-RN exam undergo periods of depression and withdrawal. This course will contribute to positive social change when students take this course and pass the NCLEX-RN exam, which will alleviate their depression. They will be able to obtain jobs and feel fulfilled and provide for their families.

Clinical settings will have licensed nurses to hire for employment. After passing the NCLEX-RN exam, the student will then have the opportunity to return to school to obtain a higher degree, which will result in more competent patient care in the community. Leaders of nursing programs will also use this project study to advise students and modify curriculum to enhance the NCLEX-RN pass rate.

Far-Reaching

The AACN stated in a 2014 report that 1.2 million nurses will be needed to fill the estimated U.S. job openings through 2020. Students taking the NCLEX-RN preparation course and passing the NCLEX-RN exam will add to the number of nurses needed by 2020, supporting positive social change in the larger context. Accrediting agencies of nursing programs continue to rely on NCLEX-RN pass rates to determine eligibility for accreditation. If the results of this study are disseminated to all the nursing programs in the Mid-Atlantic metropolitan area, students will take the necessary steps

toward NCLEX-RN preparation, and schools can implement the project in their curricula to improve the NCLEX-RN pass rate.

Conclusion

This section is intended to give the reader an overview of the project study, the NCLEX-RN preparation course. This project study was informed by the results of the research study and information gathered from literature review. Objectives and goals and the rationale for the genre of the project study were explained. Steps toward implementation, needed resources, existing support, potential barriers, proposal for implementation and timetable, and roles and responsibilities of students and others were also discussed. Outcome-based evaluation was described as a best method to evaluate the course alongside the implications of the project study. The next section will discuss personal reflections, project strengths, recommendations for remediation of limitations, self as a scholar, implications, applications, and directions for future research.

Section 4: Reflections and Conclusions

Introduction

This section provides information on my personal reflections regarding the research and project study as a whole. I will also discuss how I have developed as a scholar through this research study. Information about strengths, limitations, and recommendations for the direction of future research will also be covered. Drawing from the results of the research study and literature review, I designed an NCLEX-RN preparation course intended to enhance new nursing graduates' success on the NCLEX-RN exam. The course will be implemented based on best practices gathered through literature review. I will also share the knowledge I have acquired as a project developer and what I learned about leadership and change during the process. The implications and applications for the NCLEX-RN preparation course will also be discussed.

Project Strengths

A thorough review of literature and results from the research study informed the project, the NCLEX-RN preparation course. The graduate's life, family, work schedule, and ability to study and comprehend information were considered during the project development. For the reasons discussed above, the first unit of the course focuses on assisting the graduate to develop a tangible studying plan. Small group mentoring, adaptive quizzes, instructor's reviews, and guiding students to develop an action plan to overcome drawbacks are project strengths.

The research study focused on graduates who had failed the NCLEX-RN at least once; thus, there is a need for a course that can promote students' success on the

NCLEX-RN exam, indicating strength for the project. Graduates who have failed the NCLEX-RN exam are constantly looking for support to aid their success, and this also speaks to the strength of the project. Most of the research participants asserted that they have not given up on taking the NCLEX-RN exam and are seeking assistance to ensure their success. Therefore, the project study will be useful to them, further indicating strength for the project. As students take the course and pass the NCLEX-RN exam, their testimonies will encourage more graduates to attend the course and be successful. Students' testimonies could also encourage nursing programs to implement the project in the final semester of the program. The primary goal is that 100% of the graduates attending the course will be successful in the NCLEX-RN exam. Another strength of the project is that more nurses taking the course will pass the NCLEX-RN exam to add to the 1.2 million nurses needed to fill the estimated U.S. job openings through 2020 (AACN, 2014).

Project Limitations

Most nursing graduates are accustomed to other NCLEX-RN review courses that last a maximum of 3 days or at the most 4 weeks. This project study is designed to last 12 weeks to thoroughly prepare the graduate for their success, but this could be disadvantageous, as some students may think the course takes too long and may not attend. Because the course is designed to be 12 weeks, which is longer than other review courses and may also require the graduate to pay more money, financial reasons may contribute to their decision.

I singlehandedly designed this project study as a component of my dissertation, without any collaborative effort from colleagues at the center and because, as it is often said, “two heads are better than one,” a collaborative effort could have yielded a better result due to valuable input from other experts. Thus, faculty of different programs could resist the curriculum change. Additionally, it is not known if all graduates attending the course will follow their studying plan as developed within the first unit of the course. If candidates fail to follow their studying plan, and remediation efforts by faculty are not successful, the success of the course cannot be guaranteed.

Recommendations for Remediation of Limitations

Since the TRC has contracts with different nursing programs that send their students to the center for NCLEX-RN preparation, the limitations of the project can be remediated by meeting with directors and deans of these nursing programs to present the project. During this presentation, I will discuss the results from the research study, the literature review, and the genre for the project study. This discussion will assist stakeholders develop knowledge for the purpose of the course and thus be motivated to encourage their graduates to attend the program to ensure success. The presentation could also encourage nursing programs to modify curriculum and implement the project study in the final semester of the program, building it within the curriculum instead of requiring students to attend a separate course following graduation.

Outcome-based evaluation will be implemented to continuously evaluate all the portions of the project study to determine which are effective and which are not, and changes will be made to continue to achieve the goals and objectives of the NCLEX-RN

preparation course. Statistical data will be collected to compare outcomes to preceding years before implementation of the course. The NCSBN is known to review and strengthen NCLEX-RN passing standards every 3 years. For this reason, conducting future research to address the new standards will be absolutely necessary to ensure success for the graduates taking the course.

Scholarship

Acquiring knowledge and not being able to apply it to practice is not beneficial to other members of society. I have learned from my doctoral journey that a scholar must put his or her knowledge to practice. My teaching abilities have developed greatly as I have spent much time conducting my research and developing the NCLEX-RN preparation course project. I have also learned that acquiring knowledge for the purpose of applying it to practice to effect positive social change should be the desire of every scholar.

