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## The Lived Experience of New Graduates Transitioning Through the NCLEX

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# Walden University

College of Nursing

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Kristie L. Harrison

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the review committee have been made.

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Walden University  
2024

Abstract

The Lived Experience of New Graduates Transitioning Through the NCLEX

by

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MA, Walden University, 2016

BSN, University of Southern Maine, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

May 2024

## Abstract

Every year, thousands of seemingly qualified nursing candidates are unsuccessful at taking the National Council Licensure Examination (NCLEX). Given the ongoing nursing shortage and instability in healthcare personnel created by COVID-19, it is important to ensure that all qualified candidates enter practice promptly. Research related to the lived experience of the graduate nurse is limited. The purpose of this qualitative study was to extend the current understanding of graduate nurses' experience in graduating from nursing school and preparing to take the NCLEX. This study is a thematic analysis of the graduate nurses' lived experience as they transition from school to taking the NCLEX. Ten participants engaged in a semistructured interview related to the experience of graduating and preparing for NCLEX. Interviews were transcribed and coded using Schlossberg's transition theory as a guiding framework. Data were sorted into the categories of self, support, situation, and strategies within the "moving in," "moving through," and "moving out" phases of the transitional event. Key themes identified were stress, anxiety, support, and mentorship. Understanding the positive or negative effects of these factors on a candidate can help institutions shape the graduation process to meet candidates' academic and nonacademic needs so that qualified candidates have all the tools they need to succeed. The successful transition of nurses through the NCLEX process is important given the ongoing nursing shortage and the instability within nursing created by the pandemic. Reducing the number of delays in licensure for registered nurses positively impacts patients, their families, and society since nurses comprise the largest number of health care providers in the United States.

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## Dedication

Thank you to my friends, family, colleagues, and faculty. You have all supported me through this journey, and the support shown by all of you has kept me motivated through this long process.

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## Chapter 1: Introduction to the Study

Graduate nurses (GNs) must prepare for and take the National Council Licensure Examination (NCLEX) before entering professional practice. This exam, which is maintained by the National Council for State Boards of Nursing (NCSBN, 2020), proposes to ensure that the graduate meets the requirements for competent entry-level practice. Because this exam is the measure of entry-level competent practice for the individual and a measure of success for the nursing program itself, faculty work hard to understand the exam and prepare graduates to successfully complete the exam. However, despite best efforts there are students every year who are expected to pass and do not (Czenkanski, Hoerst, & Kurz 2018). Understanding the GNs' experience with the transition from graduation through NCLEX may give faculty information needed to develop interventions that are relevant to the GN as they make this important transition from GN to practicing nurse. Understanding the GNs' experience and preparing them for it will help ensure that every prepared candidate reaches practice. Adding to the nursing workforce maintains public safety by mitigating the nursing shortage that has been made worse due to COVID-19.

This chapter will focus on the background literature relevant to NCLEX and the importance of developing relevant literature that improves faculty understanding of the GNs experience as they prepare for and take the NCLEX. It will also explore the study framework, the specific research question, the relevance of this study to nursing education, and the student. Finally, this chapter will describe the nature of the study and its limitations.

## Background

I conducted a literature review using OVID, Science Direct, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, Medline, ProQuest, and Wiley online library. Search terms included *National Council Licensure Examination, NCLEX, NCLEX predictors, NCLEX success, faculty empathy, advising, advising transition, transition, 4S system, Schlossberg's 4S system, test anxiety and NCLEX, NCLEX pass rates, integrated testing and nursing school, nursing education and progression policies, progression policies, emotional intelligence, NCLEX Failure, nursing resilience, nursing student resilience, academic procrastination, self-efficacy, social media, student anxiety, and NCLEX mentoring.*

Understanding a GN's transition from graduation through to passing the NCLEX requires an understanding of what current literature supports as building blocks to success and what the GN's perception of the experience is. Adams (2019) and Atemafac (2014) both developed qualitative dissertations that explored student preparation for NCLEX. Both works support the perception of what students value in preparation and who they seek support from in times of stress. Blozen (2017) interviewed graduates who were successful in completing NCLEX in one attempt. Central themes identified were clinical experiences, receiving support, practice questions, and engaging in a review course. The study supported the achievement of success through positive strategies. Czenkowski, Hoerst, and Kurz (2018) highlighted the importance of receiving support through implementation of a coaching program designed to increase NCLEX pass rates at one prelicensure nursing program. The coaching program included all students because

faculty recognized their inability to predict which students would pass NCLEX on their first attempt. The program did not specifically discuss role transition, but all the elements of transition were met within the coaching program. Pass rates in this program improved drastically. Fiske (2018) described the implementation of self-efficacy interventions and how interventions improved student outcomes. This was a mixed methods study that explored the importance of self in the transition from new graduate to registered nurse. Quantitative data points were NCLEX pass rates, general self-efficacy scale, and student evaluation of interventions. Those who experienced the intervention performed better and reported satisfaction with the interventions they were taught. Hanson-Zalot et al. (2019) and Kasproovich and VandeVusse (2018) both conducted qualitative studies that provided student perceptions regarding NCLEX when not initially successful. The two themes that align with transition are stigma and pressure. GNs' reported increased pressure and stigma from failure making it difficult to move through the process. Data in this study support the importance of adequate strategies to cope with the transition through to NCLEX success.

These studies supported the importance of academic predictors but acknowledged that non-academic predictors also play a role in the transition through NCLEX. Studies that investigate student perceptions should be analyzed carefully. They often analyze factors that predict success. While there are several elements that can help a GN transition from graduation to practice, there will always be stressors present. The ability to navigate these stressors is equally important as illustrated by Blozen's (2017) work. Blozen reported the situation where one student mentioned, outside of the study focus

group, that finances were a major cause of stress for him during this time. Ultimately the researcher chose to disregard the information as it did not help answer the research question, which was primarily focused on factors that led to success. This outlier information did not answer the research question, but it illustrated the presence of multiple variables having some effect on the student. Other, more recent studies have recognized the importance of understanding outlier information. Kasproovich and VandeVusse (2018) explored experiences of registered nurses who passed the NCLEX after more than one attempt. Participants described maladaptive coping strategies and experiencing stressors from outside support systems. Understanding the GNs' experience regardless of passing or failing is important. The literature does not reflect the GN experience from their perception, nor does it represent the experience in a holistic manner. Understanding the experience of the GN in a holistic manner will add to the literature. It will also help faculty develop and refine interventions based on a deeper understanding of the experience.

### **Problem Statement**

The quality of research surrounding the NCLEX is variable. This is exemplified in Quinn et al.'s (2018) review of literature between 2006 and 2016 in which there were 248 sources pulled for review, but 214 of the sources were discarded because there was no relevant data presented. Of the remaining 29, Quinn et al. excluded 11 more sources because they were either literature reviews themselves or the results were not presented. Data from the 18 remaining sources point to several relevant interventions that improved NCLEX pass rates. These included increased rigor of progression policies and exit

examination as valid methods for improving NCLEX results. Even with these academic predictors in place faculty still experience the “well-prepared” student who does not succeed on the NCLEX (Czenkanski, Hoerst, & Kurz, 2018). Of the 186,350 candidates who were tested for the first time in 2023, there were 21,318 who were not initially successful (NCSBN, 2024). Given the fact that these graduates successfully complete accredited programs there appears to be more to understand about the students transition from GN to practicing nurse.

Recent research has had a stronger focus on elements outside of the academic changes typically taken by nursing programs (Blozen, 2017; Rode & Brown, 2019). Blozen (2017) conducted semistructured interviews with GNs who were successful in their first attempt at NCLEX. Themes in those interviews were social support, preparation through practice questions, and clinical experiences. These interviews highlighted the importance of other elements as central to the NCLEX experience. Czenkanski, Mingo, and Piper (2018) implemented coaching interventions at a prelicensure program with very low pass rates. The schools’ pass rates went from a low 64% to 94% within a 2-year period. The coaching program, which was developed through use of literature and feedback from previous graduates, allowed faculty to follow the graduate through from graduation to successful completion of NCLEX. This program included traditional elements as presented in the Quinn et al. (2018) literature review, but it also incorporated mentoring and methods to deal with testing anxiety (Czenkanski Hoerst, & Kurz, 2018). The sharp increase in test rates is impressive and provides some



evidence that interventions should be multifocal across academic and non-academic issues relevant to the GN. This research is relatively new and spanned a 2-year period.

Czenkowski, Mingo, and Piper (2018), Blozen (2017), and Rode and Brown (2019) all suggested strategies to address transition. Schlossberg's (1981) theory of transition recognized the importance of self and the ability to implement strategies to deal with transition as central to experiencing a positive transition. Traditional NCLEX literature had a focus on academic rigor and faculty training (Quinn et al., 2018). More recent research has focused on the importance of coaching and the provision of experience (Czenkowski, Hoerst, & Kurz, 2018; Rode & Brown, 2019). However, non-academic indicators of success are relatively new in the literature. Continued study is necessary to fully understand the experience of the GN as they transition through NCLEX. The current study represents one step in filling the gap related to the GNs experience in the transition through NCLEX. In this study, I explored the GN perspective of academic and nonacademic factors of the transition experience.

### **Purpose of The Study**

The purpose of this thematic analysis was to explore the GNs' lived experience in transitioning through NCLEX. Schlossberg's transition theory is the framework for this study. Schlossberg (1981) defined transition as "moving through, moving in, and moving out" of a transitional event (p. 5). She identified the elements present during the transition as situation, support, self, and strategies (Anderson et al., 2012). Using the theory as a guide to data collection helped ensure a thorough discussion of the transition experience.

Data analysis supported that these were key elements perceived by the participants themselves.

### **Research Question**

RQ-Qualitative: What is the lived experience of the GN as they move through, in, and out of a transitional event: the NCLEX?

### **Conceptual Framework**

Schlossberg's (1981) transition theory was the framework for this thematic analysis. There are two essential elements to this theoretical framework. The first is the definition of transition while the second is Schlossberg's 4S system. Transition is defined as an "event or non-event" that results in "change in social networks" that create either "growth or deterioration" in the person experiencing the transition (Schlossberg, 1981, p. 5). Schlossberg (1981) went on to describe the transition as a process of "moving in, moving through, and moving out." (p. 2) of the transition. The 4S system is an asset and liability inventory, present at all stages of transition, which can help an individual understand and deal with transition (Schmitt & Schiffman, 2019). The 4Ss include situation, support, strategies, and self (Anderson et al, 2012). The 4S categories were utilized for initial coding with further coding to be identified as data are collected and analyzed. The framework provided me with a theoretical framework of the elements that affect GNs in either a positive or negative way as they prepare for NCLEX. Interview questions focused on GN experiences at each stage of transition and the 4S system was used to code responses into categories reflective of situation, support, self, and strategies at each stage of moving 'in, out, and through' the transition. This framework was

essential in the conceptual development of this study. More detailed information related to Schlossberg's transition theory and the 4S system can be found in the literature review in Chapter 2.

### **Nature of the Study**

Thematic analysis was the principal methodology used to examine the lived experience of GN. This methodology allowed me to explore the GN experience without being tied to specific epistemological or ontological traditions so that I could enquire about participant experience (see Patton, 2015). This approach recognizes that little is known about the student experience of transition and allows the data to speak for itself. Thematic analysis is used across many methodologies as a data analysis tool, but it can also be considered a methodology in and of itself (Nowell et al., 2017).

I utilized semistructured interview questions to collect data from participants. This provided some flexibility in data collection while maintaining central information through each interview (Turner, 2010). Once data were collected, thematic analysis was used to code and make meaning of the data. Thematic analysis utilizes six key steps: familiarization with data, generation of initial codes, searching out themes, reviewing themes, defining, and naming themes, and finally producing a report (Nowell et al., 2017). Because thematic analysis is an iterative process. I continuously moved between these steps to ensure a deep understanding of the data and how the data might affect my interpretation of the GN experience. Thematic analysis allows the researcher to make meaning of the participant experience and provides actionable information to educators.

This information may help educators prepare senior students to transition smoothly into the GN role.

### **Definitions**

Definitions within this work that may not be familiar to readers include the following:

- *Standardized testing*: Exams provided by vendors such as Health Education Systems Incorporated (HESI), Kaplan Test Prep (KTP), and Advanced Technology Institute (ATI). The professional and standardized exams test at a higher level than faculty developed tests allowing the student to practice higher level questions and showing faculty where there may be gaps within the program (Glasgow et al., 2019).
- *Exit exams*: Standardized exams that are administered at the end of a program and often used to predict the likelihood of passing the NCLEX. They may also be used to make determinations regarding progression through a nursing program (Hunsicker & Chitwood, 2018).
- *Integrated examinations*: Standardized exams that are integrated at key points throughout the curriculum to help identify gaps within the curriculum (Glasgow et al., 2019).
- *High stakes testing*: Which would include both exit exams and the NCLEX itself, are exams that are used to make decisions about a student's progression through the program (Hunsicker & Chitwood, 2018).

