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Experiences of Undergraduate Nursing Faculty Adapting to the Changes of the Next Generation NCLEX

Marlene Kilpack Whiteside
Walden University

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Walden University

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Marlene Kilpack Whiteside

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

Experiences of Undergraduate Nursing Faculty Adapting to the Changes

of the Next Generation NCLEX

by

Marlene Kilpack Whiteside

MSN, Western Governor's University, 2020

BSN, University of Utah, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

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Abstract

Undergraduate nursing faculty are responsible for preparing nursing students for patient care in a dynamic health care setting and are challenged with meeting the National Council Licensure Examination (NCLEX) change to the Next Generation NCLEX (NGN). The National Council of State Boards of Nursing recommended the incorporation of the Clinical Judgment Measurement Model (CJMM) and competency-based curriculum in preparation for NGN testing that began in 2023. Understanding how faculty experienced and adapted to changes in curriculum, patient-centered instruction, and NGN testing may help future nurse faculty in adapting. The purpose of this basic exploratory, qualitative study guided by the achievement goal theory was to explore the experiences of nursing faculty in adapting to the change of the NGN and the incorporation of the CJMM in nursing curriculum and testing. Twelve undergraduate nursing faculty from the United States and Canada were recruited through social media to participate in online interviews until saturation of data was achieved. Audio recorded data from the open-ended interview questions were analyzed using Saldana's first and second cycle coding and final phase of thematic review method. Analysis revealed three themes to describe the experiences of faculty: (a) adapt to change, (b) hindrance to adapt, and (c) resources that are needed to adapt. A quantitative study exploring the changes made while adapting to the CJMM and student readiness to practice is recommended for future research. Positive social change with improved nursing education and student readiness to provide patient care may be possible as programs of undergraduate nursing education provide guidance, access to resources, collaboration, and mentorship to support faculty.

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Dedication

To Eric Steven Whiteside, who is the love of my life. I would also like to dedicate this work to my eight children: Joseph Michael Schoonmaker, Conger Leavitt Schoonmaker, Logan David Schoonmaker, Trunella Mae Schoonmaker, Gabriel Noah Schoonmaker, Estella Grace Schoonmaker, Robert Jonalwyn Schoonmaker, and Solomon Isiah Schoonmaker. I want you to believe in your dreams and know that through hard work and determination, all things are possible.

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Chapter 1: Introduction to the Study

Preparing nursing students for practice in a dynamic healthcare work setting is a challenge for faculty who teach in undergraduate nursing programs. New nurse graduates who are transitioning into the healthcare workplace require a high level of practice ability—nursing care that demonstrates clinical judgment and critical thinking skills to recognize patient cues, analyze high-acuity patient needs, and accurately respond to emergent situations. The National Council of State Boards of Nursing (NCSBN, 2023a) recognized this need and made recommendations for programs of nursing education to incorporate the Clinical Judgement Measurement Model (CJMM) in curricula as a means of improving nursing students' readiness to practice in the health care setting. In concert with the recommendations for curriculum changes, the NCSBN enhanced the National Council Licensure Examination (NCLEX) to a new version, the Next Generation NCLEX (NGN), which measures graduate nurses' competencies for performing safe and effective care as a newly licensed, entry-level nurse (NCSBN, 2023a). The intent of the NGN is that newly licensed nurses will enter their first practice with critical thinking skills, recognition of patient presentations, prioritization of physician orders, and accurate implementation of nursing interventions (NCSBN, 2023b). Nursing students can be better prepared for patient care if nursing education adapts to the NGN testing of critical thinking and uses the CJMM in teaching and curriculum (Sherrill, 2020).

The changes of the NGN and the incorporation of the CJMM are a significant change in nursing education. With the curricular change using the CJMM, undergraduate nursing faculty may experience the effects of the changes not only in the required

methods for teaching, but also in evaluation of learning with new methods of test questions that are required. Preparing new nurse graduates for the NGN may place even greater demands on nursing faculty in view of reported faculty shortages, increased workloads, and high stress (Jarosinski et al., 2022). Additionally, faculty and administrators of nursing programs may experience concerns about maintaining program accreditation when little is known about how students will fare when taking the NGN. First-time pass rates for NCLEX are indicators of success and quality in nursing programs (Koestler, 2015), and maintaining high first-time pass rates may create a concern (Joseph, 2021).

In this environment of change in nursing education, and with uncertainties about new curricular changes and testing strategies, understanding how nursing faculty are adapting to change may promote a higher level of confidence in using the CJMM and successfully preparing students for the NGN. The purpose of this qualitative study was to gain understanding into the unique experience of undergraduate nursing faculty as they adapt to the change of the NGN. Positive social change may be possible as the result of this study if nursing program faculty and leaders understand how other programs have adapted to the change and recognize the need to support their nursing faculty. Quality nursing education stems from nursing faculty who have expert knowledge in patient care, advanced education, and the capacity to teach. Support for undergraduate nursing faculty could improve nursing education through understanding the unique experiences and nuances of how educators evolve in an environment of change. This study has the

potential to improve nursing education by offering insight into the experiences of undergraduate nursing faculty and exploring how they adapt to change.

Chapter 1 will cover the background to provide understanding of the published evidence that supports the social problem that was identified. A summary of the existing research, the gap in the literature, the problem statement, the purpose statement, and the primary research question will be stated. Then I will provide an overview of the theoretical framework and nature of the study, define key terms, and discuss the assumptions, scope and delimitations, and limitations of my study. Chapter 1 will conclude with an explanation of the significance of this study and a transition to Chapter 2.

Background

Nursing education has not adequately prepared new nurse graduates to recognize patient physiological instability that leads to clinical deterioration (Fisher & King, 2013; Herron, 2017; Liaw, Rethans et al., 2011). New nurse graduates who have failed to rescue deteriorating patients have lacked basic core measures of nursing, including critical thinking skills, clinical reasoning, and situational awareness (Cooper et al., 2010; Liaw, Scherpbier et al., 2011; Schubert, 2012). The preparation of nurses may be lacking in the area of clinical and critical thinking skills and in clinical decision making, resulting in 50% stating that they are emotionally drained, fatigued, and burned out, predominantly for new nurse graduates versus nurses with experience in excess of 10 years (NCSBN, 2023c). Of the total number of working nurses, 3.3% have left in the last 2 years, and 600,000 intend to leave the profession by 2027 (NCSBN, 2023c). The recognized lack of

practice ability points toward the need for improving nursing education for the rigors of becoming and staying a nurse.

Nursing education has struggled with faculty shortages, increased workloads for faculty, and transition from the effects of COVID (Jarosinski et al., 2022). Many nurses are staying in clinical practice instead of transitioning into academia due to the cost of an advanced degree, poor work/life balance, and a reduction in pay as much as 50% (Kowalski & Kelley, 2013). Shortages and high attrition rates of faculty lead to increased workload for faculty who stay in academia. The limited faculty numbers restrict the class sizes of nursing programs. Qualified nursing students are turned away from nursing programs due to limited numbers of acceptances into nurse programs as a result of faculty shortages (American Association of Colleges of Nursing [AACN], 2019).

Quality nursing education relies heavily on the expertise and the ability of faculty to teach nursing students. Kalb et al. (2015) suggested that nursing faculty should employ evidence-based teaching practice that includes research, pedagogical reports, student evaluations, and peer reviews. Nurse educators should have recent experience in patient care and understand the latest trends in nursing. Kazana and Dolansky (2021) stated that nursing faculty do not have experience in quality improvement and changes that are suggested by national regulating bodies. Improvement in nursing education can begin by supporting nurse faculty to teach using evidence-based teaching practices, recognition of patient physiological instability, and skill sets that increase practice ability.

Nursing education could improve by teaching nursing students practice ability from faculty who have had recent patient care experience and the skills necessary to teach

the latest trends in technology, high-acuity nursing interventions, and critical thinking skills. Nursing faculty are experiencing high stress levels and decreased pay in comparison to nonnursing faculty at the same institutions, and 40% report high levels of exhaustion (Poole & Spies, 2022). Many nursing faculty are over the age of 55, and one third of nursing faculty plan on leaving academia in 5 years (Poole & Spies, 2022). This highly stressful environment of nursing education explains how some educators may not have the tools or support to adapt to changes in curriculum, teaching, and testing styles that are now required to prepare students for the NGN.

In this study, I will address the gap in knowledge of the experiences of undergraduate nursing faculty who are adapting to the changes of the NGN. Previous researchers have identified the stress and workload of nurse educators (Jarosinski et al., 2022, Poole & Spies, 2022), but no one has addressed the experiences of undergraduate nursing faculty as they adapt to the changes of the NGN specifically. The findings of this study may provide critical insight into the feelings and perceptions of undergraduate nursing faculty. This will offer an opportunity for the nursing community to support the needs of undergraduate nursing faculty and provide solutions to the problems that may be identified. Positive social change can occur if nursing faculty are supported through the transition and resources are offered to help them adapt.

Problem Statement

The change from the NCLEX version of the nursing licensure exam to the new generation version or NGN requires that nursing faculty modify their methods of teaching and evaluation of learning to be consistent with the CJMM, placing a new challenge on

nursing faculty to adapt to the new methods of teaching and testing. While faculty have expressed questions and concerns about how the change in the nursing licensure exam will affect their already high workloads (Poole & Spies, 2022; Sherrill, 2020), little is known about how the change impacts nursing faculty. Faculty concerns may legitimately exist given the need to identify strategies necessary for day-to-day processes, combined with the changes required for developing new and modifying existing course exam questions (De Lima et al., 2023) and maintaining program accreditation when the unknown risk of student performance on the NGN may seem to threaten successful first-time NGN pass rates (Joseph, 2021).

De Lima et al. (2023) described a lengthy step-by-step process that began in Fall 2020 to prepare faculty in an associate degree program to write test questions capable of effectively measuring students' clinical judgment and to gradually test the new questions. However, not all programs have begun the process, leaving some programs unprepared for the change to the NGN (Nielsen et al., 2023). With the implementation of the new method of testing now in place, it is important to understand the experiences that faculty have in preparing for the new model of testing while presenting curricular content following the CJMM. How undergraduate nursing faculty experience the change in teaching and testing requirements needed for the NGN is further compounded by unclear direction on how to teach critical thinking skills and the lack of administration support, especially in programs that have not yet begun to adapt their programs for the NGN or using the CJMM (Nielsen et al., 2023; Poole & Spies, 2022).

The ability of undergraduate nursing faculty to acclimate and adapt to change poses a challenge for programs that is exacerbated by the low pay, high turnover rates, and resulting poor performance of faculty to teach clinical judgment (Jarosinski et al., 2022). The Accreditation Commission for Education in Nursing (ACEN), the Commission on Collegiate Nursing Education (CCNE), the National League for Nursing Commission for Nursing Education Accreditation (CNEA), and U.S. State Boards of Nursing oversee the accreditation of programs of undergraduate nursing, measuring student success by the programs' pass rates on NCLEX (Joseph, 2021; Koestler, 2015). Consistent with the requirements of accreditation associations, qualified individuals are needed to teach in undergraduate nursing programs while approximately 68% of nursing programs identified doctorate-prepared faculty as an impediment to filling positions (Jarosinski et al., 2022). Having faculty available and prepared for the change in NGN is essential for programs that will be sending their graduates to sit for the NGN (NCSBN, 2023b). Little is known about how faculty perceive the changes to the NGN and how they perceive that their program is faring with preparing students for the NGN using the CJMM.

My study focused on the experiences of undergraduate nursing faculty as they adapt to the changes in the NGN as implemented by the NCSBN and included teaching using the CJMM. Some insight into the types of technical support that faculty have available, as well as strategies for how to write test questions, how to grade test questions, and how to help students gain confidence in NGN-type test taking skills may be provided by participant responses (Sherrill, 2020). An exploration into the experiences

of undergraduate nursing faculty can provide a representation of the motivations for how faculty adapt in an environment of change.

The NGN is a change for nursing faculty who have been asked to adapt and understand how to teach critical thinking skills using the CJMM. New ways of teaching, testing, and grading will need to be explored (Sherrill, 2020). The focus of the study was on the experience of undergraduate nursing faculty as they adapt to the changes of the NGN.

An exploration of the experiences of undergraduate nursing faculty will provide an understanding to the academic nursing community about what the needs are and how to support this population in an environment of change. The achievement, challenges, and experiences of undergraduate nursing faculty can provide insight into how to improve nursing education. The experience of undergraduate nursing faculty directly affects the level of quality education they can provide to student nurses (Kazana & Dolansky, 2021).

This study has the potential to make an original contribution to the nursing community. Making changes to curricula, adapting teaching styles, and rewriting test questions to meet the expectations of the NCSBN is a mandate that undergraduate nursing programs must follow (Sherril, 2020). This research will give a voice to undergraduate nursing faculty who experienced the NGN changes and will provide insight for others who need help in preparing for the change and identifying the tools or resources that may ease the experience for them. The findings of my study may also help other nursing faculty who may have similar experiences and need support to help them adapt to change.

Purpose of the Study

The purpose of this basic exploratory descriptive qualitative study was to gain understanding into the experiences of undergraduate nursing faculty as they adapt to the change of the NGN. The use of the qualitative research approach allowed me to understand the topic that was being explored and participants to contribute to the development of new knowledge (Patton, 2015). An increase in understanding of the experiences of undergraduate nursing faculty will help in understanding the challenges of nursing education and provide another avenue to help improve the problems identified. The use of a qualitative approach allowed for participants to explain in their own words their experiences through open-ended questions in audio recorded interviews. A quantitative approach would have provided numerical data and would not have provided depth, breadth, and rich detail in how participants explained their experience (Patton, 2015). To address the identified gap, I conducted interviews with undergraduate nursing faculty who met the inclusion criteria.

Research Question

The research question for this study was the following: What are the experiences of undergraduate nursing faculty who are adapting to the change of preparing students for the Next Generation NCLEX (NGN)?

Theoretical Framework

The theoretical basis for this study was achievement goal theory (AGT; Dweck & Leggett, 1988; Elliot, 1999; Nichols, 1984). This theory has evolved over time from a simple dichotomous model to a trichotomous framework, and finally to a more complex

2X2 theory to understand motivation in achieving goals. Nichols (1984) originally stated that individuals would demonstrate competence from either a task or an ego basis. Those who are task-involved see competence as a process of learning and growth from investing effort. Inversely, those who are ego-involved compare their performance to others.

Nichols suggested that individuals who are ego-involved may choose an easy task where success would be assured or not do a difficult task at all. According to Nichols, it is the ego that makes failing to achieve a goal threatening.

Children with equal capability were tested in situations of achieving goals in the face of a challenge. Dwekk and Leggett (1998) stated that even the brightest and most skilled children displayed maladaptive behaviors to avoid the discomfort of a challenge. They further suggested that there are two types of cognition, adaptive and maladaptive. In the adaptive cognition group, a child would become mastery-oriented, meaning that they would seek challenges, effectively strive under failure, and maintain a commitment to their goals through difficulties (Dwekk & Leggett, 1988). Their maladaptive cognitive counterparts would develop a helpless mindset, meaning that they would avoid a challenge, have performance deteriorate in the face of obstacles, and limit their attainments (Dwekk & Leggett, 1998). This behavior would impair their functioning and limit their growth. Members of the helpless cognition group would be the most concerned with their ability yet display behaviors that sabotaged their success.

Goals can be based on either performance or learning and development (Dwekk & Leggett, 1998). If a person has a goal that is grounded on performance, they are seeking a favorable judgment in relation to their competence. A goal that is based on learning

allows a person to seek an increase in their competence (Dwekk & Leggett, 1998). The difference is that the adaptive person is willing to take a risk for improvement in competence. Maladaptive helpless cognition involves a self-conception that one's intelligence is fixed, along with fear of challenge. Adaptive mastery-oriented cognition involves a self-conception that intelligence is malleable (Dwekk & Leggett, 1998). This means that an individual with adaptive cognition is willing to learn something new.

Elliot (1999) made contributions to the AGT by suggesting a 2X2 model. This model has four possible goal orientations: mastery-approach, mastery-avoidance, performance-approach, and performance-avoidance. The 2X2 model evaluates either the positive or negative motivation behind the attainment of goals. Individual feelings of self-determination were positively associated with mastery-approach due to individuals having a growth mindset (Elliot, 1999). Perfectionism is negatively associated with mastery-avoidance, performance-approach, and performance-avoidance.

The type of motivation that drives individuals to achieve their goals can impact the success or failure in reaching their goals. AGT can be a model to understand incentives and self-evaluation for growth (Garino, 2020). Wijnia and Servant-Miklos (2019) suggested that the AGT can be used to understand how some individuals change and overcome obstacles to meet their goals, while others become disenchanted and do not achieve their goals. This theory is the most appropriate for this study and will be used as a guide and provide a framework for how to interpret the data.

In my study, undergraduate nursing faculty could adapt to change as identified as having a growth mindset in the AGT or choose a maladaptive cognition by not making

changes to curriculum, teaching styles, and exams. Nielson et al. (2023) stated that only 27% of deans and directors of nursing programs use the clinical judgment measurement model in their teaching pedagogies even though they recognize its importance.

Undergraduate nursing faculty can have a focus on the task of change, their personal desire, or how they relate to their peers as an adaptive cognition in the AGT model. AGT references that people who have a mastery approach to their goals will have a growth mindset with a belief that they have the ability to learn and adapt, not just an innate ability to succeed (Chazan, 2022). A growth mindset allows people to believe that they can achieve their goals through hard work and persistence. A possible goal that undergraduate nursing faculty could have is success in making changes to the teaching style, curriculum, and exam format to incorporate the CJMM.

Another possibility is that the undergraduate nursing faculty may feel performance avoidance (Chazan et al., 2022). This maladaptive cognition could be based on fear that they are unfamiliar with the new NGN style of testing and teaching. This cognition could increase the stress the undergraduate nursing faculty may be experiencing. Another possibility is that the undergraduate nursing faculty may not feel increased stress due to the avoidance of the topic in general. The avoidance of the change and inability to adapt may be identified as a maladaptive cognition of mastery-avoidance or performance-avoidance in the AGT model.