Conducting a descriptive phenomenological study of my own has assisted me to acquire skillful knowledge on scholarship. It is my understanding that scholarship is about seeking answers for questions, and my project study has empowered me with much knowledge that can be used to promote NCLEX-RN success for new nursing graduates. Just realizing that I am able to apply my knowledge to effect positive social change is a life experience I will never forget. Following completion of my doctoral study, I will continue conducting scholarly research to empower other members of society.

Project Development and Evaluation

To develop the project, I needed to first identify a problem affecting the local community. I then conducted an in-depth review of literature focusing on the NCLEX-RN pass rate. The local problem identified was that many nursing graduates in the local community are failing the NCLEX-RN exam. Gathering information from the results of the research study and literature review, I developed an NCLEX-RN preparation course that will be beneficial to the community members needing the course to successfully pass the NCLEX-RN exam. I have also learned that adults learn differently, and I considered this factor when developing the project. As it is often said, “Charity begins at home.” I must effect positive social change within my local community first, and this philosophy was the backbone of my project.

Developing a project requires a systematic approach, including the schedule of events and an evaluation plan. The goals and objectives of the project study, the NCLEX-RN preparation course, must be carefully crafted and must be measurable. Since the NCSBN evaluates and changes NCLEX-RN passing standards every 3 years, the project must be continuously evaluated and changes made based on the findings of the evaluation results. The challenges I faced when singlehandedly developing this project have enabled me to better appreciate collaboration with other scholars. Disseminating the results of this project study can positively influence nursing programs to better advise students and modify curriculum to ensure better pass rates on the NCLEX-RN exam.

Leadership and Change

There are so many aspects of our life requiring leadership, such as family, jobs, business, religion, and education. However, I must insist that leadership in higher education supersedes all other areas of life requiring leadership. A leader in higher education must be prepared to ask and answer questions in a scholarly way that effects positive social change. I have learned through my doctoral study that a leader in higher education must set clear goals and motivate his or her subordinates (students or other employees) to follow in an attempt to meet and exceed the mission of the institution. Through this project study, I have found myself deeply immersed in the distress of students who have failed the NCLEX-RN exam multiple times. It is my heart's desire that they get the help they need, and it is my hope that I have contributed to this by developing an NCLEX-RN preparation course informed by the results of the study.

Despite spending many years as a nurse educator, I cannot claim that I have total expertise in the nursing profession, but I must say my doctoral journey has brought me closer to that goal. Throughout my research study and the development of the project, the NCLEX-RN preparation course, I have learned that a leader looks for the deeper meanings of events; a leader must ask the why, when, where, and how questions and be ready to generate a flexible action plan to answer them. I have set a new goal for myself: to acquire a certification as a certified nurse educator (CNE) through NLN, which should add to my leadership skills in the nursing profession.

We often become used to the status quo, and this makes it very difficult to accept or make changes. It is my strong belief that a good leader in higher education must be

willing to challenge the status quo and contribute to the implementation of newly gathered information that can bring about positive social change for the institution and its students while focusing on the mission of the institution. My research study has informed me on the importance of assuming leadership roles and empowering others to be able to accept change.

Analysis of Self as Scholar

Prior to starting my doctoral journey, I was extremely fearful because of the negativity I had heard from others about doctoral programs. Many said they started their own doctoral studies but could never finish, and when I asked why, they could never explain. All they could say was that it is challenging. I will say I am so proud of myself as a scholar because I did not allow that negativity to deflect me from my goals. Despite this courage, I must also say I am still learning as a scholar. As I was beginning my doctoral journey, I had fear that I would not be able to conduct a tangible research study worthy of being published. Through this doctoral journey, I have developed as an actively learning scholar, and I strongly believe that my project study is worthy of being published and the project, the NCLEX-RN preparation course, can be implemented to aid student success in the NCLEX-RN exam.

My project study has caused me to develop deep critical thinking and analytical skills, and I am eager to know how my study can add to the nursing profession by aiding NCLEX-RN success for all graduates. These new skills will promote self criticism as a scholar-practitioner and will contribute to higher education. Although I am still a

developing scholar, I am convinced that I will improve as a scholar-practitioner through further research studies and will contribute greatly to the nursing profession.

Analysis of Self as Practitioner

I started my career as a nursing assistant, and then went to school to become a LPN and on to college to obtain an associate degree in nursing. I then went on for graduate degrees, and I am currently a doctoral student. I worked in several clinical settings as a nursing assistant, staff nurse, clinical supervisor, and director of clinical services with a home health agency before becoming a nurse educator in 2007. I am currently a case manager/delegating nurse (CM/DN) in two different assisted-living facilities in my state of residence and at the same time a nurse educator. With all these experiences under my belt, I know I have acquired a huge set of skills as a practitioner. However, anyone who takes a look at my educational tree will identify me as one of those who believe in lifelong learning, a vital tool for anyone who wants to be and remain a scholar-practitioner. During my nursing education, I met several nurse educators who played huge roles in my clinical and educational endeavors.

After many years of practice, I realized that to effect positive social change, I needed to position myself as a scholar, and this had a major influence on my decision to return to school for a terminal degree: Doctor of Education. I remain indebted to my chair and committee member for their expert input and for helping me to develop as a scholar-practitioner. Just as these experts have motivated and encouraged me through this journey, I will do the same as a scholar-practitioner for the nursing students I will have the privilege to educate.

Analysis of Self as Project Developer

Truth be told, throughout my course work as a doctoral student I was always very nervous about developing a project that could be implemented effectively. Though I have contributed to developing different action plans to promote students' success in their studies, this was through a collaborative effort with other faculty members. The idea of generating a project by myself based on research results and literature review was nerve-racking. Discovering the purpose of the project and crafting the goals and objectives to meet the desires of the stakeholders was very challenging, but I remain thankful to Walden University for a well-structured educational system with expert professors who support students gaining the knowledge needed to be successful.

The project was informed by the results of the research study and thorough review of other scholarly work by different experts. I endeavored to present information on a realistic plan to implement the project, needed resources, potential barriers, roles and responsibilities of students and others, and an outcome-based evaluation plan to determine needed changes to ensure the NCLEX-RN preparation course remains a success. I have discovered that to develop a successful project, the developer must follow a systematic approach with an open-minded and flexible attitude.

