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Native American Registered Nurses Experience in Failing the NCLEX-RN on the First Attempt

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Walden University

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Walden University

College of Nursing

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Kristine Hilton

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Walden University
2023

Abstract

Native American Registered Nurses Experience in Failing the NCLEX-RN on the First

Attempt

By

Kristine Hilton

MA, University of Phoenix, 2010

BS, Salish Kootenai College, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

August 2023

Abstract

Nursing school graduates must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to become licensed and work as a registered nurse. Nurse educators do not understand the experiences of Native American nursing graduates in preparing for the NCLEX and must understand how to support and mentor Native American nursing students to have more success in taking the NCLEX-RN. The purpose of this qualitative descriptive study, guided by Roy's adaptive model, was to understand the experiences of Native American nurses who failed the NCLEX-RN on the first attempt. The participants in this study were nine Native American nurses who were (a) 18 years and older, (b) graduated from nursing school within the last 10 years, (c) an enrolled member or descendant of a Native American tribe, and (d) had a current registered nurse license. Data were collected through individual, semistructured interviews via virtual conferencing software. Data analysis was conducted using NVivo and four main themes emerged: (a) participants experienced high anxiety, which hampered their efforts; (b) participants had a lack of commitment to the goal of passing the NCLEX-RN on the first try; (c) family demands were barriers; and (d) family support was evident. Future research is needed to gain insight into working with Native American nursing students before they reach the end of the nursing program so these students have a better chance of success on the NCLEX-RN. The findings of the study may provide nurse educators with insight into the assistance that Native American nursing graduates need to be successful on their first attempt of the NCLEX-RN, which promotes positive social change.

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Dedication

This dissertation is dedicated to my beautiful mother who believed in me and she kept telling me that I could do this. She would have loved to be here to celebrate the completion of this journey. I know you are watching from heaven, Mom, and I love you forever.

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I owe a huge debt to Dr. Lisa Harmon who encouraged me to start on this long journey. I am so grateful to my two children, Brandon and Bryanna, who were my sideline cheerleaders the whole way. My Mom and Dad, friends, and family were always encouraging and supportive. Thank you for believing in me.

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Chapter 1: Introduction to the Study

According to the National Council of State Board of Nursing (NCSBN) only 0.5% of nursing workforce in the United States is American Indian/Alaska Native (American Association of Colleges of Nursing (AACN), 2017). Graduating more underrepresented groups of nurses can facilitate filling the need for more nurses to care for the diverse needs of the U.S. population (Murray et al., 2016). Nursing schools are working hard to recruit, retain, and graduate an increased number of nurses who can serve communities with culturally congruent patient care. This study involved Native American nursing school graduates and their barriers and challenges in passing the NCLEX-RN national examination. The potential implications of the study include the possibility of increasing the number of Native American nurses in the nursing workforce.

In Chapter 1, I present the background on the study as well as explain the study purpose, the research question being explored, and the nature of the study. The study scope, delimitations, limitations, and significance of the study are also described in Chapter 1.

Background

Nursing school graduates must pass the National Council Licensure Examination (NCLEX-RN), which is designed to ensure that the graduate has the knowledge to practice nursing safely and is qualified to practice as a registered nurse (RN) in the United States (AACN, 2021). According to the National Council of State Boards of Nursing (NCSBN; 2021) of the 185,000 who took the NCLEX-RN, the pass rate was 82.48%, leaving a failure rate of 17.5%. The first attempt NCLEX-RN pass rates from

2014–2018 for Native American nursing graduates in Montana was an average of 52% compared with 82% for European American exam takers during that same time period (NCSBON, 2019).

There is a shortage of Native American or other underrepresented group nurses working in the nursing profession (Sutherland et al., 2007). The U.S. population is composed of 38% racial/ethnic minorities, but only 19.5%–25% of the nursing profession are underrepresented group RNs (NCSBON, 2016a; U.S. Department of Health & Human Services Health Resources & Services Administration, 2017). The increasing diversity of the U.S. population has created a challenge to provide culturally congruent care when the nursing workforce is predominately White (Christian et al., 2020). Native American nursing students desire to go home to their own reservations and care for their own people (Christian et al., 2020; Keith et al., 2016).

Ethnic minorities are part of the total nursing workforce; however, only 0.4% identify as Native American or Alaska Native (Minority Nurse, 2021). The U.S. population is increasing in cultural diversity, and more diversity is needed in the nursing workforce to provide culturally congruent care (Christian et al., 2020). Educating more Native American students can result in more Native American RNs working in the health care workforce (Banks et al., 2018). Murray et al. (2016) acknowledged the importance of underrepresented group nursing student retention in the development of more diversity in the nursing workforce.

The NCLEX-RN pass rates are significantly lower for Native American and underrepresented group nursing student graduates taking the national licensing exam for

the first time (NCSBON, 2021). In a search of the extant literature, I found only a few studies focusing on NCLEX success that included Native Americans. These studies also included other demographic groups, such as Whites, Hispanics, African Americans, and Pacific Islanders, and the studies are dated and few (Alameda et al., 2011; Loftin et al., 2012; Sutherland et al., 2005).

Alameida et al (2011) conducted a quantitative study that included a participant group made up of 0.8% Native American nursing students, and also included African American, Native Hawaiian/Pacific Islander, Hispanic, and other nursing students. The study results demonstrated a significant lower difference on the passing NCLEX results from the underrepresented group and the success rate of White nursing graduates.

Sutherland et al. (2007) conducted a qualitative study on an intervention of mentoring, tutoring, laptops, and faculty advising support involving underrepresented group and disadvantaged students, finding that the intervention resulted in underrepresented group students equaling the NCLEX success statistics of their White classmates.

There was a gap in the literature involving a specific focus on Native American failure and success on the NCLEX-RN. Christian et al (2020) and Banks et al. (2018) concluded that more research is needed because as diversity continues to rise, more diversity in health care is needed to achieve culturally sensitive care and the best possible patient outcomes.

Problem Statement

The problem under study was that nurse educators do not know or understand the experiences of Native American nursing graduates in preparing for the NCLEX.

Increasing nurse educators' understanding of Native American student needs can facilitate Native American students' success in passing the NCLEX-RN and increase the number of Native American RNs who can care for their own peoples (Murray et al., 2016). Native American nursing graduates may have unique cultural needs that can impact their ability to be successful (Keith et al., 2016). Nurse educators may not know or understand the experiences of Native American nursing graduates in preparing for the NCLEX. Understanding the experiences of Native American nursing graduates may provide insight to what strategies can be developed to facilitate Native American nursing graduates being successful on their first NCLEX attempt (Murray et al., 2016). Nurse educators must understand the specific challenges unique to Native American nursing students to be able to facilitate mitigation or success in spite of those challenges (Karpovich & VandeVosse, 2018; Keith et al., 2016; Murray et al., 2016). Understanding the barriers, challenges, and needs for NCLEX preparation can lead to new insights about the roadblocks to first-time success on the NCLEX-RN for Native American nursing graduates (Murray et al., 2016).

Purpose of the Study

The purpose of this qualitative descriptive study was to explore the experiences of Native American RNs who failed the NCLEX-RN on their first attempt. Examining the experiences of Native American RNs who failed their first attempt of the NCLEX-RN can bring new insight for nurse educators on how to facilitate future students' success on the exam. In this study, I specifically focused on Native American RNs who failed the NCLEX-RN on the first attempt within the last 10 years. Having the opportunity to study

this vulnerable population was important to nursing education and developing an understanding into their unique needs and the factors that contribute to failure on the first NCLEX-RN attempt.

Research Question

The research question that guided this study was: What are the experiences of Native American RNs who failed the NCLEX-RN on their first attempt? I developed specific interview questions to guide the participant interviews (see Appendix A). The questions were open ended and designed to allow the participant to describe their unique experience in their own words.

Theoretical Framework

The conceptual model that I used as the theoretical framework for this study was Roy's adaptation model, which is focused on how humans adapt to their environment thru stimuli, control processes of coping, and regulation (Allgood, 2018). Effectors, such as physiological function, self-concept, role function, and interdependence, contribute to effective or ineffective outcomes of events (Allgood, 2018). The adaptation model was applicable to the current study because in the model, Roy discusses how the processes function in the human mind and body, and this can be used to describe the process of how the internal and external stimuli of needing to take the NCLEX is moved through the student's coping mechanisms (i.e., self-talk) to their self-concept (i.e., belief in their abilities). Physiological function (i.e., stress, anxiety) then emerge in the process. If the student is able to cope effectively with the stress, anxiety, and belief in their abilities when taking the NCLEX, the outcome is that they will likely pass on the first attempt. If

the student is not able to cope effectively with the stress and anxiety and has a lack of self-belief when taking the NCLEX, the outcome is that they are likely to fail. Students often feel anxiety before an examination, such as the NCLEX-RN (Quinn & Peters, 2017). The student must be able to find coping mechanisms to reduce the stress response, so they can think and perform as they have prepared on the exam. According to Chavez et al. (2017), students may not have the self-esteem or self-belief needed to believe they can be successful on the NCLEX-RN. I found the adaptation model helpful in looking at Native American nursing graduates who fail the NCLEX-RN because it explains the physiological responses and mental adaptations of humans. I will explain the model in more detail in Chapter 2.