Nature of the Study

To address the research questions in this basic qualitative study, the specific research design included an exploratory descriptive analysis of interviews from nursing

faculty from Associate Degree in Nursing and Bachelor of Science in Nursing programs nationwide until a saturation of information was identified (Ravitch & Carl, 2021). The goal of this study was to understand the experiences of undergraduate nursing faculty as they adapt to the changes of the NGN. An exploratory descriptive qualitative design allowed for participants to elaborate on their experiences using their own words (Patton, 2015). This design was best because it allows the researcher to illuminate how a phenomenon of interest is manifested in its true nature (Hunter et al., 2019). Nursing faculty were identified from professional networks such as social media groups and LinkedIn. Inclusion criteria applied to undergraduate nursing faculty within the United States and Canada who stated that they understood the recommendations of the NCSBN (2023a) to make changes to their curriculum, testing, or teaching based on the CJMM. Participants were not excluded based on age, gender, or education.

Rubin and Rubin (2012) suggested that the researcher must show respect, honor promises, avoid pressure, and make sure to do no harm to participants. Care was taken to inform participants about the purpose of the study and to ensure that their responses were kept confidential. Institutional Review Board (IRB) approval ensured that participants were not harmed by the study (Walden University, 2010). A detailed consent was given to participants to review and confirm with an option to leave the study at any point in time (Denzin & Lincoln, 2013).

Participants were given a Zoom link to meet virtually with me as the sole researcher. Verification that the interview was audio recorded at the beginning of the interview with an opportunity to ask any questions was offered. I ensured participant

confidentiality by asking the participants to turn off their camera during the recorded interview, thus only recording their voice. Interview questions were open-ended and semi structured with the opportunity for the participant to elaborate (Denzin & Lincoln, 2013). Questions relating to the AGT were asked involving the concept of the growth mindset, adapting to change, and the concept of accomplishing goals (Chazan et al., 2022). Another question that was asked concerned what resources or tools participants had used to help them teach using the CJMM or NGN testing style.

Data were gathered by analyzing the transcripts of the interviews to create common codes and overarching themes. Detailed journaling of my own possible bias was done for reflection and positionality. Walden University (2010) has suggested that researchers can manage bias by documenting their selves, using audio recordings, and creating written transcripts to make sure that information is correct. Data were recoded to find common themes, central ideas, and categories (Ravitch & Carl, 2021). Rubin and Rubin (2012) suggested that a researcher make multiple revisions, revamping and revising the research to make improvements over time. A qualitative researcher must be thorough and follow different lines of inquiry to examine alternate views and possible results (Rubin & Rubin, 2012). A qualitative study places the researcher as the primary instrument of the research (Ravitch & Carl, 2021). The researcher must understand their own subjectivity, identity, positionality, and meanings that shape the findings (Ravitch & Carl, 2021). Rubin and Rubin suggested that evidence should be nuanced and credible and should be subjected to a blind peer review. The research needs to enable a true

understanding of the phenomenon, be applicable to future studies, be repeatable, and show that the findings come from the data (Shenton, 2004).

Definitions

Key terms that are used throughout this study are *growth mindset*, *motivation*, *increased workloads*, *Next Generation NCLEX (NGN)*, *undergraduate nursing programs*, and *emotional fatigue*. These key terms will be defined to provide understanding and clarity. The definitions are as follows:

Emotional fatigue: Extreme exhaustion, burnout, an inability to care about one's work, and a belief that a colossal effort will not make a difference in an individual's profession (Poole & Spies, 2022).

Growth mindset: The belief that an individual has about themselves that they have the ability to learn and adapt, not just an innate ability to succeed (Chazan et al., 2022).

Increased workloads: The result of placing more professional responsibilities on a small number of nursing faculty due to shortages of qualified educators (Jarosinski et al., 2022).

Motivation: The cognitive process that drives an individual to make a change where the concept of ability is differentiated from effort, task difficulty, and luck (Nichols, 1984).

Next Generation NCLEX (NGN): An enhanced exam based on the clinical judgment measurement model for new nurse graduates to pass to obtain licensure (NCSBN, 2023b).

Undergraduate nursing program: An approved nursing program as identified by the NCSBN that makes students eligible to take the NCLEX as clinically competent, safe practicing nurses. An approved associate degree and bachelor's degree program that meets the educational requirements for registered nurse licensure (NCSBN, 2023d).

Assumptions

An assumption is a belief that is accepted as true or plausible (Denzin & Lincoln, 2013). The first assumption that was made in this study was the belief that undergraduate nursing faculty would be willing and able to participate and would want to be interviewed. The second assumption was that undergraduate nursing faculty would be able to adequately describe their experience in enough detail to gather qualitative data. The third assumption was that the participants would answer truthfully in order to render a clear understanding of their experience.

These assumptions were necessary to state, as they provided a basis of understanding before I conducted my research. I needed several participants to voluntarily give their time so that the nursing community could understand the experience of undergraduate nursing faculty as they adapt to change. I assumed that I would be able to find enough volunteers to get saturation of data. The subjective descriptions of the experiences of undergraduate nursing faculty formed the basis for my qualitative approach and thus were necessary to assume.

Scope and Delimitations

The scope of a study describes the depth and parameters in relation to the population of the participants and timeframe the study is conducted within, while the

delimitations describe the factors and variables that create the boundaries of a study (Patton, 2015). The scope of this study and the inclusion criteria were nursing faculty in undergraduate programs in the United States and Canada who understood the recommendations of the NCSBN, the CJMM, and NGN testing changes and have the responsibility of preparing new nurse graduates for practice ability in patient care. This was the ideal population who could describe their experience as it relates to the research problem of change in undergraduate nursing education. Robust research would identify all aspects of a study for potential transferability. Exclusion criteria applied to graduate nursing faculty, educators in LPN and CNA programs, those outside the geographical locations of the United States and Canada, or nursing educators who did not understand the changes that were proposed by the NCSBN. If a potential participant was found to be within the exclusion criteria, they were thanked for their time but not invited to a Zoom interview. Another exclusion criterion applied to any participant who had a conflict of interest by having a personal or professional relationship with me.

A noted boundary for this study was the AGT. This theory was the most appropriate to use in relation to undergraduate nursing faculty as they adapted to change. The growth mindset can be useful in the self-evaluation that goals can be attained through persistence and hard work. The CJMM was not chosen because this theory applies to nursing students and how to analyze cues to prioritize patient care. This theory is not applicable in understanding the experience of undergraduate nursing faculty.

Another rejected theory was Kirton's adaption-innovation theory (Korth & Pettigrew, 1999). This theory was used in training managers to develop leadership skills,

create team-building exercises, support group cohesiveness, and innovate creative solutions for problem solving (Korth & Pettigrew, 1999). While this theory is helpful for managers to create high-functioning teams, this does not translate well to the individual undergraduate nurse faculty member as they adapt to change in an environment of high stress. The AGT was the chosen theory because it addresses the unique characteristics of the individual as they manage stress, overcome obstacles, and adapt to change. The growth mindset was applicable to the undergraduate nursing faculty as they adapted to the change of the NGN in an environment of high stress, low pay, high attrition, increased workload, and faculty shortages (Jarosinski et al., 2022; Poole & Spies, 2022).

The transferability of this study could be loosely applied to other countries that have similar problems in nursing education. Not all of the variables and circumstances of the education and past experiences of the nursing faculty will be the same. The NCLEX would only apply to nursing programs within the United States and Canada, thus creating a physical boundary to its applicability. The transferability of this study would only be applicable to nursing programs within the United States and Canada and nursing faculty who have students who would need to pass the NGN to get registered nursing licensure.

Limitations

Scientific research must state the weaknesses within the study that may influence the outcomes so that the findings can be understood within the proper context (Ross & Bibler Zaide, 2019). The first limitation of my study was the limited transferability to nursing programs outside of the United States and Canada. The NCSBN does not have jurisdiction outside of the United States and Canada; therefore, the changes made to the

U.S. NCLEX exam for nursing licensure will not apply to nursing programs worldwide (NCSBN, 2017).

The second limitation of this study was the potential for researcher bias. Walden University (2010) has stated that bias would be for a researcher to present a forgone conclusion that would not allow multiple outcomes. It is important for researchers to understand their own worldviews and how their perceptions may be skewed. A researcher may already have a preconceived notion of what the data will show, and that would make their work less robust. Ravitch and Carl (2021) stated that a researcher must show their positionality, which is a reflection on their identity and experiences. A study that includes the position and opinion of the researcher will help in understanding the perspective of how the research was done. As an educator of nursing students, I have struggled personally with rewriting test questions on exams to reflect the same style as the test questions on the NGN. I have worked with technical support to create a new structure for the questions and understanding how to grade questions with multiple right answers. This process has been rigorous and demanding as students struggle with understanding what the expectations are. Some test questions are not supported by the automated grading system and have to be hand graded after every exam. Clinical judgment, nursing intuition, and experience are difficult concepts to teach novice nursing students, and I have contemplated not only how to teach critical thinking skills to students, but also how to improve their practice ability.

Researchers must know themselves before they can create a study (Ravitch & Carl, 2021). Walden University (2010) has suggested that a researcher must evaluate their

personal bias, lived experiences, and personal judgments. Inserting personal bias into a study can skew the information and invalidate the results. Strategies to manage bias are documenting the researcher's paradigms, reflective journaling, and committee peer review to make sure the information is correct (Walden University, 2010).

To address the limitation of transferability, I increased my geographical location to include Canada (Campbell et al., 2019). This was intended to make the study more applicable to a larger audience. To address the limitation of researcher bias, I made a reflective journal to express my experiences as I interviewed and analyzed the data so that my feelings were not inserted into the study and so that my position as an educator of nursing students would not influence this study in any way.

Significance

My study is especially significant in that undergraduate nursing faculty are responsible for teaching students and keeping up to date with the latest changes as they are made to the NCLEX; with less than 1% of nurses attaining a PhD, and many of the existing qualified educators retiring or leaving the profession for higher paying positions in practice (Boamah et al., 2021; Jaronsinski et al., 2022), a shortage of qualified nurse educators may result (Poole & Spies, 2022). My study offers insights into the experiences educators faced during this period of change to the curriculum and testing and as a result promotes an understanding of the influences that the changes to the CJMM and the NCLEX testing methods placed on faculty. The loss of qualified educators creates an even greater need for providing support and education to existing faculty (see Boamah et

al., 2021). As a result, improving faculty support may increase faculty retention and facilitate additional student admission to nursing education programs (AACN, 2019).

This research will fill the gap in the literature for studies examining the experiences of undergraduate nursing faculty as they adapted to the changes brought about by the curricular changes to the CJMM and the resulting changes to the testing methods for licensure for new graduates preparing to enter into practice. This is an original contribution to the field because there are no studies currently describing how the change affects the experience of undergraduate nursing faculty. This research may provide insights into the impact of the CJMM model of teaching changes and the change in testing methods for nursing faculty. This study findings may also foster positive social change by supporting existing and new undergraduate nursing faculty as they adapt to changes in the nursing curriculum specifically designed to prepare faculty for teaching the CJMM and students for passing the new NGN (NCSBN, 2023b; Sherrill, 2020). In addition, the findings of my study may give the academic nursing community an operational view of the experiences of educators through their own words.

Teaching nursing students how to recognize important patient cues, critical thinking skills, and the application of knowledge can be difficult. The CJMM has a focus on recognition, prioritization, action, and evaluation (Tanner, 2006). These skills can be a challenge to develop in the novice nurse who lacks experience in patient care (Sherrill, 2020).

The changes in the NGN are several different types of questions that have a focus on skills identified in the CJMM (NCSBN, 2023a). These questions may be unfamiliar to

students and faculty. Nursing faculty must understand the requirements, change in curriculum, and teaching styles, and they must write test questions that mirror the expectations of the NCSBN's changes (NCSBN, 2023b).

My research could draw attention to the experience of nursing faculty who are adapting to the changes of the NGN and offer insight into how the changes affect their professional lives. This can lead to positive social change in that nursing faculty can feel like they are part of a community of nurses who are willing to teach and are capable of teaching the next generation of nurses to provide better patient care.

Summary

In this chapter, I provided information to introduce the study of the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN. I detailed the background for this study and provided the existing literature gap; then, I described the problem statement, purpose statement, and primary research question. I also explained the theoretical framework and the nature of the study; delineated key terms; and stated the assumptions, scope and delimitations, and limitations of the study. I concluded by discussing the significance of my study and how this original research will contribute to the nursing community. In Chapter 2, I will present literature review strategies that I used in describing the chosen theoretical framework and literature review.

Chapter 2: Literature Review

Undergraduate nursing faculty are experiencing change with the NGN and will need to adapt to the standards proposed by the NCSBN (2023b) in order to keep their accreditation (Joseph, 2021; Poorman & Mastorovich, 2020; Sherrill, 2020). This change comes during a time when educators are reporting faculty shortages, increased workloads, and high stress (Jarosinski et al., 2022; Poole & Spies, 2022). The purpose of this qualitative study was to provide insight into the unique experiences of undergraduate nursing faculty as they adapted to the change of the NGN. This study built upon the knowledge gained from past studies conducted on nursing education and the experiences of nursing faculty as they adapted to the changes proposed by the NCSBN. There was no literature that addressed the experience of undergraduate nursing faculty as they transition to the NGN, and this was a gap in the scientific nursing literature that I attempted to fill with the current study.

In this chapter, I will describe the literature search strategies used to locate evidence that became the foundation for this study. I will then present the theoretical framework that provides the basis for understanding the cognitive motivation that enables adaptation, and I will create a design for scientific inquiry and a guide for how to analyze data. An exhaustive review of the current literature will follow, including a discussion of (a) areas for improvement in nursing education, (b) the current situation of undergraduate nursing faculty, (c) the CJMM, and (d) the NGN. The chapter will end with a summary of the literature review with conclusions.

Literature Search Strategy

The purpose of the study was to explore the experience of undergraduate nursing faculty as they adapted to the changes of the NGN to provide understanding to how the changes affect the professional lives of nurse educators and the strategies they use as they develop the skills needed for adapting to the NGN in their academic practice setting. Other than opinion articles (Sherrill, 2020) and the NCSBN (2023a) website, there is a paucity of articles that address how the NGN changes will affect nursing programs and faculty. In a search of the literature, I did identify some articles that provided information on faculty test question writing for the NGN (De Lima, 2023) and a few research studies that described tested strategies, methods, or questions for faculty use (Kazana & Dolansky, 2021; Koestler, 2015; Poorman & Mastorovich, 2020).

I conducted a comprehensive review of the literature concerning the current situation of undergraduate nursing faculty, nursing education, the CJMM, and the NGN, and I identified recent, peer-reviewed articles on these topics from databases such as CINAHL, PubMed, ScienceDirect, Ovid, and Sage Journals. The keyword search terms used were *nursing faculty*, *nursing education*, *experience nursing faculty*, *next generation NCLEX*, and *qualitative*.

To ensure that the information was current, I limited the search to only include articles with a publication date from 2015 to the current day. My searches were also limited to only include articles that were full text and peer reviewed. I conducted literature review searches from August 2022 to January 2023 and found several articles that addressed how nursing students did not get adequate education from their nursing

programs and were not adequately prepared for practice ability (Herron, 2017; Monagle et al., 2018; Woods et al., 2015). Other articles indicated that nursing education lacked qualified nursing faculty and the ways that nursing programs mitigated this problem (Jarosinski et al., 2022; Mann & De Gagne, 2017). I found no articles that contained descriptions of undergraduate nursing faculty's experiences as they made changes to include the CJMM or the NGN.

Theoretical Foundation

The theoretical framework is a formal established theory used to focus and shape inquiry (Ravitch & Carl, 2021). Grant and Osanloo (2014) defined the theoretical foundation as an existing theory that is tested and validated and that can be employed to guide a scholar by using accepted concepts in the literature. The theoretical basis for this study was the AGT (see Dweck & Leggett, 1988; Nichols, 1984).

The AGT has evolved over time from a simple dichotomous model to a trichotomous framework, and finally to a more complex 2X2 model (Chazan et al., 2022). Originally, Nichols (1984) stated that individuals would demonstrate competence from either a task or an ego basis with those who are task-involved seeing competence as a process of learning and growth from investing effort, and inversely those who are ego-involved comparing their performance to others. Nichols suggested that individuals who are ego-involved may choose an easy task where success is assured or not take on a difficult task at all. According to Nichols, it is the ego that makes failing to achieve a goal threatening.

Evolution of Achievement Goal Theory

Dwekk and Leggett (1998) tested children with equal capability in situations of achieving goals in the face of a challenge. The authors found that even the brightest and most skilled children displayed maladaptive behaviors in order to avoid the discomfort of a challenge. They further suggested that there are two types of cognition, adaptive and maladaptive. In the adaptive cognition group, a child becomes mastery-oriented, meaning that they seek challenges, effectively strive under failure, and maintain their commitment to their goals through difficulties (Dwekk & Leggett, 1998). Their maladaptive cognitive counterparts become helpless, meaning that they avoid challenge, their performance deteriorates in the face of obstacles, and their attainments are limited (Dwekk & Leggett, 1998). This behavior impairs their functioning and limits their growth. The helpless, maladaptive cognition group is the most concerned with their ability yet displays behaviors that sabotage their success.

Goals can be based on either performance or learning and development (Dwekk & Leggett, 1998). If a person has a goal that is grounded on performance, they are seeking a favorable judgment in relation to their competence, whereas goals based on learning allow a person to seek improvement in their competence (Dwekk & Leggett, 1998). The difference is that the adaptive person is willing to take a risk for improvement in competence, and the person with maladaptive, helpless cognition has a self-conception that their intelligence is fixed and is afraid of a challenge. The individual with adaptive mastery-oriented cognition has a self-conception that intelligence is malleable, which

means that an individual with adaptive cognition is willing to learn something new (Dwekk & Leggett, 1998).

Elliot (1999) updated the AGT further by suggesting a 2X2 model with four possible goal orientations: mastery-approach, mastery-avoidance, performance-approach, and performance-avoidance. This model is used to evaluate either the positive or negative motivation behind the attainment of goals. Individuals' feelings of self-determination were positively associated with mastery-approach, while perfectionism was negatively associated with mastery-avoidance, performance-approach, and performance-avoidance (Elliot, 1999).