### **Assumptions**

The assumption of this study was that there are multiple factors that affect the GN and their ability to be successful in passing the NCLEX. Evidence supports the importance of academic preparation as a factor in transition through NCLEX (Quinn et al., 2018). Typically, when schools experience a dip in pass rates, progression policies are revised, specialty exams are integrated into the curriculum, and more recently mentoring programs are added to the program (Stucky & Wright, 2020). Often, schools implement all these interventions at one time. This makes it difficult to understand what impact the different elements have on the GN. Czenkanski, Hoerst, and Kurz (2018) reviewed data related to the implementation of these changes at a school of nursing. The school pass rate improved from 64% to 94% over a 2-year period. Important to note is that the full curriculum change had not occurred as of the time of publication. The faculty felt that the mentoring program and support after graduation were the primary markers of success. Historically, faculty have pointed to lack of academic preparation and or lack of study prior to NCLEX as the key factor in NCLEX failure (Quinn et al., 2018). Being a mentor and supporting a GN through NCLEX success should require at least some understanding of the issues that the GN may face. Student perceptions of taking the NCLEX are often framed either in what makes them successful or what the experience of being unsuccessful looked like. Blozen (2017) explored elements of success which included clinical experiences, practice questions, and taking an NCLEX prep course. Hanson-Zalot et al. (2019) explored graduate perception of preparation for NCLEX and compared those successful against those unsuccessful. In this study, students spoke about academic

preparedness, but also brought up the ability to deal with anxiety in the moment. They were unprepared for the anxiety the NCLEX created for them at the moment. Kasproovich and VandeVusse (2018) conducted a qualitative study that explored GNs experience after initial failure. These authors report finding a ten-year gap between their study and any other study that explored the lived experience of NCLEX failure. Their study had some of the expected themes such as lack of study prior to the exam, but there were also some unique explanations of pressure. GNs reported experiencing pressure from family in terms of pressure to get a job or over confidence regarding the ability of the graduate to pass the NCLEX. Social media was also identified as a stressor for some GNs. Literature makes it clear that academic preparation is key to success, but the non-academic factors also play an important role in the GNs experience transitioning through NCLEX.

As the researcher, I assumed that all participants would answer the interview questions in a forthright and honest manner. I further assumed that interview questions were adequate to reflect the full experience of the participants. I also assumed that I would be able to recruit enough participants to meet data saturation.

### **Scope and Delimitation**

This qualitative study used semistructured interviews to learn more about the GN experience as they prepare for and take the NCLEX. Understanding the GN experience may help faculty prepare students for this transitional experience and increase success with NCLEX. The study included RNs that were within 2 years of their first attempt at NCLEX. These time boundaries were set to put the participant as close to the event as possible while not limiting the participant pool to the extent that finding participants

made it too difficult to complete the study. The 2-year time frame also makes it more likely to find participants who have had a wide variety of experiences with this transition making the data transferable to other settings.

### **Limitations**

Limitations to the study included recruitment of participants, limited ability to verify participant information, and COVID-19. Recruitment of participants that represent both successful and unsuccessful transition through NCLEX was difficult. Participants who were successful were the only volunteers. The general stress and increased professional demands created by COVID-19 was not as much of a limitation as initially anticipated. It was seen as a barrier to NCLEX success for those pre-Next Generation exam. There was an opportunity to engage in member checking for all participants, but only two participants engaged in member checking.

### **Significance**

Understanding the transitional experiences of GNs as they prepare for and take the NCLEX will help to identify factors that institutions can use to develop programs that support GNs. The results of this study will add to the general body of knowledge and support facilities and institutions as they develop programs to help GNs transition to registered nurses. This study supports social change by ensuring that every qualified candidate becomes a qualified practicing nurse. This is important given the present nursing shortage and the stress created by COVID-19.

### **Summary**

This qualitative study explored the GNs lived experience as they transition through NCLEX. To effectively explore this experience Schlossberg's transition theory and the 4S system were used to guide the study and explore the data. The assumption this study made is that there are multiple factors that affect the GN during this transitional event. To fully explore this experience recruitment of participants who have had varied experiences is important. This study utilized semistructured interview questions to obtain data from participants relative to their experience with NCLEX. Understanding this experience offers faculty information that can be used to help the GN enter practice in a timely manner. Understanding this experience requires a review of the literature which was started in Chapter 1. A more comprehensive review of the literature and conceptual framework is presented in Chapter 2.



## Chapter 2: Literature Review

The NCLEX is the examination new graduates must take to demonstrate minimum competency to enter the nursing profession. The purpose of this thematic analysis was to explore the new graduates' perception of the situation as they transition through the process of moving through, in, and out of preparing for and taking the NCLEX (Schlossberg, 1981). Information collected will add to the current body of knowledge and support nursing faculty efforts to prepare new graduates for NCLEX.

A review of the literature supports that rigorous testing and strong progression policies improve NCLEX pass rates (Czenkanski, Hoerst, & Kurz, 2018; Quinn et al., 2018). The importance of supporting students through mentorship is also starting to emerge within the literature (Czenkanski, Hoerst, & Kurz, 2018). Changes in progression policies, mentoring programs, and exit examinations are all reviewed within the literature. It is important to understand the relationship between the intervention, how the intervention is implemented, and what effect it has on GNs. Integrated and exit examinations are a good example of this. Changes in progression policies can be very different between programs of nursing. Some typical changes include an increase in student minimum grade point average requirement, increase in the clinical course passing grade, increased minimal required score on integrated or exit examinations (Quinn et al., 2018). Policies that increase required scores on exit examinations and prevent students from graduating if the score is not achieved may increase fear and anxiety to the extent the student is less likely to meet with success even though they may be academically prepared (Hunsicker & Chitwood, 2018). Shah et al. (2022) reviewed completion results

for schools and found no statistical differences between those who had strict progression policies related to exit exams and those that did not. If there is no statistical difference the application of undue stress and anxiety is unwarranted. The student perception of the experience is important to understand. Understanding the GN experience will allow faculty to develop mentorship and academic progression policies to increase success rates of the GN taking NCLEX.

Chapter 2 contains information related to pertinent search strategies, an in-depth explanation of Schlossberg's theory of transition and the 4S system, and a comprehensive literature review. Sources from the literature review provide support for the use of the 4S system as an organizational theoretical framework to explore the lived experience of the new graduates as they prepare for and take the NCLEX.

### **Literature Search Strategy**

Databases used to obtain literature for this review include Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, Medline, Science Direct, Wiley online library, and Google Scholar. Search limiters included publication between 2017 to 2022, English language, and full text. Literature relevant to the theoretical framework required increased flexibility with search dates as Schlossberg first introduced the theory, then model, in 1981. Search terms for this literature review included: *National Council Licensure Exam (NCLEX), NCLEX, NCLEX predictors, NCLEX success, faculty empathy, advising, advising transition, transition, 4 S system, Schlossberg's 4 S system, test anxiety and NCLEX, NCLEX pass rates, integrated testing and nursing school, nursing education and progression policies, progression policies, emotional intelligence,*

*NCLEX failure, nursing resilience, nursing student resilience, academic procrastination, self-efficacy, social media, student anxiety, and NCLEX mentoring.* The subsequent review of the literature begins with theoretical foundation.

### **Theoretical Foundation**

Nancy K. Schlossberg, a professor emeritus at the University of Maryland, is an expert in the areas of “adult transitions, retirement, career development, adults as learners, and integrational relationships” (Schlossberg, 2021, p. 1). Schlossberg has authored several books and served as president of the National Career Development Association (Schlossberg, 2021). Schlossberg (1981) first introduced her transition theory in the journal *The Counseling Psychologist*. Schlossberg’s theory was further refined in a co-authored book titled *Counseling Adults in Transition* (2012) which is currently in its fourth edition.

Schlossberg (1981) argued that studying transition requires a look at both the individual and the external occurrences. Because of this, several developmental theories were instrumental in her initial development of transition theory. Schlossberg reviewed developmental theories that predicted behavior based on “individual idiosyncrasy,” “life stage”, and “chronological age” (Schlossberg, 1981, p. 3). Schlossberg’s definition of transition leans most heavily on Lindemann’s crisis theory. Crisis theory recognizes that people operate consistently within their environment solving problems regularly, but that some problems are more difficult creating disequilibrium (Lindemann, 1965 as cited in Schlossberg, 1981). While Schlossberg agreed with the heart of this theory, the word

“crisis” denoted mostly negative circumstances. Transition theory covers both gains and losses that can occur when faced with a transitional event.

### **Schlossberg’s Transition Theory**

All adults face transitional events, but not all adults react to transitions in the same ways. It is important to understand transition as a concept to better understand the experience of the GN. Schlossberg (1981) defined *transition* as an “event” or “non-event” in which the individual experiences a change in one or more areas of their lives. These changes may be in social networks, self-perception, or a changed perception of their standing within social networks (Schlossberg, 1981). The individual experiencing the transition has internal and external assets or weaknesses that can help or hinder the transition. Anderson et al. (2012) developed the 4S system to help individuals assess assets and liabilities as they transition. Given that not all adults experience transition in the same manner, Schlossberg’s theory will help to identify and organize pertinent information. Therefore, transition theory will be explored in greater detail.

A transition is not one event in time but periods of time that surround the event. The transitional period is marked by phases that are referred to as “moving in, moving through, and moving out” of the transition (Anderson et al., 2012; Schlossberg, 1981). The first stage can be conceptualized as either moving in or moving out depending on the type of change the individual is experiencing (Anderson et al., 2012; Schlossberg, 1981). The *moving in* stage is characterized by the learning of new roles and routines while the *moving through* phase is a period characterized by confusion and insecurity (Anderson et al., 2012; Schlossberg, 1981). Finally, the *moving out* phase is a period characterized by

disengagement from previous roles and assumptions (Anderson et al., 2012). Each stage or the transition comes with challenges that the individual will face.

It is important for the individual to be able to evaluate strengths and weaknesses at each stage of the transitional period. The 4S system is a method for individuals to evaluate strengths and weaknesses at each stage (Anderson et al., 2012; NACADA, 2013). The individual may be able to self-evaluate, but the framework is helpful to teach an individual how to effectively transition through specific phases (Anderson et al., 2012). The 4S system refers to a person's ability to evaluate the situation, support, strategies, and self (Anderson et al., 2012). The 4S system is a way for the individual, or someone helping the individual, to evaluate their strengths and weaknesses in terms of the transition. It has also been used as a framework to determine what assets are used during extended transition. McKittrick et al. (2021) used the system as an organizational framework in a review of graduate's transition from school to practice. Schmitt and Schiffman (2019) utilized the theory to explore the transitional experience of nurses in their first year of practice. The nurse really undergoes several transitions in a short amount of time. Graduation marks the start of the GN phase which, if successful at the NCLEX, should last about one month. After the NCLEX, the successful candidate enters yet another transition into professional practice. As Schmitt and Schiffman (2019) recognize, social support is very important during this time. The period between graduation and the NCLEX may lack those social supports. Using this system as a framework to evaluate the GNs' experience is consistent with Schmitt and Schiffman's work (2019).

### *Situation*

Adult transitions typically occur when someone experiences an unknown or a shift in the social structure they exist within. The situation is the event or non-event that creates the transitional period (Anderson et al., 2012; Schmitt & Schiffman, 2019).

Transitional situations include but are not limited to retirement, marriage, moving, job changes, and shifts in social roles. Situations and the individual's perception of the situation are highly dependent on the individual's sense of self and their unique position in the world (Anderson et al., 2012). The situation is characterized by the trigger, timing, control or source, duration, role change, concurrent stressors, and the individual's ability to assess the situation (Anderson et al., 2012). It is important to consider the situation from the GNs' perspective. Understanding how they view the experience helps to refine the approach to preparing future GNs.

In the case of a GN, the triggering event for the NCLEX is graduation itself. Graduation represents a role change for GNs. They transition from an environment that is highly structured and supportive to an individual and self-driven method of preparation. The familiar social supports may also be missing as the students focus turns away from the cohort and school environment. The duration of the transition is limited to the time between graduation and receiving results for the first attempt at the NCLEX. The timing and assessment of the situation are dependent upon the lived experience of the GN. Timing refers to the individual's social clock (Anderson et al., 2012). A GN who experienced some failures in nursing school and was separated from their initial cohort of students may perceive that they are transitioning through this milestone late compared to

fellow nurses. GNs who attend school later in life may feel that this transition is not happening within a socially normative timeline.

### *Self*

Self has to do with both one's inner concept of self and the outer concept of self as it is defined by cultural and social circumstances (Anderson et al., 2012). The key concepts in self are "socioeconomic status, gender and sexual orientation, age and stage of life, state of health, ethnicity, culture, psychological resources, ego development, outlook (optimism or self-efficacy), commitment and values, and spirituality or resilience" (Anderson et al., 2012, p. 73). Exploring each of these areas is an important step in determining what areas provide strengths or weaknesses. Some of these characteristics can be housed together in subcategories; for example, age, socioeconomic status, gender, ethnicity, culture, life stage, age, and sexual orientation are often grouped together by anyone gathering demographic data (Anderson et al., 2012; Schmitt & Schiffman, 2019). It is important to recognize demographics as a possible predictor of transition success. The following paragraphs will explore demographic data in more detail. Those who live in different socioeconomic groups experience different struggles and different life events. A GN who is a first-generation college student that struggled to work full time while attending school may have a much different experience than a GN who was expected to attend college and was provided financial support to attend college. One may have stronger social support while the other may have developed stronger coping skills and resilience. Socioeconomic status itself is not a predictor of success but may be a predictor of stressors that can either build or break down other areas of self-

such as outlook (Meyers & Karpinski, 2018). Understanding socioeconomic status provides some insight into the GN experience. Gender may affect how the GN experiences socioeconomic status.

Gender plays more of a role in an individual's daily life than one would initially consider. Anderson et al. (2012) reviewed gender and its effect on transition through the lens of either female or male. As of 2022, gender has expanded to include men, women, and non-binary individuals making the bi-gender approach to transition more complex. It is still important to consider gender in terms of the transitional process, but I recognize that gender differences in terms of reaction to transition takes a wider scope than Anderson et al.'s initial assessment. Anderson et al. (2012) recognized that men and women have quite different approaches to transition. For a man, socially normative behavior may make it difficult to admit to feelings of anxiety or to ask for help; however, women are seen as emotional, warm, and feeling, which may make it easier for female GNs to seek social supports (Anderson et al., 2012). Cultural or ethnic influences on the individual may further affect the individual's idea of culture norms (Anderson et al., 2012). Sociocultural roles are often engrained from birth, making it difficult for some individuals to navigate difficult transitions. This might include the notion that men are the bread winners and responsible for supporting the family. It can also be a wider cultural conversation. The classroom itself has become culturally diverse. However, many programs still do not teach a culturally diverse world. Rizzolo et al. (2022) discussed unconscious bias in pharmacy student assessment and the importance of cultural



humility. Lack of self-knowledge or cultural humility on the part of the educator may limit a GN's comfort level in approaching faculty for help.