Nature of the Study

In this study, I employed a qualitative descriptive design because it allowed me to learn about and explore Native American RNs' experiences from the graduates who experienced the phenomenon themselves. Native American nursing graduates may have unique cultural beliefs, traditions, and self-concepts that are not well understood. Nurse educators need to understand this population in order to support, mentor, and facilitate student success (Wittig, 2004).

I collected the qualitative data for this study through individual virtual interviews with the chosen participants. The interviews were audio recorded on the Zoom platform and then transcribed. I analyzed the interview transcripts to find common concepts and themes. NVivo was used for coding and analyzing the data.

I chose a descriptive qualitative design for this study. A descriptive qualitative research design is research focused on asking questions “with the intent of exploring and gaining insight into the who, what, and where of a participant’s experience” (Kim et al., 2018, p. 23). I wanted to gain understanding into the experience of Native American nursing graduates who had failed the NCLEX-RN on their first attempt. I considered conducting a quantitative study looking at statistics and variables, but a quantitative study would not have provided me with the experiences and insights of Native American nursing graduates.

Definitions

Native American nursing graduates: Persons who graduate from nursing school who identify as an enrolled member of a federally recognized tribe (Wittig, 2004). The current study only involved RNs who are Native American.

Assumptions

Sutherland (2007) stated that assumptions in research are statements related to the study that U.S. Department of Health & Human Services Health Resources & Services Administration are considered to be true. In this study, the area of interest was nursing students and the NCLEX-RN. The study assumptions were needed because it was necessary to make certain assumptions to achieve the goals and objectives of this study. The assumptions for my study were:

1. Nursing students have a strong desire to pass the NCLEX-RN on the first attempt.

2. People are inseparable from their own environment (see Phillips & Harris, 2014, 309).
3. Self-awareness and awareness of the environment are founded in thinking and feeling (see Roy & Andrews as cited by Phillips & Harris, 2014, p. 308).

Scope and Delimitations

I chose Roy's adaptation model because it applies to the study. The body's physiological adaptation to events makes a difference in how the individual is able to function. A person's self-concept or self-confidence can be applied to Roy's adaptation model.

I considered using Pender's (1987) health promotion model as the theoretical framework because it can be used in explaining how an individuals' prior behaviors, self-belief, and health behaviors can impact their ability to be successful in high-stakes testing (see Sakraida & Wilson, 2018). However, Pender's model was not appropriate for the current study because the focus is on past behaviors and the promotion of better health behaviors to achieve optimal health. While this goal could apply to all individuals, the focus of the current study was to understand the Native American nursing graduates' experiences about a specific event.

My study included Native American RNs from associate or baccalaureate degree nursing programs who failed their first attempt of the NCLEX-RN within the last 10 years. I recruited participants from tribal colleges in the state of Montana, although the participants did not have to have attended a tribal college. I excluded participants who

were not fully enrolled in a federally recognized tribe, which meant excluding descendants of Native tribes.

I investigated the experience of the Native American population and the possibly unique challenges they face in passing the NCLEX-RN. Nursing students who are disadvantaged and/or an underrepresented group may have a higher percentage of failure on the first NCLEX attempt (Minority Nurse, 2021). I did not include any other population except Native American RNs who failed the NCLEX-RN on the first attempt. There is potential transferability of the study results to other underrepresented group RNs who fail the NCLEX -RN on the first attempt. Chavis (2017) studied first time pass rates for nursing graduates at historically Black colleges and universities, concluding that there is an important need to identify students who are at risk for NCLEX- RN failure.

Limitations

Collection of data in a small region of the country was a limitation of the study. To increase transferability, I recruited Native American RNs who failed their first attempt of the NCLEX-RN from all over the United States using social media. I considered using small focus groups but decided against it because of the need for privacy for the participants.

I may have experienced some bias because some of the study participants could be former students of the nursing program where I work. I am no longer be involved with any of the participants as students in a nursing program. I worked to make sure that I conducted the research in an appropriate manner and tried to minimize any bias.

Significance

The current demographics in the United States indicate an increasingly diverse society (U.S. Census Bureau, 2020). Addressing the nursing shortage is critical to the ability to provide quality health care for all ethnicities (Bristol et al., 2019). The need for an increase in nurses who are members of an ethnic underrepresented group to care for diverse peoples is important (Bristol et al., 2019). Increasing the number of Native American/underrepresented group nurses means that more Native American/underrepresented group nursing students must be able to graduate from nursing school and pass the NCLEX-RN to become licensed as a RN. The findings of this study are important and may provide increased insight and understanding about the experiences of Native American RNs who failed their first NCLEX-RN attempt and help to identify barriers, challenges, and external and internal factors that might help others succeed. There is a paucity of research on this specific ethnic group, and the current study added new knowledge on the topic (Murray et al., 2016; Sutherland et al., 2007). Exploring the possible factors that contribute to failing the NCLEX-RN for Native American nursing graduates can facilitate the development of new success strategies for nurse educators to help Native American nursing students.

The social impact of increased Native American nurses able to work in the nursing profession will be a positive social change for many Native American peoples. Native American nurses can bridge the gap between mainstream health care and native cultural traditions and beliefs by being part of the health care team. The current study findings provide a new understanding of Native American nurses who fail the NCLEX-

RN (see Loftin et al., 2012). An increase in Native American and underrepresented group nurses will improve reservation health and access to care because rural communities and even urban cities need more underrepresented group nurses to care for those vulnerable in health care settings (Loftin et al., 2012).

Summary

More Native American nursing graduates need to pass the NCLEX-RN (Condon et al., 2013; Murray et al., 2016; Sutherland et al., 2007). Research was needed to focus on the challenges of Native American nursing graduates in passing the NCLEX-RN on the first attempt. The purpose of this qualitative descriptive study was to explore the experiences of Native American RNs who failed the NCLEX-RN on their first attempt. I used Roy's adaptation model as the theoretical framework for the study. My goal with this study was to facilitate an increased understanding of the topic for nurse educators to better support Native American nursing students in passing their first NCLEX-RN attempt.

In Chapter 2, I will restate the problem and the purpose of the study. The research design and method will be discussed along with the rationale. I will describe the current research literature to establish why this study was relevant and important for understanding Native American nursing students' success in passing the NCLEX-RN. I will also discuss the gaps in the literature and why more research on this topic was needed. A more in-depth explanation of why Roy's adaptation model was used as the theoretical foundation of the study will be provided.

Chapter 2: Literature Review

Native American nursing graduates need to be prepared to take and pass the high-stakes NCLEX-RN to become licensed as RNs. The problem under study was that nurse educators may not understand the unique barriers and challenges that Native American nursing graduates face when attempting to pass the NCLEX-RN. I could not locate existing research related specifically to the Native American population and NCLEX success. There are only a few extant studies that have included Native Americans/Alaska Natives as a very small percentage of the study population (i.e., Condon et al., 2013; Loftin et al., 2012; Sutherland et al., 2007). Loftin et al. (2012) reviewed a Weaver (2001) study that concluded that cultural differences, racist attitudes, isolation, and endured stereotypes were factors in the ability for nursing students to be successful. Other studies found that underrepresented group students and a small percentage of Native Americans (2.6%) needed extra tutoring and mentoring support for retention and success (Condon et al., 2013; Sutherland, 2007). Nurse educators need to understand the challenges that Native Americans/Alaska Natives face to facilitate support of Native American nursing students (Keith et al., 2015). Increased understanding of factors that contribute to failures of the NCLEX-RN could foster new student support strategies. The purpose of the current study was to explore the experiences of Native American RNs who have failed the NCLEX-RN on their first attempt.

In Chapter 2, I discuss the literature search strategy, theoretical foundation, and the review of the literature. Each section was important to forming the foundation of my research. In the literature search strategy section, I share the search terms, databases and

search strategies used in the study. The theoretical foundation section is focused on Roy's adaptation model as the theoretical framework for the study. The literature review section includes an exhaustive examination of the current literature related to this study.

Literature Search Strategy

The keyword search terms used to search the Walden University Library included: *Native American or American Indian, minorities, vulnerable populations, NCLEX-RN, NCLEX, NCLEX and success, nursing school success, nursing school and testing, NCLEX and failing, high-stakes testing, nursing shortage, culturally congruent care, education, and anxiety*. I conducted these searches in the ProQuest, EBSCO, and CINAHL Plus databases with both no publication year restrictions and a filter for results published between the years 2005–present. I found very little information specifically on Native Americans and the NCLEX-RN. This led to broadening the search to include more research into nurses in general and other minorities. The search for articles included speaking with a Walden University librarian for help with focusing my search and finding more recent articles. I was given advice to start researching more general terms and then narrow my searches.