Application of Achievement Goal Theory

My research question for the study was the following: What are the experiences of undergraduate nursing faculty who are adapting to the change of preparing students for the NGN? The AGT applied to the current study by helping me analyze how undergraduate nursing faculty can be successful in adapting to change and learning new strategies for teaching critical thinking concepts. The theory was also a foundation for my understanding of how success is possible in the setting of faculty shortages, low pay, and high burnout (see Jarosinski et al., 2022). The AGT was a framework that supported exploration of the main theme of adapting to change and applying the growth mindset as well as how the findings could be applied to the field of nursing education for positive social change. The AGT has applications in academic settings, personal ambitions, and athletic disciplines (Chazan et al., 2022).

Adaptive cognition that is mastery-oriented is held by an individual who has the self-concept that intelligence is malleable and creates learning goals can be applied to the current study focus on individuals who will be able to adapt to the changes of the NGN. Such adaptive undergraduate nursing faculty will maintain their commitment to their goals even when faced with difficulties.

The purpose of this qualitative study was to gain understanding into the unique experience of undergraduate nursing faculty as they adapted to the change of the NGN. If the members of the nursing community understand these experiences, then they can provide support and create solutions to help the undergraduate nursing faculty who are reporting high levels of stress and exhaustion (Poole & Spies, 2022). The AGT's concept of achieving goals that will increase a person's competence, allowing them to overcome obstacles and adapt to change, provided a framework to support the study.

In this qualitative study, I analyzed transcripts from audio-recorded Zoom interviews of participants. The AGT provided a basis for how I analyzed and investigated the collected data. In some of the interview questions, I asked if the participants were familiar with the basic concepts of the AGT and inquired into their beliefs about overcoming obstacles, adapting to change, and/or facing a challenge as it applies to a growth mindset in the AGT. The concepts of the AGT not only provided a framework for how the study was designed, but also formed the lens through which the data were analyzed.

The AGT was a foundation for developing strategies for how faculty can achieve goals that may seem out of reach. Undergraduate nursing faculty can adopt the growth

mindset to embrace change and learn new ways of understanding the need for modification, learning how to apply the recommendations, teaching using the CJMM, and testing in the NGN style (see Sherrill, 2020). Undergraduate nursing faculty may choose to avoid change that can be understood within the AGT as mastery-avoidance cognition (Chazan et al., 2022). Another possibility was that nursing faculty would shy away from making any changes because they did not want to fail in comparison to other educators as exemplified in the performance-avoidance in the AGT. The AGT provided the theoretical basis through which the data were analyzed.

Rejected Theories

One theory I could have potentially used as the theoretical framework was Tanner's (2006) clinical judgment model, which was the basis for the changes made by the NCSBN (2023a). In this theory, Tanner explained what characteristics are needed for nurses to provide competent patient care. These characteristics were different from what I needed to use to explain the experiences of undergraduate nursing faculty in the current study; therefore, the AGT was more suitable for describing how to overcome obstacles and adapt to change.

Another theory I considered but rejected was Kirton's adaption-innovation theory (see Korth & Pettigrew, 1999). This theory was used in training managers to develop leadership skills, create team-building exercises, support group cohesiveness, and innovate creative solutions for problem solving (Korth & Pettigrew, 1999). While this theory was helpful for managers to create high-functioning teams, it does not translate well to the individual undergraduate nursing faculty member as they adapt to change in

an environment of high stress. I chose the AGT as the theoretical foundation because it can be used to look at the unique characteristics of the individual as they manage stress, overcome obstacles, and adapt to change.

Literature Review Related to Key Concepts

I begin this literature review by addressing nursing education and the areas that are in need of improvement. The review also includes an evaluation of the literature on the historical plight of increased stress reported by nursing faculty and how that affects nursing education. In this section, I describe the CJMM and why it is the basis for the changes made by the NCSBN. This literature review also contains a discussion of the changes happening to the NGN and how this will affect nursing education curriculum, teaching, testing, and grading. I conclude this section by explaining what remains to be studied regarding the topic.

Areas for Improvement in Nursing Education

Numerous studies have been conducted to evaluate areas for improvement in nursing education by teaching students clinical reasoning, recognition of patient deterioration, prevention of failure to rescue, and competence in bedside patient care (e.g., Herron, 2017; Lavoie et al., 2020; Woods et al., 2015). For example, in a qualitative study, Woods et al. (2015) asked 3rd-year nursing students about their perceptions of being prepared for patient care. The findings indicated that there is a theory–practice gap defined by a division from the educational and practice settings, quality of training, clinical placements, and socialization of the nursing profession. Woods et al. suggested that areas for nursing education improvement include expanded clinical placements,

increased simulations, investments in modern equipment, and a decrease in class size. Newton and Krebs (2020) further described the theory–practice gap as an impediment for new nurse graduates and recommended high-fidelity simulations as a way to help student nurses be prepared for bedside care. Employers expect new nurse graduates to be “work ready,” a synonym of practice ability that means they are anticipating new nurse graduates to be proficient in patient care and able to handle a full work load after orientation (Monagle et al., 2018; Newton et al., 2020).

New nurse graduates are more inclined to fail to rescue a patient with physiological instability that can lead to clinical deterioration than their nurse counterparts who have more bedside experience (Aydogan & Ulupinar, 2020; Herron, 2017; Liaw, Rethans, et al., 2011). Recommendations for nursing education to include critical thinking skills, situational awareness, and strategies to help new nurses to recognize and respond appropriately to patient presentations have been given (Cooper et al., 2010; Liaw, Scherpbier, et al., 2011; Schubert, 2012). Employers are looking for “work-ready nurses,” but it seems that new nurse graduates lack the confidence and critical thinking skills to competently care for the ill (Benner, 2012; Kavanagh et al., 2017). In the complex health care world, newly graduated nurses are underprepared for professional practice even though they have passed the NCLEX and have obtained licensure (Benner, 2012).

New nurse graduates are deficit in clinical judgment, are not practice ready, and lack support/training from their educational programs (Kavanagh & Szweda, 2017; Monagle et al., 2018). New nurse graduates have reported that they have several

challenges, which include communication, interprofessional support, response to complex care, and an increased appreciation for the role of the nurse (Monagle et al., 2018). The results of the Monagle et al. (2018) study suggested that there is a need for pedagogies to support the CJMM and to teach stress management.

The AGT was introduced as a motivational factor and was used as a framework for understanding how the growth mindset leads to success in accomplishing objectives (Chazan et al., 2022; Elliot, 1999; Garino, 2020). Students who had a growth mindset did not attach a negative emotion to constructive feedback and were able to learn from failure (Garino, 2022). This study examined the usefulness of giving feedback in a constructive way during clinicals and high-fidelity simulations to educate students (Garino, 2022). Debriefing and feedback are learning tools that could be used within an evaluation technique whereby students are taught how to use critical thinking skills and apply learned concepts to patient care to improve nursing education (Garino, 2022; Wijnia & Servant-Miklos, 2019).

Historical Plight of Increased Stress as Reported by Undergraduate Nursing Faculty

There are copious amounts of studies that have evaluated the past situation of nursing faculty (Hoeksel et al., 2019; Jarosinski et al., 2022; Poole & Spies, 2022). Nursing faculty play a pivotal role in teaching and preparing new nurse graduates for patient care (Gardner & Amankwaa, 2022; Ingraham et al., 2018; Sherrill, 2020). The quality of nursing education depends on the experience, communication skills, and teaching ability of faculty (Hoeksel et al., 2019). An examination of the workload, stress,

and faculty shortages can provide insight into how to support nurse educators to be successful in their teaching roles.

Nursing programs are currently trying to fill a shortage of qualified faculty positions due to lack of advanced degree applicants (Hoeksel et al., 2019; Jarosinski et al., 2022; Kowalski & Kelly, 2013). Boamah et al. (2019) state that less than 1% of nurses attain a PhD and are qualified to teach and lead in administrative roles. Jarosinski et al. (2022) did a qualitative analysis from semistructured interviews of 16 nurse education administrators to discuss the reasons for nursing faculty shortages. Poor working conditions, advanced age, and low pay were the prevailing reasons why nurse educators leave academia (Jaronsinski et al., 2022). This faculty shortage is exacerbated by 41% being over the age of 55 years old, and by 33% of qualified nurse educators that plan on leaving education in the next five years (Poole & Spies, 2022).

Administrators in nursing programs have made the decision to hire adjuncts who are undereducated faculty to ease the burden of faculty shortages in clinical settings (Mann & De Gagne, 2017). These adjunct faculty have lower educational and patient experience requirements. Mann and De Gagne (2017) did a qualitative study that analyzed the perceptions of adjunct clinical faculty as they were placed in educational settings. Semistructured interviews of 9 new adjunct clinical nursing faculty were analyzed to find themes. The study noted unpreparedness, barriers to transition, support on expectations, and recommendations to help future adjuncts (Mann& De Gagne, 2017). Proper orientation, understanding of online learning management systems, and clear direction is often not given and adjunct faculty are left feeling overwhelmed in the

transition (Schaar et al., 2015). This can lead to adjuncts leaving academia and put increased pressure on nursing faculty who must compensate for adjunct instability. Undergraduate nursing faculty may be responsible for the training, support, and orientation for these adjunct faculty. This places another burden on nursing faculty and questions arise on the quality of education the student nurse receives under the stewardship of adjunct faculty.

Faculty can make more money in patient care settings than they can in academia with their years of work experience and advanced degrees. Some nurse educators face a “no funds syndrome”, meaning they do not have the funding to buy needed supplies and equipment to teach (Jarosinski et al., 2022; Poole & Spies, 2022; Salifu et al., 2022). Nurses do not appreciate the financial incentive to get an advanced degree with low paying educational positions. Nurse educators experience a reduction in pay of 25-50% even with their clinical, educational, and professional expertise (Kowalski & Kelley, 2013). Low income for nursing faculty does not compensate for the high cost of an advanced degree which may increase the stress level of the nurse educator (Jarosinski et al., 2022).

The increased workload, low pay, and increased demand for quality education put the nurse educator in a difficult situation (Jaronsinski et al., 2022; Poole & Spies, 2022; Kowalski & Kelley, 2013). Nurse educators experience an increased workload of 75% compared to nonnursing faculty at the same institutions (Poole & Spies, 2022). Faculty shortages result in increased workloads for educators who stay in teaching positions. Poor work/life balance, high stress, and lack of support have nurse faculty reporting high

levels of exhaustion by as much as 40% (Hoeksel et al., 2019; Poole & Spies, 2022).

Many potential nursing students are turned away from nursing programs due to faculty shortages and the teaching workload is increased for the faculty who stay (AACN, 2019; Poole & Spies, 2022).

Nurse faculty may have difficulty transitioning from patient care to academia (Gardner & Amankwaa, 2022; Hoeksel et al., 2019; Ingraham et al., 2015). Some faculty have reported a lack of orientation and have described their transition into academia as a “sink or swim” situation that they had to navigate with minimal supervision and guidance (Hoeksel et al., 2019). Recommendations for professional relationships, mentoring, increased communication, and team teaching could help support nursing faculty to be better educators for nursing students (Ingraham et al., 2018; Gardner & Amankwaa, 2022). If undergraduate nursing faculty are working in negative environments, they may not be able to offer quality education that meets the latest national requirements.

Clinical Judgment Measurement Model

Tanner (2006) was the original creator of the clinical judgment measurement model (CJMM) to explain a nursing process that uses critical thinking skills to prioritize nursing interventions and give competent patient care. This seminal article describes how the clinical judgment measurement model provides a structure for the nurse to prioritize and implement accurate interventions. The old nursing process of ADPIE (assess, diagnose, plan, implement, and evaluate) needs a critical thinking, patient recognition, and prioritizing of nursing interventions applied. The CJMM advises the nurse to recognize cues, analyze high acuity patients, and accurately provide assistance (Tanner,

2006). This is a way of recognizing patient deterioration and being able to respond appropriately. The advanced nurse can understand and anticipate that an emergency situation is taking place. The novice nurse is not as confident and many times will overlook patient cues (Tanner, 2006). When the novice nurse is alerted to the cues then they sometimes lack the confidence to respond appropriately (Tanner, 2006). The CJMM provides a resource for the novice nurse to learn how to think and prioritize patient care. The CJMM is the basis and framework that the NCSBN is using to make recommendations for improving nursing education (NCSBN, 2023a). The changes are not only recommended but are incorporated into the NGN with new test question styles. This will provide incentives for nursing education to update their current curriculum due to quality measurements of first-time NCLEX pass rates (Joseph, 2021).

Nielsen et al., (2023) conducted a cross-sectional study of nurse educators to understand the prevalence of use and belief in the CJMM to educate nursing students. They stated that the inadequate practice readiness of new nurse graduates leads to an increase in interest in the CJMM. The study states that only 27% of Deans and Directors use the CJMM to teach nursing students even though these same respondents stated that the model helps to develop thinking and decision making for safe patient care (Nielsen et al., 2023). One respondent stated “expertise of nursing faculty plays an important role in the quality of implementation” of the CJMM and NGN teaching styles (Nielsen et al., 2023). The results of the study found that the best strategies to teach clinical judgment and critical thinking skills were case studies and high-fidelity simulations (Nielsen et al., 2023).

The CJMM is a tool that can help nursing students to develop clinical skills, critical thought processes, and gain confidence in nursing interventions to support the core of the nursing ADPIE process (Herron, 2017; Monagle et al., 2018; NCSBN, 2023b; Sherrill, 2020). New nurse graduates that lack clinical skills do not recognize patients that are at a high risk for cardiac arrest being transferred to the ICU, or having another medical emergency (Lavoie et al., 2020, Schubert, 2012). Critical thinking and reasoning are an essential component of the CJMM that provides a framework for the nurse to recognize, analyze, prioritize, intervene, and evaluate patient care (NCSBN, 2023b; Nielsen et al., 2023).

Nursing students are better prepared for bedside nursing if they are taught to recognize, analyze, and interpret clinical presentations of patients (Cooper et al., 2010; Hussein et al., 2022; Schubert, 2012). The CJMM teaches nursing students to recognize cues, analyze cues, prioritize a hypothesis, generate solutions, take action, and evaluate outcomes (Tanner, 2006, p. 204). This model does not replace the dated ADPIE nursing process but adds to it to help the student learn critical thinking skills, develop nursing intuition, and provide competent patient care.

Nursing Programs' Preparation for the Next Generation National Council

Licensure Examination

The CJMM is the basis and framework that the NCSBN is using to make recommendations for nursing education (NCSBN, 2023a). The changes are not only recommended but are incorporated into the NGN. This will provide incentives for nursing education to update their current curriculum due to quality measurements of first-

time NCLEX pass rates (Joseph, 2021). Koestler (2015) stated the importance of nursing programs to have high first-time NCLEX passing rates as a measure of quality and offered suggestions on how to improve these scores. Nursing programs that do not make changes to incorporate the CJMM may see falling first-time NCLEX passing rates. This may add to the stress that nursing faculty are faced with when adapting to the changes made by the NCSBN.

Nurse educators can utilize strategies such as high-fidelity simulation, problem-based learning, case studies with constructive debriefing and feedback to help improve critical thinking skills and NCLEX passing rates (Garino, 2022; Liaw, Scherpbier et al., 2011; Monagle et al., 2018; Poorman & Mastorovich, 2020; Wijnia & Servant-Miklos, 2019). Nursing education does not provide enough realistic practical patient experience in academia (Monagle et al., 2018). Faculty need to understand how to teach students using the CJMM, write test questions that evaluate this knowledge, and support students who are nervous about the changes (Sherrill, 2020).

Information about the NGN test question format, clinical reasoning, and the CJMM have been published to assist undergraduate nursing faculty (Monagle et al., 2018; NCSBN, 2023b; Poorman & Mastorovich, 2020). The NGN test questions are formatted differently than the typical multiple choice or choose all that apply formats (NCSBN, 2023a). These test questions will include: bowtie, trend, case studies, and cloze questions as opposed to multiple choice questions of the old NCLEX. Information technology experts may need to be utilized to structure test questions that are similar to the NGN style (Poorman & Mastorovich, 2020). Faculty will need to educate themselves

on specific testing styles and be able to teach this to students. This may contribute to the stress nursing faculty are feeling with the changes that are being made. Technical support from teaching institutions and resources to support faculty are important considerations as these changes have taken place and as many online learning platforms do not support the NGN testing format.

Nursing education needs to incorporate the CJMM, critical thinking skills, situational awareness, and application of knowledge to patient care (Hussein, et al., 2022; NCSBN, 2023a; Nielsen, et al., 2023; Sherrill, 2020). The NGN provides an opportunity for nursing education by recognizing the clinical deficits in new nurse graduates and formatting test questions to analyze critical thinking concepts (Sherrill, 2020). The NGN has test questions that evaluate if the nursing student recognizes patient physiological instability, analyzation of a plan of care, prioritization of physician orders, and reflection of outcomes (NCSBN, 2023b). This test style is in more alignment with actual nursing practice and may bridge the theory-practice gap (see Woods et al., 2015).

Chosen Methodology

With my study, I wanted to fill the gap in the literature by understanding the experiences of undergraduate nursing faculty as they adapted to the change of the NGN. As documented above there is evidence to support areas for improvement in nursing education (Herron, 2017; Lavoie et al., 2020; Woods et al., 2015), the historical plight of nursing faculty (Jarosinski et al., 2022; Poole & Spies, 2022), the CJMM (Tanner, 2006; NCSBN, 2023a), and the NGN (Sherrill, 2020; NCSBN, 2023b), but there are no studies that address the experiences of undergraduate nursing faculty as they adapted to the

changes of the NGN. To address this gap in the literature I proposed a study to do an exploratory descriptive qualitative analysis to understand the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN. This method allows the researcher to understand a topic that is being explored and for participants to contribute for the development of new knowledge (Patton, 2015).

The qualitative analysis of interviews from nursing faculty provided data to explore the current situation of how educators are adapting to the change from the old NCLEX to the NGN. This was done utilizing audio recorded interviews with undergraduate nursing faculty. My intention was to gather a rich source of data on what the experiences of nursing faculty are in an environment of change with the NGN, faculty shortages, low pay, and increased burnout. Qualitative analysis was in alignment with the research question of understanding the experiences of the participants of the study (Office of Research and Doctoral Services, 2019).