Often people see age as an important factor in transition. The sense that things do not happen on a certain social time clock can give people anxiety. However, age seems to play less of a role in transition than actual life experience (Anderson et al., 2012). While those in earlier stages of development do report more stressful events than those in the end stages of life: it is the quality of events that often dictates someone's ability to transition (Anderson et al., 2012). If an individual does not build a sense of achievement through meeting life goals, the outlook at new challenges may make it difficult for that individual to transition through any event successfully simply because they have become accustomed to failures (Bandura, 1994). Anderson et al. (2012) explained that it is less a function of chronological age and more a mixture of psychological age, social age, and functional age. These things combined can predict, to some extent, how the individual may cope with transitional events (Anderson et al., 2012). Some research has already been conducted regarding these predictors. Emotional intelligence has a positive correlation to a positive outcome on the NCLEX (Rode & Brown, 2018). Emotional intelligence has several components, but the essential, and similar components, relate to knowing oneself, being able to read emotions, and being able to react to those emotions in a meaningful way (Holland, 2021). The ability to self-regulate an emotional state is likely a key skill in transition through difficult situations. Health is the final demographic part of self.

When exploring health as a demographic of the self, it is important to recognize that health itself can be a transitional event (Anderson et al., 2012). As an individual faces illness in either an acute or chronic state, questions regarding mortality and functional ability come up (Anderson et al., 2012). Illness as a stressor limits the individual's ability to fully concentrate on a transition while illness as a transition itself takes up the individual's ability to focus on any other transitions (Anderson et al., 2012; Spurr et al., 2021).

Once the demographic factors included in self have been accounted for, there are the more abstract definitions of self. Psychological resources are an important part of self and can help to predict how an individual will experience a stressful event (Anderson et al., 2012; Bandura, 1994). Psychological resources include ego development, outlook, commitment, and resilience (Anderson et al., 2012). This is especially important for new graduates as nursing students face far greater test anxiety than the average student which can often lead to procrastination (Custer, 2018). This anxiety, and avoidance of the trigger for the anxiety, may follow students into the preparation stage for NCLEX. It is more difficult to determine an individual's psychological resources, but these resources can be built over time. Students who experience positive experiences through school may build a sense of confidence or resilience in their abilities.

### ***Support***

When individuals transition, they also look outwards for support. Social support, often seen as a positive, can play both a positive and or negative role based on the type of transition and the social role of the support person (Anderson et al., 2012; Schmitt &

Schiffman, 2019). Social support comes through an individual's networks and can have entirely different effects based on which network the support comes from (Anderson et al., 2012). Support networks include intimate partners, family units, friendships, occupational, and institutional (Anderson et al., 2012). The importance of social support may shift in importance over time. Schmitt and Schiffman (2019) found that the need for institutional support faded over the first year of a new graduate's transition into practice. This is primarily because the nurse had grown into the role and had developed a deeper sense of self. Institutional support will always remain an important part of a nurse's support system, but development of other areas balances out the need over time.

Support provided by the family unit and or intimate partner may provide the most varied support for the GN. Not meeting with initial success on the NCLEX affects the GN's sense of self as well as their standing within the family (Quinn et al., 2018). Families themselves can add undue stress even when appearing to be supportive. Often family members will ask about when the GN will get a job or how quickly they will get through the exam (Kasprovich & VandeVusse, 2018). Intimate partner and family unit support that provides a sense of approval, regardless of outcome, may be the most important feature of the support provided (Anderson et al., 2012). Sociocultural roles may affect that sense of approval in diverse ways. For the married "head of household," the support and approval of the family unit may be overshadowed by the imposed stress created by sense of self as the leader and provider. As stated earlier, there is no direct reflection between socioeconomic status and NCLEX success; however, it is a possible stressor that can influence success (Blozen, 2017; Meyers & Karpinski, 2018).

### *Strategies*

Individuals experience transitional events on a regular basis. Sometimes these events are so minimal they aren't even recognized as transition while other times the transition creates stress. Individuals who experience any type of transitional stress develop strategies to cope with the stress of transition (Anderson et al., 2012). Coping strategies and the ability to implement them is closely tied with the individual's sense of self and the perception of skills mastered (Anderson et al., 2012; Wall et al., 2020). Coping strategies include seeking ways to modify the situation, to control the meaning, and to manage stress after the transitional event has occurred (Anderson et al., 2012). Responses that modify a situation include optimistic thinking, pessimistic thinking, negotiation, and advice seeking (Anderson et al., 2012). A GN with a positive outlook that is open to advice controls the situation by controlling their response to the situation. Seeking personal and professional balance or seeing hardship as a challenge to master are strategies that can change the situation (Wall et al., 2020). Responses that control the meaning include "strategic ignoring," "positive comparisons," and "responses that neutralize" (Schlossberg et al., 1995, p. 70). A student might recognize positive outcomes from predictors and exit exams and make the comparison to positive outcomes in taking the NCLEX. Conversely, a student who struggled to meet predictors or had multiple instances of repeated classes and shifts in cohort assignment might see that comparison as a negative. Strategic ignoring or responses that neutralize may be a more viable option. A GN may take the exam just to "see what happens." This allows the student to change the potential meaning of a failed test by not placing meaning on the first exam.

### **Use of Schlossberg's Theory within the Literature**

Schlossberg's theory is used in studies designed to understand the patient's lived experience of chronic disease. There are less studies present in the literature that use this theory to explore the role transition of nurses through from education to practice. The following examples demonstrate the use of Schlossberg's theory to frame the transition from GN to practicing nurse.

Schmitt and Schiffman (2019) used Schlossberg's transition theory as a framework to explore the perceived needs and coping methods of newly hired nurses. They recognize that the transition from GN to experienced nurse takes a full year to achieve, and that this extended transition may be a contributing factor to new nurse attrition. A secondary data set was reviewed to determine the perceived needs of the new nurse as they transition into practice as well as how the new nurses coping resources change over that first year in practice (Schmitt & Schiffman, 2019). The two major themes identified through this study were the need for institutional support and the sense of self (Schmitt & Schiffman, 2019). Institutional support creates an accepting social network that provides support and encouragement while the new nurse develops an improved sense of self within the clinical environment (Schmitt & Schiffman, 2019). The study indicates that building of social networks is just as important as development of that one-on-one preceptor relationship (Schmitt & Schiffman, 2019). The interesting, but not discussed, development is that as self-awareness increases the need for social support diminishes. The new nurse becomes increasingly independent after approximately 6 months of practice (Schmitt & Schiffman, 2019). The social network is still important,

and may always be important, but the new nurse is willing to seek support through multiple avenues (Schmitt & Schiffman, 2019). This implies that increased support in one area of the 4S system can mitigate what might be lacking in other areas of the 4S system.

While Schmitt and Schiffman (2019) utilized transition theory to explore the transition of the new nurse to the experienced nurse, Wall et al. (2019) have used this same theory to focus on transition through a Bachelor of Nursing program. This Australian study focused on the enrolled nurse in a Bachelor of Nursing program. Researchers identified five different themes associated with this group. The themes identify a unique representation of the students experience that denotes serious challenges. The enrolled nurse identified struggle with social roles within the academic setting, difficulty balancing personal responsibilities with academic responsibilities, and resilience (Wall et al., 2020).

Schlossberg's theory can be used to frame the GN's experience to identify themes important to the experience. The literature surrounding student perceptions of preparing for NCLEX is limited (Hanson-Zalot et al., 2019). Most schools rely on NCLEX predictors which they adjust based on NCLEX performance (Quinn et al., 2019). Predictors typically include progression policies, standardized and integrated testing, and implementation of test taking strategies (Quinn et al., 2019). Recent literature includes the importance of mentoring in GN success. Stucky and Wright (2021) completed a study of students after completing post-graduation mentorship programs. The GNs reported the importance of the mentorship program in meeting with overall success. This postgraduation mentorship is supported at an institutional level. Increased institutional

support that focuses not only on academic but non-academic predictors of success may create a more meaningful experience for both the GN and faculty. To understand the non-academic predictors, new nurses who have gone through the experience of taking the NCLEX can provide valuable insight.

### **Schlossberg's Theory Application to the New Graduate's NCLEX Transition**

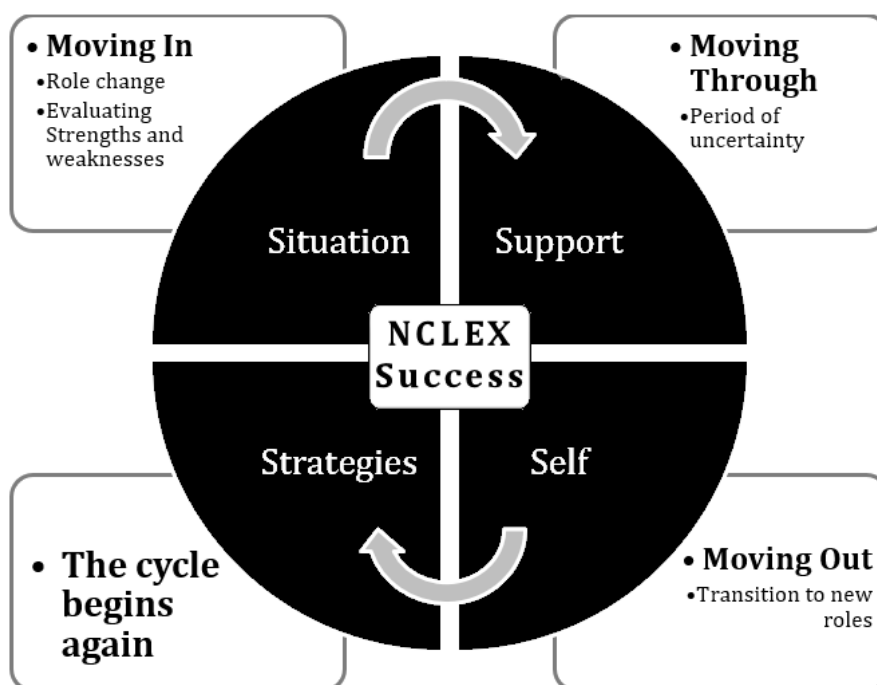
Initially Bandura's theory of self-efficacy was considered as a theoretical framework for this study, but the theory is limited to what the GN might experience based on a core set of experience building exercises. Self-efficacy, people's beliefs about their own abilities, are developed through four main sources of input (Bandura, 1994; Sook & Kyung, 2019). The best way to develop efficacy is through mastery skills, but efficacy may also be developed through vicarious experiences, modeling influences, and social persuasion (Bandura, 1994; Sook & Kyung, 2019). As much as intentional development of mastery skills can build self-efficacy in a student, early failure can undermine development of efficacy (Bandura, 1994; Sook & Kyung, 2019). First time failure in foundational courses such as pathophysiology or health assessment may deteriorate the students earliest attempt at efficacy building. (McGahee, 2010). Social persuasion is something that may correlate with the student faculty mentoring relationship. When individuals are provided verbal persuasion that they can complete something they are more likely to work harder to please the individual providing the external validation (Bandura, 1994; Sook & Kyung, 2019). This is not to say that any activity should be made intentionally easy. Those who do not encounter challenges will become easily discouraged if they meet with barriers; however, if the individual is

coached through a challenging task, they are more likely to work harder to live up to the mentor's positive image (Bandura, 1994; Sook & Kyung, 2019). Bandura's theory has interesting applications in developing educational interventions unique to the nursing student. It even has application to the experience the GN faces as they prepare for taking the NCLEX. Schlossberg's theory focuses on the self but incorporates several other variables that affect the way one might react to a new and threatening situation. Students may build mastery skills during nursing education, but psychological threat from the NCLEX, a high stakes exam, may make it difficult to draw on those skills. Schlossberg's theory considers that there are multiple influences when an individual transitions. While the GN may have obtained mastery, anxiety over the exam may create coping strategies that are not conducive to success. The balance between all four elements of the 4S system is not equal, but the right balance creates an environment in which the GN can meet with ultimate success. The GN engages in assessment of assets and liabilities through each stage of moving in, moving through, and moving out, as illustrated in Figure 1. Successful completion of the NCLEX is dependent upon some level of assets in each category.



**Figure 1**

*Schlossberg's Model as Applied to the NCLEX*



*Note.* This model is based on Schlossberg's Transition Theory.

## Comprehensive Literature Review

### NCLEX Literature

First time NCLEX pass rates are an important indicator of the success of a nursing program (Stuckey & Wright, 2020). Exam results are utilized by accrediting bodies for regulation of programs as well as to determine if individual test takers meet minimum standards of safe practice (Stucky & Wright, 2020). Often, when a school faces low pass rates, school progression policies, integrated exams, exit exams, and mentor programs are initiated to improve outcomes (Quinn et al., 2019; Stucky & Wright, 2020). These efforts

often help the school to improve pass rates and continue good standing as a program (Schlairet & Rubenstein, 2019). It is important to note that graduates who do not pass at the first attempt are more likely to fail on subsequent attempts (Anderson, 2020). Every best effort should be implemented to help GNs experience successful completion of NCLEX on the first attempt. GNs who experience failure are at risk for psychological consequences that include social stigma, grief, feelings of embarrassment, and anxiety (Quinn et al., 2019). Quinn et al. (2019) identifies central themes of school progression policies, integrated exams, exit exams, and mentor programs as improving pass rates. Exploration of these themes along with student perceptions of the process will be explored within the literature review.