The Project's Potential Impact on Social Change

Of major importance to this project study is the fact it identified an existing local problem. I learned that for most graduates, failing the NCLEX-RN exam resulted in depression and a delay of weeks or even months before attempting the exam again. This

knowledge led to the development of the project, the NCLEX-RN preparation course, to promote graduates' success on the NCLEX-RN exam.

Throughout this doctoral study, I have continued to develop as a scholar, and I am proud to know that I am capable of conducting tangible research to influence nursing practice and education. As I continued to learn through this journey, I began to see reasons why boards of nursing in various jurisdictions require continuing education (CE) courses from all nurses prior to renewal of an expired registered nurse license. This speaks to the fact that all nurses are responsible for continually developing their education and applying what they learn to care for members of the society as a whole. As students take the NCLEX-RN preparation course and pass the NCLEX-RN exam, they will be able to obtain jobs and feel fulfilled as well as take good care of their families and add to the 1.2 million nurses needed to fill the estimated U.S. job openings through 2020 (AACN, 2014), promoting positive social change in the larger context.

Implications, Applications, and Directions for Future Research

A need exists for more licensed nurses to fill the estimated 1.2 million U.S. job openings through 2020 (AACN, 2014). Without taking measures to address this problem, we will be left with further nursing shortages. With the shortage of licensed registered nurses, the quality of patient care will be greatly affected, resulting in injuries and complications from healthcare problems that could have been identified early and addressed on time. With the American healthcare system that is continuously changing in its complexity, licensed registered nurses will be needed to maintain and sustain the healthcare system. As new healthcare problems like the Ebola virus disease (EVD)

continue to surface, one cannot be certain that the healthcare industry will need just 1.2 million nurses by 2020. It could be more than that. Thus, we must identify ways to ensure an increase in the NCLEX-RN pass rate. This project study was informed by graduates' inability to pass the NCLEX-RN exam despite successfully completing an accredited nursing program.

As graduates continue to fail the NCLEX-RN exam, clinical settings like hospitals, clinics, and more are also adversely affected because of lack of qualified nurses to care for the acutely sick patients. This research study has informed the development of the project, the NCLEX-RN preparation course. The application of the NCLEX-RN preparation course by nursing programs or NCLEX-RN review centers will aid student success, helping to increase the number of licensed registered nurses. Continually evaluating the course and making necessary changes to ensure the effectiveness of the course will serve as an opportunity for different nursing programs to implement the course to ensure increased NCLEX-RN pass rates for their graduates.

This project study employed the use of a qualitative methodology that required only a small sample of participants. Therefore, it is strongly recommended that further research studies be conducted in the area of the consequences for graduates of failing the NCLEX-RN exam. In future studies, a quantitative or a mixed methodology will be desirable so that a larger sample can be studied to shed more light on the consequences graduates face after failing the NCLEX-RN exam. Furthermore, research aligning with the outcome-based evaluation of the course can help to continue to improve the implementation of the course and the NCLEX-RN pass rate.

Conclusion

In this section, I endeavored to explain the strengths of the project study, its limitations, scholarship, project development and evaluation, and leadership and change; and I presented a critical analysis of myself as a scholar. I also discussed the potential impact the project study will have on social change, recommendations for remediation, implications, applications, and directions for future research. It is worth noting that the main purpose of this research study was to investigate the consequences, actions, and changes new nursing graduates make after failing the NCLEX-RN exam. The results of the study and information gathered from literature review of scholarly work by other experts informed the development of the project, an NCLEX-RN preparation course. I anticipate that this study will contribute to positive social change as more nursing graduates will pass the NCLEX-RN exam once the project, the NCLEX-RN preparation course, is fully implemented.

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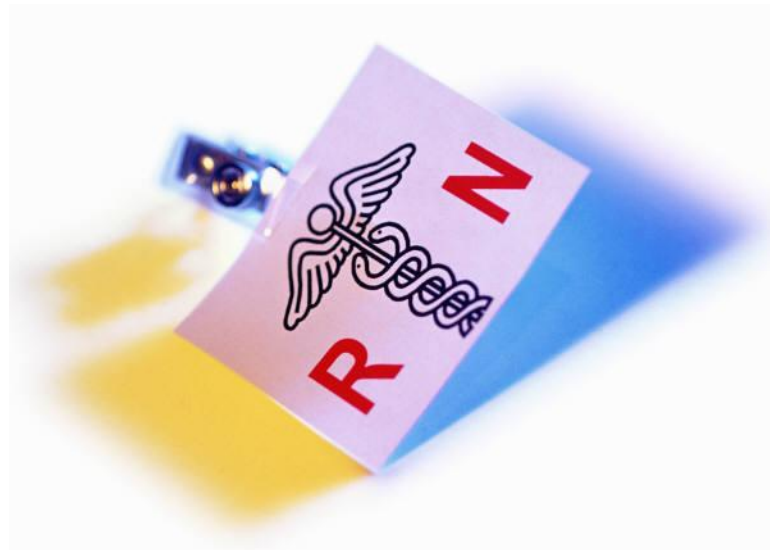
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Appendix A: Doctoral Study Project

NCLEX-RN Preparation Course



An NCLEX-RN Preparation Course to Foster Success

Instructor: Julius Atemafac, RN-CM/DN, MS, MBA

Course credit and clock hours: Three (3) semester hours

When to offer course in curriculum: Final semester in nursing school or after graduation

Assessment method(s): Pre-post test/quizzes/assignment sheets/sample NCLEX-RN test questions

Goal(s): At completion of the course, the student will be able to

1. Discuss major classes and effects of common medications, identify side effects and adverse reactions, accurately calculate medication dosages and administer medications through the enteral, parenteral, and topical routes as needed to pass the NCLEX-RN exam.
2. Prepare and maintain a sterile field in an attempt to prevent cross-contamination and keep the resident safe and correctly answer sample NCLEX-RN questions.