Theoretical Foundation

The theory guiding this study was Roy's (1984) adaptation model. Roy began to develop the adaptation theory by noticing the resiliency of children in her nursing practice. In the adaptation model, Roy cited Helson's psychophysics work in the behavioral sciences and specifically the role of adaptation level and the relationship with stimuli. Roy then combined Helson's work with Rapoport's view of a person as an

adaptive system. Roy and Andrews (1999) stated a joined effect of three stimuli classes are:

- Focal stimuli: Immediate
- Contextual stimuli: All other stimuli present that joins with focal stimuli effect
- Residual stimuli: Environmental factors which effects in a situation may be unclear (Phillips & Harris, 2018. p. 250).

The adaptation theory focuses on the human adaption to their environment. Through stimuli, control processes of coping, and regulation, the body and mind respond (Phillips & Harris, 2018. p. 250). The human body and mind can control the physiological functions and, along with one's self-concept, role function, and interdependence, contribute to either positive adaption or a negative outcome or adaption (Alligood, 2018).

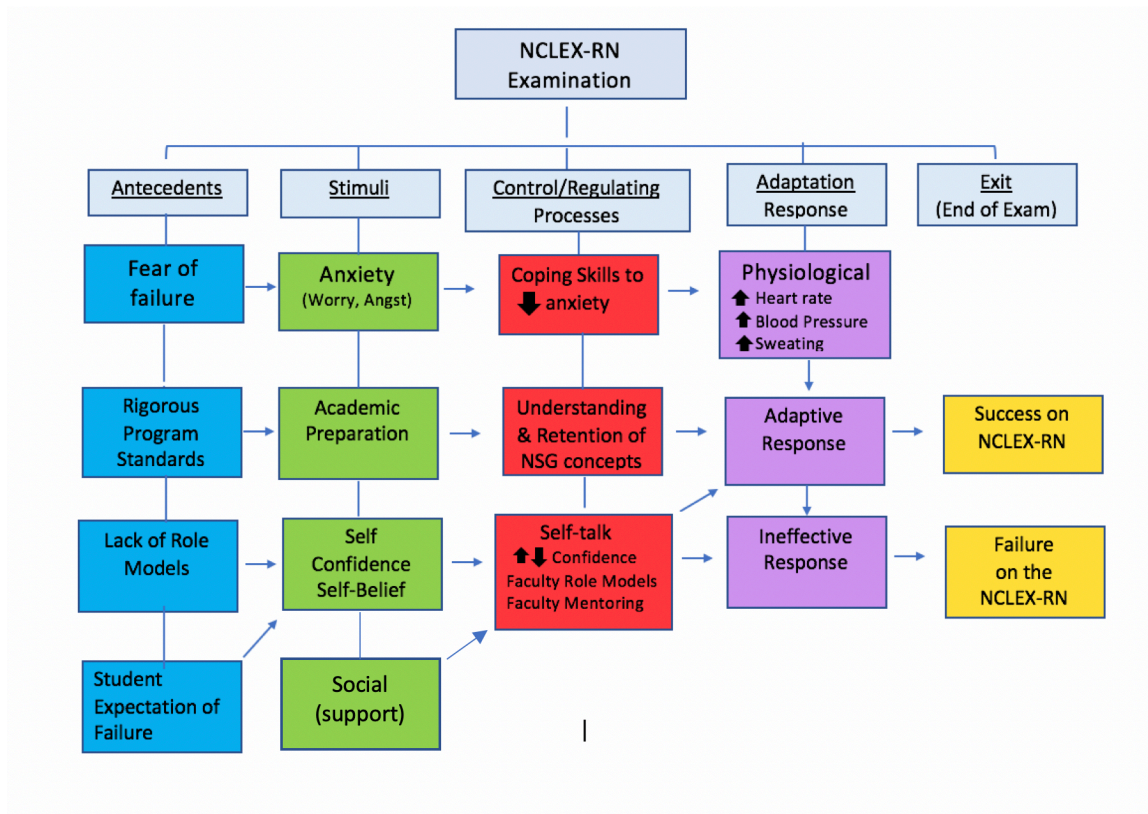
The major concepts of Roy's (1984) adaptation model include adaptation level and problems. The adaptation level is a constantly changing in relation to different types of stimuli. Adaptation is defined as a process or act of changing to fit into their environment or situation (Merriam Webster, 2022). Roy's definition of an adaptation is the "process and outcome whereby a person or group uses consciousness awareness and choice to create human and environmental integration" (Roy & Andrews 1999 as cited by Phillips & Harris, 2018, p. 251). The adaptation problems describe areas where the person has difficulty related to achieving positive outcomes. Coping mechanisms, both innate and acquired, are important for appropriate responses to stimuli (Phillips & Harris, 2018).

In the adaptation model (see Figure 1), Roy (1984) described the metaparadigms of nursing, person, health, and environment. The relationships between these metaparadigms in the current study are:

- **Nursing:** Acts to promote health through adaptation. Nurse educators can act as mentors and supporters to decrease the anxiety of nursing students and graduates and increase their self-confidence so they can be successful on the NCLEX-RN on the first attempt.
- **Person:** Nursing graduates are viewed as a holistic, adaptive system capable of thought and feeling and able to adjust to maintain adaptation.
- **Health:** A process of becoming whole and being able to cope and adjust with life and situations. Nursing graduates can learn to cope with stress and anxiety in a healthy way.
- **Environment:** All things that influence the nursing graduate and stimulate the student to make positive or negative adaptations (Phillips & Harris, 2014).

Using Roy's adaptation model assisted me in analyzing the actual effects of factors that contribute to the success or failure of students who take the NCLEX. High-stakes examinations are stressful, and high anxiety can impact a student's outcome or ability to pass the NCLEX-RN (Alameida et al., 2017). If anxiety is very high, it can affect how the student is able to think and perform on the NCLEX-RN in spite of adequate preparation. The ability to decrease anxiety can make a difference on how the student performs on the NCLEX-RN.

The use of Roy's adaptation model allowed for an exploration of factors that contribute to the failure on the NCLEX-RN. Roy's adaptation model and its components show how response, coping, and adaptation takes place. Roy (1984) viewed a person as an adaptive system and explained the system by describing how the stimuli enter the body and mind resulting in the individual's coping responses being employed to reach an adaptive level that could lead to behaviors. The adaptive level can be positive and healthy or maladaptive and have a negative effect on behaviors. Figure 1 is a visual representation of how taking the NCLEX-RN could affect an individual using the concepts of Roy's adaptation model.

Figure 1*Roy's Adaptation Model*

Note. Adapted from Roy's adaptation model (1981).

Hergul and Ozbayir (2021) studied patients undergoing bariatric surgery to determine patient needs for compliance for healthy behaviors in different developmental stages. In the model, the physiological, self-concept, role-function, and interdependence modes are classified into adaptive and nonadaptive (Roy, 1981) responses. The authors used Roy's model to facilitate the formation of educational materials with the goal of creating interventions that facilitated the development of adaptive responses.

Borzon et al. (2015) studied indicators of quality of life as being diabetes control, anxiety, social protection, sexual activity, and energy and mobility. Their results showed that the use of Roy's adaptation model with patients with Type II diabetes positively affected quality of life because of diabetes control. Their study demonstrated that factors, such as quality of life, can affect adaptive or nonadaptive responses to different stimuli.

I benefited from the use of Roy's adaptation model as the theoretical foundation of the current study by the ability to see how the student's coping skills may have affected their NCLEX performance. Understanding that adaptive responses to stimuli will promote the body's homeostasis is important but Roy's model can also be applied to a person's mental and emotional responses. If a person who takes the NCLEX has maladaptive responses to certain stimuli, such as anxiety, or has a low self-confidence or self-belief, the person may not be able to perform successfully on the exam (Phillips & Harris, 2014).

Literature Review Related to Key Variables and/or Concepts

In my searches of the extant literature, I did not find any studies that directly focused on Native American RNs and success/failure on the NCLEX-RN exclusively. Previous studies involving the NCLEX have been conducted, although many of them are quantitative studies. The NCLEX-RN is a high-stakes examination, and nursing graduates have a significant desire to be successful so they can become licensed and able to work as a RN (NCSBN, 2022).

The NCBSN began offering computerized adaptive testing in 1996, and each state uses the same exam for licensing. (NCBSN, 2021). In 2021, the overall NCLEX-RN pass

rate was 82.48% on first attempt, which means that 17.52% of those attempting the NCLEX-RN failed on their first attempt (NCSBN, 2022). The NCSBN does not break down pass rates by ethnicity, only listing U.S. educated and internationally educated applicants.

Almost 63.7% of the U.S. population speaks a language in addition to English (Guler, 2021). Providing quality care for a diverse population means increasing the diversity in nursing (Guler, 2021). Graduating more underrepresented group nurses, such as Native American nurses, will increase diversity in the nursing workforce and facilitate culturally congruent, quality patient care (Condon et al., 2013; Guler, 2021; Loftin et al., 2012; Sitzman, 2007).

The Institute of Medicine (2011), the American Nurses Association (2009), the National League for Nursing (2010), and the Association of Colleges of Nursing (2009) share the same priority goal of increasing the number of minorities in nursing (Guler, 2021). Barriers to success may exist for vulnerable populations, such as a lack of family role models who encourage higher education or a lack of self-confidence and self-belief (Stuckey & Wright, 2021). Increasing the number of underrepresented group nursing graduates who pass the NCLEX-RN means nurse educators must understand and be able to mitigate challenges and barriers that these populations face.