What Remains to Be Studied

What remains to be studied was the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN. This population is currently experiencing an adjustment to the CJMM that is encouraged by the NCSBN (2023b). New nurse graduates are taking a national exam that will be testing knowledge of critical thinking skills. Undergraduate nursing faculty may have opinions about how they feel and what their experience is like. My study gave an opportunity for undergraduate nursing faculty to express their experiences so that the nursing community can understand how they are affected by this change.

Summary and Conclusions

My literature provides a basis for understanding the areas of improvement that are needed in nursing education, the past situation of nursing faculty, the CJMM, and the changes that are being made to the NCLEX. Many studies evaluate the experiences of nursing faculty but there is not a study that specifically addresses the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN.

Chapter 3 will describe the exploratory descriptive qualitative method that was proposed for the purpose of understanding the experiences of undergraduate nursing faculty in adapting to the change of the NGN. It will include a description of the chosen research design, my role as the researcher, qualitative methodology, and the issues of transferability and bias.

Chapter 3: Research Method

The purpose of this basic qualitative exploratory descriptive study was to examine the experiences of nursing faculty in undergraduate nursing programs as they adapted to the change from the NCLEX nursing-process-focused licensure examination to the NCSBN CJMM NGN. In this chapter, I will discuss the research design and rationale; my role as the researcher; the instrumentation; the procedures for recruitment, participation, data collection, and analysis; and issues of trustworthiness and ethical procedures.

Research Design and Rationale

The following research question was central to the study: What are the experiences of undergraduate nursing faculty who are adapting to the change of preparing students for the Next Generation NCLEX (NGN)? The research design I chose for this study was an exploratory descriptive basic qualitative design. This design allowed me to understand how undergraduate nurse faculty are adapting to the new NGN nursing licensure exam and the change to the NCSBN clinical judgment measurement model of education. My focus in this study was on the experience of undergraduate nursing faculty as they adapted to the changes of the NGN. To explore this topic, I conducted semistructured interviews with undergraduate nursing faculty who met the inclusion criteria. The interviews had open-ended questions to allow the participants to give in-depth responses. Open-ended questions were best suited to give the participant the opportunity to elaborate (Denzin & Lincoln, 2013). An example of an open-ended question pertaining to the AGT is as follows: What is your strategy to overcoming obstacles, adapting to change, or facing a challenge as it pertains to teaching with the

CJMM and the NGN testing style? This question involves the concept of the growth mindset and the concept of accomplishing goals but does not require the participant to know about the AGT or its applications (Chazan et al., 2022).

Exploratory descriptive research designs are used to provide the basis for asking participants to contribute new knowledge about a topic of interest (Patton, 2015). The rationale behind why this basic qualitative, exploratory descriptive approach was chosen in this study was that it made it possible to capture the experiences of undergraduate nursing faculty as they adapt to the changes of the NGN and the use of the CJMM in preparing students for nursing practice. Qualitative research involves an attempt to create a true picture of a phenomenon, be applicable in other settings, be repeatable, and have results that emerge from data, not the researcher's predispositions (Shenton, 2004). An increase in understanding of the experience of nurse educators was necessary to help provide support to undergraduate nurse faculty who are currently reporting high levels of stress and emotional fatigue (Poole & Spies, 2022).

Role of the Researcher

I was the primary researcher and data collector in this study and served in the role of participant-observer, meaning that I observed things that the participant might not be willing to state verbally. Patton (2015, p. 332) suggested that direct personal contact with participants allows the researcher to understand and capture the context within which people interact, which is essential to a holistic perspective. Due to geographical distance, I interviewed participants through an audio-recorded Zoom session.

Personal and Professional Relationships

In my study, I was in the role of researcher, and I recognized that my position could potentially influence this study with researcher bias. Qualitative inquiry places the researcher as the primary instrument of the research (Ravitch & Carl, 2021). The researcher must understand their own subjectivity, identity, positionality, and meanings that shape the findings (Ravitch & Carl, 2021). I was personally close to this topic of interest, so I had to set aside my personal experiences and feelings to create a robust and valid study.

Ethical dilemmas were a concern for this study because I had direct contact with undergraduate nursing faculty and asked about their experiences. To minimize harm from these ethical dilemmas, I had to identify potential personal biases, values, and similar work experiences that might directly affect the analysis and results of this study.

Potential Personal Biases

I addressed ethical issues such as confidentiality by providing oral and written assurance to all the participants that any identifying factors, including the participant's name and where they were employed, would not be mentioned in the study. Instead, I used a number as a unique identifier for each participant. All information that could potentially lead to identification of the participants was separated from the actual data collected. All information relating to the study will be permanently deleted 5 years after the completion of the study.

I addressed the ethical issue of researcher bias by doing reflective journaling, conducting audit trails, and utilizing committee reviews. Detailed journaling of my own

possible bias was done for reflection and positionality. A reflective journal is a personal record of the research process, key decisions, and feelings to manage researcher bias to prevent it from becoming part of a study (Lincoln & Guba, 1985). Holmes (2020) suggested that positionality is a statement of the researcher's ontological and epistemological assumptions to identify degrees of privilege such as race, class, educational attainment, income, ability, gender, and citizenship to analyze social position. Walden University (2010) suggested that a researcher can manage bias by documenting their selves, using audio recordings, and creating written transcripts to make sure that information is correct. To avoid any ethical issues that might have occurred from my close personal relationship with this study, I had no work-related, personal, or managerial relationships with the participants. I did not use participants who were colleagues, for instance. In addition, I did not share any personal information regarding my own experiences of adapting to the NGN. I let the participants know that this research was conducted by an RN who is a doctoral candidate in the dissertation process. My rationale to not influence the participants' answers was to not insert researcher bias into the study. I did not want the participants to feel obligated to share or withhold information based on the commonality of being undergraduate nursing faculty.

Another ethical issue that could have presented itself was the emotional burden of participating in the study. Participants could have felt uncomfortable when they recalled a stressful, challenging, emotional, and possibly difficult transition in their professional lives. Prior to conducting the interviews, I sought approval from the Walden University IRB to ensure ethical treatment of all participants. The IRB approval number for this

study was 09-12-23-1155716. I obtained implied consent before conducting the interviews by having the participant schedule a date and time to meet and assured all participants that they were free to end the interview at any time without concern for repercussions of any kind.

Methodology

I used a basic exploratory descriptive qualitative approach to obtain the true essence of the experiences of undergraduate nursing faculty who were adapting to the change of the NGN. One research method that I considered but did not choose was social constructivism. Creswell (2018) stated that social constructivism is a research design that explains how individuals understand their world and how they create meanings that are based on their individual experiences. The meanings are not innate within each person but are formed through the interaction individuals have with others within their social group (Creswell, 2018). While this approach may be suitable in other qualitative studies, it was not suitable for my study because I was not looking for how individuals interacted within a social construct.

Participant Selection Process

The inclusion criteria for this study applied to undergraduate nursing faculty within the United States and Canada who understood the recommendations made by the NCSBN to make changes to their curriculum, testing, or teaching based on the CJMM and the NGN (see NCSBN, 2023a). A flyer was posted on a social media site to ask for volunteers (see Appendix A). Volunteer participants were contacted through email to verify inclusion criteria (see Appendix B). Exclusion criteria applied to participants who

were graduate faculty, were educators in LPN and CNA programs, were outside the United States and Canada, or were unfamiliar with the NGN or the CJMM. Other exclusion criteria applied to those undergraduate nursing faculty members who had a current or prior professional relationship with me. I did not limit participants based on age, gender, or race, as no studies were identified that suggested that age, gender, or race influences faculty response to curriculum changes after NGN changes are made; therefore, I did not expect the three concepts to affect the data gathered in my study.

Sampling Strategy

I used a purposive and snowball sampling strategy for this study. According to Creswell (2018), purposive sampling will elicit information-rich participants to inform research. Purposive sampling of volunteers who responded to my request via social media allowed me to sample a collection of undergraduate nursing faculty to interview who were adapting to or avoiding the change of the NGN. Purposive and snowballing sampling of participants occurred through inclusion criteria of five to 10 undergraduate nursing faculty volunteers and was planned to continue until saturation of data was met. The snowball sampling technique is different from the purposive strategy. Ravitch and Carl (2021) stated that this sampling technique is utilized when a participant is asked to identify other potential subjects to participate in a study. This technique can be useful for a researcher to identify participants by networking within the participants' professional social group.

In qualitative studies, the sample size can vary. The deciding factor for when a study is complete is when there is no new information provided by the participants

(Glaser & Strass, 1967, p. 61). Guest et al. (2006) stated that sampling size relies on the concept of data saturation. For a robust qualitative process, I continued to seek participants until there was a mounting of the same codes but no new ones emerged, giving no further insight (see Hennick et al., 2017, p. 15; Urquhart, 2012, p. 194). If data saturation had not been met, I planned to use the Walden participant pool or purchase email lists from national nurse education associations such as the Organization for Associate Degree Nursing (OADN) and the National League for Nursing (NLN). The participants were representative of my population of interest and had experiences with the NGN to give data for this study. I obtained demographic information from the participants to have a general concept of their age group and educational level (see Appendix C). Then, I conducted interviews with open-ended questions until saturation of data was achieved.

Instrumentation

I used an interview guide to provide structure and continuity to the interviews, and to make sure important questions were not forgotten (see Appendix D). The interview questions were open-ended to allow the participants to elaborate on their responses. The interviews were audio recorded by Zoom, then transcribed using the transcription service provided by Zoom, and then checked for accuracy. The flexibility of this study design allowed me to ask follow-up questions for clarification to gain a deeper understanding of participants' experiences. My interview questions were modeled after those that are standard in the research industry, meaning they were open-ended, neutral, and clear (Patton, 2015). The purpose of the interview questions was to answer the

research question of what the experience of nursing faculty was regarding the NGN. Rubin and Rubin (2012) suggested that evidence should be nuanced, credible, and subjected to a blind peer review. I used the review process of working closely with my committee members to accurately write interview questions that would answer the research question. The interview questions were designed to reflect a true representation of the experiences of the participants and to understand how the concepts of the AGT were applicable in adapting to change. The research needed to be a true understanding of the phenomenon, be applicable to future studies, be repeatable, and show that the findings came from the data (Shenton, 2004). Thus, I strived to incorporate all aspects of trustworthiness into my research, which consisted of credibility, transferability, confirmability, and dependability (Shenton, 2004).

Procedures for Recruitment, Participation, and Data Collection

To recruit research participants who met the inclusion criteria, I posted a flyer on social media to ask for volunteers (see Appendix A). Facebook had a page for undergraduate nursing faculty to share ideas, tools, and resources for the NGN that I was able to get participants from. I also planned to network through people whom I met in conferences and residencies to gain contact information of faculty who would be interested in participating. I emailed an invitation to participate in the study with written consent and a demographic form (see Appendix C) to ask for the participants to read, complete, and imply consent by providing a mutually agreeable time to interview through Zoom. Consent was implied with a response to schedule an interview. I then sent a Zoom

link and asked for permission to audio record the interview so that the responses could be transcribed verbatim.

In my recruitment materials, I stated that the interviews would take about 30 minutes of the participants' time. This timing varied slightly based on how lengthy the responses and follow-up questions were. The interview guide was used as a reference to keep me on track of the next questions to ask. Patton (2015) stated that good interview questions are open-ended, neutral, singular, and clear. All of the participants were informed that the interview would be audio recorded, and each participant was free to stop the interview at any time for any reason.

In the closing and debriefing portion of the interview, I made sure to sincerely thank my participants for their time and for helping to support faculty nationwide by contributing to this research. I informed participants that I would email a one-page summary of the findings upon request. I assured participants that their identity would not be revealed in the final published study, and that there would be no identifiable characteristics to link the study to them. I offered time for participants to ask any questions or to give any further contributions. A \$25 Amazon gift card was sent to the email address that the participants felt comfortable using that was written in the demographic form, irrespective of the completion of the entire interview or not. This gift card was only to be given as compensation for the participant's time and not as an incentive to give specific answers to interview questions.

Data Analysis Plan

This study was a basic exploratory descriptive qualitative investigation that required the participants to elaborate on their experiences in their own words to allow me to understand a topic of interest and to contribute to the development of new knowledge (Patton, 2015). The qualitative data that were collected in this study were used to understand the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN. After the data were collected, I performed an analysis of the exploratory descriptive data.

My analysis of this qualitative inquiry was performed using the holistic perspective. Patton (2015) stated that this plan involves viewing the interpretation and description of the social environment as a context for understanding what is being observed. In this way, the undergraduate nursing faculty were able to elaborate on their experience as educators and then describe how they were adapting to the changes with the CJMM and the NGN. The holistic approach involves viewing the totality or unifying nature of a setting in how it relates to an event (Patton, 2015).

Saldana (2016) described a specific process for qualitative data analysis. I used the data analysis process by thinking critically about the interpretation and meaning of each code. A code is a word or a short phrase that captures the essence of the datum (Saldana, 2016). The first cycle of codes was created by mining quotes within the written transcriptions of the interviews. Next, a second cycle of coding was done to reconfigure and categorize the codes of the first cycle. Saldana (2016) stated that a second cycle is a way to find patterns, categorize, consolidate, and filter data. After the first and second

cycles of coding was completed, a third thematic review was done to group common codes into general findings that were a deep reflection and analysis of the data. The researcher must infer the meaning behind what the participants are saying to group ideas into themes (Saldana, 2016).

A challenge with qualitative data analysis is organizing all of the information that is gathered. Each interview can be several pages of data that must be interpreted, compared, and analyzed. I used the auto transcription service within Zoom to create raw transcripts that were corrected for accuracy. Then, I used the *in vivo* method of coding described by Saldana (2016, p.105) as a way of using the participants own words to create codes. This method of quoting the participant allows for a direct representation of the code and not an interpretation of the meaning by the researcher (Saldana, 2016).

Lincoln & Guba (1985) suggested that data analysis is an iterative process that requires the researcher to be immersed in the data. An analysis of the data revealed common codes in each transcription. Following the initial coding process, a second level of descriptive recoding showed meaning by linking commonalities (Saldana, 2016). Elo et al. (2014) stated that the researcher must organize the first and second analysis to develop a relationship between the two. The researcher must consistently review the codes and stay in close proximity to the data (Lincoln & Guba, 1985; Saldana, 2016). The thematic analysis is an inductive process that compares the theoretical concepts while coding and categorizing commonalities (Ravitch & Carl, 2021; Saldana, 2016). Patton (2015) recommends a visual representation of diagramming the codes to link concepts together.

Issues of Trustworthiness

Trustworthiness has been described by Adler (2022) as crucial to assessing qualitative research by assuring transparency and credibility. Trustworthiness in research requires validity and reliability. Amankwaa (2016) suggested that a trustworthiness protocol should be developed to show the characteristics of rigor, the process used, and a timeline to express trustworthiness activities. This protocol combined with the evidence produced can prove the reliability of the research. It is imperative that the researcher adopts ontological and epistemological principles of science by using systematic methods to produce a study with as much rigor as possible (Adler, 2022; Denzin & Lincoln, 2013; Shenton, 2004). This way other members of the discipline can rely on the results of the research and use it to promote positive social change. The researcher should use a naturalistic method of inquiry where the investigator avoids manipulating the research outcomes (Lincoln & Guba, 1985). Four factors that must be included in qualitative research to ensure trustworthiness are, credibility, transferability, dependability, and confirmability (Shenton, 2004).

Credibility

The credibility of qualitative inquiry relies on four pillars: systematic in-depth fieldwork that yields high-quality data, systematic and conscientious analysis of data, the credibility of the inquirer, and the readers' and users' philosophical belief in the value of qualitative inquiry (Patton, 2015, p. 653). Lincoln and Guba (1985) advocate triangulation to capture and report multiple perspectives rather than seek a singular truth. Triangulation strengthens a study by adding multiple perspectives, data, researchers,

theories, and methods (Patton, 2015). This study completed data triangulation by achieving consistency through interviews, audit trails, and reflexive journaling (See Patton, 2015 p. 317). A qualitative researcher must be thorough and follow different lines of inquiry to examine alternate views and possible results (Rubin & Rubin, 2012).

Transferability

According to Lincoln and Guba (1985) transferability is providing readers with sufficient information on the research that scholars could establish a degree of similarity between the data and a case to which the findings may be transferred. The research needs to be a true understanding of the phenomenon, applicable to future studies, repeatable, and show that the findings come from the data (Shenton, 2004). One strategy that I planned to use to increase transferability in this study was to engage in thick description; which detailed the study's location, setting, climate, timing, atmosphere, participants present, attitudes of the participants, and my feelings as the researcher. This level of detail can assure readers of the totality of the study, the context, and the emotions and feelings of the researcher (Amankwaa, 2016).

Dependability

Dependability in qualitative research means that a systematic process is accurately followed so that other scholars can achieve the same or similar results (Lincoln & Guba, 1985). They would note further, that authenticity is a reflexive consciousness about one's own perspective, others perspectives, and fairness in understanding the values that undergird them (Lincoln & Guba, 1985). A dependable study would mean that the steps of the research process are verified and examined by others in the field in an inquiry audit

(Patton, 2015). Lincoln & Guba (1985) stated that an audit trail is a transparent description of the research steps from the start and development through to the report of the findings. The dependability for this study had an inquiry audit performed by my dissertation chair and committee member to ensure that the results and conclusions are derived from the data. I also used reflective journaling after each interview to understand my personal bias and did not allow that to be inserted into the study. The researcher must understand their own subjectivity, identity, positionality, and meanings that shape the findings (Ravitch & Carl, 2021). My plan to mitigate researcher bias was through reflective journaling, stating my positionality, and assumptions to present a robust study of the findings.