3. Insert and remove both female and male urinary catheterization and correctly answer sample NCLEX-RN questions.
4. Collect laboratory specimens through various means while maintaining the safety of the patient and correctly answer sample NCLEX-RN questions.
5. Identify various diseases, their clinical manifestations, treatments and possible complications, nursing care and patient-family teaching, and correctly answer sample NCLEX-RN questions.
6. Identify all the changes that occur on a fetus during its monthly development in the womb and correctly answer sample NCLEX-RN questions.
7. Identify nursing care and patient-family teaching for various pregnancy complications and correctly answer sample NCLEX-RN questions.
8. Identify all the stages of labor, its complications, treatments, and nursing care, and correctly answer sample NCLEX-RN questions.
9. Identify the stages of development through the life span, diseases in each of the stages, treatments, and nursing care, and apply the nursing process to correctly answer sample NCLEX-RN questions.
10. Identify all the stages of Erikson's developmental tasks from infancy through the life span and the relationship to mental health and mental illness, and apply the nursing process and correctly answer sample NCLEX-RN questions.
11. Identify the ANA Standards of Practice and apply them in correctly answering sample NCLEX-RN questions.
12. Prioritize nursing care, identify the stems used by the NCLEX-RN exam, and correctly answer sample NCLEX-RN questions.
13. Successfully pass a 265-question comprehensive NCLEX-RN-style test with 90% accuracy.
14. Identify his or her weaknesses and with the help of the instructor develop a strategic plan to overcome the weaknesses.

Description:

In this course the instructor reviews with the students the theoretical, clinical, and critical thinking skills necessary to be able to successfully answer NCLEX-RN questions. The students will also be taught ANA Standards of Practice alongside the nursing process on how to apply both in evidence-based practice as well as correctly answer NCLEX-RN-style questions.

Textbook(s):

NCLEX-RN Premier 2014-2015 with 2 Practice Tests (Kaplan NCLEX-RN Premier)
ISBN: 978-1618654991

Grading Scale:

Class participation in assigned activities is a requirement to keep focus and develop

confidence. Due to the need to avoid administering wrong drug dosages, students must continue to pass drug calculation questions with 100% accuracy during the course.

Grade	Scale
A	93-100% average on tests/quizzes/assignments. Satisfactory performance on all demonstration skills.
B	87-92% average on all tests/quizzes/assignments. Satisfactory performance on all demonstration skills.
C	80-86% average on all tests/quizzes/assignments. Satisfactory performance on all demonstration skills.
F	79% average or below on all tests/quizzes/assignments.
Pass (P)	Satisfactory performance on all demonstration skills.
Fail (F)	Unsatisfactory performance on all demonstration skills.

Content Outline:

Unit I: NCLEX-RN registration process/developing and maintaining a concrete studying plan

Unit II: Nursing Concepts, Pharmacology, Nutrition, Education and Skills Review

- A. Contemporary Issues in Nursing
- B. Growth and Development across the Life Span
- C. Nursing Care Planning
- D. Pharmacology and Nutrition
- E. Client Education

Unit III: Fundamental and Advanced Clinical Client Care Skills Review

Unit IV: Integumentary Disorders and Nursing Care

Unit V: Cardiovascular Disorders and Nursing Care/Respiratory Disorders and Nursing Care/Neurological Disorders and Nursing Care

Unit VI: Gastrointestinal Disorders and Nursing Care/Endocrine Disorders and Nursing Care

Unit VII: Maternal-Newborn Nursing and Nursing Care

Unit VIII: Pediatric Nursing and Nursing Care

Unit IX: Mental Health Nursing and Nursing Care/Nursing Management, Supervision and Leadership

Unit X: “Pulling It All Together”

Unit XI: Effective NCLEX-RN Test-taking Strategies

Unit XII: Take and review a computerized NCLEX-RN comprehensive test of 265 questions

Instructional Methods

- ❖ Lectures/discussions
- ❖ Audiovisual for skills
- ❖ Skills demonstration and return demonstration by students
- ❖ In-class group discussions on different assigned topics by the instructor
- ❖ Group debate on different NCLEX-RN-style scenarios (questions)

Week/Unit	Content	Assignments	Goals
I	NCLEX-RN registration process/developing and maintaining a concrete studying plan	<p>Review the board of nursing application for the NCLEX-RN eligibility</p> <p>Review the Pearsonvue application for the NCLEX-RN exam</p> <p>Each student reviews his or her work schedule and begin developing a good studying plan</p>	<p>Each student is able to complete the board of nursing application for the NCLEX-RN eligibility without errors</p> <p>Each student is able to complete the Pearsonvue application without errors</p> <p>Each student completes a concrete studying plan</p>

II	<p>Nursing Concepts, Pharmacology, Nutrition, Education and Skills Review</p> <p>A. Contemporary Issues in Nursing B. Growth and Development across the Life Span C. Nursing Care Planning D. Pharmacology and Nutrition E. Client Education</p>	<p>Class lecture/discussion on chapters 2 & 3</p> <p>In-class group debate on sample NCLEX-RN scenarios and questions</p>	<p>Student will be able to relate pharmacology to issues in growth and development across the life span and correctly answer NCLEX-RN sample questions</p> <p>Student will be able to identify his or her weakness and seek help</p>
III	<p>Fundamental and Advanced Clinical Client Care Skills Review</p>	<p>Class lecture/discussion on chapter 4</p> <p>In-class group debate on sample NCLEX-RN scenarios and questions</p> <p>Audiovisual on skills and return demonstration</p>	<p>Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor</p>
IV	<p>Integumentary Disorders and Nursing Care</p>	<p>Class lecture/discussion on chapter 5. In-class group debate on sample NCLEX-RN scenarios and questions</p>	<p>Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor</p>

V	Cardiovascular Disorders and Nursing Care/Respiratory Disorders and Nursing Care/Neurological Disorders and Nursing Care	Class lecture/discussion on chapters 6, 7, & 8 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
VI	Gastrointestinal Disorders and Nursing Care/Endocrine Disorders and Nursing Care	Class lecture/discussion on chapters 9 & 10 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
VII	Maternal-Newborn Nursing and Nursing Care	Class lecture/discussion on chapter 11 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
VIII	Pediatric Nursing and Nursing Care	Class lecture/discussion on chapter 12 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor

IX	Mental Health Nursing and Nursing Care/Nursing Management, Supervision and Leadership	Class lecture/discussion on chapter 13 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
X	“Pulling It All Together” Integrating Evidence-based Care and Concept-Mapping When Implementing Safe, Competent, and Caring Registered Nursing Client Care	Class lecture/discussion on chapter 14 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
XI	Effective NCLEX-RN Test-taking Strategies	Class lecture/discussion on chapter 15 In-class group debate on sample NCLEX-RN scenarios and questions	Submission of completed chapter exercises and the sample NCLEX-RN scenarios as identified by the instructor
XII	Take and review a computerized NCLEX-RN comprehensive test of 265 questions Six-hour timed test as the NCLEX-RN exam	265-question exam from all the units NCLEX-RN-style questions	Pass the test with 90% accuracy Review the test, identify weaknesses, and develop a plan to overcome the identified weaknesses

Unit I: NCLEX-RN registration process/developing and maintaining a concrete studying plan

This unit is intended to help you understand the NCLEX-RN registration process, complete the registration forms for both board of nursing and Pearsonvue, and also develop and maintain a concrete studying plan.

Outcomes—at the end of this unit you will be able to:

- ❖ Complete the board of nursing application for NCLEX-RN eligibility without any errors
- ❖ Complete the Pearsonvue application online without errors
- ❖ Mail the board of nursing application for NCLEX-RN eligibility with the required fee in the form of a money order
- ❖ Develop a 3-month studying plan and indicate an anticipated date for when you plan to take the NCLEX-RN exam on your studying calendar

To successfully complete the Unit I activities, you must be in attendance from the first day of class and use the following resources:

- A. PowerPoint presentation on how to complete the board of nursing application for the NCLEX-RN eligibility form and filling the money order required to accompany your application to the board of nursing
- B. PowerPoint presentation on how to create an individual account on the Pearsonvue website and the step-by-step process of completing the Pearsonvue online application and making the required payment
- C. PowerPoint presentation on how to develop and maintain a concrete studying plan.
Note: your studying plan will depend on a number of factors already existing in your life, such as
 - ❖ Your work schedule
 - ❖ Ages of your children, if any
 - ❖ Married or single parent
 - ❖ Your desire to be successful

Therefore, to develop and maintain a good studying plan, write down the following:

1. Time the children leave home for school, if they go to school
2. Your working hours and your off days
3. Help you can get from your loved ones (maybe in babysitting the children) and what times and days

Answer these questions:

A. Why do I have to pass the NCLEX-RN exam?

B. What are some of the things that could hinder me from following my studying plan?
What can I do about it?

C. What type of learning works best for me?

❖ Visual learning?

- Use of pictures
- Creating stories with information
- Using analogies/metaphors
- Drawing graphs/charts
- Videotaping lectures
- Using highlighter and underlining in colors

❖ Auditory learning?

- Audiotaping lectures (with permission)
- Talking out loud to your teddy bear
- Explaining the concept to yourself or others
- Making a song or rhyme with the information you need to know

❖ Kinesthetic or action learning?

- Studying in pairs/groups
- Touching models
- Practicing procedures (some people learn better by doing action with information they need to know)
- Using action words
- Walking about when studying

Unit II: Nursing Concepts, Pharmacology, Nutrition, Education and Skills Review

This unit is intended to help you review the pharmacology content tested in the NCLEX-RN exam and apply the information to answer NCLEX-RN-style questions.

Outcomes—at the end of this unit, you will be able to:

- ❖ Discuss the classes and effects of common medications
- ❖ Identify side effects and adverse reactions
- ❖ Accurately calculate medication dosages
- ❖ Administer medications through the enteral, parenteral, and topical routes
- ❖ Implement appropriate nursing care and observations related to the drug administered

To successfully complete this unit; you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Complete the activities listed in the table below

Activity table to help you study

Class of drug	Example of drug	Common side effects	Adverse reactions	Time /method of administration	What is the indication? i.e., what is the drug used for?	Nursing education to patient & family

Unit III: Fundamental and Advanced Clinical Client Care Skills Review

This unit is intended to help you learn all the nursing skills procedures tested by the NCLEX-RN exam.

Outcomes—at the end of this unit, you will be able to:

- ❖ Prepare and maintain a sterile field
- ❖ Insert and remove female and male urinary catheterization
- ❖ Prepare and apply a dry sterile dressing
- ❖ Collect a wound culture specimen
- ❖ Prepare equipment and perform sterile tracheostomy suctioning
- ❖ Initiate and maintain strict isolation precautions
- ❖ Insert and maintain a nasogastric tube
- ❖ Safely transfer a patient from bed to wheelchair
- ❖ Safely administer a bedpan
- ❖ Collect a throat culture specimen
- ❖ Collect a sputum culture specimen
- ❖ Collect a 24-hour urine specimen
- ❖ Collect a clean catch urine specimen
- ❖ Don and remove sterile gloves
- ❖ Open a sterile package

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Correctly perform return demonstration on all the skills identified above
- G. Complete the activities listed in the table below

Activity table to help you study

Skill	Video/practice date	Correct return demonstration date
		(add rows as needed)

Unit IV: Integumentary Disorders and Nursing Care

This unit is intended to help you learn all the integumentary diseases tested by the NCLEX-RN exam.

Outcomes—at the end of this unit, you will be able to:

- ❖ Identify all the skin diseases tested by the NCLEX-RN exam
- ❖ Identify all the clinical manifestations of each of the diseases
- ❖ Identify all treatments available to the diseases
- ❖ Identify causes of the diseases
- ❖ Identify nursing interventions for each of the diseases
- ❖ Identify nursing education to patient/family regarding the disease and treatment

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Complete the activities listed in the table below

Activity table to help you study

Disease	Clinical manifestations	Treatment/side effects/possible adverse reactions	Nursing education to patient/family	Nursing interventions
				(add rows as needed)

Unit VII: Maternal–Newborn Nursing and Nursing Care

This unit is intended to help you learn about conception, implantation, monthly development of a fetus, birth weight, amniotic sac and fluid plus its complications, placenta, fetal circulation, obstetrical assessment, maternal changes during pregnancy, presumptive and positive signs of pregnancy, maternal risk factors, prenatal care, pregnancy complications, labor and delivery, nursing care during labor and delivery, complications of labor, diagnostic tests during pregnancy, and postpartum care.