Stuckey and Wright (2021) found that a postgraduation intervention focusing on self-esteem and lowering stress and anxiety was important to student success. Alternatively, Johnson et al. (2017) found that revealing the student's abilities and

challenges early in the nursing program would lead to higher student NCLEX-RN successes.

Nursing students who do not pass the NCLEX-RN on the first attempt may have a variety of reasons for the lack of success. A lack of academic preparation, lower grade point average, lack of critical-thinking skills, lack of self-confidence, inability to control anxiety, poor test-taking skills, lack of support, employment, and overwhelming family responsibilities (Blozen, 2017; Griffiths et al., 2004; Johnson et al., 2017; Stuckey & Wright, 2021). Academic preparation is not the only factor involved in being successful; using positive self-talk and reducing stress strategies are instrumental to success (Chavez, 2017). Nurse educators can be supportive in helping the student to not feel alone when dealing with a first attempt failure (Kasprovich & VandeVusse, 2018; Lewis, 2017),

According to Loftin et al. (2012), barriers to NCLEX success for underrepresented group students include lack of emotional and moral support, which may lead to loneliness, feeling isolated, and depression. Absence of a strong support network may leave the nursing graduate with decreased coping skills while preparing for and taking the high stakes national examination. Mentoring or nonacademic support may also be needed for the underrepresented group nursing graduates. Christian et al. (2020) concurred that African American, Latino, Asian, and Native American nursing students need nonacademic mentoring and support in addition to academic support. Their study focused on the impact of mentoring showed a decrease in NCLEX-RN failure on the first attempt from 22% to less than 10%.

Sutherland et al. (2007) used advising, tutoring, and educational seminars as interventions to increase underrepresented group student retention, graduation, and NCLEX-RN success. Their results demonstrated that White students who participated in the interventions passed the NCLEX-RN at a rate of 67% compared to 79% of White students who did not participate. The underrepresented group students who did not participate passed the NCLEX-RN at a rate of 56% compared with 65% pass rate for the underrepresented group graduates who participated. The authors concluded the students who participated in the intervention did not perform better than the ones who did not participate; however, they did pass courses and graduate, and the underrepresented group increased their NCLEX pass rates. Mentoring and supporting underrepresented group students can lead to higher NCLEX pass rates on the first attempt (Sutherland et al., 2007).

Chavis (2017) and Banks et al. (2017) studied the NCLEX-RN success of first time takers who attended historically Black colleges and Universities. Chavis hypothesized that self-perceptions and locus of control were predictive of NCLEX-RN success. Self-esteem and locus of control are defined as one's perception of self (Chavis, 2017). Of 90 graduates, 15 failed their first attempt of the NCLEX-RN; however, self-esteem was not found to be predictive of NCLEX-RN success. In comparison, Banks et al. (2017) concluded that the student population must be taken into consideration when planning interventions, gathering data, or predicting student outcomes. Underrepresented group students entering nursing school may not have rigorous science course

backgrounds and the critical-thinking skills needed to be successful passing nursing school and being successful on their first attempt of the NCLEX-RN.

Murray et al. (2016) created a project based on a Workforce Diversity Grant which followed nursing students for 3 years. The project focused on disadvantaged and underrepresented group student retention and eventual success on the NCLEX-RN. Study outcomes included development of early at-risk student strategies and sustainable programs focused on retention were study project outcomes. The target population students were mentored and academically supported. The project intervention increased the target student population retention rate from 84.6% to 93.4%. Forty eight out of 54 underrepresented group students involved in the project graduated from the nursing program and 81% passed the NCLEX-RN on the first attempt. The project results showed minorities are especially at risk for failing without additional support (Murray et al., 2006).

In contrast, Keith et al. (2016) concluded that Native American college students need to be encouraged to stay connected with their Native cultural practices throughout their academic journey. This connection was listed as very important in facilitating the student's continued success. The study did not focus only on nursing students, but rather Native American college students in general (Keith et al., 2016). Nursing students may have unique challenges related to the high-stakes examination, the NCLEX-RN at the end of their academic preparation.

I found the major themes in the studies focused on underrepresented group nursing students showed they often face difficult challenges in being successful on the

NCLEX-RN (Keith et al.; 2016, Murray et al; 2016, & Sutherland et al., 2007). Academic preparation which is important for all nursing students was found to be especially challenging for underrepresented group students. Underrepresented group students often struggle to find time to study due to needing to work many hours and support families while in school (Chavis, 2017; Keith et al.; 2016, Murray et al.; 2016, Sutherland et al., 2007).

Christian (2020) and Condon et al. (2013) were focused on using mentoring and support beyond the academic requirements Academic preparation is only part of what underrepresented group students need to be successful (Keith et al., 2016). Faculty mentoring and emotional support from family and friends were found to be very important to student success (Keith et al.; 2016, Murray et al.; 2016, Sutherland et al., 2007).

I found the major themes in the literature which were aligned with Roy's adaptation theory that were focused on academic challenges, need for increased mentoring and support from faculty, and support from families and significant people in the student's life. Academic support may be needed to supplement and prepare nursing students for the rigors of nursing school. I found that to attend nursing school, Native Americans often have had to build a new support system in the school environment, which may be far from their own reservation and home.

Each underrepresented group may have unique challenges being successful on the NCLEX-RN (Keith et al., 2016). However, my literature search found no studies that have focused only on why specifically Native American nursing student graduates do not

pass the first attempt of taking the NCLEX- RN examination. The few studies I did find did not use Native American nursing students or graduates other than as a very small percentage of the study (Condon et al.; 2013, Loftin et al., 2012). I examined articles that focused on underrepresented group or disadvantaged nursing students, rather than specifically Native American nursing students.

Nursing graduates often struggle to pass the NCLEX on the first attempt (Loftin et al.; 2012, Murray et al; 2016, Sutherland et al., 2007). However, I did not find research on the specific population, Native Americans, and the first attempt of the NCLEX -RN. My study explored the challenges/barriers that Native Americans face in passing the first attempt of the NCLEX-RN. Increased insight about these challenges/barriers can facilitate the development of mentoring strategies for nurse educators. Nurse educators need to understand their specific challenges so they can support and mentor students to success.

Summary and Conclusion

I used a descriptive qualitative study design which allowed me to interview participants and ask open ended questions. Using this approach fostered deeper thought and responses about the challenges/barriers of the participants personal experience with failure on the NCLEX-RN. Each participant may have had unique experiences that contributed to rich data for the study. Exploring and gaining increased insight about the challenges that Native American nursing graduates faced in attempting to pass the NCLEX-RN was important knowledge for nurse educators in understanding this population of students. Nurse educators must understand the Native American nursing

students and the challenges they experience so they can foster and build success.

Increasing the number of Native American nursing graduates who are successful on the NCLEX-RN will increase the number of Native American nurses able to work in the nursing profession.

Chapter 3: Research Method

The purpose of the study was to explore the experiences of Native American RNs who failed the NCLEX-RN on their first attempt. In Chapter 3, I discuss the research design and provide justification for its use. I also explain why other research design choices would be less effective. The chapter also includes a description of the criteria for study participant selection, my role as researcher, the methodology used, participant protection and confidentiality, and informed consent. Issues of trustworthiness, including credibility, transferability, dependability, and confirmability are also presented. The chapter contains a discussion of the data collection and analysis processes and study limitations as well.

Research Design and Rationale

The research question for my study was: What are the experiences of Native American RNs who failed the NCLEX-RN on their first attempt? The central concept of the study was that nurse educators may not understand the experiences and unique barriers and challenges of Native American nursing graduates who fail the NCLEX-RN examination on the first attempt. Understanding the barriers and challenges can facilitate the development of better mentoring and support strategies to support Native American nursing students.

In this study, I employed a descriptive qualitative research design. Qualitative research is defined as trying to gain an understanding of people in their own environment and a “reflection of the meaning that people make of their own experiences” (Ravitch & Carl, 2016, p. 2). Using the qualitative method allows the researcher to explore and gain

insight or a deeper understanding of a phenomenon or individual (Ravitch & Carl, 2016). Qualitative study components include: “(a) the use of a naturalistic setting, (b) is focused on describing or analyzing, (c) seeks complexity and conceptualization, (d) research becomes instrument, (e) focusing on meaning making and (f) uses inductive reasonings and processes” (Ravitch & Carl, 2016, p. 9). The descriptive qualitative research design was appropriate for the current study because I wanted to understand the meanings of the Native American nursing graduate participants’ life experiences and discover their perceptions of events.

Role of the Researcher

I recruited former nursing students from tribal colleges who failed the NCLEX-RN on their first attempt. I am a director of nursing in a baccalaureate degree program in a tribal college in the northeastern United States. Most of my instruction has been in the RN to BSN program during my work at this college. I have taught an NCLEX-RN preparation class to all seniors the quarter before their graduation. I may have been a past instructor of some of the participants, but I explained to all the participants that no benefit or harm would occur if they decided to be part of the study. I can acknowledge having known some of the participants as past students but worked hard to be open and treat each interview with the same careful fairness.