Confirmability

Confirmability of a study was establishing the fact that the data and the subjective interpretations of a study were true (Lincoln & Guba, 1985). Establishing confirmability can be done with auditing, and peer debriefing (Lincoln & Guba, 1985). I planned to check and recheck the data throughout the study and to create an audit trail to facilitate confirmability. Rubin and Rubin (2012) suggested that a researcher make multiple revisions, revamping and revising the research to make improvements over time. A qualitative researcher must be thorough and follow different lines of inquiry to examine alternate views and possible results (Rubin & Rubin, 2012). A qualitative study places the researcher as the primary instrument of the research (Ravitch & Carl, 2021). The researcher must understand their own subjectivity, identity, positionality, and meanings

that shape the findings (Ravitch & Carl, 2021). I ensured rigor in my results by mitigating any possible bias that may have existed to increase confirmability in this study.

Ethical Procedures

Ethical requirements to protect participants are needed in any research process. In order to ensure that all ethical processes were followed, I obtained approval for my study from the IRB at Walden University. Rubin and Rubin (2012) suggest that the researcher must show respect, honor promises, avoid pressure, and make sure to do no harm to participants. Minimizing harm to the participants was a primary consideration of this study. One way participants could be harmed was by describing a change in their professional lives. In order to minimize this, I made sure the participants were aware of the topic beforehand and reminded the participants that they could stop the interview at any time (Ravitch & Carl, 2016).

Another way that participants could have been harmed by this study was taking time away from their normal patterns of behavior to participate. The time requirements that were needed to complete the interview was given beforehand. Clear expectations of what the interview would be like and its duration were stated. A \$25 Amazon gift card was given to participants as a compensation for their time. Characteristics of a good interview are when the researcher engages and encourages the participant, sets clear expectations, asks open-ended questions, remains neutral, and uses appropriate body language (Walden University, 2010). I created a quiet environment with no verbal or visual distractions so that I could focus on the interview and show consideration to my participants.

An important consideration during the research process was to protect the privacy and confidentiality of the participants. Care was taken to inform participants about the purpose of the study and to ensure their responses were kept confidential. IRB approval ensured appropriate measures were taken to protect participants from harm by their involvement in the study (Walden University, 2010). Personal identifiers such as names, locations of employment, and specific locations were not published in this study. Participants were numbered and their names were kept in a different location than the data for this study. Data related to the participants identity were protected at all stages of the research process. Participants were not identified at any point during this study. Additional protections to protect confidentiality was to keep all data on password protected files on my laptop. All data that were gathered will be deleted after five years according to the timeline established by the IRB.

Another important ethical consideration was to fully disclose all of the information about the study to the participants during recruitment. Materials for recruitment contained information about the study, why the study was important to the nursing community, the process, the implications of the study, the option to voluntarily withdraw at any time, and informed written consent. Participants should be comfortable with the research process and understand what to expect. I offered to answer any questions that they had before the interview and gained permission to audio record the interview.

Finally, I made sure that I did not recruit any participant that had a conflict of interest with me in a personal or professional way. I did not seek participants from the

university that I am currently employed by, former students, or educators that I work with. I did not want the results of my study to be skewed by data that was compromised. I ensured that there was a degree of professional separation between the participants and myself.

Summary

This chapter detailed my chosen research methodology, which included the research design and rationale, the role of me as the researcher, the participant selection process, the instrumentation, the instruments, the procedures for recruitment, participation and data collection, my data analysis plan, issues of trustworthiness, and ethical procedures. Chapter 4 will give the details regarding recruitment of participants, data collection, and detail the results of the data analysis with evidence of trustworthiness.

Chapter 4: Results

The purpose of this basic exploratory descriptive qualitative study was to gain an understanding of the experiences of undergraduate nursing faculty as they adapted to the changes of the NGN. The capabilities of undergraduate nursing faculty affect nursing education and the future of nurses by offering knowledge and experience in patient care (Ingraham et al., 2018). I used a qualitative approach, which involved open-ended questions regarding the experiences of faculty as they adapted to the change of the NGN. In this chapter, I describe the setting, provide demographic information of the participants, and discuss the data collection and analysis procedures. I then provide evidence of trustworthiness and present the results that address the research question. The research question that I sought to answer in this study was the following: What are the experiences of undergraduate nursing faculty who are adapting to the change of preparing students for the Next Generation NCLEX (NGN)?

Setting

I conducted this study in 2023 during the transition of national testing for nursing licensure from the NCLEX to the NGN. The sampling strategy was to select participants from diverse geographical and academic backgrounds. There were no personal or organizational conditions of the participants that were noted. Participants were employed at both private and public institutions. To obtain a diverse participant population, I posted my flyer on the social media platform Facebook; I obtained permission to join the nurse educator group called Teachers Transforming Nursing Education, where I posted my flyer on September 17, 2023. I received email addresses from nurse educators who

replied to my Facebook post by leaving a comment and/or sending me a private communication through Facebook Messenger. I emailed a link to my demographic form and copied the consent verbatim in the text of the email I sent to the volunteers. I had 12 people schedule a date and time to meet through the videoconferencing application in Zoom from September 17 through October 15, 2023.

After the prospective participants scheduled a date and time to meet, I created a link for a Zoom meeting and emailed each individual the confirmed time in the Central time zone. In the beginning of each interview, I explained the purpose of my study and answered any questions a prospective participant might have. After gaining consent to audio record the interview, I asked each participant to turn off their camera to ensure their anonymity. Erickson (2011) stated that recording participant interviews increases the accuracy and validity of a study. I audio recorded the interviews in an MP4 format so that I could later review the information during data analysis.

Demographics

I gathered demographic information by sending each prospective participant a link to the Google Form I had created with questions regarding their background. The first demographic question was a verification of the inclusion criteria. All of the prospective participants verified that they were working at that time as undergraduate nursing faculty, were living in the United States or Canada, and understood the recommendations of the NCSBN to incorporate the CJMM and the NGN. The second demographic question asked the gender of the prospective participants. Eleven were female, and one was male. Seven of the prospective participants were in the age range of

40 to 49 years. Two were in the age range of 50 to 59 years, and another two were in the age range of 30 to 39 years. One was in the age range of 60 to 69 years.

Regarding their formal education, seven prospective participants reported having an MSN, three a DNP, and two a PhD. Five of the prospective participants had less than 5 years of experience in nurse education. Three had 6–10 years of teaching experience, and another three had 11–15 years of teaching experience. One had more than 21 years of teaching experience. Prospective participants reported having between 6 and 28 years of patient care experience. Three of the prospective participants reported that they did not have formal education in teaching. Job titles for the prospective participants included assistant professor, associate professor, nursing instructor, adjunct nursing faculty, lecturer, and director of nursing. The last question offered an opportunity for the prospective participant to schedule a date and time to meet virtually through Zoom.

Data Collection

On the scheduled day and time of the interview, I opened the Zoom meeting and prepared for the interview. When the participant arrived virtually, I verbalized the purpose of the study and possible positive social change implications. I allowed the participant to ask any questions and reassured them that I would keep strict time limits. Only one participant was not able to make the interview but emailed me, and we were able to reschedule for a later time. Data for this study were gathered by recording the interviews in an MP4 format through Zoom and with the auto transcription service. I later converted the MP4 video to an MP3 format so that all names and possible images would be removed. I deleted all files that had MP4 information. Participants were asked to turn

off their camera before the recording commenced to protect confidentiality as required by the Walden University IRB. I left my camera on so the participants would feel more comfortable seeing whom they were talking to.

I used my interview guide to make sure I followed the outline that I prepared in advance with the approval of my committee and the IRB. Sequential questions from the interview guide were asked with an opportunity for the participant to elaborate and clarify answers. The interviews lasted approximately 20 min. Transcripts from the recordings were created through Zoom. After every interview, I created an audit trail with reflexive journaling to document my feelings as the researcher and to prevent insertion of bias. I regularly met with my chair to analyze my interview techniques and gain insight on how to not insert my opinion in the interview process. There was no variation from the plan presented in Chapter 3 nor any unusual circumstances encountered during data collection.

Data Analysis

I copied and pasted the raw Zoom interview transcripts into a Microsoft Word document, redacting the names of the participants, and inserted numbers to protect the confidentiality of participants. I listened to the interviews several times to correct the transcripts and ensure that they accurately represented what the participants stated. Then I reviewed the notes I had taken during the interview to make sure the transcripts were complete in content. I created an Excel spreadsheet with the numbered participant responses correlating with each interview question. This allowed me to look at the corpus of the interviews in a table format. Then I organized my data by creating a zip drive

containing all of the dates and times of the interviews with the corresponding MP3 audio recording and corrected transcripts. I sent the zip files to my committee for review.

Once I had accurate and anonymous transcriptions of the interviews, I began the first cycle of coding. I appreciated the eloquence of the participants and how they gave a rich description of their experiences. I concluded that for this study, the in vivo coding method would best capture the essence of what the participants had stated. Saldana (2016) noted that in vivo coding involves the verbatim coding of the actual language found in the qualitative data record. Quotes from the corrected transcripts were highlighted to identify succinct answers to every interview question. The direct quotes from the transcripts were entered into a Microsoft Excel spreadsheet from each interview. An inductive approach was used initially to look at the codes and see how they related to the AGT. Every line of each transcript was mined for possible codes. Rubin and Rubin (2012) defined coding as labeling concepts, themes, events, and examples from the responses of participants. The unique vocabulary of the participants was preserved during the first cycle of coding. The first cycle of in vivo coding produced 24 codes (see Table 1).

Table 1*Codes*

Participant	Excerpt	Code
P4	“If I can understand the rationale behind why there’s that change, I can be an early adapter”	Early adapter
P2	“we can see that the research supports these changes and we go ahead and embrace the change”	Research supports these changes
P5	“I have to find the value, so the why behind it, that’s important to me”	I have to find the value
P11	“it’s a lot easier to make those changes and want to make those changes for the right reasons”	Changes for the right reasons
P7	“I was actually really excited”	Excited
P2	“I think that the positivity kind of feeds down the line, and you know, we just kind of embrace it all together.”	Positivity
P7	“something that was real cutting edge at the time.”	Cutting edge
P9	“it was like a personal responsibility type thing”	Personal responsibility
P12	“we’re really dealing with a shortage of faculty”	Qualified faculty shortages
P8	“everybody’s got full workloads and life and stuff”	Full workloads
P6	“I’m the only faculty member who’s really asking them on tests we’ve really depended on”	I’m the only faculty
P9	“A lot of it was like self-directed or self-guided like I found that I was trying to read all that I could read.”	Self-guided
P6	“I have Blackboard, and it’s not compatible with a lot of those formats.”	Not compatible
P12	“our university uses Canvas which as a lot of good functionality, but it is also limited in its functionality”	Limited in its functionality
P9	“I felt like there was a lack of teaching the teachers”	Lack of teaching the teachers
P1	“what I’ve tried to do is educate myself around it and reaching out to other faculty”	Educate myself
P1	“I’ve gone on social media sites like Facebook, Instagram”	Social media
P1	“Nurse Sarah, I think she has a lot of YouTube”	YouTube
P4	“we want to do unfolding case studies that can be competency based”	Case studies
P5	“we use textbooks that have some online modules”	Online modules
P11	“a workshop where we could all brainstorm together”	Workshops with faculty
P7	“I really think they need a formal mentorship”	Mentoring
P4	“We did some NCSBN webinars”	NCSBN website
P9	“I bought anything that I could find. That was even if it was a student facing like their prep books.”	Student exam prep books
P2	“it takes a lot of time”	Time
P6	“Don’t have the option in their LMS”	LMS

After the first cycle was completed, I found the codes to be disorganized. I used a pattern coding method for my second cycle. Using this method, I reorganized the codes by patterns and grouped them into categories. Pattern coding was defined by Saldana (2016) as a coherent metasynthesis of the data. Consistent with Saldana's pattern coding, I found commonalities within the codes to group and interpret the information. Columns were created identifying the codes, and categories were created from the similarities in the codes. The second cycle of pattern coding revealed 12 categories.

The final cycle of coding began with a fresh look at the interviews. There may have been a code that I had missed or misinterpreted. As the researcher, I was trying to ascertain the true meaning of what the corpus of the data showed. A reanalysis from the beginning was necessary to make any corrections and to verify the research process. By immersing myself in the data and going back to the words of the participants, I gained confidence that I was not imposing my views when analyzing the data. Immersion in the data involved rereading the transcripts and listening to the MP3 recordings over several weeks to make sure I had not missed something. I began to see core themes that revealed the nature of the data as a whole. Saldana (2016) stated that a theoretical code functions like an umbrella that covers all of the codes and categories within it. Saldana recommended the integration of data into a narrative form to see how the puzzle pieces fit together. The third cycle of analysis revealed three themes that were informed by the AGT with four supporting categories in each theme (see Table 2). Once the themes were developed, a deductive analysis was conducted to understand how the AGT informed and shaped the findings.

Table 2*Summative Table*

Code	Category	Theme
Early adapter	Growth mindset	Adapt to change
Research supports these changes		
I have to find the value	Motivation	
Changes for the right reasons		
Excited	Emotions	
Positivity		
Cutting edge	Mastery	
Personal responsibility		Hindrance to adapt
Qualified faculty shortage	Difficulties in performance	
Full workloads		
I'm the only faculty	Isolation	
Self-guided		
Not compatible	Lack of technology	
Limited in its functionality		
Lack of teaching the teachers	Lack of knowledge	
Educate myself		
Social media	Free/Paid	Resources needed to adapt
Online modules		
Mentoring	Collaborative approach	
Workshops with faculty		
NCSBN website	Reference materials	
Student exam prep books		
Time	How to implement change	
LMS		

Evidence of Trustworthiness**Credibility**

To foster credibility, I incorporated triangulation. Lincoln and Guba (1985) advocated triangulation to capture and report multiple perspectives rather than seek a singular truth. Triangulation strengthens a study by adding multiple perspectives, data, researchers, theories, and methods (Patton, 2015). I achieved data triangulation by having enough participants to ascertain thematic saturation (see Guest et al., 2006). A qualitative researcher must be thorough and follow different lines of inquiry to examine alternate

views and possible results (Rubin & Rubin, 2012). The inclusion of multiple data sources can help to validate a study by providing consistency (Patton, 2015). Instances where multiple participants made similar statements provided validation of this study's findings.

Transferability

According to Lincoln and Guba (1985), transferability provides readers with sufficient information about the research to enable them to establish a degree of similarity between the data and a case to which the findings may be transferred. The research needs to be a true understanding of the phenomenon, applicable to future studies, and repeatable, and the findings should clearly connect with the data (Shenton, 2004). Transferability would mean that the results of this study could be applied to other nursing programs to support faculty as they adapt to a similar kind of change.

The way that I achieved transferability was using detailed thick description in the reporting of the results. I wanted the reader to understand the location, setting, climate, timing, atmosphere, and variance in the participants, participants' attitudes, and my feelings as the researcher. This was achieved by stating the demographics of the participants, publishing my interview guide, and including detailed participant responses in the narrative. This way, the reader could understand how the study was created and how it could be used in another setting.

Dependability

Dependability in qualitative research means that a scientific process is systematically followed so that other scholars can achieve the same or similar results (Lincoln & Guba, 1985). Lincoln and Guba (1985) further noted that authenticity is a

reflexive consciousness about one's own perspective, others' perspectives, and fairness in understanding the values that undergird the perspectives. A dependable study would partly mean that the steps of the research process are verified and examined by others in the field in an inquiry audit (Patton, 2015).

I achieved dependability in this study by stating the step-by-step process that I used to gather data. I clearly described the interviews, including the dates and the methods I used, so that the reader could trust that the research was done in accordance with the scientific process. My IRB and committee members reviewed the design of the study to ensure its rigor and the accuracy of the collected data.

Confirmability

Confirmability of a study refers to establishing that the data and the subjective interpretations of a study are true (Lincoln & Guba, 1985). Establishing confirmability can be done with auditing and peer debriefing (Lincoln & Guba, 1985). I checked and rechecked the data throughout the study and worked with qualitative method experts from my committee and from the Office of Research and Doctoral Services at Walden University to confirm the findings. Rubin and Rubin (2012) suggested that a researcher make multiple revisions, revamping and revising the research to make improvements over time. A qualitative researcher must be thorough and follow different lines of inquiry to examine alternate views and possible results (Rubin & Rubin, 2012).

Qualitative study places the researcher as the primary instrument of the research (Ravitch & Carl, 2021). The researcher must understand their own subjectivity, identity, positionality, and meanings that shape the findings (Ravitch & Carl, 2021). I created an

audit trail and completed reflexive journaling after each interview to manage and reduce possible researcher bias. It was therapeutic to be able to journal my feelings instead of agreeing with the participants or leading them by explaining my experience in the same situation. The reflexive journal was discussed with my chair to make corrections and improvements to the interview process as needed.

Results

The research question for this study was the following: What are the experiences of undergraduate nursing faculty who are adapting to the change of preparing students for the Next Generation NCLEX (NGN)? To answer this research question, I present in the following section three themes that are the result of the transcript analysis. The three themes were (a) adapt to change, (b) hindrance to adapt, and, (c) resources needed to adapt. These themes were created from the analysis of data from participants' responses to the open-ended questions during the interviews.

Theme 1: Adapt to Change

Theme one of this study revealed that many undergraduate nurse educators are committed to understand the recommendations of the NCSBN to incorporate the CJMM and the unique testing style of the NGN. Educators are taking personal and professional time to make changes in the way they teach and test students. The motivation for making these changes is to help students succeed and to be a professional who is current in the latest trends in academia. The four categories for theme 1 are: growth mindset, motivation, emotions, and mastery.

Growth Mindset

As identified by P1, one of the critical elements of adopting revisions is being amenable to change. P1 stated “I think for change, just having over 15 years of experience in nursing and being an emergency room nurse, change was inevitable. It was always happening. So, I think my background really plays into being adaptive to change.” P1 further stated that when the regulating bodies make recommendations, educators need to have the attitude of “going with the flow.” P2 supported this sentiment by stating “attitude is everything.” P2 elaborated on this idea by stating “research supports these changes and we go ahead and embrace the change.” P6 shared the evolution of her experience by stating “sometimes at first you’re a little like mad because you don’t wanna change, but you do have to like accept it and figure it out.”

Motivation

Many participants stated that once they understood the reasoning for making the change, the transition became easier. This was indicated in the response of P5 who stated “I put my feet in and don’t want to change either, if change is hard, but I have to find the value. So, the ‘why’ behind it. That’s important to me.” P11 supported this idea by stating

I always want to know the why, like why am I doing it? Once I know the why and it is evidence based, it’s a lot easier to make those changes and I want to make those changes for the right reasons.