### **Integrated Testing and Exit Exams**

Integrated testing and exit examinations can play an important role in the development of a student, but the tool itself needs to be used in an appropriate manner. Integrated testing, exam packages designed to predict understanding of content and success on the NCLEX, are utilized in many programs to predict NCLEX success (Monroe & Dunemn, 2020). Evidence supports that first time pass rates increase with integration of these exams; however, the way these exams are utilized and the message that faculty give related to these tests may vary (Monroe & Dunemn, 2020; Richards, 2020). Victor et al. (2020) evaluated integrated exams as an indicator to enter clinical practice and found no correlation between predictor values and readiness to face the clinical environment. Integrated testing exams such as Health Education Systems Inc (HESI), Advanced Technology Institute (ATI), and Kaplan Test Preparation (KTP) have

websites that claim to evaluate clinical judgment and provide reliable preparation and predictors of success for NCLEX, but none of those sites present relevant data to support that claim (ATI, 2021; Kaplan Nursing, n.d.; Elsevier, n.d.). Emory (2019) evaluated predictive exam scores for students who were not initially successful at NCLEX. Emory's (2019) results indicate that some predictor exams appear to have higher predictive value than others. If the integrated exam is designed to improve clinical reasoning and predict NCLEX success, there should be correlational data between predictor exams, exit exams, NCLEX success, and readiness for the clinical environment. Studies that support integrated exams as improving NCLEX pass rates are often implemented by programs that are struggling to improve pass rates, and implement multiple interventions simultaneously (Fiske, 2017). It is possible that integrated exams test readiness to test more than improved clinical judgement (Victor et al., 2020). The fact that NCLEX success does not translate to safe practice in the GN is why the NCSBN created the Next Generation exam (NCSBN, 2021; Victor et al., 2018). It is important that faculty understand and effectively deliver the message that these tests are tools and not absolute predictors of success.

Universities also incorporate exit exams into the curriculum. The exit exam is designed to mimic the NCLEX and provide insight into the likelihood of success. Shah et al. (2022) recently studied institutions NCLEX pass rates and the correlation between HESI scores and HESI policies. There was a significant correlation between HESI exit exams and NCLEX pass rates. The only policies that had statistical significance were those schools who placed overall value on test preparation throughout the process (Shah

et al., 2022). Test preparation included both pre-test preparation and remediation after the exam. Often institutions require remediation and retake for scores below acceptable levels (Meehan & Barker, 2021). Evidence supports higher exit exam scores when remediation is actively engaged in (Meehan & Barker, 2021). A small percentage of the schools surveyed in this study do not allow students to complete the program until benchmark scores on the exit exam are reached. Shah et al. (2022) showed there was no statistical difference in pass rates from schools who had this policy versus schools that did not. Creation of policies that prohibit completion of the program based on exit exam scores falls under the definition of high stakes testing.

### **High Stakes Testing**

There is often debate related to the definition of a high stakes' exam. Students may perceive a high stakes exam as any exam while faculty often think of things like dosage calculation exams or integrated exams that carry a lot of course weight. High stakes exams, as defined by Hunsicker and Chitwood (2018), are exams or a series of exams used to make important decisions or lead to important consequences for the student. Using exit exams to make decisions about student progression is viewed as high stakes testing. The integrated and exit exams do support improvement in NCLEX pass rates, but they are not the highest predictor of success (Flowers, 2021). There are both positive and negative consequences of high stakes testing. For some students, a high stakes test might increase motivation to study, but for other students the anxiety may make studying impossible (Hunsicker and Chitwood, 2018). High stakes testing may also increase student fear and anxiety over delayed progression if unable to pass the integrated

or exit examinations (Hunsicker & Chitwood, 2018). It is possible to use HESI exams as a preparative examination as the exams provide the student with feedback and remediation activities to help improve outcomes (Dreher et al., 2019). Lack of strict consequence does not make the use of the test ineffective. At the graduation stage students should be shifting focus from grade oriented to self-driven motivation. The student often has the desire to take and pass the NCLEX. Faculty messaging that the exam is a tool to uncover areas where more work is needed is vital. These exams can also be used as a tool to simulate the NCLEX experience and build test stamina.

High stakes exams are frowned upon in nursing education but the NCLEX itself is a high stakes exam (NLN, 2012). Recognizing that and building activities that can help the student understand what to expect and how to manage the stress from the experience is an important thing for all faculty to recognize. There are low stakes activities that can meet the same benchmarks as integrated exams. Many programs have moved to the incorporation of adaptive quizzing (Richards, 2020). These programs still incorporate the exit exam at the end of the program, but less emphasis is placed on the activity as a final predictor of readiness.

### **Student Perceptions**

Work has been done evaluating GN perceptions of interventions that led to ultimate success. Blozen (2017) evaluated student perceptions of the variables that led to successful completion of NCLEX. The major themes from that study included clinical experience, practice questions, support, and utilizing NCLEX preparation courses. True preparation for NCLEX may occur through the development of multiple domains. It was

already evident from NCLEX literature that the academic work done by students improves pass rates, but the interesting discussion centered around the support received by these students. Blozen reported that all participants spoke passionately about the support received from both family members, peers, and the institution. Family support came in the form of taking over mundane tasks to allow GNs time to study. Students also mentioned the importance of financial support in terms of being able to finish successfully. Blozen noted that some students mentioned financial obligations as a stressor but did not elaborate on this information as it was mentioned outside the focus group, and it did not answer the question of what made the GNs successful. Ignoring an issue because it does not lead to success does not provide a clear picture of the GN experience. What do GNs see as the contributing factors to success is an important question, I think it is also important to understand what created stress and uncertainty during that time.

Hanson-Zalot et al. (2019) developed a descriptive qualitative study that utilized semi-structured interview questions to determine graduate perceptions of preparation for the NCLEX, and to compare those initially successful against those who were not initially successful. Major themes present in this study include messages from faculty, preparation strategies, exam preparedness, and disconnect between the pretest and intra test experiences. Students reported that exit exams did not compare to the experience of taking NCLEX creating anxiety in the moment of taking the exam (Hanson-Zalot et al., 2019). Students do perceive academic work to prepare as an important step in the process, but there are clear indicators that more help is needed to meet with ultimate

success. GNs felt that the messages of empathy and support from faculty were very important to them in terms of support (Hanson-Zalot et al., 2019). The sense that faculty was available both pre- and post-graduation was seen by the GN as being very helpful (Hanson-Zalot et al., 2019). There is no indication if GNs utilized faculty beyond receiving positive messages.

Kasproovich and VandeVusse (2018) conducted a qualitative study that explored the GNs experience after initial failure at the NCLEX. This study is unique in the literature and the researchers themselves report a ten-year gap in the literature between their study and the last available literature regarding the lived experience of NCLEX failure. Central themes in the study included pressure all around, stigma associated with failure, correcting the problem, and ultimate triumph in discovery (Kasproovich & VandeVusse, 2018). Subthemes in ‘pressure all around’ are split into internal and external pressures. GNs describe internal pressures to complete NCLEX with a minimal number of questions taken, being academically prepared and ‘feeling’ something is still missing and feeling pressure from external sources such as family members and social media. Pressure from family members came in the form of continued congratulations over graduation and pressure to ‘get a job’ while social media increased internal pressures (Kasproovich & VandeVusse, 2018). It was difficult for some GNs to watch social media messages of fellow GNs being successful and knowing they still had the test ahead of them. One participant even reported going on vacation after graduation and still feeling pressure from social media as she saw cohort members reporting successful completion of the NCLEX (Kasproovich & VandeVusse, 2018). The vacation itself is an

indicator of avoidant coping strategies, but the ability of the pressures to follow via social media appears to be a relatively new variable. Iwamoto and Chun (2020) conducted a study related to the effects of social media which can be used as a source of support, but it can also increase stress and depression in students who are already undergoing extreme stress. The study found a strong positive correlation between the number of hours of social media and the level of depression and anxiety among its users (Iwamoto & Chun, 2020). This is a variable of social capital that needs further evaluation in the literature in terms of how it affects nursing students directly.

The student's sense of self and their ability to understand and regulate emotion can have an impact on them throughout the academic journey and into NCLEX attempts. The GN experience of self or self-knowledge ties closely to how they make meaning out of events. Rode and Brown (2019) completed a descriptive cohort study to determine the role of emotional intelligence in predicting success. The study used two test points to determine emotional intelligence and its relation to performance at specific test points. Results indicate a strong positive correlation between emotional intelligence and NCLEX passing rates. Emotional intelligence has helped nursing students in clinical settings and has a role in improving pass rates (Rode & Brown, 2019).

Roshanisefat et al. (2021) investigated the relationship between test anxiety, time management, and academic procrastination among students in Iran. In this study a strong relationship existed between test anxiety and academic procrastination. The literature does not fully define progression policies, and little is known about the consequences of needing to repeat courses or progressing at the lower end of the grading scale (Lewis,



2020). While most academic institutions increase rigor of the nursing program by increasing rigor of progression policies there is little evidence to support that faculty provide support for the non-academic factors such as test anxiety or low emotional intelligence (Lewis, 2020). This empathetic response to student issues is important given the growing evidence that positive messages from faculty can be very important (Czenkowski, Mingo, & Piper 2018; Hanson-Zalot et al., 2019).

### **Mentorship**

Psychological resources are important in helping the GN manage stressors and focus on the work that needs to be done. Stress is a major factor affecting nursing students and their academic performance, it makes sense that the stress after graduation would be equal if not even more debilitating (Spurr et al., 2021). Czenkowski, Hoerst, and Kurz (2018) describe a program that implemented major curriculum changes after pass rates dropped to a low of 64.86%. Changes, which were implemented and maintained over a 2-year period, improved the pass rate to 94.29%. The program incorporated many of the typical academic benchmarks incorporated by programs with poor pass rates. In addition to academic benchmarks the faculty also developed a comprehensive mentorship program. Interestingly, the first cohort to experience the full curriculum revision was one year away from graduation at the time results were published, but the pass rates had already improved by 45% (Czenkowski, Hoerst, & Kurz 2018). The faculty points towards the mentoring of students as having an immediate and positive effect on the pass rates (Czenkowski, Mingo, & Piper., 2018b). Stucky and Wright (2021) also note the importance of mentorship and post-graduation support. Post-graduation support is meant

to help the student transition to a new role and to help build self confidence in the GNs ability to be successful at NCLEX (Stucky & Wright, 2021). Delayed testing, which can contribute to first time failure, often occurs because the GN lacks confidence in their ability to be successful (Stucky & Wright, 2021). Quinn et al. (2018) noted faculty training as one of the key themes in program improvement. The mentoring role does not come easily to all faculty members.

Monroe and Dunemn (2020) studied variables that affect NCLEX outcomes by using retrospective longitudinal data and following through with interviews for any outliers. Seven participants were identified that either passed all predictors and did not meet with success on NCLEX or scored below acceptable predictor scores yet still successfully completed the NCLEX. In interviews the common theme among all students was fear and anxiety (Monroe & Dunemn, 2021). This study is unique in that it verified some of the predictor and preparation strategies that are effective but followed through on outlier students to determine what factors affected success. Morten et al., (2021) developed a three-tiered advising program that begins with support from the very beginning of the nursing journey straight through to licensure. Since implementation of this program pass rates have steadily risen and remained above the national average; furthermore, students have expressed positive thoughts regarding the program (Morten et al., 2021). Schlairet and Rubenstein (2019) developed a similar coaching plan and saw improvement in student's overall confidence and readiness scores. In this program students work with faculty to evaluate assets and liabilities and determine a plan moving forward (Schlairet & Rubenstein, 2019). Despite all best efforts there will always be

students who do not meet with initial success on NCLEX. It is important to understand what not completing this transition to licensure means to the GN. Initial failure at NCLEX can create significant psychological trauma and significant decreases in the likelihood the GN will meet with success on subsequent attempts (Monroe & Dunemn, 2018). Students engage in a multitude of behaviors that are not always conducive to success. Delayed sitting for an exam is a predictor of first-time failure (Conklin & Cutright, 2018). Kasprovich and VandeVusse (2018) provide an example in which the student went on vacation after graduation to relieve stress. The student continued to have anxiety because members of her cohort were posting successful results on social media. Anxiety that leads to vacationing as opposed to preparing for the NCLEX may be an indicator of poor sense of self and utilization of strategies that foster avoidance. The interesting and unique variable is the role social media played as a negative support system. The shame and stigma reported after the initial failed attempt further taxes an already ill-equipped coping system (Kasprovich & VandeVusse, 2018). Utilization of social media even when not broadcasting failure appears to create increased pressure. Understanding the students' experience when not successful is important. It adds to the understanding of faculty when preparing GNs for the pressure they will face. It also provides a valuable insight into what GNs did to 'correct the problem' (Kasprovich & VandeVusse, 2018). GNs expressed the importance of support systems and development of stronger psychological resources as part of their plan to correct the situation and meet with ultimate success. This highlights the importance of positivity and resilience in the face of pressure.

The message that faculty deliver in terms of NCLEX preparation should balance out the importance of providing encouragement as well as what role academic predictors and practice questions play in overall development. Opsahl et al. (2018) developed a comprehensive mentoring program that included exit exams, post-graduation mentoring, and trainings related to both test prep and emotional intelligence. Implementation of this program increased pass rates to 100% (Opsahl et al., 2018). Mentor programs that recognize the importance of nonacademic factors and train faculty to address both academic and nonacademic factors effecting success appear to have even higher pass rates. Literature supports the importance of multiple interventions to support the GN as they prepare for the NCLEX. More recent research recognizes the importance of mentorship in the preparatory process. Deeper understanding regarding the issues that GNs face as they prepare for the NCLEX will improve faculty ability to support the GN through to successful completion of the NCLEX. Mentorship programs provide support for GN as psychological resources are taxed during the time between graduation and NCLEX success. They also help to frame preparatory activities in a positive light by helping the GN to define the situation through a clearer lens.