My role as the researcher included collecting and analyzing the data. I interviewed the participants in individual interviews in which I asked open-ended questions and let the participants answer as they wished. I also asked follow-up questions and tried to get as much information about their experience and challenges. The

interviews were audio recorded, and I also took notes on my own thoughts and observations. There were no conflicts of interest with the study or the potential participants in the study.

Methodology

Participant Selection Logic

The study population was Native American RNs who graduated within the last 10 years and failed the NCLEX-RN on their first attempt. I used purposeful sampling to recruit participants because of their ability to best answer the interview questions (see Ravitch & Carl, 2018). The purposeful sampling strategy means that the participants shared being part of the same ethnic underrepresented group (although could be from different Native American tribes) and having had the same experience of failing the NCLEX-RN on their first attempt.

The criteria for being selected for participation in the study was:

- Age of 18 years or older,
- Be an enrolled Native American tribal member or descendant of a federally recognized tribe,
- Have graduated from an accredited nursing school,
- Taken and failed the NCLEX-RN within the last 10 years, and
- Taken the NCLEX-RN and passed on a subsequent attempt to become a RN.

I established that the participant met the requirements for the study by asking them demographic questions. I verified that the participants had a current nursing license, but I

trusted the participants were being honest about their first attempt failure of the NCLEX-RN.

I was prepared to recruit at least seven to 10 possible participants. The participants are part of a specific population that may not be willing to talk about their experiences (see Lutter et al., 2017). It was quite a challenge to find RNs who were willing to talk about their experience, which could have represented a difficult time in their lives. This was considered a limitation of the study. My recruitment strategies were culturally sensitive because I am not a Native American, and I was careful not to offend or make anyone uncomfortable with my subject and/or interview questions. While recruiting seven to 10 possible participants was not a large sample, even with the small sample the data can become saturated and be very meaningful (see Creswell & Creswell, 2018, p. 186).

I contacted the director of nursing at two tribal colleges in my home state and asked them to distribute the recruitment flyer by email to past graduates who may be interested in participating in a study (see Appendix B). To get permission to conduct the study, I had to go through the institutional review board (IRB) process at each institution, so I decided due to the length of time needed to gain IRB permission that I would not recruit at other tribal colleges.

I ended up only recruiting participants at the college where I am employed; however, some of the graduates shared my flyer with graduates from other nursing programs in the area. I also contacted the Tribal Nurses Association to ask for their mailing list to send flyers to their members. I contacted the Native Nurses Facebook

group as well and posted the recruitment flyer in their group and on my own Facebook page.

Potential participants sent me an email to state their interest in the study. I contacted each one by email to see if they would agree to taking part in the study and attached the consent form to the email. If the individual agreed to be in the study after having read the consent form, I asked them for a convenient time to schedule an interview by Zoom. When I met the individual on Zoom for the interview, I asked them the following screening questions:

- Are you an enrolled Native American tribal member or descendant of a federally recognized tribe?
- Have you graduated from an accredited nursing school?
- Have you taken and failed the NCLEX-RN within the last 10 years?
- Have you taken the NCLEX-RN and passed on a subsequent attempt to become a RN?

If the individual answered yes to these screening questions, I proceeded to explain informed consent. If they answered no to any questions, I thanked them for their time and did not consider them for participation in the study.

After receiving their informed consent, I explained to the participant that I would be audio recording the interview and asked them to turn off their camera. I then renamed the participant in the Zoom meeting to a random number so that there would be no identifying factors. I began to collect data using Zoom and the audio recording made from the interviews. The total time for each of the interviews was between 30 and 45

minutes. I used a transcribing software called rev.com to assist with the data transcription and reviewed the transcripts for accuracy before data analysis. I offered a \$15.00 Amazon gift card to each of the study participants.

I continued to interview participants until saturation occurred. Saturation occurs when no new insights or data are being presented from the sample (Creswell & Creswell, 2018). I also asked participants if I could contact them for any follow-up questions if needed.

Researcher-Developed Instruments

I developed open-ended questions that gave the participants opportunities to answer the questions in their own words and expand on their own experiences with the NCLEX-RN attempt (see Appendix A). I created the interview questions in a broad manner to elicit details about each participant's personal experience. One Zoom interview was conducted with each of the participants; the interviews were audio recorded using a Zoom function. Each interview lasted 30–45 minutes. I used member checking to establish validity of the data collection and analysis.

Data Analysis Plan

I collected data by audio recording the interviews and transcribing them using a transcribing software called Rev.com. I reviewed the transcripts for accuracy and then began the data analysis process by looking for common themes among the interview transcripts. NVivo software was used to assist in the analysis. I challenged my expectations by seeking any negative or discrepant cases.

I employed content analysis by finding units of meaning for coding and themes for larger analysis. I first determined guidelines and rules about how the interviews would be coded. Once the coding was completed, I analyzed what I had coded, looking for themes and deeper meanings to be able to make conclusions from the data gathered.

Issues of Trustworthiness

The criteria of trustworthiness are credibility, transferability, dependability, and confirmability (Amankwaa, 2016).

Credibility

Credibility is defined as the researcher's ability to deal with the research complexities and be able to analyze challenging data that comes forward in the study (Guba, 1981, as cited by Ravitch & Carl, 2016). I maintained credibility by employing triangulation, member checks, and peer review. I sent a copy of their transcript to each of the participants for their review and to see if they had anything they wanted to add or change. I also had another colleague from work review the interviews and look at what I coded for consistency and validity. An effort was made to structure the study in a manner that aligned with the objectives and purpose of the study, be authentic in the participant selection process, and be open to challenging my own biases and assumptions.

Transferability

Transferability is defined as being able to show that the evidence found could be applied to other contexts, such as other populations (Ravitch & Carl, 2016). Since most of the participants were graduates of tribal nursing programs, the transferability may be a

limitation of the study. I attempted to recruit participants from as many schools as possible to increase transferability.

Dependability

The dependability of a study is focused on the stability of the data or that the data are consistent and stable over time (Miles et al, 2014). I established dependability by using an established approach to conduct the study. The study's dependability was also maintained by using established methods of data collection, the use of audit trails, and triangulation.

Confirmability

Confirmability refers to the researcher having a reasonable amount of freedom from biases (Ravitch & Carl, 2016). Confirmability was established through reflexivity, which is having an active awareness of the researcher's role and influence in the research project. I acknowledged that my background in nursing education and many years of teaching Native American nursing students may have shaped the direction of the study.

Ethical Procedures

I understood that there were ethical aspects to conducting this study and that I needed to be honest with participants. The participants had the right to change their mind about taking part in the study at any time. I needed to minimize the risk of harm and protect the confidentiality and privacy of the participants.

I received approval from both the Walden University IRB (Approval Number 11-29-22-0975567) and the IRB at the study site (Protocol # 2020_20_Hilton) to gain access to the participants and their data. I provided written documentation to the participants of

the expectations of the study (in the form of the recruitment flyer) and answered any of their concerns about anonymity and privacy. The participants were able to understand the study requirements and provide informed consent. I offered the participants compensation in the form of a \$15 Amazon gift card.

I addressed ethical concerns about participant selection by ensuring that the participants were chosen in an appropriate manner and that their privacy and confidentiality was protected through numbering the interviews and not making any names of participants known. I will keep records of the study for 5 years, then the data will be destroyed.

Summary

Use of a qualitative descriptive design in this study facilitated my ability to gain insight into the barriers and challenges that Native American nursing graduates face in their first attempt of the NCLEX-RN. I conducted this study in an ethical manner. Data were collected in individual interviews with participants that were audio recorded and then transcribed. The data were analyzed to generate themes and gain new insights and add new knowledge to the nursing profession, which was the goal of the study. In Chapter 4, I will present the findings of the study.

Chapter 4: Results

The purpose of this qualitative descriptive study was to explore the experiences of Native American RNs who failed the NCLEX-RN on their first attempt. Currently, only 0.4% of RNs in the United States identify as Native American or Alaska Native (Minority Nurse, 2021). Understanding the barriers and challenges Native American nursing graduates face could facilitate their success on the NCLEX-RN. The research question that guided this study was: What are the experiences of Native American RNs who failed the NCLEX-RN on their first attempt? In this chapter, I describe the study setting, demographics, and data collection and analysis processes in detail. Evidence of the study's trustworthiness and the study results are also provided.

Setting

I recruited participants for the study from December 2022 through February 2023. A recruitment flyer was sent out to former graduates of a nursing program as well as on the social media platforms of Facebook, Instagram, and LinkedIn. My email and phone number were listed on the recruitment flyer so an interested person could contact me. My target population was Native American RNs who failed the NCLEX-RN in the last 10 years.

I emailed individuals that indicated interest asking them to provide consent in the form of an email response, stating "I agree or I consent," if they wanted to participate in the study. If the person consented to being a part of the study, I sent them an email to arrange a convenient time for the interview. Once I received the participant's times of

availability, I sent the participant a Zoom online meeting invitation for the date and time agreed upon.