P4 expanded on this concept by stating “if I can understand the rationale behind why there’s that change, I can be an early adapter.” P3 contributed by stating “change is

always difficult, but I think if you understand the why behind it, it's easier to get on board.”

Emotions

Several participants stated that they were excited for the changes and the difference that it will make in preparing new nurse graduates for the profession. P4 stated “I think it was a necessary movement for education to try to better capture the needs of the new graduate nurses.” P7 supported this by stating

I was actually really excited. I think I had been using a modified clinical judgment model for probably 10 years or so. And I feel comfortable, like kind of trialing new things and being able to assess right away if it's working.

P2 had a similar perspective and stated

I think that the positivity kind of feeds down the line. And we just kind of embrace it all together. And of course, there's gonna be challenges. But we meet them head on, and try to maintain a positive attitude.

P5 contributed by stating “I found it was fun. I mean, if you have to work, it just needs to be a little bit of fun. And then the students are like well, this is kind of fun, and that keeps me motivated.”

Mastery

Some of the participants stated that they felt a professional obligation to understand the changes recommended by the NCSBN in order to view themselves as an effective and competent nurse educator. P9 stated “I feel like it's my own responsibility to understand.” P9 further explained

If my students studied half as much as I did, they would be brilliant. So, you know, I've got to be immersed in it to kind of learn it. Anything educational wise, I tend to put in probably more work than the students.

P5 supported this idea by stating "I wanna do a good job." P6 stated

I've had to learn a lot more being an educator than I did as a nurse. So, it does force me to become a better educator and nurse, because I have to look at it at a different level. And then I understand things better than I did.

P7 contributed "I get a lot of positive feedback after they've graduated. I just feel good about what I do and I feel really passionate about what I do." P7 stated further that she feels like she has been an innovator in education and was one of the first in her program to make changes recommended by the NCSBN. She stated that her teaching strategies are "something that was cutting edge at the time", because she has been teaching critical thinking concepts ten years before the NGN changes in 2023.

Theme 2: Hindrance to Adapt

The participants noted that an exorbitant amount of time was needed to conceptualize not only the rationale for the recommended changes but also in understanding how to implement the changes. The time that was used for test writing and changes to curriculum took away from office hours and student engagement. Many educators stated that although they recognized the need for change, the transition proved to be a challenge for a variety of reasons. For theme 2 the categories were: difficulties in performance, isolation, lack of technology, and lack of knowledge.

Difficulties in Performance

P5 articulated strain in work performance by stating “the learning curve is high and we lose faculty very quickly.” P5 further stated

my graduating students make more money than I do now. I’m at a point in my life where I’m used to the flexibility and the summers off. This has added a hiccup with just how busy I’m working. But how do you attract master’s-prepared nurses offering less than \$70,000? How do you balance that when you don’t have enough staff to even staff the classes that you need?

P12 offered “there’s a qualified faculty shortage. A lot of days we are just keeping our noses above water.” P12 also stated a need for “more time to prepare for my courses, maybe another faculty member, even a TA to help take some of this brunt off.” P2 stated carving out time to be able to dig deep into these changes. It takes a lot of time and it takes a lot of energy too. I tell my coworkers I feel like when I dove into an exam writing session. It feels like you are holding your breath, and you’re going under water.

P1 stated “it has put a lot more time into changing our teaching theory and you know, having more time taken away from student involvement where you could spend time in remediation with a student or reevaluation with a student.” P6 supported the time and effort required by saying “that is a lot of work. It’s challenging to write a single test question, let alone like I have a case study on each of my exams. It’s a lot of time investment.” P8 stated “you have to actually commit time to. And of course, everybody’s

got full workloads and life and stuff. So how do you fit that in on the side of your desk?"

P9 stated

I've gotta relearn a whole different way of teaching, and I've gotta relearn a whole different way of presenting information to students, and teach the students a whole different way of testing. And am I gonna be able to do it? And am I gonna do it in time for my students?

Isolation

Some educators are feeling isolated as they change the way they teach and test students because there is a lack of conformity between different nursing programs and individual faculty members within the same program in how they adapt to the changes.

P6 stated "it is very challenging. I'm the only faculty member who's really asking them on tests." P7 supported the feelings of isolation by saying "I was one of the few instructors that okay, we're actually utilizing this." P9 stated further

a lot of it was like self-directed or self-guided. The educators kind of had to go and dig and look for their own kind of resources, and I almost became like a student on my own, where I bought anything that I could find.

P9 explained the disparity between educators by stating

not all the educators looked at it the same way, some of them just kind of laid back and said, well, I will get it when we get it. Type of thing. Where there was a couple of us that kind of, you know, took a personal step forward to kind of try to learn and go with it.

P11 stated "not everyone jumped on board as much as some did."

Lack of Technology

Educators who understand the changes and are committed to incorporating the NGN style of test questions are faced with the challenge of online learning management systems not being compatible with the NGN question formatting. This has led educators to seek creative solutions from paper tests, to outside testing services, and working with IT specialists to create similar NGN style questions. P3 supported this concern by stating “We’ve tried to incorporate the alternative questions in our test as much as we can. But with our system, we have Blackboard, and we can’t do a lot of it.” P6 had a similar response saying “I have Blackboard, and it’s not compatible with a lot of those formats. It’s very hard to grade. You just have to be creative. It’s very challenging to get technology to even work for you.” P12 stated “our university uses Canvas which has a lot of good functionality, but it also is limited in its functionality. Those actual next gen questions, we can’t set up our Canvas system exactly like that.” P4 stated

We did integrate some of the changes, but a lot of the software was not updated.

So, getting creative to work through that was definitely a hiccup. And we also had a lot of hiccups with the grading and really understanding and helping our students understand those changes that came.

P5 identified technology as a problem by stating

the caveat is our learning platform, it can do multiple choice, it can do multiple select. Grading is, and I have to delve into that more. But I’m looking at it going, I don’t think this is correct. So, then I’m doing pencil and paper, and you know.

Then, I'm increasing the risk of cheating. So, it has introduced many variables that I didn't anticipate.

P8 offered "Multiple choice and select all that applies. They've got matching questions I can't do. Bowtie questions, my learning platform, doesn't let me do that. I'm not really an IT person." P9 stated "the alternate format type questions, we were limited by our testing software."

Lack of Knowledge

Many undergraduate nursing faculty members felt under educated regarding how the different formatting of the NGN test questions developed critical thinking skills in students. The incorporation of the CJMM into curriculum has been suggested by the NCSBN due to a recognized need for new nurse graduates who are transitioning from academia to patient care (NCSBN, 2023a). P9 stated

I was trying to understand all that I could understand. How was next gen going to work and how do we prepare the students? I felt like there was a lack of teaching the teachers. I almost became like a student on my own.

P8 offered "I'm hoping that will help give me some more data to help encourage people to change." P8 stated that she often connects with students after they have graduated and the new nurse graduates state that nursing practice is "nothing like school". P8 identified a need for "knowledge translation" where nursing education aligns more closely with nursing practice. P7 stated that nurse educators "need to be creative" in teaching "it's just the implementation of the thinking process rather than having like this formal

assignment.” P1 stated “really what I’ve tried to do is educate myself around it.” P8 stated

I think for my facility. It’s like it’s the true unknown right. They know the nursing process like the back to their hand. The new NGN model, the critical thinking model does require a little bit of research. On what do the different categories mean? But to me it makes sense like it’s just really breaking down the nursing process into what we actually do. You know, they all have created their courses. And so, it’s change right? Everybody’s a little reluctant to change and so they’re not sure about the validity.

Theme 3: Resources Needed to Adapt

Educators recognized a need to be informed about the recommendations of the NCSBN and identified using resources to help them understand and implement the change. These resources were found outside of the curriculum in their nursing programs. All of these resources took time to acquire and was in addition to the educator’s didactic and clinical workload. For theme 3 the categories were: free/paid, collaborative approach, reference materials, and guidance for how to implement change.

Free/Paid

Many participants recognized the need to Google information or access data at no cost. P1 stated “I’ve also gone on social media sites like, Facebook, Instagram. Trying to research if there’s resources out there. Nurse Sarah, I think she has a lot on YouTube. Nurse Mike.” P1, P6, P10, and P11 all stated different social media nurse educators (Nurse Sarah, Nurse Mike, Nurse Tim, Nurse Keith). P12 stated the use of Kahoot gives

the students an opportunity to participate with a level of anonymity to give the instructors feedback on student comprehension. P6 stated “There’s a lot of resources out there that are free, that I think could be better shared. How can we implement this in giving good guidelines and the resources for technology?” These resources are beneficial as they offer information without financial entanglement.

Several nursing programs associated with the participants in this study identified formal paid nursing educational platforms that they use. P1, P2 and P3 identified the use of ATI. P6 stated they used the Kaplan services. P5 stated “We use Lippincott which has case studies and PrepU. So, it’s got some of those study modules. Yes, but then we use Evolve where I can create sets of questions for my students and case studies.” P5, P6, P10, P11, and P12 mention the use of case studies, practice questions and patient scenarios from educational platforms. P9 stated that they use ExamSoft. P6 and P11 both stated that they use CJSim. Both P9 and P8 stated that the cost of these educational platforms was expensive and many times these costs were passed on to the students.

Collaborative Approach

Many participants in this study identified the benefits of working together with other educators to share ideas, teaching techniques, and helpful resources. This collaboration can be particularly helpful when it is organized within a nursing program to provide continuity in education for the students. P1 stated “reaching out to other faculty or our curriculum development team saying what are the resource out there for me.” P5 stated the importance of “peer reviews by faculty” to support educators and working

together for creative solutions. P2 offered the benefits of the peer review process by stating

We're also having peer reviews by faculty. And we were already doing this prior to the implementation of the change. But before any exam, we always have a peer member, another faculty member take a look and see what they think, and then also afterwards, we're examining statistics, and we're also looking at all that information as well to make sure that we're doing what we're intending to do.

P4 offered

we had somebody that was basically in charge. They had a committee just to help us with next gen. And then we had a spearhead person who brought us lots of resources. We did some webinars that we were using all these resources and we had workshops with our faculty.

P7 stated "I guess I just kinda do a lot of self-reflection on things and then I rely heavily like debriefing with colleagues." P8 stated "Let's go figure out a solution and so I usually go looking for solutions myself. And then come back and talk to people about it."

Participants in this study stated the benefits of formal mentorship for faculty to support them in the transition to the NGN. P7 reported "I really think they need a formal mentorship. You're placed in clinical. You're isolated, you know." If a faculty member is knowledgeable about the recommendations and has creative ideas for how to implement CJMM/NGN, they may be a resource to help other faculty members embrace change. P4 stated

We had 4 or 5 full faculty, and we have a pretty large number come together in these all-day workshops to make sure that we were making case studies together, and how we could really integrate it well into our whole curriculum...And so we were like, let's make some case studies and scenarios together and then we can use them in all our curriculums and give each other feedback.

Educators who feel supported within a team and who are able to work together for creative solutions are in a unified position to teach nursing students. Time given in meetings for faculty to debrief each other on new ideas, student needs, and useful resources could be helpful. Peer review that includes the application of the CJMM and the NGN testing style could be beneficial in helping faculty adapt to change.

Reference Materials

As identified by P11, educators have found reference material on the NCSBN website to help them in understanding the NGN testing changes and the reasons for the change. Other reference material identified by the participants were newsletters, nursing journals and articles. P4, P11, and P9 all stated the benefits of attending webinars, seminars and conferences. P9 stated "I bought those kind of student exam prep books for myself, so I could see the kind of questions that students would be seeing." The participants stated that these materials were used as a reference for understanding how to implement the changes. Many educators stated that they understood the changes but were left on their own to figure out how to implement the change and this led educators to find information from trusted resources.

Guidance for How to Implement Change

Several participants in this study noted that they understood the recommendations from the NCSBN but are still unsure of how to implement the change. P12 stated

The first thing that came to my mind and my colleagues was oh, wow! We're gonna have to change things up. In order to get to this point. I had actually attended AACN's conference in Chicago like a year or so ago, and was interesting, as we were kind of going into and expecting they're gonna tell us how to do it. But they really didn't. They said, here's what we recommend, go forth and figure it out. So, we were just kind of scratching our heads.

P7 stated “How are we gonna implement this?” The participants were supportive of change and engaged in understanding the recommendations of the NCSBN but stated that they were not given direction on how to implement change. P6 stated

How you tackle teaching and especially like NGN, you've been taught? You've been practicing how to write normal test questions or the typical traditional test questions. And then you're adding in these layers and just trying to figure out how to even do that.

P4 stated “really giving us more of that guideline, because I think we understood why. It was more. How do we actually do it? Is where we struggle.” Several participants gave specific recommendations for resources they need to implement the recommended changes. The recommendations were: more time, improvement of LMS systems for NGN capability, and NGN testing education.

Time. Many participants stated that to be effective educators they need time to understand the recommendations and even more time to implement them. P2 stated, Carving out time to be able to dig deep into these changes to do the groundwork, the leg work on it. Because exam writing, if you're writing exam questions and they are fresh and they are new is very, it takes a lot of time. And it takes a lot of energy.

P5 stated

I'm teaching a full load plus trying to write effective test questions and think outside the box. I mean, I can put a PowerPoint together and lecture, and that's all good. But we have to go beyond that and that all takes time. Time is important.

The participants recognized the difficulties of maintaining heavy workloads and still trying to make time to implement change. P11 stated "You can always want more time, I mean always want more time to prep. Always want more time to meet with students."

P12 suggested

We're not asking for a whole lot. At least I don't feel I am, you know, a little bit more time to prepare for my courses. Maybe another faculty member, even a TA to help take some of this brunt off. So, we can do what we want to do to help meet those goals of our students being successful.

LMS. Nursing education has benefited from online learning management systems (LMS) that allow students access to course information from their computers. The LMS has made testing, quizzing, discussion boards, assignments, and grading easier for

students and faculty. The participants of this study offered that many LMS's that are used in nursing programs do not support the NGN style of testing. P6 stated

There are still people who don't have the option in their LMS to do some of these questions, and I think they just need to be able to understand how they could do them with what they have. You don't necessarily have to go buy exam software or whatever, and be successful. You can do them with what you have. But I think sometimes just showing people how they can helps them.

Some participants were working with their IT departments to create NGN test questions within their LMS to decrease the cost and strain of using outside resources for testing. P4 stated

If we could have templates that are adaptable to. Obviously, you change the content behind it and all that. But here's the template of maybe what we would think are for a matrix, this is how I would expect you to build it into your LMS or your testing system.

Education for NGN Testing. The participants of this study recognized the need to be educated not only in the recommendations for change but in understanding how to implement the changes. P1 stated

I would have loved to see more education given to us as faculty. You know, as nurses we have to have CEU's and we all know that. You know we all know that we have to collect CEU's in order to renew our license so that could have been integrated. You know, here is CEU's for the new NGN and the new clinical

judgment model that we're gonna have available for you as nurses. So then that way, you have more involvement.

P3 stated,

What would be the most helpful on this side is more resources, you know, like going to a seminar, or something of here's some ways to incorporate this into lecture. Here's some ways to build some case studies like the NCLEX unfolding case studies and extra training. So, education for the educators. Like you're asking us to do this, but teach us how.

Discrepant Cases

The hallmark of trustworthiness in a qualitative study is to actively seek and expose discrepant cases (Booth et al., 2013). A discrepant case would be a participant that would challenge the conclusions of study. There were no identifiable outliers or discrepant cases in this study. All of the participants had similar responses. The last participant was male and his responses were similar in nature to the responses of the other participants. The only difference noted was his gender. There were no participants that were excluded in this study based on age, gender or race. All participants were volunteers who responded to my flyer on social media or found through networking.

Summary

This chapter provides information about the experiences of undergraduate nursing faculty who are adapting to the recommendations from the NCSBN to incorporate the CJMM and the different formatting of the NGN test questions. Each participant described in detail the pathway to adapt to change, the hindrance to adapt to change, and the

resources that are needed to help them adapt to change. The analysis of this data has been described using Saldana's (2016) first cycle, second cycle, and thematic review. The research process for scheduling and completing the interviews has been described in thick detail for transparency and transferability. Demographic information has been demonstrated to understand the positionality of the participants. Chapter 5 will discuss the interpretation of the findings, limitations, recommendations, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of my study was to explore the experiences of undergraduate nursing faculty as they adapt to the curriculum change of incorporating the CJMM into teaching and the implementation of the NGN. I designed this basic qualitative descriptive study to gain an understanding of nursing faculty perspectives. Participants shared their perspectives of how they experienced and adapted to the curriculum change via semistructured interviews. Analysis of interview data elicited the following themes: (a) adapt to change, (b) hindrance to adapt, and (c) resources needed to adapt. Participants conveyed positive adaptation skills in addition to strain and isolation related to unclear guidance in their roles as faculty implementing the changes. In this chapter, I provide an interpretation of this study's findings, the study limitations, recommendations from the analysis and for future research, and implications for positive social change.

Interpretation of Findings

The changes of the NGN and the incorporation of the CJMM represent a significant change in nursing education requiring curricular changes for undergraduate nursing faculty (NCSBN, 2023b). Jarosinski et al. (2022) explained that preparing new nurse graduates for the NGN placed considerable demands on nursing faculty in view of reported faculty shortages, increased workloads, and high stress. Additionally, faculty and administrators of nursing programs are required to maintain program accreditation when little is known about how students will fare when taking the NGN (Joseph, 2021). First-time pass rates for NCLEX are indicators of success and quality in nursing programs (Koestler, 2015).

When interpreting the findings of this study, I sought to understand whether the findings confirmed or disconfirmed the findings of other studies. The results of my study are in alignment with others in peer-reviewed articles on nursing education. My results are supported by authors who have noted the growth mindset, motivation, emotions, difficulties in performance, qualified faculty shortages, the theory–practice gap, low pay, technology, and guidance for how to implement change to undergraduate nursing faculty. Finally, I provide an interpretation of the findings in the context of the AGT.