### **Summary and Conclusion**

Major themes present in the literature include rigorous grading and progression policies, integrative and exit examinations, and mentorship as supporting positive outcomes for GNs as they transition through the NCLEX. Less explored but equally important are the perceptions of GNs as they experience the transition through the NCLEX. Understanding the experience through the lens of the GN can provide faculty

with valuable insights into the importance of understanding the non-academic variables that support success. Non-academic variables are beginning to emerge in the literature. Emotional intelligence is a predictor of success for those taking the NCLEX is a nonacademic variable that can provide a lot of insight into likely outcomes (Rode & Brown, 2019; Wallace, 2020). Students who have emotional intelligence are more likely to be able to handle the stressful emotions present during this stressful transition. Not being able to handle that stress can manifest in different ways. Maladaptive coping related to stressful events was present in the few studies that explored the GN experience when not initially successful with the NCLEX. This study will help to fill a gap in the literature by adding to the information related to the GNs lived experience as they transition through the NCLEX. Chapter 3 will outline the qualitative methods used to explore the GNs experience of transitioning through the NCLEX.

### Chapter 3: Research Method

The purpose of this qualitative study was to explore the GN's experience during transition from graduation through the NCLEX. Schlossberg's 4S framework was utilized to create structure and meaning in the way the GN experiences the situations, support, self, and strategies identified through the study process. Understanding the lived experience of the GN in terms of this transition will help provide educators with important cues to recognize when preparing GNs to transition through to practicing nurses.

Chapter 3 will explore the process of conducting this study. Major sections will include descriptions of the research discipline, design, and methodology. I will also discuss the role of the researcher and ethical treatment of study participants.

#### **Research Design and Rationale**

This study sought to answer the question: What is the lived experience of the GN as they move through, in, and out of the NCLEX? Central themes in literature related to the NCLEX include academic predictors with a more recent focus on mentorship. There has been little research that focuses on GNs for their perception of the factors that influence overall success or failure. Blozen (2017) interviewed focus groups of accelerated nursing students to determine what they perceived as the elements that led to success in passing the NCLEX on the first attempt. One participant mentioned financial obligations as a stressor in preparing for the NCLEX. It was briefly mentioned but discarded as it did not help answer the question of what led the student to success. Kasprovich and VandeVusse (2018) interviewed 15 subjects who were not initially

successful related to the NCLEX experience. The information obtained through these interviews included a discussion of internal and external pressures that were overwhelming. Exploring the lived experiences of GNs as they move through, in, and out of the NCLEX allows the researcher to collect data regarding the experience regardless of success or failure. Developing a fuller picture of the experience that GNs face will add to the current literature and provide information to help faculty develop interventions specific to the experiences of the GN.

Thematic analysis was used in this qualitative study. In thematic analysis, the researcher focuses on the motives and philosophy of the subject to develop a meaningful analysis of the data that accounts for both the core theme of the phenomenon and any outlying considerations (Vaismoradi & Snelgrove, 2019). Using thematic analysis honors the person-centered approach to the research and does not tie the researcher to any specific epistemological or ontological tradition (Vaismoradi & Snelgrove, 2019). Not tying the research to specific ontological or epistemological traditions is reflective of the idea that subjects have their own unique understanding of reality, and that the researcher needs to interact with the data to make determinations regarding participant reality.

Understanding the way thematic analysis is used to make meaning from the data is an important step in understanding thematic analysis and ensuring that the data collected is meaningful and relevant to the study of the specific phenomenon. Creating a process that is transparent and replicable adds to the credibility and trustworthiness of the study. In thematic analysis, there are several steps that researchers engage in, including familiarization with the data, generation of initial codes, searching for themes, reviewing

themes, defining themes, and naming themes (Kiger & Varpio, 2020). The methods engaged in are an important part of creating a meaningful study. Using thematic analysis honors the GN's unique experience and allows for interpretation of the data based on the experiences described.

### **Role of the Researcher**

As the researcher, I engaged with participants in semistructured interviews. The initial interview question was scripted but follow-up questions were asked in order to fully explore each participant's experience. This interaction means that as the researcher I was an observer-participant. It was important to remember that while I may be engaged with participants, I was not a participant in this research. To do that effectively, it was important to be aware of potential bias and ensure that both my behavior and the structure of the study were ethical.

As a researcher who has experienced the NCLEX, I have strong memories of my experience with taking and passing this exam. The anxiety that I experienced through the entire process was nearly crippling, but I bracketed my experience during the study. This method of field notes helps to identify areas where I might have let my thought process press into my interview process (Tufford & Newman, 2010). If the research methodology or follow-up questions were not carefully thought out, my own interpretation of the NCLEX as an anxiety provoking experience could have skewed the data because participants may have answered questions as they believed I expected them to and not as a reflection of the experience they had. Interview questions that are open ended and avoid biased language helped to limit the possibility that my experience might lead the



participant to provide the answer they think I want to hear. I engaged in bracketing as a method to monitor my experience and how it affects the way I engage with the data.

I did know at least some of the participants as I have worked as a nurse in the state where the research was conducted for 17 years. The last seven of those years were as a nurse educator in three different nursing programs. There should not be a power dynamic present between participants and researcher as the participants have graduated and taken at least one attempt at the NCLEX to engage in the study. There may have been some residual sense that participants viewed the researcher as an authority figure. To limit the effects of a lingering sense of authority I provided assurance that this study would in no way affect our professional relationship, that the interview process would remain confidential, and that I had no power over their current or future professional circumstances.

Researcher bias in qualitative research can be created through adherence to social constructs, question choice, sampling strategies, and outcomes anticipated by the researcher (Wadams & Park, 2018). Bias can be present in research design and interview question choice when the researcher lets the anticipated outcome affect methodology development. Careful development of research questions can limit research bias in this instance. Anticipated bias comes from a personal and a cultural view. The researcher may have experiences or cultural understandings that limit their view of the world and affects study outcome. Careful study development and careful attention to researcher assumptions can help to mitigate this bias. Careful attention to my own experiences with

the NCLEX, memo writing, peer and committee review of interview instrument, and postinterview journaling helped to manage assumptions related to the study.

## **Methodology**

### **Participant Selection Logic**

Participants could include anyone within 2 years of at least one attempt at the NCLEX. Nursing licensure is a public record and can be verified by anyone via the State Board of Nursing website. Choosing the 2-year time frame was based on studies related to memory. There are multiple studies that described the nature of memory and forgetting, but there is limited knowledge about forgetting based on life events (Radvansky et al., 2022). Radvansky et al. (2022) reviewed several studies on memory and forgetting in which there were multiple inconsistencies and memory items were typically relegated to memorization of material that does not have significant meaning to the individual. I picked the 2-year time frame to place participants as close to the event as possible, without creating difficulties in participant recruitment. I hoped that the participants would have better access to memories.

Participant recruitment was conducted through professional organizations, schools of nursing, and social media. I requested that the organization of state nurse leaders distribute my recruitment flyer through emails to their members. I included the flyer in the email request. I also emailed directors of nursing schools through contact emails obtained on the State Board of Nursing website. I also posted the flyer on Facebook.

Written communication included information ensuring Institutional Review Board (IRB) approval and adherence to the Family Educational Rights and Privacy Act

(FERPA). The flyer also contained my contact email for those interested in participation and a basic explanation of what the study would entail. As participants become available for recruitment, snowball sampling was used to round out the recruitment process. In snowball sampling, participants are asked to identify others they know might be willing to participate in the study. Participants were encouraged to share my contact information with those who may be interested in participation.

Participants for this study were recruited and interviewed until there was saturation of data. Data saturation is reached when no new information is revealed through the interview process (Patton, 2015). Hennink and Kaiser (2022) performed a systemic review of empirical studies to determine how many interviews were required to reach saturation. In that review, researchers found that empirical studies often reached saturation with between nine and 17 interviews. The researchers did note that studies reviewed had samples with similar backgrounds and focused on specific information. I believe this study fits that description. Therefore, I estimated that this study would require between nine and 17 interviews to reach saturation. All participants were provided with informed consent materials and consent was obtained either through signature on the informed consent form or a response to the email sent containing the document that simply states, "I consent." Participants were reminded of informed consent and their right to withdraw consent at any time prior to the beginning of the interview. A description of the study and an explanation of the participant's right to withdraw was included with the informed consent documentation.

## **Interview Instrument**

I developed interview questions based on analysis of current literature and what question fit best to answer the research question. Themes supported in the literature include the importance of progression policies, integrated, and exit examinations, preparatory activities (i.e., practice questions and preparatory courses), and mentorship (Quinn et al., 2018). I wanted to know what the GN's experience was with the transition through the NCLEX. I assumed that themes from the literature would be represented within the participant's personal story. The initial interview question was an open-ended question that allows the participant to discuss both the educational experience and the period between graduation and the NCLEX. Follow-up questions were designed to elicit more information or add depth to the quality of the participants' response. The interview protocol and question can be reviewed in Appendix A. Interviews were recorded via voice recorder. All recordings will be secured either on a password-protected computer or a lock box stored in my home. Interviews were transcribed onto an interview sheet for coding.

## **Procedures for Recruitment, Participation, and Data Collection**

### ***Recruitment***

Recruitment of recently licensed or new graduates who have experienced at least one attempt at NCLEX occurred through solicitation of state nursing schools, hospitals, and the state organization of nursing leadership. The state board of nursing website has a list of nursing programs, and contact information for their administrators, currently operating within the state. I sent emails that contained the flyer and an explanation of the

study purpose and participant requirements to directors of all schools of nursing asking that they post a notice of the study.

I also recruited participants through the statewide organization of nursing leadership as all hospital nursing executives are part of this organization. I asked if they would disseminate information about the study. I also posted notices on Facebook regarding the study and how to contact me if interested in participation.

### **Participation**

Participants who have had at least one attempt at the NCLEX and have graduated within the previous 2 years from the start of the study were invited to engage in the interview process. The interview was conducted in the manner most appropriate and comfortable to the participant. Potential methods for interview include in person, telephone interview, and interview via a web-based platform such as Zoom, Discord, Skype, or Facebook Messenger. All participant interviews took place over Zoom. Informed consent was obtained prior to the interview. All participants participating in the interview virtually were provided an email consent form and replied with the phrase “I consent.”

### **Data Collection**

Data were collected via semistructured interviews with participants who meet the study criteria. Interviews were conducted via Zoom. Nonverbal communication provides some level of data that is missing over a telephone conversation. Other methods of communication were available, but all participants opted for Zoom conversations. The approximately 30-minute interviews were recorded, conducted, and transcribed by the

researcher. Recordings were used to develop transcripts which were used for thematic analysis. The reason for this was to spend time with the data and really consider what participants have said prior to coding. The transcripts were de-identified and recordings are being kept in a separate place from the interview transcripts. Initial transcripts were coded into categories that meet the 4S criteria. Further coding and theme development was determined through a process of continual analysis. Data collection continued until saturation was reached.

The information discussed exposed the participants to minimal risk. The participants discussed NCLEX results as well as their feelings and coping strategies related to the NCLEX experience, but I still ensured the participants had resources to seek counseling, should they feel they need it, which I provided at the end of the interview. The primary source of information for counseling was through the 211 networks. The 211 network provides residents with information related to services available within the state.

### **Data Analysis Plan**

The qualitative research question was, what is the lived experience of the new graduate as they move through, in, and out of the transition through the NCLEX experience? I used the 4S system to organize participant responses to the interview questions, which were designed to elicit the lived experience of the GN. This lived experience elicited themes that highlight the important elements of the GN's experience. Discrepant cases were not anticipated or identified during the interview process.

### **Issues of Trustworthiness**

In qualitative research, trustworthiness is an essential concern. It is possible for a qualitative researcher to become too involved with the research and insert their own perspective into the interview process (Bradshaw et al., 2017). To ensure the trustworthiness of the data, credibility, confirmability, transferability, and dependability are all essential.

Credibility in qualitative research is concerned with the development of data that is credible and true. Bradshaw et al. (2017) described several methods to support credibility within qualitative research. These ideas include developing trust, establishing rapport prior to beginning an interview, and member checking of interview themes. To ensure credibility, participants were offered the opportunity to meet with me to review once coding was complete to ensure that I captured the true experience they conveyed. As the researcher, I worked towards developing trust through pre-interview information related to voluntary status of the participants and maintaining the schedule set prior to the interview. I further conveyed that this process was about helping learners at each stage of development. That would help me to learn as a researcher and hopefully provide information to support learners as they enter practice. Reflexivity is also an essential element of credibility. Reflexivity requires the researcher to recognize personal bias and work to keep this bias from affecting data or data collection. As both a researcher and someone who has experienced the NCLEX, it was important that I both recognize and report that I have engaged in this process and have my own experience and ideas related to transitioning through the NCLEX. Personal bias in this study was managed through

development of interview questions that are open ended and neutral in tone, ensuring that follow-up questions were thought out and sought only to understand and not to lead. It was also important to review coding with participants as well as peers to ensure that my interpretation is reflective of the data and not my own perception of the event.