During the interviews, the study participant's face was not shown and no identifying name was displayed, only a number for each participant. Only the audio portion of the interviews was recorded to protect the study participants' privacy and identities. Once completed, the recordings of the interviews were each uploaded to Rev.com for verbatim transcription.

The lack of a visual recording of the interview made looking at nonverbal cues or body language impossible, which may have added increased richness to the collected data. No other conditions affected the data collection process or the subsequent data analysis.

Demographics

Nine people met the study inclusion criteria and were interviewed for the study. All participants were currently RNs who were 18 years or older, an enrolled member or a descendant of a federally recognized Native American tribe, and had graduated from an accredited nursing school. Each participant had also taken and failed the NCLEX-RN within the last 10 years. I gathered the following demographic information: age, gender, level of education, how long worked as a nurse, and the name of their Native American tribe (see Table 1). Each participant was offered the option of not providing this demographic information; however, all participants volunteered to give me the demographic information.

Table 1*Study Participant Demographics*

Participants	Age range	Level of education	Native American tribe
1	28–35	ASN	Confederated Salish and Kootenai
2	28–35	ASN	Blackfeet
3	28–35	BSN	Lowe
4	36–42	BSN	Lowe
5	20–27	ASN	Confederated Salish and Kootenai
6	28–35	ASN	Blackfeet
7	36–42	BSN	Fort Peck Assiniboine Sioux
8	36–42	ASN	Blackfeet
9	36–42	ASN	Navajo

Data Collection

Before obtaining any data, I needed to receive IRB approval. The appropriate paperwork was submitted, and I obtained approval from both Walden University IRB and the study site's IRB. The first step of participant recruitment was to distribute flyers on social media and send emails to past graduates of the study site nursing program. The flyers contained a description of the purpose of the study and my email and phone contact information for those interested in participating in the study. All nine of the participants contacted me by email indicating their interest in participating in the study. I planned the interviews to take between 30 and 60 minutes and apprised the participants about the time commitment.

Once the participants stated their availability, we agreed on a date and time for the interview to take place. At the appointed time, both the participant and I joined the Zoom meeting. I began the interview by asking the participant to turn off their camera so that

they could remain anonymous. I also made sure there were no identifying names on the participant list by replacing any names with numbers so that the participant could be comfortable and remain anonymous. Only the audio portion of the interview was recorded. Before asking any interview questions, I introduced myself, stated the purpose of the study, and reminded the participants that their participation was voluntary and that they could stop the interview at any time and withdraw from the study. I also asked the participants if they had any questions or concerns. The participants were also asked for their permission to record the interview, and once the participant agreed to the recording, I began the recording and started asking questions.

Once I had obtained the prescreening and demographic information, I began to ask the interview questions. These questions were open ended and had been predeveloped and approved (see Appendix A). Using predeveloped interview questions along with clarifying questions ensures that the participants are given questions that were related to the purpose of the study (Ravitch & Carl, 2016). Each participant was also asked to respond to a demographic data sheet (see Appendix C). Each interview was audio recorded through the Zoom platform. I gave each participant as much time as they wanted to express their thoughts about each question. The average interview length was 28 minutes and 24 seconds (see Table 2).

Table 2*Participant Interview Length*

Participant number	Interview length
1	21:34
2	26:18
3	36:19
4	29:34
5	31:40
6	16:48
7	32:12
8	18:05
9	43:14

At the end of the interviews, I asked the participants if they had anything they would like to add or expand on what they had previously stated. If the participant had more to say, the interview continued until they were finished. When they were done, I thanked them for their time and for sharing their experiences. I also stated that they could reach me if they had any concerns. Each of the participants seemed to be willing to share and no one seemed to be mentally distressed or upset during the interview. I reminded the participants that information about counseling was included in the consent form should they need to contact them. The participants were also informed that I would be sending them a \$15 Amazon gift card in their email shortly.

Variance in Demographic Questions

I asked two additional questions in the demographic information that I planned to collect: how long they had worked as a RN and if they graduated from an Associate of Science in Nursing degree or Bachelor of Science in Nursing degree program. This additional information allowed me to look at whether they graduated from a 2- or 4-year program before they were unsuccessful at their first attempt of the NCLEX-RN.

Additionally, I wanted to know how long the participants had been working as a nurse. This data helped me determine if there were any differences in their responses depending on how long it had been since they had their first NCLEX-RN attempt.

Unusual Circumstances in Data Collection

The most unusual circumstance encountered during data collection was that two of the participants did not speak clear English, and it was very difficult to understand some of the things that were said. One of the participant's accent was difficult for me to understand and the connection for another one of the interviews was not stable. The connection kept cutting out, which increased the difficulties. I had to keep repeating questions and the participant had to keep restating their answers to some of the questions. In the end, I asked all the interview questions, and the participant was able to respond so I could understand the words. This interview was longer than other due to the barriers we experienced.

Data Analysis

The Zoom recordings needed to be transcribed as part of the first step in data analysis. Rev.com was used to transcribe the interviews. I uploaded the audio recording to Rev.com, and this software transcribed the interviews verbatim. I then reviewed the transcripts while listening to the interview recordings to ensure their accuracy. As I listened to the interviews and worked on the transcripts, I began to immerse myself in the data and see connections through listening and checking the transcripts. At times I had to add or correct words in the transcripts. This was a labor-intensive process, but I wanted

to ensure complete accuracy of the transcripts and make sure they captured exactly what the participants said during the interviews.

I thematically analyzed the data gathered. As I said earlier, immersing myself into the data began with the transcription of the interviews. I used a six-step interpretive description method to analyze the data (see Thompson-Burdine, 2021). The interpretive description method is founded in the researcher's ability to immerse themselves in the data (Thompson-Burdine, 2021). Re-reading the transcripts several times also facilitated my immersion into the data. When analyzing the data, I looked for commonalities and discrepancies among the participants' responses.

Development of Initial Codes and Themes

After the transcripts were reviewed for accuracy, I went back over each interview and highlighted certain statements, writing possible code words in the margins. The transcripts were then uploaded into NVivo where I entered the code words and then copied and pasted the highlighted statements into the code word categories. As I entered the codes and the highlighted statements, I was able to see connections, commonalities, and the development of themes.

Organization of the Data

One of the things that I used in the NVivo software was the word frequency function by generating a word cloud (see Figure 2). This helped me to see what words were used most frequently from the transcripts. The word cloud was limited in the information it gave me, but together I was able to see common threads, feelings, and occurrences in the interviews. The word frequencies showed me how many of the

feelings the participants shared. NVivo was helpful in showing how the data were related and facilitated the initial data analysis.

Figure 2

Word Cloud of Word Frequency



I organized the data through the word frequency function and continued my analysis by reviewing all the codes I had created in NVivo. I began thinking about connections and commonalities between the interviews. The following words emerged: anxiety, barriers, challenges, first attempt, second attempt, third attempt, first time emotions, preparation academically, strategies, support, timing of NCLEX, and wisdom (see Table 3).

Table 3*Word Frequencies and Their Occurrence by Participants*

Words	Number of participants	Number of occurrences
Anxiety	7	12
Barriers	9	13
Challenges	9	12
First attempt	9	9
Second attempt	6	21
Third attempt	2	2
First time emotions	7	13
Prepared academically	8	17
Strategies	6	13
Support	7	9
Timing of NCLEX	9	9
Wisdom	6	10

I reviewed the transcripts again to ensure that all the codes that emerged were the codes that I had initially written in the margins. I also made sure that the codes were relevant to the exploration of the experiences of the participants. The categories emerged from the code commonalities I had initially found in the interviews. After I realized what the categories needed to be, I was able to develop overall themes (see Table 4).

Table 4*Relationship Between Codes, Categories, and Themes*

Codes	Categories	Themes
Worried Nervous Anxious	Emotions regarding the test	Feelings of high anxiety were prevalent in the first attempt
Self-doubt Finances Not prepared Didn't study Procrastination	Challenges to passing	Lack of commitment to goal of passing on the first attempt
Sacrifice family time	Personal barriers and time	Common barriers: family demands
Family encouragement	Family support	Family support was present

Themes

Themes are patterns of ideas that are common to the data collected (Saldana, 2016). After the interview process and the data analysis, I found that themes emerged and data saturation was achieved. Four themes emerged from the critical analysis of the data:

1. Feelings of high anxiety were prevalent in the first attempt.
2. Lack of commitment to goal of passing on the first attempt.
3. Common barriers: Family demands.
4. Family support was present.

Discrepant Cases

No discrepant cases were noted during the process of interviewing participants.

The participants each expressed their own experiences involving their first attempt of the NCLEX-RN.

Evidence of Trustworthiness

Assurance of the quality and rigor of a research study can be shown as trustworthiness (Ravitch & Carl, 2016). This study needed to have the elements of trustworthiness to be a valid and credible study. The criteria of trustworthiness are credibility, transferability, dependability, and confirmability (Amankwaa, 2016).