Adapt to Change

Many of the participants of this study stated that they were actively engaged in making changes to their curriculum, teaching, and testing style. The motivations for adapting to change were for the success of the students and to become an educator who is innovative and current with the recommendations of the NCSBN. The pathway that individuals take to adapt to change are facilitated by the growth mindset, being amenable to change and a positive attitude that the change will bring improvements to nursing education.

Growth Mindset

Chazan et al. (2022) described growth mindset as a personal belief that an individual has the ability to learn and adapt and that a situation can be improved through hard work and persistence. Chazan et al. further explained that individuals with a growth mindset demonstrate competence in difficult situations due to a tenacity and commitment to future-oriented goals. My study confirmed this finding through the participants' tenacious abilities to persevere through difficult situations and learn from them. Learning

from previous experiences helped faculty gain confidence in their ability to succeed with the needed changes.

Motivation

Many of the participants embraced the incorporation of the CJMM as a better way to educate students due to its focus on the patient and practical nursing applications. This positive outlook and engagement with change support the concepts of individuals succeeding when they have a growth mindset found in the AGT as described in the study by Dweck and Leggett (1988), who noted that patterns of behavior are directly linked to a mastery-oriented cognition. They identified that individuals who are adaptive to change will demonstrate actions that will lead to success in achieving future-oriented goals. The participants in this study not only stated that they were willing to make changes, but also gave specific examples of actions they were taking in their classrooms to adapt to the CJMM and NGN.

Emotions

An important finding in this study was the resiliency and positivity of undergraduate nursing faculty as they adapted to the changes in curriculum in their programs. Many participants stated clear challenges for adapting to the recommendations, but most participants expressed positivity and excitement for change. Many participants expressed enthusiasm because they felt that the change would improve nursing education and the practice ability of new nurse graduates. This finding was supported by Sherrill (2020), who stated that the changes of the NGN and CJMM are not only a positive

improvement for nursing education, but also better prepare new nurse graduates for patient care.

Many participants expressed enthusiasm about the change not because it was easy to learn something new, but because they could see the value it would bring to the nursing profession. This required a sacrifice of time and effort to adapt to change, and many of the participants did this with a positive attitude by stating their excitement and positive outlook. Some participants recognized that change is hard but found a personal or professional motivation to adapt to change based on a knowledge of success in previous challenges. This finding was supported by Chazan et al. (2022), who stated that individuals with a mastery approach can gain competence and develop patterns of success through persistence and industrious work.

Hindrance to Adapt

Several of the participants in this study identified barriers in adapting to change. They recognized not only physical challenges, but also the idea that any time an individual experiences a change, it can be hard to adapt psychologically. An individual will need to overcome the comfort, stability, and inertia of complacency to learn something new. Change can be a challenge for some people who have difficulties in performance, are experiencing qualified faculty shortages, and fail to recognize a difficult transition for students between nursing education and patient care, identified as the theory–practice gap.

Difficulties in Performance

Chazan et al. (2022) stated that an individual could fail to succeed on a task based on the motivational factors of mastery avoidance or performance avoidance. This is a maladaptive cognition that has an unsuccessful result. The individual would not attempt the task because of a fear of failure or an embarrassment when compared to others. The task or challenge would not be attempted in an effort to preserve the ego or be seen as inadequate. The motivation for why undergraduate nursing faculty had adapted to change or not was evaluated using the concepts of the AGT. Aspects of motivational reasoning were addressed in the participant interviews to understand why participants would take the time to understand the changes and why they would adapt or not in an environment of stress and fatigue.

The participants of this study all stated adaptive cognitions, but some discussed the behaviors of colleagues who were maladaptive and unwilling or unable to change. This left the participants with feelings of isolation and distress. The choice to make changes was based on the unique characteristics of individual educators, and some faculty members were seen as avoidant of the work and effort to make changes. This increased the workload for the participants who were taking the time to change and contributed to feelings of loneliness.

Faculty Shortages

Nursing programs are trying to fill a shortage of qualified faculty positions due to lack of advanced degree applicants (Hoeksel et al., 2019; Jarosinski et al., 2022; Kowalski & Kelly, 2013). This faculty shortage is exacerbated by 41% of faculty being

over 55 years old and by 33% of qualified nurse educators planning to leave education in the next 5 years (Poole & Spies, 2022). Many nursing programs are seeking to expand the number of students they are accepting but are faced with not having the faculty to support the growth.

Qualified faculty shortages are a barrier to adapting to change because many educators do not have the time to make changes. Some of the participants in this study used the analogy of drowning in water to describe the feelings of not having enough time to teach effectively. Shortages of faculty contribute to increased workloads and stress on the educators who remain teaching. The lack of faculty can be a hindrance to change because of limited time constraints due to increased workloads.

Theory–Practice Gap

My study found that nurse faculty teaching in programs preparing for the major transition in teaching CJMM and preparing students for NGN described limited education on how to specifically make the changes. Newton and Krebs (2020) described a theory–practice gap, or the difference between theoretical coursework and clinical application, as problematic for students who were successful in an academic setting yet not prepared for the rigors of bedside patient care. The change to the CJMM and NGN was implemented as a solution for preparing students for practice settings where clinical judgment and decision making were successfully achieved (NCSBN, 2023a).

The participants of this study stated that they understood the recommendations of the NCSBN but were not given clear guidance on how to make changes. The theory–practice gap has been identified as a problem for new nurse graduates in an effort to

improve nursing education and better prepare students for patient care. The CJMM has been identified as a theory that can help students correlate education with patient care (NCSBN, 2023a). The design of the NGN test questions is to help students develop critical thinking skills to improve practice ability (NCSBN, 2023b). A participant of this study identified the knowledge translation of students from academia to the bedside as a barrier but was unsure how to bridge the gap and was unsure how to teach critical thinking skills. Unclear guidance on how to bridge the theory–practice gap and specific ways to implement the CJMM in preparation for the NGN is problematic.

Resources Needed to Adapt

All of the participants in this study identified resources that were helpful or were needed to adapt to the changes recommended by the NCSBN. The NGN test questions were a new design that many participants were not familiar with. In an effort to understand how the CJMM would teach critical thinking skills in preparation for the NGN, many participants noted resources that they used to familiarize themselves with the recommendations. They also noted resources that were lacking as stated by other authors, including low pay, limited technology, and increased stress/workload.

Pay

A finding that is confirmed by other studies is the low compensation for undergraduate nursing faculty compared to nurses who are working at the bedside. Nurse educators experienced a reduction in pay of 25%–50% even with their clinical, educational, and professional expertise (Kowalski & Kelley, 2013). The increased workload, low pay, and increased demand for quality education put the nurse educator in

a difficult situation (Jaronsinski et al., 2022; Kowalski & Kelley, 2013; Poole & Spies, 2022).

Some of the participants in this study stated that they were making less money than their students' potential after graduation. One participant stated that it was difficult to attract a qualified instructor when the pay is so low. The less-than-desirable pay wage for undergraduate nursing faculty contributes to shortages, as there is a low financial incentive to teach.

Technology

Salifu et al. (2022) stated that nurse educators who are teaching in programs that have limited resources face difficulties in adequately training student nurses. The correlation of limited technology and resources directly related to the decreased quality of nurse education. This is reflected by the participants in this study who stated that they were limited in their teaching capability due to technology that did not support NGN-style test questions. Many participants stated that they were looking for resources outside of their nursing programs to help them teach critical thinking skills, incorporate the CJMM, and test in the NGN style.

All of the participants stated that they used a supplemental teaching tool to help them adapt to the changes. These tools are offered to nursing programs as a way to measure NCLEX success probability, remediate students, and supplement assignments/quizzes. Most of these teaching tools had a cost associated with them that was transferred to the students. The participants expressed the need for technology and resources to help them teach and adapt to the changes recommended by the NCSBN.

Guidance for How to Implement Change in High Stress/Workload Environment

Qualified faculty shortages contribute to increased workload for many undergraduate nursing educators (Boamah et al., 2021). Zangaro et al. (2023) reported that 85% of nurse educators are experiencing feelings of either burnout, emotional exhaustion, or disengagement. Two participants described a feeling of being overwhelmed due to the increased workload combined with the time required to make changes to curriculum and testing. Feelings of stress and exhaustion were described by participants as just keeping their head above water. Confirmation of increased stress was found in other studies in relation to the concept of increased workload. Nurse educators experienced an increased workload of 75% compared to nonnursing faculty at the same institutions (Poole & Spies, 2022).

Joseph (2021) found that maintaining high first-time pass rates created a concern for faculty. The participants confirmed this finding, indicating that apprehension about pass rates in addition to developing strategies to promote success in their students' achievements were difficult stressors. Participants in this study described anxiety about students having high NCLEX pass rates, as these reflect back on the nursing program and themselves as educators.

Achievement Goal Theory

The AGT was used in this study to analyze the motivations of individuals who demonstrate competence from a task or ego basis. Individuals can succeed in their goals with either a mastery approach or a performance approach. This is an adaptive cognition that has a successful result. The success would either be based on the desire to

accomplish the task or the desire to be better when compared to others. A maladaptive cognition that could lead to an unsuccessful result would be to avoid change in an effort to protect the ego or to criticize the task and its value or efficacy.

The motivational factors for understanding why undergraduate nursing faculty would succeed in adapting to change were addressed in Interview Questions 4 and 6. In the analysis of the responses for why educators would make changes to include the CJMM and NGN, two strong factors were identified. One factor was because it was a better outcome for the students in an effort to create good and safe nurses. Other participants mentioned improved pass rates, student success, better preparation for the students, and improved student confidence. These are selfless reasons to make changes for the success of others. This type of altruism can be found within the concept of master approach in the AGT. One participant stated a desire to pay it forward to the nurses of the future.

Another motivational factor for making changes was the desire to be a good educator. The performance approach is a suboptimal ego-based cognition that elevates the individual in comparison to others. This refers to an individual who has adapted to change for the purpose of being a leader in their profession. Some participants described a desire to communicate with other educators to compare teaching strategies and a desire to be the best. This cognition is adaptive resulting in a successful outcome, but the motivation is in the comparison of self to others and is not the ideal.

Many participants revealed feelings of isolation in their nursing program because they were the only educators who were adapting to the change and implied that other

educators were avoidant, unwilling, or unable to adapt. The participants of this study were recognizing the maladaptive cognitive behaviors of other educators and stated that they were alone in adapting to change. This led to feelings of loneliness and contributed to feelings of exhaustion.

There were no participants in this study who stated a maladaptive cognition of their own in relation to the incorporation of the CJMM or NGN. Other studies indicated the low number of undergraduate nursing faculty who are making changes based on the recommendations of the NCSBN. Nielson et al. (2023) stated that only 27% of deans and directors of nursing programs use the clinical judgment measurement model in their teaching pedagogies even though they recognize the CJMM could improve education and nursing practice. Since there were no participants who stated maladaptive cognitive behaviors as described in the AGT, the evaluation of mastery avoidance and performance avoidance were impossible to analyze. This could be due to a reluctance of volunteers to participate in a study based on a topic of uncertainty or professional inadequacy.

Limitations

The first limitation of this study was the small number of participants who were interviewed. I used data from 12 different participants. In qualitative studies, the number of participants is low because the richness in detail of every person interviewed. In qualitative studies, the sample size can vary. The deciding factor for when a study is complete is when no more new information is obtained from participants. Guest et al. (2006) stated that sample size relies on the concept of data saturation. The researcher can

gain confidence that enough data has been gathered and that further collection will not give valuable insights.

A second limitation was that most participants were from one Facebook nurse educator group. I tried to gain access to a Facebook group called “Walden University MSN” but was denied access because I am a PhD student. I posted my flyer on a Facebook group called “Professional Nurse Educators” but did not receive a response. I also created a way for Walden students to volunteer through the Walden Participant Pool but did not obtain any volunteers. I attempted to recruit participants from educators I met at conferences and residencies but had only one participant who did not have a conflict of interest.

A third limitation in this study was the recognition that the type of participant who would volunteer was one who may be proud of their accomplishments. If an educator is struggling with making changes and unable to adapt, they may be less inclined to participate in a study on the topic of NGN changes. The findings of this study may have been limited to those who are happy and willing to volunteer their time. If the study targeted a sample from poor performing schools or educators, the results may have been different.

Recommendations

The findings of this study are confirmed by the literature and provide insight into the experiences of undergraduate nursing faculty as they adapt to the CJMM and NGN. Further studies are needed to explore whether the changes faculty implement with the new model of curriculum help new nurse graduates achieve practice readiness. Further

studies are recommended to understand the effectiveness of new strategies used for preparing faculty to teach critical thinking skills. An additional recommendation for future studies would be to explore nursing schools who did not prepare for the changes to the NGN and the use of the CJMM to gain an understand of their outcomes and rationale for not making the changes. The literature review in this study noted increased workload and decreased pay for undergraduate nursing faculty. A future study could correlate if these are contributing factors for adaptation or maladaptation to change using the AGT model. A final recommendation for future studies is to analyze how nursing education can better prepare new nurse graduates for the rigors of patient care.

Implications

The findings of this study provide useful information to not only understand the experiences of undergraduate nurse faculty but in identifying specific resources that are needed help them succeed. The potential to advance social change by improving nursing education could be through empathy, support, and mentoring faculty that are experiencing transition and stress. Many of the participants articulated the difficulties they have experienced and the resources they feel would help to support them as they transition to the NGN. Administrators, deans, and directors could use this information to support faculty and mentor them from a position of understanding.

Nurse educators have expressed challenges in preparing students for the NGN and eventual patient care. A dramatic change in how undergraduate nursing faculty teach, the curriculum that is used, and NGN testing formats may be difficult to transition from processes used in the past. The recommendations for how to support faculty as they

experience change was articulated by the participants in this study. They stated the need for more time, guidelines for how to implement change, technology that supports NGN testing, mentorship, and continuing education.

This study could help support nursing faculty by understanding their unique perspective as they try to navigate the changes while keeping their typical workload. Specific recommendations for how to work within the LMS, the improvement of technology, and investment in outside resources is suggested by the participants in this study. Resources that are mentioned by the participants in this study could be utilized to improve the professional lives of faculty.

The AGT was used as a framework for this study. The guiding principles of the growth mindset and the cognitive motivations for success or failure was used to create the design of the study, the development of the interview questions, and data analysis. The themes that were generated in this study were informed by the AGT and its concepts were used to understand the adaptive cognition that the participants demonstrated.

The participants portrayed attributes of adaptive cognition to change by trying to understand the recommendations of the NCSBN and making changes to their teaching, curriculum, and testing style due to having a growth mindset. The motivation for doing was either task or ego based. The success in adaption to change was either for the benefit of the self or the benefit of others. The AGT provided a foundation to explain the meaning and results of this study.

Conclusions

Undergraduate nursing faculty have been confronted with qualified faculty shortages, increased workload, increased stress, and low pay. Understanding nursing faculty's experience as they face the challenge of adapting to the changes proposed by the NCSBN was the goal of this study. The change in the NGN and the incorporation of the CJMM have left nursing faculty with questions and concerns about how the change will affect their already overworked roles (Poole & Spies, 2022; Sherrill, 2020) given the need to identify strategies necessary for the day-to-day processes required for changing existing course exam questions (De Lima et al., 2023) and concerns regarding maintaining program accreditation that may be at risk if faculty fail to develop the required skills to prepare students to take the NGN (Joseph, 2021). De Lima et al. (2023) described a lengthy step-by-step process that began in the fall of 2020 to prepare faculty in an associate degree program to write test questions to measure students' clinical judgment and to test the new questions. Not all programs have begun the process, leaving some programs unprepared for the change to the NGN (Nielsen et al., 2023). With the implementation of the NGN, the need to understand the experiences that faculty have in preparing for the new model of testing is pressing. This need to understand how faculty are experiencing the NGN was further compounded by lack of time to make changes, unclear direction on how to teach critical thinking skills, lack of LMS technology that supports NGN test formatting, lack of formal mentorship, lack of education, and lack of administration support.

Many undergraduate nursing faculty have embraced the changes and exemplified the growth mindset as identified in the AGT. These participants have reported enthusiasm, positivity, and excitement due to the changes improving the nursing profession and the success of students. Educators have invested time and resources not only to understand the changes but also to incorporate the changes into their teaching, curriculum, and testing. Yob and Brewer (n.d.) stated that at no time in history has the need been greater to connect academicians to social and environmental challenges outside of campus. Support is needed to help undergraduate nursing faculty succeed in adapting to the CJMM and the NGN. The quality of nursing education depends on the experience, expertise, and adaptability of nurse educators who are experiencing a change in their professional lives (Ingraham et al., 2018). Positive social change in the nursing profession and in the quality of health care delivered by nurses can be realized by identifying the needs of undergraduate nursing faculty and supporting them during a time of transition.