Outcomes—at the end of this unit, you will be able to:

- ❖ Identify the period of conception and implantation and changes that occur following conception and answer sample NCLEX-RN questions
- ❖ Identify all the changes that occur in a fetus during its monthly development in the womb and answer sample NCLEX-RN questions related to these changes
- ❖ Distinguish presumptive and positive signs of pregnancy
- ❖ Identify all maternal changes during pregnancy
- ❖ Identify pregnancy complications not limited to placenta previa, abruptio placentae, pregnancy-induced hypertension, hyperemesis gravidarum, hydatidiform mole, and gestational diabetes, and answer related sample NCLEX-RN questions
- ❖ Identify all the stages of labor including nursing care and answer related NCLEX-RN questions
- ❖ Identify complications of labor, not limited to premature labor & delivery, prolapsed umbilical cord, premature rupture of membranes, induction of labor, operative obstetrics, cesarean birth, forceps delivery, vacuum extraction, and answer related sample NCLEX-RN questions
- ❖ Identify all the diagnostic tests performed during pregnancy and nursing care and answer related NCLEX-RN questions
- ❖ Identify nursing education to patient/family regarding pregnancy

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Complete the activities listed in the tables below

Activity table to help you study: monthly changes occurring in the fetus

Age of pregnancy	Changes
First month (4 weeks)	
3 to 4 months (12-16 weeks)	
5 months (20 weeks)	
9 months (36 weeks)	

Activity table to help you study: List all maternal changes during pregnancy

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Activity table to help you study: pregnancy complications

Complication	Clinical manifestation	Treatment	Nursing care/patient & family teaching

Activity table to help you study: stages of labor

Stages of labor	Maternal/fetal assessment	Nursing care
First stage of labor: Latent phase Active phase Transition phase		
Second stage of labor		
Third stage of labor		
Fourth stage of labor		

Activity table to help you study: complications of labor

Complication	Clinical manifestation	Treatment	Nursing care/patient & family teaching

Activity table to help you study: diagnostic tests

Diagnostic test	When/why it is performed	Nursing care

Activity table to help you study: common diseases in the pediatric population

Disease	Clinical manifestations	Treatment/side effects/adverse reactions	Nursing education to patient/family	Nursing interventions

Unit IX: Mental Health Nursing and Nursing Care/Nursing Management, Supervision and Leadership

This unit is intended to provide you with full understanding of mental health and mental illness and relate the clinical health problems to answering sample NCLEX-RN style questions.

Outcomes—at the end of this unit, you will be able to:

- ❖ Identify all the stages of Erikson’s developmental tasks from infancy through the life span and their relationship to mental health and mental illness as well as answer sample NCLEX-RN questions
- ❖ Identify all the diseases and clinical manifestations of each of the diseases facing this population as well as treatment and nursing care
- ❖ Identify causes of the diseases
- ❖ Identify nursing education to patient/family regarding the diseases and treatments

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- G. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- H. Complete the activities listed in the tables below

Activity table to help you study

Erikson’s developmental stage	Relationship to mental health/illness	Patient/family teaching

Activity table to help you study

Therapeutic communication	Barriers to therapeutic communication

Activity table to help you study: mental illnesses

Disease	Clinical manifestations	Treatment/side effects/adverse reactions	Nursing education to patient/family	Nursing interventions

Unit X: “Pulling It All Together”

This unit is intended to help you integrate ANA Standards of Practice, the Nursing Process, Nursing Diagnoses, Nursing Care Planning, Evidence-based Care and Concept-Mapping When Implementing Safe, Competent, and Caring Registered Nursing Client Care in relation to answering NCLEX-RN questions to demonstrate safety.

Outcomes—at the end of this unit, you will be able to:

- ❖ Identify the ANA Standards of Practice and apply them in answering NCLEX-RN-style questions
- ❖ Explain the entire nursing process and apply it in answering NCLEX-RN-style questions
- ❖ Develop nursing care plans focusing on holistic care and answer related NCLEX-RN-style questions
- ❖ Prioritize nursing care and apply it in answering NCLEX-RN-style questions

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Complete the activities listed in the tables below

Activity table to help you study: List all ANA Standards of Care

--

Activity table to help you study: the nursing process

Steps in the nursing process	What happens in this phase?
Assessment	
Diagnosis	
Planning & goals identification	
Implementation	
Evaluation	

Unit XI: Effective NCLEX-RN Test-taking Strategies

This unit is intended to help you learn the different stems used by the NCLEX-RN exam

Outcomes—at the end of this unit, you will be able to:

- ❖ Identify all the stems used by the NCLEX-RN exam
- ❖ Explain the entire nursing process and apply it in answering NCLEX-RN-style questions depending on the stem used
- ❖ Prioritize nursing care and apply it in answering NCLEX-RN-style questions

To successfully complete this unit, you must:

- A. Attend all class discussions
- B. Participate in group debates on the NCLEX-RN scenarios prepared by the instructor
- C. Answer all the NCLEX-RN adaptive quizzes on the website and review all the missed questions
- D. Follow your studying plan identified in Unit I
- E. When you go home, write down your questions during your studies and ask the instructor first thing the following morning
- F. Complete the activities listed in the tables below

Activity table to help you study

Stems	Examples
Negative stems	
Positive stems	

Unit XII: Take and review a computerized NCLEX-RN comprehensive test of 265 questions

This unit is intended to help you assess your learning throughout the course, identify your weaknesses, and develop a strategic plan to overcome those weaknesses. It also helps you to practically experience what it means to take an NCLEX-RN exam.