Confirmability of the data is the responsibility of the researcher and requires the researcher to keep accurate records related to data gathering and analysis. Bradshaw et al. (2017) suggested that the researcher keep a reflective journal, keep an audit trail to confirm data collection procedures, and use direct quotes when possible. Carcary (2021) developed operational guidance that was utilized to keep a reflective journal and an audit trail. The data coding sheet was utilized to keep all information in one central place. It included a section for reflective journaling and notes related to process. To establish confirmability in this study, initial coding of the data utilized direct quotes from the transcript into categories that reflect the study framework. The data was coded further into the time frame of moving in, through, and out of the transition. Further coding into themes utilized different words to reflect the themes present within coding. Coding in qualitative research is an iterative process and may undergo multiple iterations. All iterations will be retained to ensure validity of information and an audit trail. Keeping an audit trail and accounting for any changes or updates in procedure or changes to the study creates dependability within the study. Ultimately, the careful recording and reporting of the process along with rich description of the study and its themes created a study that is repeatable (Bradshaw et al., 2017). I also sought committee review of the transcripts and audit trail to ensure that the study is both verifiable and repeatable.



### **Ethical Procedures**

Ethical treatment of research participants and the information they volunteer is of the utmost importance to me. All participants were provided with informed consent which was verified through replying to an email stating they provided consent to participate in this study. Participants were able to withdraw consent at any step in the process. All information provided by participants is being kept in secured locations. Interview transcripts and recorded interviews are being kept on a USB drive secured in a lock box within the researcher's home. Transcripts will be de-identified. An alphanumeric key will be created to track interview transcripts and the key code will be kept in a separate secured location from the transcripts. This will leave no way to identify study participants and the information shared with the researcher. Recorded interviews will be maintained securely for a period of five years. Interviews and interview transcripts will be kept in a secure location for the five-year period as identified by the university and IRB policy. Once that time has passed all materials will be deleted. There may be an agreement between the researcher and institutions that help with recruitment to share aggregate data, but no identifying information will be shared. Participants will be able to contact the researcher independently. I knew some participants because of a history of teaching. There was no conflict of interest or coercion as I no longer teach or work with any potential participants.

### **Summary**

The study related to GNs' perception of the transition through, in, and out of NCLEX was conducted using a qualitative methodology. Schlossberg's transition theory

and the 4S system were used as the study framework. To gain an understanding of the GNs experience, I utilized semistructured interviews to collect data related to the lived experience of the GN. I recorded and transcribed the interviews and coded them using Schlossberg's 4S system as an organizational framework. To establish trustworthiness, I worked to develop trust with participants, member checking was utilized to ensure accuracy of data, and I engaged in a reflexive process to ensure personal bias was not infused into the data or the analysis. Results from the study and further details related to coding can be found in Chapter 4.

## Chapter 4: Results

This study was conducted to gain deeper knowledge related to the lived experience of GNs as they transition through the experience of preparing for and taking the NCLEX. Understanding the GN experience can provide valuable insight to those that help and support the GN as they transition through the process of taking the NCLEX. To answer this question, I conducted 10 semistructured interviews with nurses who were within 2 years of their first attempt at the NCLEX. Interviews were then analyzed thematically. Chapter 4 will review data collection and analysis.

### **Setting and Demographics**

All interviews took place over Zoom, and participants were within 2 years of at least one attempt at the NCLEX. There were no notable issues that would have affected the participant's experience at the time of study. All participants had passed the NCLEX at the time of the study. Those who were not initially successful with the exam did not step forward to volunteer for participation. Five participants took the NCLEX before transition to the Next Generation NCLEX; those participants answered between 75 and 150 questions during the exam. Five other participants took the Next Generation NCLEX exam, and those participants answered between 85 and 105 questions during the exam. Participant interviews took place outside of any organizational or employment setting. While the school was not a collected demographic, all participants disclosed school level. Of the 10 participants, nine were from baccalaureate programs and one was from an associate degree program.

### **Data Collection**

There were 10 participants in this study. Participants were engaged in a semistructured interview that took place over Zoom. All interviews were conducted on an individual basis, and interviews typically took between 20 to 30 minutes to complete. Prior to each interview, I reminded the participant of the voluntary nature of the study, the audio recording, how privacy would be protected, and how to reach out for help should the participant have any negative effects from the interview process. All interviews were audio recorded via computer and saved to USB drive. Interviews were transcribed by me, and transcripts were also stored on a USB drive. The interview instrument can be viewed in Appendix A. All procedures for the study were approved by the Walden University IRB (Approval No. 12-09-22-0515217), and there were no variations from the initial plan approved by the IRB. There were also no discrepant cases within the participant pool.

### **Data Analysis**

I conducted and transcribed all participant interviews. The methodology for this study was thematic analysis, and data collection and analysis followed the steps as presented in Kiger and Varpio (2020). These steps include familiarization with data, generation of initial codes, searching for themes, reviewing themes, defining, and naming themes. Schlossberg's transition theory was used as a framework for initial categories/coding. Schlossberg's theory of transition identifies the periods of transition as moving in, moving through, and moving out of the triggering event. While experiencing this transition, the person has attributes that will help or hinder progress towards this

transition. Schlossberg categorizes the 4S system as situation, self, support, and strategies (Anderson et al., 2012). *Situation*, according to Schlossberg's transition theory, is the event that triggers a change in social status in some way (Anderson et al., 2012). *Self* is an internal as well as an external experience that affects perception of the triggering event (Anderson et al., 2012). *Support* generally refers to those surrounding the GN. *Support* can come from either personal relationships or institutional professional relationships. Strategies include seeking ways to modify the situation, to control the meaning, and to manage stress after the transitional event has occurred (Anderson et al., 2012). Data were sorted by transitional stage and the 4S system to identify specific themes within the data. Participant statements were present in all four categories of the 4S system across the three identified time periods. There were no discrepant cases within this study.

### **Moving In**

The *moving in* phase, defined as the time between graduation and the day of the NCLEX, is a period marked by some level of confusion and anxiety for GNs. Of the 10 participants nine had no experience with licensure examinations. Those nine new graduates used experience with testing in school to determine the sense of situation. The one participant with previous licensure experience used both the previous exam and nursing school to help determine the situation. Performance during school often affected the level of anxiety during the moving in phase as well as the GN's ability to participate in helpful coping strategies. GNs who reported strong academic performance during nursing school experienced less anxiety during the moving in phase. Those who did not self-identify as "good" students tended to speak more about anxiety over not having a

clear direction for preparation than those who reported difficulty with academic performance during nursing school. The largest categories of note during the moving in phase were strategies and support.

### *Strategies*

In the moving in phase, participants often voiced frustration about how to prepare for an exam like the NCLEX. Strategies discussed by all 10 participants fell into either academic preparation, avoidant behavior, or personal anxiety reducers. Academic preparation included use of test preparation programs, use of social media to collect information about what to expect during the NCLEX, and YouTube videos that review both content and test-taking information. Participants reported taking between 75 and 100 questions a day with review of remediation present within the exam program. Nonacademic strategies fell into either healthy coping strategies or avoidant coping strategies.

Nonacademic strategies reported by participants included finding activities to distract during down time, mitigating seriousness of the exam, not telling anyone what day they were testing, remembering they could take the exam a second time, and knowing they could push back the exam date if not fully prepared. There were two participants that reported taking a period “off” after graduation to reduce the continued stress they felt they had endured during nursing school, and some participants reported they either did not prepare or prepared minimally because they felt that nursing school had fully prepared them to take the exam. Support had a lot to do with the GNs’ decision-making process related to the strategies they incorporated into preparation.

### *Support*

All participants reported the importance of support. Within the family structure, support that helped the GN engage in study was seen as valuable, but it was limited to that. The participants focused more on support from faculty mentors and support from their fellow cohort members. Participants who identified this as a high anxiety time identified their fellow cohort members as the most important social supporters. Several participants felt that reassurance from those outside of the process was not helpful. The only people who could truly understand or help were the people who had engaged or were currently engaged in the process of taking the NCLEX. Group chats and social media were utilized to stay in touch, provide support strategies for preparation, provide accountability for daily preparation, and ultimately to provide information once they had completed the NCLEX. One participant who had completed the NCLEX early on reported answering several questions from the cohort related to what to expect. There were two participants who reported going to social media to see what GNs were saying about the exam and how to prepare. Several participants also spoke about the support spouses provided in terms of giving them confidence to go and sit to take the exam.

Participants also saw mentors as an important support system, but the experience with mentors was varied. Participants who reported debating about whether to continue to prepare after graduation stated that “everyone” was telling them how well they were doing, so they felt like more work seemed pointless. Those who continued to prepare felt the preparation helped more with testing strategies than it did with actual content. Faculty messaging was also important in terms of how much stress and anxiety the GN felt

during preparation. The negative experiences most often mentioned were either mentors who were completely absent or mentors' messaging that created an increase in anxiety and fear. Messages that were seen as negative were the faculty mantra of "one and done" as well as the message that if the GN did not meet the benchmark score on an exam they would not be successful on the NCLEX. This created added fear and anxiety, leaving many participants feeling like the mentor would be disappointed if they were not successful on the first attempt. Those who reported positive experiences with mentors felt the faculty mentors provided their expertise in terms of analyzing predictor data to both make appropriate study decisions and not to see it as a predictor of failure. One participant felt that her faculty mentor's messaging is what helped her go into the NCLEX with less anxiety. Participants reported that faculty with positive messaging reminded them that practice should be such that by the time they took the NCLEX, it should feel like just another predictor exam, and that predictor exams were just a tool and could only predict how they would do at that moment in time. These things were seen as very helpful. The anxiety related to moving through the exam was mitigated in some way by trying to think of it as just another practice exam. Participants felt this was equivalent to "just taking it to see how it goes."

### **Moving Through**

*Moving through*, defined as the period at the start of the day of the exam and going through till the GN receives test results, started with a marked increase in anxiety for all participants. Some reported experiencing physical symptoms of anxiety while others reported self-doubt about whether they were truly ready to take the exam.



Participants reported anxiety related to the unknown and treatment by staff at testing centers as increasing stress in the moment. The major categories within this time appear to be support and strategies.

### ***Support***

Participants reported anxiety over being ready to take the exam. Some participants reported feeling as though they had made a mistake even as they entered the testing room. Participants reported discussing readiness to test with either faculty mentors or spouses. Messaging from spouses or significant others was often a validation of the amount of preparation for the exam with a promise for continued love and support regardless of the outcome while faculty mentor support for testing centered around positive trend in predictor exam data, reaching the 30-day window, and psychological stressors that might be outweighing any further benefit from preparation. Once the decision to test is made then GNs focus on strategies they have learned to be successful.

### ***Strategies***

Many of the strategies for testing come from the participants' academic experience or from the preparation for NCLEX itself. Some participants reported choosing times based on either not wanting to have to wait and let anxiety develop or because they knew they tested better at one time of day or the other. Participants also reported several mantras used during the exam. Some participants even reported writing the mantra on the white board they are provided and looking back to it as needed. Mantras included, but were not limited to, "no second guessing," "least invasive to most invasive," "just breathe," "slow down," and "take your time." Physical environment and

having a plan were also a consideration for participants. Participants mentioned the use of noise canceling headphones or being sure they were the last person to enter the testing environment because they were aware they were highly distracted by noise. Participants also discussed being aware of when they started to experience test fatigue and having a plan for that. One participant mentioned taking a break at question 75 while another mentioned deliberately stopping every 20 questions to close their eyes and take a deep cleansing breath. Participants reported these strategies working well for them, but the test shutting off was something they were not prepared for.

Participants reported knowing that “everybody” feels like they failed and “everybody” panics when the exams shut off, but in large part they reported an increased sense of panic and anxiety when the exam stopped. Participants reported a sense that each question meant another chance to prove themselves, but when the exam shut off, their chance was over. Participants dealt with anxiety and not knowing in several ways. Most participants reported distracting activities. Some participants reported trying to look for answers to questions they could remember, and all participants reported attempting the “Pearson Vue trick,” which is when they attempt to sign up for the NCLEX again. If they are not given the option to do so, then they believe they passed the exam. This does not fully mitigate anxiety. Participants waited anxiously for the next day and either woke early to find out they passed or woke up to messages from friends in their cohort letting them know they passed.

## **Moving Out**

The disengaging of old roles and moving into new ones begins when the GN learns they have passed the NCLEX and can now begin working as a nurse. Participants described this period as an “emotional rollercoaster.” All participants expressed joy at passing and they all celebrated in various ways. Some participants reported an immediate panic and fear after the period of joy. The realization that they were now expected to know how to do the job hit them. Others had some time before that realization that they would be expected to work as a nurse hit them. Those with a delayed sense of fear reported delay in starting work or working in a new graduate program that started with more coursework. This appears to be an intersection between moving out of the GN role and moving into the role of new nurse. The individual is again moving into a period of unknown.

## **Themes**

In reviewing the different categories in the 4S system, it appears that the major themes come from self and support. Participant information in situation and strategies held interesting information, but it ties to self and support because it explains some of the decisions and/or reactions from the participants. Participants who felt unsupported by faculty mentors reacted in different ways based on coping strategies. One participant who experienced a faculty mentor who was unresponsive choose to explore social media for information related to the process while another participant who had an unresponsive faculty mentor worked through the problem in a different way. As she described, “I tried to figure it out myself, but I bounced to so many different things I was driving myself

crazy. I eventually decided to reach out to a different faculty member.” Another participant who experienced negative messaging from a faculty mentor chose to focus on positive experiences from nurses at work. This participant stated, “I worked with several nurses who are very good, and they did not pass in the first attempt. They’re still great nurses.” The message that GNs receive from faculty mentors appears to be just as important as the study plan they develop. Support from members of the cohort is also important to participants. Participants talked about leaning on one another for accountability. One participant stated, “we texted every day, ‘Did you do your questions’” If the answer was ‘no,’ then we talked about the reasons why.” Another participant talked about cohort members as an important avenue for emotional support. She stated, “they’re the only people who really understand. They understand what you’ve been through and what you’re going through now.” Central themes present include stress, anxiety, faculty mentorship, and support. There was no discrepant data within this study. These themes will be discussed further in the Results section.