References

- Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, 38(4), 598–602. <https://doi.org/10.1177/08903344221116620>
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3), 121–127.
- American Association of Colleges of Nursing. (2019). *Nursing faculty shortage fact sheet*. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage>
- Aydogan, Y., & Ulupinar, S. (2020). Determining the learning needs of new graduated nurses working in inpatient care institutions. *Nurse Education Today*, 92. <https://doi.org/10.1016/j.nedt.2020.104510>
- Benner, P. (2012). Educating nurses: A call for radical transformation—How far have we come? *Journal of Nursing Education*, 51(4), 183–184. <https://doi.org/10.3928/01484834-20120402-01>
- Boamah, S. A., Callen, M., & Cruz, E. (2021). Nursing faculty shortage in Canada: A scoping review of contributing factors. *Nursing Outlook*, 69(4), 574–588. <https://doi.org/10.1016/j.outlook.2021.01.018>
- Booth, A., Carroll, C., Iltott, I., Low, L. L., & Cooper, K. (2013). Desperately seeking dissonance: Identifying the disconfirming case in qualitative evidence synthesis. *Qualitative Health Research*, 23(1), 123–141. <https://doi.org/10.1177/1049732312466295>

- Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing, 12*(3), 207–211. <https://doi.org/10.1016/j.teln.2017.03.002>
- Campbell, T. D., Penz, K., Vandenberg, H., & Campbell, M. (2019). A closer look at the introduction of the NCLEX-RN in Canada. *Nursing Leadership, 32*(4), 46–56. <https://doi.org/10.12927/cjnl.2020.26102>
- Chazan, D. J., Pelletier, G. N., & Daniels, L. M. (2022). Achievement goal theory review: An application to school psychology. *Canadian Journal of School Psychology, 37*(1), 40–56. <https://doi.org/10.1177/08295735211058319>
- Cooper, S., Kinsman, L., Buykx, P., McConnell-Henry, T., Endacott, R., & Scholes, J. (2010). Managing the deteriorating patient in a simulated environment: Nursing students' knowledge, skill and situation awareness. *Journal of Clinical Nursing, 19*, 2309–2318. <https://doi.org/10.1111/j.1365-2702.2009.03164.x>
- Creswell, J. (2018). *Qualitative inquiry and research design: Choosing among the five approaches* (4th ed.). Sage.
- De Lima, M., Macey-Stewart, K., Salas, R., Smetana, R., & Woodroof, M. (2023). Faculty collaboration in transitioning to NGN test item writing, *Teaching and Learning in Nursing, 18*(1), 188–192. <https://doi.org/10.1016/j.teln.2022.11.001>
- Denzin, N. K., & Lincoln, Y. S. (2013). Chapter 1: Introduction: The discipline and practice of qualitative research. In *The landscape of qualitative research* (4th ed., pp. 1–44). Sage Publications. https://www.sagepub.com/sites/default/files/upm-binaries/17670_Chapter1.pdf

- Dweck, C. S., & Leggett, E. L. (1988). A social-cognitive approach to motivation and personality. *Psychological Review*, 95(2), 256–273. <https://doi.org/10.1037/0033-295x.95.2.256>
- Elliot, A. J. (1999). Approach and avoidance motivation and achievement goals. *Educational Psychologist*, 34(3), 169–189.
- Erickson, F. (2011). Chapter 3: A history of qualitative inquiry in social and educational research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 43–58). Sage Publications.
- Fisher, D., & King, L. (2013). An integrative literature review on preparing nursing students through simulation to recognize and respond to the deteriorating patient. *Journal of Advanced Nursing*, 69(11), 2375–2388. <https://doi.org/10.3928/01484834-20120409-02>
- Frankfort-Nachmias, C., Leon-Guerrero, A., & Davis, G. (2020). *Social statistics for a diverse society* (9th ed.). Sage Publications.
- Gardner, L., & Amankwaa, L. (2022). Extending the mentoring discussion: An editorial. *ABNFF Journal*, 1(1), 4–5.
- Garino, A. (2020). Ready, willing and able: A model to explain successful use of feedback. *Advances in Health Sciences Education*, 25(2), 337–361. <https://doi.org/10.1007/s10459-019-09924-2>
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. The Sociology Press.

- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal: Connecting Education, Practice, and Research*, 4(2), 12–26.
- Guest, G., Bunce, A., and Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, 27(4), 591–608. <https://doi.org/10.1177/1049732316665344>.
- Herron, EK. (2017). New graduate nurses’ preparation for recognition and prevention of failure to rescue: A qualitative study. *J Clin Nurs*. 2018; 27: e390– e401. <https://doi.org/10.1111/jocn.14016>.
- Hoeksel, R., Eddy, L. L., Dekker, L., & Doutrich, D. (2019). Becoming a Transformative Nurse Educator: Finding Safety and Authenticity. *International Journal of Nursing Education Scholarship*, 16(1), 1–8. <https://doi.org/10.1515/ijnes-2018-0073>.
- Holmes, A. G. D. (2020). Researcher Positionality—A Consideration of Its Influence and Place in Qualitative Research—A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), 1-10.
- Hunter, D., McCallum, J. and Howes, D. (2019) Defining Exploratory-Descriptive Qualitative (EDQ) research and considering its application to healthcare. *Journal*

of Nursing and Health Care, 4(1),
: <http://dl6.globalstf.org/index.php/jnhc/article/view/1975>.

- Hussein, M. T. E., Olfert, M., & Hakkola, J. (2022). Clinical judgment conceptualization scoping review protocol. *Teaching and Learning in Nursing*, 17(1), 84–101. <https://doi.org/10.1016/j.teln.2021.10.003>.
- Ingraham, K. C., Davidson, S. J., & Yonge, O. (2018). Student-faculty relationships and its impact on academic outcomes. *Nurse Education Today*, 71, 17–21. <https://doi.org/10.1016/j.nedt.2018.08.021>.
- Jarosinski, J. M., Seldomridge, L., Reid, T. P., & Willey, J. (2022). Nurse Faculty Shortage: Voices of Nursing Program Administrators. *Nurse Educator*, 151–155. <https://doi.org/10.1097/NNE.0000000000001139>.
- Joseph, S. (2021) Nursing students' experiences on NCLEX-RN preparation. *Journal of the New York State Nurses Association*, 48(2) 5-12.
- Kalb, K. A., O'Conner-Von, S. K., Brockway, C., Rierson, C. L., & Sendelbach, S. (2015). Evidence-Based Teaching Practice in Nursing Education: Faculty Perspectives and Practices. *Nursing Education Perspectives (National League for Nursing)*, 36(4), 212–219. <https://doi.org/10.5480/14-1472>.
- Kavanagh, J. M., & Szweda, C. (2017). A Crisis in Competency: The Strategic and Ethical Imperative to Assessing New Graduate Nurses' Clinical Reasoning. *Nursing Education Perspectives (Wolters Kluwer Health)*, 38(2), 57–62. <https://doi.org/10.1097/01.NEP.0000000000000112>.

- Kazana, I., & Dolansky, M. (2021). Quality improvement: Online resources to support nursing education and practice. *Nursing Forum*, *56*(2), 341–349.
<https://doi.org/10.1111/nuf.12533>.
- Koestler, D. L. (2015). Improving NCLEx-RN First-Time Pass Rates with a Balanced Curriculum. *Nursing Education Perspective*, *36*(1), 55–57.
<https://doi.org/10.5480/11-591.1>.
- Korth, S. J., & Pettigrew, A. C. (1999). Adaptors and innovators: differing approaches to designing organizational change interventions. *Psychological Reports*, *85*(2), 633–645. <https://doi.org/10.2466/PR0.85.6.633-645>.
- Kowalski, K., & Kelley, B. M. (2013). What’s the ROI for Resolving the Nursing Faculty Shortage? *Nursing Economic\$, 31*(2), 70–76.
- Lavoie, P., Clarke, S. P., Clausen, C., Purden, M., Emed, J., Cosencova, L., & Frunchak, V. (2020). Nursing handoffs and clinical judgments regarding patient risk of deterioration: A mixed-methods study. *Journal of Clinical Nursing*, *29*(19–20), 3790–3801. <https://doi.org/10.1111/jocn.15409>.
- Liaw, S. Y., Rethans, J. J., Scherpbier, A., & Piyanee, K. Y. (2011). Rescuing a patient in deteriorating situations (RAPIDS): A simulation-based educational program on recognizing, responding and reporting of physiological signs of deterioration. *Resuscitation*, *82*, 1224– 1230. <https://doi.org/10.1016/j.resuscitation.2011.04>
- Liaw, S. Y., Scherpbier, A., Klainin-Yobas, P., & Rethans, J. J. (2011). A review of educational strategies to improve nurses’ roles in recognizing and responding to

deteriorating patients. *International Nursing*

Review, **58**, 296– 303. <https://doi.org/10.1016/j.resuscitation.2011.06>.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. sage.

Mann, C., & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *The Journal of Continuing Education in Nursing*, *48*(4), 167–174. <https://doi.org/10.3928/00220124-20170321-07>.

Monagle, J., Lasater, K., Stoyles, S., & Dieckmann, N. (2018). New Graduate Nurse Experiences in Clinical Judgment: What Academic and Practice Educators Need to Know. *Nursing Education Perspectives*, *39*(4), 201. <https://doi.org/10.1097/01.NEP.0000000000000336>.

National Council of State Boards of Nursing. (2023a). Clinical Judgment Measurement Model: A framework to measure clinical judgment and decision making. <https://www.nclex.com/clinical-judgment-measurement-model.page>.

National Council of State Boards of Nursing. (2023b). Next Generation NCLEX. <https://www.ncsbn.org/news/ncsbn-launches-next-generation-nclex-exam>

National Council of State Boards of Nursing. (2023c, April 13). NCSBN Research Projects Significant Nursing Workforce Shortages and Crisis. NCSBN.org. <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>.

National Council of State Boards of Nursing. (2023d). Approval of Nursing Educational Programs. <https://www.ncsbn.org/nursing-regulation/education/approval-of-nursing-education-programs.page>.

- National Council of State Boards of Nursing. (2017). Member Board Profiles.
<https://www.ncsbn.org/public-files/2017licensure.pdf.pdf>.
- Newton, R. H., & Krebs, A. (2020). Bridging the Theory-Practice Gap Using Simulation to Teach Care of Patients With Disabilities. *Teaching and Learning in Nursing, 15*(4), 233–236. <https://doi.org/10.1016/j.teln.2020.04.003>.
- Nichols, J. G. (1984). Achievement motivation: Conceptions of ability, subjective experience, task choice, and performance. *Psychological review, 91*(3), 328-346.
- Nielsen, A., Gonzalez, L., Jessee, M. A., Monagle, J., Dickison, P., & Lasater, K. (2023). Current Practices for Teaching Clinical Judgment: Results From a National Survey. *Nurse Educator, 48*(1), 7–12.
<https://doi.org/10.1097/NNE.0000000000001268>.
- Office of Research and Doctoral Services. (2016). Developing social problems into research problems [Video].
YouTube. <https://www.youtube.com/watch?v=udfldYXvUxw>.
- Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). SAGE.
- Poole, E. L., & Spies, M. A. (2022). Relationship among faculty fatigue, academic rank, and scholarship and service productivity. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*, 78(2), 395–403. <https://doi.org/10.1111/jan.14990>.
- Poorman, S. G., & Mastorovich, M. L. (2020). Constructing Next Generation National Council Licensure Examination (NCLEX) (NGN) Style Questions: Help for

Faculty. *Teaching and Learning in Nursing*, 15(1), 86–91.

<https://doi.org/10.1016/j.teln.2019.08.008>.

Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.) Sage Publications.

Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on medical education*, 8(4), 261–264. <https://doi.org/10.1007/s40037-019-00530-x>.

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage Publications.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Sage Publications.

Salifu, D. A., Heymans, Y., & Christmals, C. D. (2022). Facilitating the development of clinical competence in a low-resource setting: Perceptions and challenges of nurse educators. *Nurse Media Journal of Nursing*, 12(1), 42-60.

<https://doi.org/10.14710/nmjn.v12i1.43995>.

Schaar, G. L., Titzer, J. L., & Beckham, R. (2015). Onboarding New Adjunct Clinical Nursing Faculty Using a Quality and Safety Education for Nurses-Based Orientation Model. *Journal of Nursing Education*, 54(2), 111–115.

<https://doi.org/10.3928/01484834-20150120-02>.

Schubert, C. R. (2012). Effect of simulation on nursing knowledge and critical thinking in failure to rescue events. *The Journal of Continuing Education in Nursing*, 43(10), 467–471. <https://doi.org/10.3928/00220124-20120904-27>.

- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63–75.
- Sherrill, K. J. (2020). Clinical Judgement and Next Generation NCLEX® – A Positive Direction for Nursing Education! *Teaching and Learning in Nursing*, 15(1), 82–85. <https://doi.org/10.1016/j.teln.2019.08.009>.
- Simpson, A., Boev, C., & Dambaugh, L. (2023). Next generation NCLEX stand-alone items: Bowtie & trend. *Teaching and Learning in Nursing*. <https://doi.org/10.1016/j.teln.2023.01.005>.
- Tanner, C.A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45 (6) (2006), pp. 204–211, [10.3928/01484834-20060601-04](https://doi.org/10.3928/01484834-20060601-04).
- Urquhart, C. (2012). *Grounded theory for qualitative research: A practical guide*. Sage.
- Walden University. (n.d.). Quick answers: Dissertation. <https://academicanswers.waldenu.edu/search/?t=0&adv=1&topics=Dissertation>.
- Walden University Library. (n.d.). Choosing your topic: Your topic. <https://academicguides.waldenu.edu/library/topic>
- Walden University, LLC. (Producer). (2010). *Doctoral research: Ensuring quality in qualitative research* [Video file]. Author.
- Wijnia, L., & Servant-Miklos, V. F. C. (2019). Behind the Times: A Brief History of Motivation Discourse in Problem-Based Learning. *Advances in Health Sciences Education*, 24(5), 915–929.

Woods, C., West, C., Mills, J., Park, T., Southern, J., Usher, K. (2015). Undergraduate student nurses' self-reported preparedness for practice. *Collegian*, 22 (4) (2015), pp. 359-368, [10.1016/j.colegn.2014.05.003](https://doi.org/10.1016/j.colegn.2014.05.003).

World Health Organization (2018). World health statistics 2018: Monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization <https://www.hst.org.za/publications/NonHST%20Publications/World%20Health%20Statistics%202018.pdf>.

Yob, I., & Brewer, P. (n.d.). Working toward the common good: An online university's perspectives on social change, 1-25.

Zangaro, G. A., Rosseter, R., Trautman, D., & Leaver, C. (2023). Burnout among academic nursing faculty. *Journal of Professional Nursing*, 48, 54–59. <https://doi.org/10.1016/j.profnurs.2023.06.001>.

Appendix A: Flyer

Undergraduate Nursing Faculty



Topics Include

- Clinical Judgement Measurement Model
- Next Generation NCLEX
- Adapting to change
- How to support faculty in an environment of change

My name is Marlene Kilpack and I am a PhD student at Walden University. I am seeking nursing faculty who teach in an undergraduate nursing program to volunteer for a study to explain their experiences in adapting to the change in the Next Generation NCLEX

Inclusion criteria is undergraduate nursing faculty within the United States and Canada who are preparing nursing students for the Next Generation NCLEX. Informed consent and a demographic survey will be given to potential participants. If inclusion criteria are met an audio recorded zoom meeting will be scheduled for 30 minutes. A \$25 gift card will be sent to all participants.

Information that is gathered will be used to understand the challenges of undergraduate nursing faculty adapting to change. Confidentiality and strict time commitments will be maintained.

Chubbuck, ID 83202 Tel 208.281.8367 Email Marlene.kilpack@waldenu.edu

Appendix B: Invitation

Invitation Template for Email, Social Media, and Flyers

There is a new study about the experience of undergraduate nurse faculty that could help the nursing community better understand the changes of the Next Generation NCLEX. For this study, you are invited to describe your experiences in preparing nursing students for the Next Generation NCLEX.

About the study:

- One 30-minute Zoom interview that will be audio recorded
- Interviewees will receive a \$25 Amazon gift card as a thank you
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- Undergraduate nursing faculty in an ADN or BSN nursing program
- Working in the United States or Canada
- Understand the recommendations of the NCSBN to incorporate the clinical judgement measurement model in curriculum or the Next Generation NCLEX test

This interview is part of the doctoral study for Marlene Kilpack, a Ph.D. student at Walden University. Interviews will take place during October 2023.

Please reach out by email to marlene.kilpack@waldenu.edu to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Appendix C: Demographic Form

1. What is your gender?

Male

Female

Transgender, genderqueer, or gender non-binary

Other/Unknown

2. What is your age range?

20-29 years old

30-39 years old

40-49 years old

50-59 years old

60-69 years old

70-80 years old

3. What is your highest education and what national certifications do you have?

4. How long have you been a nurse educator?

0-5 years

6-10 years

11-15 years

16-20 years

21+ years

5. How many years of experience do you have in patient care?

6. Do you have formal education in teaching?

7. What is your job title?

8. What is the email address you are comfortable using that you would like your gift card sent to?
9. What day and time would you like to meet for an audio recorded 30-minute Zoom interview?

Appendix D: Interview Guide

Interview Script

Interview Script Researcher: Hello _____, I appreciate you agreeing to this interview. The purpose of my study is to explore the experience of undergraduate nursing faculty as they adapt to the change of using the clinical judgement measurement model and the Next Generation NCLEX test questions. You have received my previous email regarding consent with a demographic form and consented to this interview. As a reminder, I will be audio recording our conversation using the Zoom platform recording function. At the end of the interview, I will review the interview to be sure there were not any technical or recording difficulties. At the end of this interview, I will transcribe our conversation, verbatim, so I can use the written transcript for data analysis. If you would like the results of this study I can provide a one-page summary upon request. I can be reached by email at: marlene.kilpack@waldenu.edu. Prior to beginning this interview, it is important that you are in a safe, quiet place and will have at least 30 minutes to answer the questions. If you are not able accommodate these conditions at this time, we can reschedule.

Are you able to continue under these conditions?

Participant response:

Researcher: Do you have any questions prior to beginning the interview?

Participant response:

(Allow for Researcher follow-up if needed)

Researcher: Okay, if you have no (other questions), may we begin?

Participant response:

Researcher: Question 1, How do you feel about the recommendations from the NCSBN to incorporate the clinical judgement measurement model and the Next Generation NCLEX test question changes?

Participant response:

Researcher: Question 2, What has been your experience with these changes?

Participant response:

Researcher: Question 3, What specific changes, if any, have you made to your curriculum, teaching style, or testing practice in response to the recommendations of the NCSBN?

Participant response:

Researcher, Question 4, What is your reasoning for making changes or not making changes to your curriculum, teaching or testing style?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher: Question 5, Have you used any resources to help you teach using the CJMM or NGN testing style (optional question based on response to question 3)?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher. Questions 6, What is your strategy to overcoming obstacles, adapting to change or facing a challenge as it pertains to teaching with the CJMM and the NGN testing style?

Participant Response:

Researcher: (Allow for follow-up or clarification) Thank you for your answer.

Researcher, Question 7, What support would be helpful to you in complying with the recommended changes as proposed by the NCSBN?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher: Question 8, Do you have contact information of anyone who would meet the inclusion criteria who would be willing to participate in this study?

Participant response:

Researcher: I have no more questions. Do you have any questions for me?

Participant response:

Interviewer: I want to thank you again for your participation in this study. Your time is valuable and you will be compensated with a gift card that will be mailed to the address that you are comfortable using and that you provided in the demographic form. You have my contact information and may reach out to me if you have any other thoughts or insights that you would like to share. Thank you again, and have a good day.