Outcomes—at the end of this unit, you will be able to:

- ❖ Pass a comprehensive test with 90% accuracy
- ❖ Review the test
- ❖ Identify your weaknesses
- ❖ With the help of the instructor, develop a strategic plan to overcome your weaknesses

To successfully complete this unit, you must:

- A. Be available to take the comprehensive test as scheduled
- B. Know how to use a computer
- C. Be able to use the calculator within the computer
- D. Complete the activities listed in the tables below

Activity table to help you study

Comprehensive test	% correct	How many questions you got wrong	How many questions you got right

Activity table to help you study

Weaknesses	Plan to overcome weaknesses

References

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Appendix B: Consent Form

CONSENT FORM

You are invited to take part in a research study of an exploration of the consequences for new nursing graduates of failing the National Council Licensure Examination (NCLEX). The researcher is inviting candidates who have failed the NCLEX-RN examination at least once to be in the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Mr. Julius Atemafac, who is a doctoral student at Walden University. You may already know the researcher as a tutoring instructor, but his role in this study is separate from that role.

Background Information:

The purpose of this study is to investigate the consequences, the actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN.

Procedures:

If you agree to be in this study:

- An initial meeting will be scheduled between you and the researcher, and during that first meeting, you will sign this consent form before any other steps will be taken. This initial meeting may last up to 25 minutes.
- An interview will be scheduled once you have signed the consent form. Each interview will last 45 minutes to 1 hour.
- The researcher will also contact you to schedule a follow-up interview, which will last 30 to 45 minutes.
- You will be required to come to the community research partner’s center for all interviews to ensure confidentiality is fully maintained.

Here are some sample questions:

- Take me back through the history in your NCLEX-RN attempt(s).
- What type of studying tactics have you previously employed when preparing for the test?
- What is your background working with faculty in your school of nursing after failing the NCLEX-RN?
- What is an area of strength or expertise for you in the area of studying for the NCLEX-RN exam?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at the TRC or Walden University will treat you

differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind and withdraw your consent during or after the study. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset, fatigue, stress, and driving to the community research partner's center. Being in this study would not pose risk to your safety or well-being.

The anticipated results of this study will reveal the consequences of failing the NCLEX-RN examination and will help students to take actions to avoid failure and make necessary changes required to be successful.

Payment: There is no financial benefit for participating in this study.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a locked cabinet, and only the researcher shall have access to the secured cabinet. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via or email at or. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is . Walden University's approval number for this study is **06-30-14-0291367** and it expires on **June 29, 2015.**

The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Printed Name of Participant _____

Date of Consent _____

Participant's Signature _____

Researcher's Signature _____

Appendix C: Interview Protocol

Project: An Exploration of the Consequences for Nursing Graduates of Failing the National Council Licensure Examination (NCLEX-RN).

Date _____

Time _____

Location _____

Interviewer: Mr. Julius Atemafac

Interviewee: _____

Release form signed? _____

Notes to Interviewee:

Thank you for your participation. I believe your input will be valuable to this research and in helping grow all of our professional practice.

Confidentiality of responses is guaranteed.

Approximate length of interview: 45 minutes to 1 hour, 7 major and 19 follow-up questions.

Purpose of Research:

The main purpose of this study is to investigate the consequences, the actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN. This research study will attempt to answer the following questions:

1. What are the consequences of failing the NCLEX-RN for new graduates of nursing programs in the metropolitan area?
2. What actions did the new graduate take after failing the NCLEX-RN examination?
3. What changes were made by the new graduate in their preparation to retake the NCLEX-RN?
4. What factors were supportive of new graduates who have failed the NCLEX-RN?

Interview Questions:

1. Take me back through the history in your NCLEX-RN attempt(s).
 - What studying tactics have you previously employed when preparing for the test?
 - What is your background working with faculty in your school of nursing after failing the NCLEX-RN?
 - What is an area of strength or expertise for you in the area of studying for the NCLEX-RN exam?

Response from Interviewee:

Reflection by Interviewer:

2. Can you describe some details of how you felt when you first received the news that you failed the NCLEX-RN exam?
 - What about your gains as a learner from that experience?
 - Was that experience similar to your previous experiences?
 - What support did you receive from your loved ones or faculty of your nursing program?

Response from Interviewee:

Reflection by Interviewer:

3. How do you see yourself today in terms of your ability to pass the NCLEX-RN exam?
 - Have your feelings about doing the test again changed since your last attempt?
 - How did you feel at the beginning, middle, and end of each day of studying for the NCLEX-RN test again?
 - What changes have you made to your studies as compared to the previous time(s)?

Response from Interviewee:

Reflection by Interviewer:

4. What factors most helped/hindered your learning during your studies for subsequent attempts for the NCLEX-RN exam?

- Why?
- How?
- What were some challenges you faced in the few days of starting to study again? Why?
- What activities gave you the most success in achieving your studying goals? Why?
- What motivates you to study for the NCLEX-RN exam again? Why?
- What decisions have you made in order to give more time to your studies? Why?

Response from Interviewee:

Reflection by Interviewer:

4. Can you describe any particularly difficult or traumatic experiences in your life related to your NCLEX-RN failure?

- Why was this incident(s) significant?
- How did this incident(s) impact your subsequent studies?

Response from Interviewee:

Reflection by Interviewer:

5. To what extent do you consider yourself active in preparing for the NCLEX-RN exam again?

- What changes have you made to your studying approach?
- What support system do you have now as compared to previous times?

Response from Interviewee:

Reflection by Interviewer:

6. What, if anything, would you change about your studies if you could?

- What adjustments have you made?
- Do you have exam phobia? If so, what have you done about it?

Response from Interviewee:

Reflection by Interviewer:

Closure:

- Thank you to interviewee
- Reassure about confidentiality
- Ask permission to follow up _____

Appendix D. Site Approval Letter

Letter of Cooperation from a Community Research Partner

01/03/2014

Dear Mr. Julius Atemafac,

Based on my review of your research proposal, I give permission for you to conduct the study entitled *An Exploration of the Consequences for Nursing Graduates for Failing the National Council Licensure Examination (NCLEX)* within the I & J Review Center, LLC. As part of this study, I authorize you to submit your recruitment flyers to our office so that they could be distributed to the student population for their consideration to participate in the research study. Please, include on the flyer how students could contact you if they consider participating in the study. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include providing quiet private rooms for your research interviews as well as a waiting area for anyone coming to the center to be interviewed by you for the research purposes only. Please, endeavor to coordinate with our office to schedule appropriate times for your interviews. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting. I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password protected source (i.e., an email address officially on file with Walden).