Credibility

Credibility refers to researcher's ability to deal with the research complexities and to be able to analyze challenging data that comes forward in the study (Ravitch & Carl, 2016). I ensured credibility by triangulation, doing member checks and peer review. I offered to send a copy of the transcript to all the participants to see if they have anything that they want to add or change. I sent the interview transcript to two participants who responded that they would like to see the transcript This helped me to ensure accuracy. I offered my email address to allow the participants to add data or ask questions if they desired. I had another colleague who signed a confidentiality agreement, to review the interviews and look at what I have coded for consistency and validity. I have made an effort to structure the study in a manner that aligned with my objective and study purpose, be authentic in my participant selection process, and be open to challenge my biases and assumptions.

Transferability

Transferability is defined as being able to show that the evidence found could

be applied to other contexts, such as other populations (Ravitch & Carl, 2016). Rich data descriptions were recorded so readers can make a comparison in their own situations, which can increase transferability. I made notes about the connections and common themes that I saw as I reread the interviews. The notes facilitated the ability to realize deeper meaning to the data.

I connected with my research committee often to ensure that I was on the right track and my study was directed to achieve rich data results. I had difficulty recruiting participants. I took much longer to reach saturation than I had anticipated. I wanted to conduct a quality study so I was patient until I achieved the desired results.

Dependability

The dependability of a study is focused on the stability of the data or consistent and stable over time (Miles et al, 2014). The dependability was established by using an established approach to conduct the study. I maintained the intended study approach, methodology, and data analysis. The study dependability was maintained by using established methods of data collection and the use of audit trails. I asked all the participants the same interview questions for consistency and standardization. I kept a journal of all activities with my thoughts, reflections, and observations throughout the research process so I could establish an audit trail.

Confirmability

Confirmability means to have a reasonable amount of freedom from biases (Ravitch & Carl, 2016). Confirmability was established through reflexivity, an active awareness of the researcher role and influence in the research project. I acknowledge that

my background in nursing education and many years of teaching Native American Nursing students could have affected the direction of the study. I kept notes and journaled throughout the data collection process. During the interviews I consciously worked to not convey any of my personal feelings or reactions to the participants. I used an audit trail so that I could keep track of each step of the research process for my dissertation (Ravitch & Carl, 2016). I worked to keep any personal bias from the data collected.

Results

I present study findings of the data with the use of supporting participants quotes. The main four themes that came from the data analysis included feelings of high anxiety were prevalent in the first attempt, lack of commitment to goal of passing on the first attempt, common barriers: family demands, and family support was present. These four themes answered the research question: “What are the experiences of Native American registered nurses who have failed the NCLEX-RN on their first attempt?”

Theme 1: Feelings of High Anxiety in the First Attempt

In the interviews I noticed that the participants often expressed feeling a high amount of anxiety about taking the NCLEX-RN for the first time. The participants described their process of preparing for and actually taking the exam for the first time. Participant 2 stated: “Oh, I was so anxious. The first time I went I was all alone. I was scared. I didn't know where I had to find the testing site and do everything. And I was alone and I was scared.” Participant 4 stated “So, I was very nervous, sick to my stomach.”

Participant 7 stated: “I had to rush and I started cramming. So yeah, that led to anxiety in doing what I was doing, and it disrupted a lot of things. It made me forget what I had read, and that was a mess.”

Anxiety was a common theme among the participants. A sub theme that also occurred was fear of the unknown.

Participant # 6 stated:

“Well, the hardest thing to overcome is your confidence because first of all is your first attempt and you don't really know the outcome. You don't really know what you're facing. And so, the fear of the unknown, the fear of am I going to make it was very tense. I think that's one of the hardest things to overcome.

Theme 2: Lack of Commitment to Goal of Passing on the First Attempt

Participants generally stated that they did not do enough studying or preparation the first time they took the NCLEX-RN. This finding was a bit shocking to me as I felt that nursing students would feel that since they spent so much time in nursing school working hard to pass. They had an end goal to become a nurse and passing the NCEX-RN was a requirement to become licensed.

Participant # 5 stated:

“So, I just kind of decided to go with it and go and attempt it and see what it was about. Cause we get this how hard it is and not really knowing. And for me, I have to know, I learned doing it, watching it, -and hands on. So that was my thing. I just had to just go with it. I had personal life things going on, and it was stressful. So, I guess I wasn't too surprised that I didn't pass.”

Participant # 3 stated: “I graduated in May, and then I scheduled it for July. And I just didn't feel prepared. But of course, I didn't do any studying either, so I literally winged it.

Participant #4 stated: “Yes and no. I guess when I first went and took it the very first time, I did feel prepared, but then after my outcome that made me rethink what I had prepared for.”

Theme 3: Common Barriers—Family Demands

In the Native American culture, family is an extremely important part of their daily lives. Native American nursing graduates would struggle to find time to study amid family demands on their time. Native American cultural beliefs include that extended family is the same as the family unit. If an aunt or cousin is ill, playing in a ball game, or having a dinner, all family members are expected to come and participate. These families may be very large so the family time commitment can be quite demanding. Nursing graduates have to battle to find time to break away from their own family needs and their extended family needs to study. A native young women said to me once, “when we do something good, we stand beside each other and cheer and when we do something wrong, we stand beside each other and help.” This demonstrates the strong family commitment for many Native Americans. Some participant examples include:

Participant #9 stated: “I missed just doing things with family. So that was really tough for me. It was being able to discipline myself and continue to sacrifice the time with family study.”

Participant # 3 stated:

“I think just having with, because with Native Americans, I mean, I feel like it’s your structure, your home structure is just family and not the immediate family. It’s everybody of the clan. And so that is growing up, it’s just you’re with family all the time.”

Participant # 5 stated:

“For me I feel like being home and closer to just others, I mean, I think it was just easier for me to have a reason to avoid studying. I think I put spending time with family and doing other things with family. It was of higher importance than to set aside the time to study.”

Theme 4: Family Support

The participants described how their families supported them through their testing process. Native American students may not have family members or friends who participated in higher education as role models. Nursing graduates have to build a team to help them when they need encouragement and support. I found that the participants in my study were able to have people around them who did support and encourage them to keep their commitment to take the NCLEX the first time and even after they failed.

Participant #8 stated:

“Well, I had support from family even after I missed the first time. I felt they told me that I had to sit up, ask questions, meet people who have taken these exams before, and ask them how it is. So, I had support from family and from my best friend.”

Participant # 3 stated: “Well, the first time I was devastated, but I had my mom, I think she was really there because I was actually going to give up and she said, no and I believe you can do this.”

Summary

My study explored the experiences of Native American nurses who failed the NCLEX-RN on the first attempt. I presented my data analysis after the collection of data through individual interviews. I discussed participant demographics, the data collection process, and evidence. I also presented issues of trustworthiness. The research question that guided my study was “What are the experiences of Native American nurses who fail the NCLEX-RN on their first attempt?” I conducted semi-structured interviews with nine participants. Most of the participants reported high anxiety and lack of academic preparation. Four themes emerged from the data to answer the research question. The themes included feelings of high anxiety were prevalent in the first attempt, lack of commitment to the goal to pass on the first attempt, common barriers: family demands, and family support was present.

In chapter 5, I will present the interpretation of the study findings, limitations of the study, implications, and study recommendations.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative descriptive study was to explore the experiences of Native American RNs who failed the NCLEX-RN on their first attempt. Roy's adaptation model guided the study. I conducted semi structured interviews with nine participants to explore their experiences with failing the NCLEX-RN on their first attempt. Findings from this study can facilitate an understanding of the factors, challenges, and barriers that Native American nursing graduates experience in attempting to pass the NCLEX-RN on the first try. The key findings were four emergent themes: feelings of high anxiety were prevalent in the first attempt, lack of commitment to the goal of passing on the first attempt, common barriers: family demands, and family support was present.

Interpretation of the Findings

I used Roy's adaptation model as the theoretical framework to guide and align the study. I wanted to add to the nursing knowledge and help develop new teaching strategies to support Native American nursing graduates and success on the NCLEX-RN. Previous studies only included Native American nursing students as a very small percentage of the larger study population if at all. Therefore, there was a gap in the literature about the specific needs of Native American nursing students and NCLEX-RN success. There is also little specific current literature on Native Americans and the NCLEX-RN, so this study provided new insight into the specific challenges and barriers that Native American nursing students may experience.

Increasing nurse educators' understanding could facilitate Native American students' success in passing the NCLEX-RN and increase the number of Native

American RNs who can care for their own people (Murray et al., 2016). Native American nursing graduates may have unique cultural needs that can impact their ability to be successful (Keith et al., 2016). I found that the participants' cultural needs revolved around family demands, including extended family needs. Many of the participants felt that family demands took away from their ability to study. Nurse educators who have this knowledge can support Native American students by helping them with time management and working with their families to facilitate more time for studying.

Ozer et al. (2022) found that the use of essential oils in aromatherapy helped to reduce test anxiety for nursing students. This cultural practice was described by study participants as part of their success plan for subsequent NCLEX-RN attempts. Nurse educators can encourage this practice with Native American students who feel it could help calm them as they take the NCLEX-RN.