### **Evidence of Trustworthiness**

Trustworthiness within qualitative research seeks to create a description of the experience that is rich enough that the reader feels the data presented is valid. Bradshaw et al. (2017) described several methods to develop trustworthiness. To develop trust within qualitative research credibility, transferability, dependability, and conformability are all areas to ensure, to the best of the researchers’ abilities, that they have not inserted their perspective within the research.

Credibility requires the development of a trusting relationship with the participant for them to feel comfortable enough to share information. Relationships were developed pre-interview, and the participants were assured of their privacy. They were also informed of the intent of the study and how the research would be used. To ensure credibility of the data, each participant was offered the opportunity to engage in member checking. Once the data was coded, each participant was contacted via email and offered the opportunity to meet and discuss the aggregate data. Of the 10 participants, two responded to the request for member checking. I met with each participant separately to discuss the data. The conversations both took place over the phone and the exchange was not recorded. Participants expressed the feeling that the aggregate data reflected the experience that they conveyed to me during their initial interview. I also established a bracketing memo, so that I could reflect on my initial assumptions. My initial assumption was that while academic preparation was clearly important, resilience was an element required for the GN to meet with ultimate success.

Confirmability, which requires the researcher to keep an accurate record of events, was achieved through the development of an interview instrument that kept all transcripts as well as coding and theme development within one document. Within the document was a space for reflective journaling post interview. Once interviews were completed data was coded into self, support, strategies, and situation at each time point of 'moving in, through, and out' of the event. The interview worksheet was shared and reviewed with my academic committee on several occasions and coding was revised based on feedback. The interview instrument is provided in the appendix of this

document for use by future researchers. There were no changes made to the initial study procedure. All interviews started with the initial study question and follow up questions were formed based on statements made by the participant from the initial interview question. Follow-up questions were open ended and sought to either increase the depth of information provided or to seek clarification for information provided.

Transferability, which speaks to the ability to generalize this information to any group of nursing students, is a difficult thing to ensure. There is no way to ensure that the data is transferable to any group of nursing students. To support transferability, I worked to provide a rich description of the results that includes information from the participants whenever appropriate. I sought to interview participants from different backgrounds, worked to ensure interview questions focused on participant experience as opposed to specific school procedures, and continually assessed transcripts and coding to ensure procedures were being maintained as developed.

Dependability in research requires adherence to procedures as they were developed. This qualitative study followed all procedures as initially established. Participants were recruited from multiple avenues, participant interviews were conducted in the same format, and all interviews were transcribed by the researcher. No adjustments to procedure were required during the interview process. Initial coding was reviewed by committee members and all iterations of coding and theme development were maintained within the same document.

## **Results**

The initial qualitative research question was: What is the lived experience of the GN as they move through, in, and out of a transitional event: the NCLEX? There were 10 participants interviewed and all 10 participants were successful at their first attempt at the NCLEX. Of the 10 participants, 5 took the NCLEX before the switch to the next generation exam and five took the next generation version of the exam. Themes were similar for all 10 participants regardless of which exam they took. Participants provided interesting information across the categories of self, support, strategies, and situation. The two categories that stood out and provided central themes for this study were support and self. Strategies and situation provided a clearer explanation of why participants might have had the experience they had. Central themes across participants at each stage of the transition were stress, anxiety, mentorship, and cohort and intimate partner support. In discussing results themes were simplified into stress and anxiety as the first theme and mentorship and support as the second theme.

### **Stress and Anxiety**

Stress and anxiety were present at some level in each stage of the transitional experience. In the 'moving in' phase participants are preparing to take the exam. During that time of preparation participants expressed either acceptance or anxiety related to the experience. For those that expressed little in the way of stress or anxiety they related it to being a good student. One student stated, "I did not stress a lot about it, just because historically I've been pretty good at taking tests." Another participant felt prepared because her "...program did a really good job with HESSIES." This same participant also

stated, “I am a strong test taker, and I do well with material I have learned.” These participants explained that they either had doubts about the need for further preparation or they did not engage in preparation because they felt prepared through school experiences. The unknown was mentioned by several participants who felt they were well prepared. They expressed a little anxiety related to the unknown. One participant stated, “if I don’t pass at least, I will know what material to study for the next time.” Feeling confident before the NCLEX did not keep them from feeling anxiety or stress. It just came at later stages of the experience. During the ‘moving through’ phase participants who expressed little to no anxiety discussed physical and mental signs of stress and anxiety. They reported everything from nervous bowels to sudden and anxiety provoking thoughts of “this might be a mistake.” The experience from moving through to the end was like other participants.

For participants who did not self-identify as good testers anxiety was present in the ‘moving in’ phase of the event. Beyond preparing to take the exam through practice questions these participants expressed anxiety related to the unknown, negative self-talk, difficulty committing to a testing date, difficulty organizing a testing plan, and difficulty dealing with poor practice test scores. These things usually occurred after experiencing a poor outcome on a practice test or going back and forth between different programs meant to help with NCLEX preparation. One participant talked about the anxiety of the negative outcomes from practice exams and how starting the next one she would be thinking how she failed the last one. These anxiety provoking experiences often led participants to move the testing date back. One participant reported a last-minute desire to



move the exam back stating, “as soon as we pulled into the driveway, I wanted to reschedule the exam.” The anxiety of stepping into the moment was nearly overwhelming.

During the ‘moving through’ phase, all participants reported experiencing stress and anxiety. Participants mentioned physical manifestations of stress and anxiety. They reported physical symptoms such as nervous bowls, fidgeting, and crying. Participants described staff as intimidating and expressed frustration over rules that they were not aware of. One participant mentioned wishing that someone had told her not to bring her cell phone. She stated, “They took it from me and wrapped it up with tape.” Several other participants mentioned “I felt like a criminal” when talking about the procedures for entering the exam. During the exam itself, stressful things included people moving in and out of the exam room, questions moving from hard to easy and back again, computer screen transitions between breaks, and finally when the exam shut off. Every participant mentioned feeling as though they failed as soon as the exam shut off. One participant talked about experiencing that feeling twice. Once when the scheduled break screen came up. She was not aware that the screen would change. She stated, “I’m only on question 65 I can’t be done.” She eventually saw the break screen but then realized. “I went so slow; people were already like way gone before I was.”

When the exam eventually shut off, every participant expressed a variation on the statement “I was positive I failed.” Participants mentioned that if they had questions to answer they had a chance, but when the exam shut off it was over. This anxiety continued at some level until the next day when participants received results. Participants dealt with

stress after the exam by engaging in distracting behaviors such as time out, time with family, and shopping. Others mentioned physical manifestations like shifting between crying and laughing.

In the moving out phase, participants have gotten exam results and are preparing to move into the next phase of their professional experiences. Interestingly, the joy of moving into this next phase of professional development is replaced at some point with anxiety and stress. Many participants expressed some level of anxiety related to people expecting them to know what they are doing at some stage. One participant expressed her job being replaced by an almost immediate anxiety by stating, “It was like oh crap, now I have to actually do the job. People are going to expect I know what I’m doing.” This anxiety over doing the job was expressed as a lack of belonging when performing serious tasks, as though they had not yet earned the right to be there.

### **Mentorship and Support**

The two lines of support mentioned the most by participants are members of their cohort and faculty mentors. The relationships developed during nursing school created a network of support after graduation. Participants talked about providing accountability for one another as well as support through the entire process. They provided advice to one another, commiserated over the stress of the situation, and celebrated successes with one another. Faculty mentors were another support system mentioned by most participants. The experience with faculty mentors could be positive or negative.

Negative mentor experiences included mentors who were not responsive to new graduate needs. The mentor did not help with a study plan, answer questions related to

preparation, or help explain what practice exam results might indicate in terms of next steps. In some cases, participants reported mentors never contacting them at all. For those who did have interactions with mentors that were seen as negative, there were two distinct themes. Themes were either a lack of partnership within the planning process, or messaging that inhibited during the experience. Messaging from mentors was seen as important and sometimes stressful. The two strongest messages that held some consequence for students were the use of the mantra 'one and done' and contrary messaging. Praise for student performance with no true feedback or information related to preparation was seen as not helpful and often led to some cognitive dissonance. One participant stated, "They kept telling me how good I was doing and that my scores indicated I was ready, but then wanted me to spend a month after graduation studying." Another participant saw the successful completion of school as an indication of preparation. "If I can pass nursing school then I should be ready for the NCLEX." Praise for strong academic performance and no real information about the NCLEX left participants feeling that the need for continued preparation might not be necessary. Some participants mentioned praise from faculty as being an indicator they did not need to prepare further, so even though they were provided a plan they did not understand why they should have to continue to prepare.

Beyond confusing messaging, there were instances where messaging from faculty such as 'one and done' was seen as stressful. It created a sense that if they were not successful on the first attempt then they would not be successful. Participants talked about the intensity of stress and anxiety related to NCLEX and felt the sense that only

one attempt would mean success or failure was overwhelming. One participant talked about stress and anxiety and stated, “Just not focusing on it like the first time you take the NCLEX is not the end. Like if you fail you can take it again.” This participant went on to say, “It’s not the end of the world, so I was able to talk myself down off the ledge a little bit.” Mitigating the stress by taking some of the meaning away from the experience was essential to help the participant focus on preparation.

The other negative aspect of mentorship was mentors who did not include the new graduate as a participant in the plan. One participant mentioned the faculty mentor insisting that full days of rest each week were important. New graduates reported feeling anxious over full days of rest and eventually adjusting her schedule to do less each day but to do something every day. The participant stated, “I just couldn’t do it. It wasn’t restful. I just spend all the time thinking about what I should be doing.” The desire voiced by most participants was to feel part of a team with their mentor. The mentor was seen by new graduates as the person to provide professional advice related to the process of preparing for NCLEX.

Positive mentor relationships did provide professional information related to testing, but they also provided the context to preparation and practice exam results. Participants who reported positive mentor relationships reported a team approach to the process. They worked together to create a plan to prepare. As the new graduates worked through the plan, they reached out when in need of guidance. One participant reported decreased stress and anxiety during the exam because of the mentor relationship. She stated, “It was like just don’t worry be present in what you’re doing. Don’t worry about

two weeks ago or even two days ago, just worry about right now.” The continued message that there was no true predictor of NCLEX performance and that predictor exams could only predict how she would do in that moment helped her to recognize that she needed to relax and take the exam. Not performing well meant it was a bad day and not that she was not prepared to be a nurse. She was able to approach the NCLEX as just another practice exam. Even with the best mentoring relationship, anxiety and stress can be present. The mentor relationship may extend into more of a support role for those who do not have significant others or significant relationships with cohort members.

Cohort members were also seen as very important during the process of preparation. Participants recognized the likelihood of not engaging in preparation because of the sudden lack of structure surrounding studying. Several participants talked about accountability and how they managed preparation. One participant stated, “I had my two people I went through nursing school with. We talked or messaged every day. It was a simple ‘did you do your questions?’” Another participant talked about the importance of her cohort in terms of managing stress and anxiety. She stated, “they’re going through it with you. They understand the stress you’re under.” This participant went on to say, “your friends and family are important, but they don’t get it. Not the way your nursing school friends, or your faculty do.”

While family and spouses were seen as not understanding the stress several participants mentioned interactions with family or significant others that were very important. These individuals were supportive in terms of encouraging participants to test in a timely fashion, driving them to the testing site, helping to distract them after the

exam, and celebrating when the result was a positive one. Perhaps the most important act was to convince nervous participants to test. One participant was debating pushing her test date back. It was her spouse that stated, “you’ve worked hard and you’re ready. I know you can do it, but if you don’t then there is a plan. You’ll get it next time.” These supportive interactions mitigate some of the stress participants are under and help participants to test in a timely manner.

While mentors cannot fill that role completely, there were participants who leaned heavily on their mentors for support that was typically handled by significant others. Participants mentioned discussions with mentors about being prepared to test and reaching out after the exam to discuss anxiety over the experience. The ongoing message that practice was just that, practice helped participants to mitigate some of the stress and anxiety present through the experience.

### **Summary**

The initial research question relates to the lived experience of the GN as they transition through NCLEX. This is a complex question given all the variables that are present during a transition. It is also an important question to answer as it is a beginning step in creating a system that supports the GN at each stage of becoming a nurse. The lived experience of the GN as they transition through the NCLEX experience is represented through the themes of stress and anxiety, mentorship, and support. The levels of the need varied depending on the GNs' perception of the transition and what strengths they had in other organizing categories. In chapter 5, I will review the results of this study

compared to the current literature, and discuss implications for social change, as well as limitations and recommendations.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the lived experience of the GN as they transition through the NCLEX. It is important to understand the process, as experienced by the graduate, so that faculty can support new graduates through the transition. This ensures that qualified candidates have all the tools they need to successfully transition from GN to new nurse. Primary themes present in the study were stress, anxiety, mentorship, and support. Participants made significant statements about stress and anxiety, but the level to which participants experienced this stress and anxiety was dependent upon the assets they had in other categories such as strategies and support. Chapter 5 will review study findings and how they fit with current literature, limitations of the study, recommendations for future research, and the implications this study has for social change.

### **Interpretation of the Findings**

#### **Support in the Literature**

Findings in this study are supported by current research. The initial literature review was categorized into major categories that included: integrated testing and exit exams, high stakes testing, student perceptions, and mentorship. These different components are important steps in the process of preparation for the NCLEX. Themes identified within the study were stress, anxiety, support, and mentorship. These themes intersect with current literature in interesting ways.