Appendix E: Flyer



CONTACT INFORMATION

To find out more about this study,
please contact:

✚ Mr. Julius Atemafac



An Exploration of the Consequences for Nursing
Graduates of Failing the National Council
Licensure Examination (NCLEX)

Principal Investigator: Mr. Julius Atemafac

Purpose: The main purpose of this study is to investigate the consequences, the actions and changes, and supportive factors assisting new graduates after failing the NCLEX-RN examination.

To be a participant in this study you must:

- ✚ Have failed the NCLEX-RN exam at least once
- ✚ Be at least 18 years or older
- ✚ Bring your failed reports from Pearsonvue or board of nursing indicating that you took the NCLEX-RN exam before

Participation in the study involves:

- ✚ Attending at most 2-3 separate interviews at I & J Review Center Campus
- ✚ A time commitment of 1 hour per interview on I & J Review Center Campus
- ✚ No compensation

Appendix F: Permission to Use Fisher's Curve

Subject: Re: Permission For Use of Information in a Student's Doctoral Study
Date: Mon, Jan 13, 2014 08:39 AM CST
From: ac imap <
To: JULIUS ATEMAFAC >

Julius, this is permitted within the standard terms of use of the website. Please be sure that when referencing sources you spell names correctly. The website name is incorrectly spelled below. Best wishes for your work.

Alan Chapman

On 12/01/2014 20:14, JULIUS ATEMAFAC wrote:

To Whom It May Concern:

My name is Julius Atemafac residing in the United States of America. I am seeking permission to use information from your website for my dissertation (doctoral study). This information includes the John Fisher Personal Change Model Curve, which will help me demonstrate that students who have failed their state board examinations do go through change which includes the phases indicated in Fisher's Personal Change Model Curve. The study is not intended for sale or advertisement. This is a dissertation study to complete a doctoral study in education, which will be published. In this study, proper citations of retrieving the document (curve) from businessballs.com will be indicated as well as citations referencing John Fisher for developing the curve. I will also indicate in my study that bussinessballs.com and John Fisher do not claim any liabilities as a result of the use of the curve in my study. I did see on your site that information could be used for dissertation studies but I am writing because my school will want an official letter indicating that I could used the curve to further explain the change students go through after failing the state board examination. I have also attached the curve I intend to use in the study as well as my proposal for the study to help you make the decision. I will be very grateful if giving the permission to use the curve which will aid my explanations of the change students go through. You will see how the curve applies to my study from page 19 of the proposal I have attached for your view. I inserted the curve into the proposal from page 19. Being optimistic, I look forward to an attached letter of permission to use the curve in my study.

Yours truly,

Julius Atemafac

—scanned by host365

Curriculum Vitae

Julius Atemafac, RN-CM/DN, MBA/MS

Education:

- | | |
|--|------|
| Walden University | 2014 |
| ➤ Doctorate of Education with concentration in Higher Education & Adult Learning | |
| Strayer University | 2010 |
| ➤ Dual Masters of Business Administration/Master of Science (MBA/MS) | |
| University of the District of Columbia (UDC) | 2004 |
| ➤ Associate of Applied Science in Nursing (AASN) | |
| Harrison Center for Career Education | 2003 |
| ➤ Licensed Practical Nursing | |

Academic Positions

University of the District of Columbia 2012-present
 Professor of Medical-Surgical Nursing/Anatomy & Physiology/NCLEX-RN Prep

- ❖ Practice excellence in teaching and instruction. Format class discussion materials following the curriculum set forth by administrators. Educate students preparing for their national PN and RN NCLEX examinations. Review and set aside office time to counsel and advise students, who are all working adults. Format interactive discussions to facilitate learning and enhanced student understanding. Format classroom exams and written projects, read and correct all assignments in a timely manner. Counsel and advise students on learning skills and APA writing format.

University of the District of Columbia 2012-present

- ❖ Adjunct faculty

Daja Institute-College 2011-present

- ❖ Adjunct faculty

Honors and Awards

- ❖ Alpha Chi Honor Society

Consultations/Professional Service

- ❖ Member, Greater Washington Nurses Association
- ❖ Member, Alpha Chi Honor Society
- ❖ Clinical Consultant, Global Home Health Care Agency
- ❖ Volunteer, Healthy Babies Project; Washington, D.C.

Experience

Global Home Health Care Services 2009-2012
RN-Director of Clinical Services

- ❖ Supervise health services provided to patients at home. Concentrate on wound care, intravenous medication administration, and patient education. Supervise and direct LPNs and GNAs providing services to patients at home. Recognized for excellence in admitting new patients in home health services and initiating care. Cooperate with the physical and occupational therapy group to ensure the well-being of patients discharged home from hospitals or nursing homes requiring home care services. Staff development and ensure staff evaluations when due. Receive and investigate patient complaints and submit suggested resolutions to the complainant.

Crofton Convalescent and Rehabilitation Center 2004-2008
RN-Supervisor/Manager

- ❖ Supervise a staff of 6 nurses, 3 certified medical assistants, and 15 nursing assistants; scheduling work commitments, coordinating activities, and providing directions. Responsible for patient care in a complex environment providing care for geriatric patients. Participate in quality assurance programs in cooperation with quality committees. Monitor health and safety compliance and infection control within the complex. Conduct training and development activities for staff nurses, providing coaching and mentoring.

Westminster Nursing and Rehabilitation Center 2004-2006
LPN-Staff Nurse

- ❖ Schedule, coordinate, and deliver patient care to geriatric patients within a 202-bed facility: family practice and behavioral health. Support emergency services in the implementation of medical treatment and performance of clinical skills. Supervise four technicians per shift, scheduling work assignments.

Chimes Potomac Inc.

2002-2004

LPN-Staff Nurse

- ❖ Responsible for coordinating activities for four mentally challenged individuals. Schedule appointments for patients to visit their physicians for physical and follow up assessments. Administer medications as prescribed by the physician. Assess and report clinical changes in patient's condition to physician. Properly document patients progress in charts.

D. C. Health Care Inc.

2002-2003

Assistant Manager

- ❖ Assist the manager to coordinate activities for six mentally challenged individuals. Evaluate the performances of employees. Ensure proper staffing of the facility.