The participants also identified feeling high levels of anxiety when driving to the testing center, at the testing center, and during the exam. Students often feel anxiety before an examination such as the NCLEX-RN (Quinn & Peters, 2017). The student must be able to find coping mechanisms to reduce the stress response, so they can think and perform as they have prepared on the exam. Participants discussed the lack of coping strategies during first NCLEX attempt (see Aragon, 2014; Ozer et al., 2022). Nurse educators can develop strategies to support students if they have an understanding of this challenge for Native American students.

The study participants discussed the importance of being able to care for their own families and community. Passing the NCLEX was a high priority for them to be able

to meet their goals. The current study was necessary and leads to a new understanding that could facilitate the ability to have more Native American nurses who can care for their own people. This ability will build trust and increase culturally congruent care (Loftin et al., 2012). The presence of more Native American and underrepresented group nurses will improve reservation health and access to care. Rural communities and even urban cities need more underrepresented group nurses to care for those vulnerable in health care settings (Loftin et al., 2012). Nurse educators who understand the unique challenges that Native American nursing students face will be able to support and mentor students more effectively.

Previous studies about underrepresented group nurses highlighted the need to understand specific challenges, including nurse educators must understand the specific challenges unique to Native American nursing students to be able to facilitate mitigation or success in spite of those challenges (Kaprovich & VandeVosse, 2018; Keith et al., 2016; Murray et al., 2016). I found that participants who failed the NCLEX-RN on their first attempt had a fear of the unknown or did not know what to expect when taking the NCLEX-RN, which significantly contributed to their feelings of uncertainty, anxiety, and self-doubt. All the participants interviewed except one felt these feelings contributed to their first attempt failure. Ozer et al. (2022) stated that when individuals are extremely anxious, they often focus on negative thoughts about themselves and experience difficulty with their thought processes to be able to effectively perform on the NCLEX. Nurse educators can offer test-taking strategies to help reduce anxiety as the students goes through nursing school.

The lack of commitment to the goal of passing the NCLEX-RN was another common theme that emerged from the participant interviews. Participants described the lack of studying or adequate studying for the first attempt. Nursing instructors have a duty to teach nursing students what they need to know so that they can pass the NCLEX-RN. Joseph (2021) stated that nursing educators have a vital responsibility to ensure that their NCLEX pass rate for first time test takers meets the requirements of the NCLEX-RN. Students also must take a role in their own learning commitment. Joseph also discussed that nursing students that passed NCLEX-RN on their first attempt had a deeper learning approach and a commitment to study. Joseph's findings support the findings of the current study with current study participants reporting their lack of commitment to studying resulted in their first attempt of the NCLEX-RN failure.

All the participants interviewed took the NCLEX-RN two or more times but were eventually successful in passing the NCLEX-RN to become RNs. Brown et al. (2021) stated that students need early interventions to support their success. The current study findings extend the knowledge in nursing by providing insight about the reasons why Native American nurses failed the NCLEX-RN on the first attempt. Understanding factors that contribute to a Native American students NCLEX failure will support nurse educators in facilitating student success. Passing the NCLEX-RN on the first attempt is something that nurse educators understand and must work with students with the goal of passing the first time (Joseph, 2021).

Theoretical Implications

The use of Roy's adaptation model allowed for exploration of factors that contribute in relation to the failure on the NCLEX-RN. Roy's adaptation model and its components demonstrates how the response, coping, and adaptation takes place. Roy (1984) viewed a person as an adaptive system, explaining that different stimuli enter the body and mind, and the individual's coping responses are then employed in response to reach an adaptive level that could lead to negative or positive behaviors. If the person experiences high anxiety during an exam, they may not be able to be successful (Kasprovich & VandeVusse, 2018). The core themes that emerged from the data analysis in the current study supported Roy's adaptation model where the participant responses involving high anxiety before the exam resulted in a negative adaptive response and, as a result, a negative outcome on the NCLEX-RN. Roy's adaptation model proved to be an effective framework for the current study by allowing for nonadaptive and adaptive responses to the stress of taking a high-stakes exam. Participants responded that not studying resulted in not being academically ready to get the correct answers on the exam. The options of having someone drive them to the test, going to the test site the day before, or having a relaxing evening the night before the test may have led in an adaptive response, which could have resulted in a positive outcome.

Every participant stated that they were told in nursing school that the NCLEX-RN would be very challenging and a commitment to preparation would be necessary for success. The findings show the participants did not take the commitment very seriously.

This finding was surprising because I did not realize that students may not have felt a strong commitment due to the hard work of nursing school and their end goal.

This statement may be alarming to nurse educators because most of their nursing program licensure and ability to have approval is based on first time NCLEX-RN pass rates (see Flowers et al., 2022; Kasprovich & VandeVusse, 2018).

Limitations of the Study

I was unable to use the video camera during the interviews to ensure participant privacy, so I was unable to ascertain the participants' nonverbal cues, which could have added rich depth to the data gathered in the study. It could have been helpful to see if any cultural beliefs would have been shown in their body language, such as not looking me in the eyes when they were speaking.

Recommendations

I recommend more studies that are specifically focused on the Native American nursing student population. A qualitative study could be conducted that focuses on what makes the Native American nursing student successful in passing the NCLEX-RN on their first attempt. Another future study could include the characteristics of this nursing population related to culture and family or how Native American nursing students prepare for the NCLEX-RN. A study could also be conducted to explore preparatory exams in nursing programs looking for correlations between exam scores and critical elements of the NCLEX-RN. The experiences of other underrepresented group students may differ from Native American students, so it would add to knowledge in the nursing field to study this specific population.

Implications

The findings in this study contribute to the existing body of knowledge in nursing because the experiences of Native American nursing graduates taking the NCLEX-RN for the first time adds valuable insight for nurse educators who work with this specific population. Native American students may be quiet and sit at the back of the class, so nurse educators need to know how to support and mentor Native American and other underrepresented group students (Aragon, 2014; Lujin & Little, 2010).

Additional implications for nurse educators could include understanding assessment practices that can prepare all students, especially cultural underrepresented group students who might be at a disadvantage going into a test similar to the NCLEX-RN. Educators could also benefit from lesson planning that integrates regular assessment so practice in testing and test savviness could be developed. Educators could also offer advising for students who demonstrate test anxiety as a factor. Nursing faculty could also be expected to work with their student services staff to develop and implement programs to facilitate students being prepared for the NCLEX-RN. In smaller tribal nursing programs, the nurse educators could travel with the students to the testing site to support their Native American students in taking their NCLEX-RN.

Almost 63.7% of the U.S. population speaks another language in addition to English (Guler, 2021). Providing quality care for a diverse population means increasing the diversity in nursing (Guler, 2021). Graduating more underrepresented group nurses, such as Native American nurses, will increase diversity in the nursing workforce and facilitate culturally congruent quality patient care (Condon et al., 2013; Guler, 2021;

Loftin et al., 2012; Sitzman, 2007). Supporting Native American nursing graduates to pass the NCLEX-RN will help address the need for increased diversity in the nursing workforce.

This study has implications for positive social change because it provides important findings related to the needs of a Native American nursing student population that has not previous been studied. Nurse educators can use the findings from the current study to better understand and mentor the Native American nursing students in their programs (see Brown et al., 2021). As nursing programs continue to increase in diversity, nursing educators need to understand how to support underrepresented group students. More Native American students may become interested in nursing school if they can see others being successful (Guler al., 2021).

Nurse educators can promote understanding of the needs of Native American nursing students, which can increase graduation rates and positive NCLEX- RN outcomes (Brown et al., 2021; Muirhead et al., 2022). Nurse educators can decrease the vulnerability of Native American nursing students by learning how best to support the students' needs to be successful on the NCLEX-RN (Guler, 2021; Keith et al., 2016.). More nurses are needed in the nursing workforce, and helping Native American nursing students be successful can facilitate more available nurses in the field.

Conclusion

In this study, I explored the experiences of Native American nurses who failed the NCLEX-RN on their first attempt. Findings revealed that high anxiety hampered the participants' ability to succeed in passing the NCLEX-RN on the first attempt, there was

a lack of academic preparation, procrastination and family demands and commitments hindered the participant, and family support was evident. To address these issues, nurse educators can support and mentor Native American nursing students with sensitivity and encouragement.

A positive social change will be experienced because of the insights gained from collecting Native American nurses' experiences involving the NCLEX-RN in this study. Supporting Native American nurses so they graduate from nursing school, are successful on their first attempt of the NCLEX-RN, and expediting their entrance into the nursing workforce can be achieved through decreasing their anxiety and increasing their academic preparation.

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Appendix A: Interview Questions

1. How did you prepare academically for the NCLEX-RN?
2. What supports did you have in place at the time you took the NCLEX-RN for the first time?
3. What did you feel were challenges or barriers to your success on your first attempt?
4. What changed when you were successful in passing the NCLEX-RN?

Appendix B: Demographic Data Sheet

Participant Information

- a. Age-
- b. Gender-
- c. Ethnicity-
- d. What Tribe are you enrolled in or a descendant of?
- e. Education-
- f. How many times have you attempted of the NCLEX-RN?
- g. How many years have you worked as a registered nurse?
- h. Are you working as an RN now?