Monroe and Dunemn (2020) conducted an exploratory field study to determine post-graduation readiness to take the NCLEX. They found postgraduation readiness exams had a positive correlation with NCLEX pass rates, but that anxiety was the common theme for outliers. Participants in that study reported anxiety during the exam that was difficult to control but also reported that the postgraduation check-in process was anxiety provoking. Monroe and Dunemn did not expand on the check-in process or what about it was anxiety provoking but suggested further research into this topic. The participants in my study identified practice exams as an important part of the preparation process. One participant mentioned how easy it was to mindlessly go through questions, but that a practice exam forced attention because there was a score at the end. The score and content explanation at the end of the practice exam were seen as important by many participants, but faculty mentors were an important part of how the participants perceived the results. Some participants experienced high exit scores while still in school. Those participants reported cognitive dissonance because the messaging from faculty was that the exam predicted they would be successful, but that they should continue to prepare after graduation. They questioned why they needed to continue preparation if every indication was that they would be successful. Participants who clearly understood that they needed more time to prepare felt that faculty expertise was valuable to them. Participants, who reported positive mentor relationships, felt that the expertise mentors had was very valuable. They provided insight into how to interpret test results, and what next steps should be based on testing results. They also provided positive but honest messaging about the testing indicators. Participants mentioned that mentors often



reminded them that predictor exams could only predict how they would do that day. They went on to explain to participants that being present in the current situation was very important and that anxiety could play a big role in overall performance. One participant mentioned decreased anxiety on the day of the exam was in large part due to her experience with her mentor. She stated she could hear her mentors voice telling her 'Don't worry about what happened two weeks ago' and 'Be present for today, so you can do the best you can do.'

Several recent studies have pointed to the fact that postgraduation mentorship improves pass rates. Stucky and Wright (2021) focused on a mentorship program that emphasizes communication, support, mentorship, and tutoring. Improvements in the program's pass rates were reported after implementation of this program. Czenkanski, Mingo, and Piper (2018) described a nursing program that implemented major curriculum changes after pass rates dropped to a low of 64.86%. While many program changes were implemented, the one change that all faculty felt was the deciding factor in improving pass rates to 94.29% was the mentorship program. These programs provide positive results for GNs when done well. Morten et al. (2021) developed a three-tiered advising program that begins support from the very beginning of the nursing program and carries it through to NCLEX. Since the implementation of this program, it has increased passing scores to above the national average. Schlairet and Rubenstein (2019) also developed a similar coaching plan. In this program, they noted increases in confidence and readiness scores. Opsahl et al. (2018) also created a mentor program that focused on both academic

and non-academic factors that affect the GN as they prepare for NCLEX. In this program, pass rates increased to 100% post implementation of the mentorship program.

Mentorship programs are meant to ease some of the stress and anxiety present as the graduate transitions away from the regimented school environment to one where the GN is responsible for preparation. Participants who had absent or negative mentoring relationships talked more about uncertainty of when to test as well as anxiety about preparation. Hanson-Zalot et al. (2019) conducted a descriptive qualitative study to determine graduate perception of preparation for NCLEX. In their study, major themes were messages from faculty, preparation strategies, exam preparedness, and disconnect between pre-test and intra-test experiences. Participants in Hanson-Zalot et al.'s study reported positive messages from faculty as being help understanding different item types, messages of empathy, and a sense that faculty were available. The participants felt that messages such as "NCLEX determines candidate competency" were seen as not helpful.

Participants in my study who lacked mentorship had varied reactions. They talked about anxiety from being unsure of how to prepare, black and white messaging from faculty, and well-meaning messages that applied more pressure. Some participants approached other faculty members to develop a mentoring connection. Other participants leaned more on cohort members to support them in preparation, and some used social media to access a wider community of graduates to gain insight into how to successfully prepare. If the participant had a mentor who was present but seen as anxiety provoking, advice was sought from these other venues. Participants talked about faculty mentors who used mantras like "one and done" or who saw the predictor as a hard-and-fast

determination of success or failure. This all or nothing mentality increased the sense that if the GN was not successful on the first attempt then they never would be. These participants tended to pull away from faculty mentors and seek support through venues other than faculty. Support is always good, and all participants talked about support from multiple venues, but the ones who received what they perceived as supportive mentorship saw faculty support as support through professional expertise. They sought emotional support and accountability through other areas and only leaned on faculty for those things when it was not available through other venues.

The biggest avenue of support outside of the academic institution were intimate partners and cohort members. All participants discussed communication with members of their cohort as both a big group and smaller friend groups. They worked together to keep one another accountable to a practice schedule, supported one another through times of anxiety, and answered questions once they completed the exam for those who had yet to take the exam. Intimate partners provided emotional support and often the final push to go take the exam. Several participants mentioned feeling as though they should delay the exam, but ultimately, it was their partner who provided the final sense of confidence that allowed them to go and take the exam. Those with no intimate partner mentioned having similar conversations with faculty mentors. Opsahl et al. (2018) found that emotional intelligence training was an important factor to include for faculty as they prepared to mentor because mentors who can recognize that there are both academic and nonacademic factors that affect GN outcomes are likely to support GNs through both academic and non-academic venues. Training in emotional intelligence could have

several potential benefits for faculty as they prepare to mentor new graduates. The ability to recognize an individual's emotional state and provide support that goes beyond a simple study plan creates a situation in which GNs are more likely to meet with success because their mentor helps them navigate the experience beyond just providing insight into a study plan.

### **Schlossberg's Theory**

Schlossberg's theory of transition was used as a conceptual framework for this study. As a framework, it fit well because it looked at multiple dimensions of the individual, and their assets and liabilities, as they transitioned through the NCLEX experience. Individual statements from participant interviews were divided into separate columns that represented the self, support, strategies, and situation. Statements were further divided into moving in, through, and out of the transitional event. This extra layer of dimension added insight into the themes. For instance, stress and anxiety were present in different measures through all phases of the transition, but for different reasons. Prior to the exam, the stress was about the unknown and how to prepare. On the day of the exam, stress came from the unknown experience, and result stress was present after the exam as the transition into the next role began. The level of stress was mitigated by the utilization of other assets. Many participants talked about leaning on members of their cohort for support. Those who did not have strong support through the cohort leaned on support from other avenues such as nurses they worked with and close family.

Information from strategies and situations did not rise to the top in terms of developing themes but supported why people reacted the way they did to some situations

they discussed. Participants who provided little information in terms of strategies they used to prepare for the NCLEX or had avoidant strategies such as taking time off were less likely to be assertive if a faculty mentor was unresponsive. They simply worked without them as opposed to seeking out a different avenue for mentorship. Participants discussed the situation either by discussing the fear of the unknown or equating school performance to likely NCLEX performance. This information supported statements made about themselves and their level of stress and anxiety.

### **Limitations of the Study**

Limitations of this study were the recruitment of participants who were not successful at the first attempt of NCLEX and participants who experienced NCLEX during the COVID-19 pandemic, as well as the ability to verify participant information. I was not able to recruit participants who were not successful during the initial attempt at NCLEX. One participant mentioned COVID-19 during her participant interview. She felt that her cohort missed a lot of clinical experiences because of the pandemic and worried this would affect her ability to be successful with the NCLEX. While no other participant mentioned COVID-19, there were five participants who completed school and took the NCLEX within the same timeline. All five were successful. The limited ability to verify participant information remains a limitation of this study. While it is possible to confirm licensure, it is not possible to confirm any other information provided by participants.

### **Recommendations**

The NCLEX literature provides insight into the important components of preparation. Monroe and Dunem's (2020) study supported the use of postgraduation

readiness exams but reported that outlier participants reported anxiety during the exam and the postgraduation check-in process. Participants in this study provided insight into the perceived value of the mentor or check-in relationship. Developing a greater understanding of the GNs' perception of the process of mentorship will help to align faculty training with the actual needs of the GN. Hanson-Zalot et al. (2019) confirmed that GNs felt messaging that included empathy, understanding, and support were valued by the GN, but specific information related to what that means to the GN is important. Within this study, participants discussed mentoring relationships that were not successful. Participants mentioned well-meaning mentors who either unintentionally applied pressure or did not include the GN as part of the team in preparation. Other participants discussed confusion related to having positive testing scores but still being told they needed to practice for the NCLEX. Further research surrounding the mentoring relationship and what the relationship entails is important. Creating a structured mentoring relationship that serves the needs of the graduate is likely to improve program outcomes and increase the number of viable nursing candidates ready to enter practice.

### **Implications**

This study was conducted to add to the overall literature surrounding NCLEX success. Understanding the process and acting in ways to improve the overall experience provides positive social change in two ways. First, understanding the GNs' experience of transitioning through the NCLEX may help institutions develop programs that mitigate some of the issues encountered by GNs as they transition through the process. Second, making this process as smooth as possible for the GN creates a situation where every

viable GN has a stronger likelihood of passing the NCLEX on the first attempt. This will help fill open nursing positions within the community. Understanding all components of the process will create opportunities for institutions to mitigate some of the anxiety and fear expressed by participants so that more candidates can transition from GN to RN.

The GN themselves have a lot of power over the process and how they transition through it, but it is the mentoring relationship that often provides GNs with the information they need to meet with success. If they do not get the information they need from the mentoring relationship, they will seek it from one another. This may mean an increased need for the relationship between cohort members. If that does not exist, there is some indication that GNs will seek knowledge through social media. While studies have supported the importance of mentorship, there is very little in the literature to provide insight into how to develop a meaningful mentoring program. This study begins to provide insight into the factors that affect outcomes for the GN.

The literature surrounding the experience of the GN as they transition through the NCLEX is limited. The prevailing belief has been that those who have graduated from a rigorous program and who have practiced for the test will meet with success. There is an abundance of evidence to support the importance of academic preparation. More study into the nonacademic factors that affect the GN could contribute to the development of best practices in the development of mentorship programs.

Recommendations for future development of the GN experience would include the development of faculty mentor programs that are focused on more than practice. Programs that focus on both academic and nonacademic variables have more of an

impact on outcomes. Schlossberg's transition theory and the 4S system may be a reasonable framework to utilize in the development of a mentoring program. A mentorship program that prioritizes academic preparation, but also provides insight into effective strategies for emotional control, and insight into the process may be more effective than just prioritizing practice.

### **Conclusion**

Nursing has struggled through shortages in the past, but the future is certainly unclear. The effects of the pandemic will not be fully understood for a while, but between the effects of the pandemic and the current attrition rate in nursing, there could be cause for concern in the immediate future (Health Resources and Services Administration, 2023). To keep the nursing workforce at a level that supports care in our communities across the country, it is important to fully understand the transition from GN to practicing nurse. Understanding this transition will help those who facilitate this transition in a way that ensures candidates are capable of meeting with overall success.

The understanding of the process for successfully transitioning through the NCLEX has grown through time and study. Finite predictors of success or failure do not exist. Success or failure is dependent on several variables. There is abundant literature to support the importance of academic preparation, but little is understood about the nonacademic factors that affect outcomes. The current research into nonacademic factors is contributing to a well-rounded approach to understanding the process. Practice and content mastery are very important components in preparation, and predictor exams do provide insight into a candidate's knowledge level, but the nonacademic factors that



affect the experience still require study. This study provides some insight into the experience of the GN as they work through the transition to practice. The themes identified in this study include stress, anxiety, support, and mentorship. Often strength in one area such as mentorship could mitigate the effects of stress and anxiety as the participant transitioned through the process of preparing for and taking the NCLEX. Understanding the participant experience provides insight into how to structure a mentoring program that truly meets the GNs' needs. Meeting those needs creates an optimal environment for a successful transition to practice.

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## Appendix A: Interview Instrument

### **Introduction:**

Thank you again for being willing to sit and speak to me today. I very much appreciate the time that you are taking from your day to spend with me. I would like to review some things before starting the interview. I want to remind you this interview will be recorded and that the recording will be kept secure. The recording intends to create a transcript to ensure I have an accurate reflection of the conversation. The recording will be kept secure, and the only other person who might see the recording is the academic committee supervising my dissertation process. The recording will be kept secure for a period of five years before being destroyed. This is a requirement of the Institutional Review Board.

### **Privacy**

Every effort is taken by the researcher to ensure your privacy. All recordings, transcripts, and identifying information will be kept in separate and secure locations. Any information shared with my faculty at Walden University will not reveal your identity. Only general findings from the study will be shared with any institutions that provided help with recruitment of participants and want to know how to improve the student experience of preparing for NCLEX.

### **Voluntary Nature of the Study:**

This study is being conducted with participants on a voluntary basis. You, as the participant, have the right to withdraw consent for participation in this study at any time without penalty. Should you decide to withdraw consent to participate at any point during the study the information provided will be removed from the final work and all documents created will be destroyed.

### **Risks and Benefits of Being in the Study:**

The risks in this study are minimal but some discomfort may occur if the experience being discussed was a difficult one. Discomfort will likely be no more or less than someone might experience in daily life. The study poses little to no risk to your wellbeing. Study questions are designed to explore your approach to preparation for National Council Licensure (NCLEX) and the supports and stressors that were present as you transitioned through the exam process. Participation provides information that will lead to a deeper understanding of the factors that affect preparation for NCLEX. Should you feel you need further counselling related to the information we discuss you can find help at 211. Participant safety is of the utmost importance to me. For that reason, institutional review board (IRB) approval was sought and obtained for this study.

**Questions:**

What was it like to finish your nursing program and prepare to take the state board (NCLEX) after you graduated?

**Possible follow-up questions include:**

How long did you prepare?

Was that time difficult?

How did you feel as the exam time approached?

How did you cope with the stress during that time?

How did you make the decision to prepare the way you did?

## Appendix B: Interview Transcript Image

Interview Question	Responses from Transcript	situation	self	support	strategies
1. What was it like taking the state boards after graduating from nursing school?					
Reflective Notes from Interview:					