2-4-2015

The Lived Experience of Graduate Nurses with Multiple NLCEX-RN Failure

Christina Lynne Silva
Indiana University of Pennsylvania

Follow this and additional works at: http://knowledge.library.iup.edu/etd

THE LIVED EXPERIENCE OF GRADUATE NURSES WITH MULTIPLE

NLCEX-RN® FAILURE

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

Christina Lynne Silva

Indiana University of Pennsylvania

December 2014

Indiana University of Pennsylvania
School of Graduate Studies and Research
Department of Nursing and Allied Health Professions

We hereby approve the dissertation of

Christina Lynne Silva

Candidate for the degree of Doctor of Philosophy

_____   _____
                            Susan G. Poorman, Ph.D.
                            Professor of Nursing and Allied Health Professions, Chair

_____   _____
                            Theresa Gropelli, Ph.D.
                            Professor of Nursing and Allied Health Professions

_____   _____
                            Michele Gerwick, Ph.D.
                            Professor of Nursing and Allied Health Professions

_____   _____
                            Melissa L. Mastorovich, DNP
                            Senior Clinician
                            STAT Nursing Consultants, Inc.

ACCEPTED

_____   _____
Timothy P. Mack, Ph.D.
Dean
School of Graduate Studies and Research

Title: The Lived Experience of Graduate Nurses With Multiple NLCEX-RN® Failure

Author: Christina Lynne Silva

Dissertation Chair: Dr. Susan G. Poorman

Dissertation Committee: Dr. Theresa Gropelli
                          Dr. Michele Gerwick
                          Dr. Melissa L. Mastorovich

This qualitative study sought to understand the phenomenon of graduate nurses (GN) who have failed the NCLEX-RN® multiple times. As the American population ages and the nursing workforce ages, the need for Registered Nurses (RN) increases. An aging nursing workforce may lead to a RN shortage in the future. Understanding the lived experience of the GNs who have failed the NCLEX-RN® multiple times could assist with supplying RNs to meet the demand. This study used Hermeneutical phenomenology as influenced by Heidegger. Phenomenology describes carefully all that is hidden in any act of consciousness. To gain understanding of the phenomenon, nine participants were interviewed and their stories were analyzed using Hermeneutical analysis. Three significant themes were identified. The themes identified included blaming, being alone and needing support, and questioning. The themes revealed in this study suggest a need for assistance. After failing the NCLEX-RN®, the GNs felt abandoned and alone. They blamed not only themselves but the nursing program and nursing faculty members. They believed that they were not prepared sufficiently to be successful on the NCLEX-RN®. Implications and conclusions discussed included careful implementation and use of standardized testing packages (STP) by nursing programs, the need for pre-graduation identification of at-risk students and assistance, and the need for post-graduation

assistance for the GNs who fail the NCLEX-RN®. The GNs who fail the NCLEX-RN®

may need assistance to become successful.

ACKNOWLEDGEMENTS

As I refine the final documents that are my dissertation, I sit and ponder the last few years. Over the last few years, I have had the benefit of some extraordinary faculty members. The doctoral faculty have invested in all of us and assisted us to become better educators and prepared us to thrive in the world of academia. I would like to thank those faculty members. First, I would like to thank Dr. Susan Poorman. She has invested time and energy to help me become a better educator. She has been not only my committee chair and faculty member but also my friend. Thank you for all you have done for me.

Second, I would like to thank my committee members: Drs. Michele Gerwick, Theresa Gropelli, and Melissa Mastorovich. I do not take lightly all the time you spent reading and re-reading my dissertation. Your input and guidance assisted me to finish this process.

Lastly, I would like to thank the doctoral faculty to include Drs. Teresa Shellenbarger, Kristy Chunta, and all those that invested time in educating our cohort. I learned volumes over the last few years. Your willingness to guide us and help shape us as educators is priceless. Thank you.

Beyond the faculty, I would like to thank my husband, Sam; my children, Sammy, Jonathan, and Sarah; my parents, Leo and Sarah; and my pastors, Alfred and Josephine Thompson. Without the support of family and loved ones, I would not have had the courage to finish this degree. My daughter Sarah would read rough drafts of my papers and help me to find and fix errors. My sons who I thought were not paying attention would surprise me with kind words and support when least expected. My husband would remind me that being a doctor had been a lifelong dream. He would not allow a bad day

or bad grade to get me down. My pastors encouraged me to begin my academic journey and never quit offering their support. When I felt like quitting, this encouragement helped me to continue. Finishing this Phd would not have been possible without all of you. I hope to be able to pay forward your kindness and support.

The last group of folks I would like to thank is my FBBC family. I worked every other weekend during the academic year and more often during the summers. Each day I worked, one of you would ask how my studies were going and give words of encouragement. My FBBC family believed in my ability to finish. Thank you.

I am humbled by the willingness of faculty, family, and friends to support me through this endeavor. Thank you all.

TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

This qualitative dissertation study will attempt to understand the lived experience of graduate nurses (GNs) who have failed the NCLEX-RN® multiple times. As nursing students complete course work and graduate from nursing school, the goals for the new GN are to pass the National Council Licensure Examination- Registered Nurse® (NCLEX-RN) and to enter the nursing workforce as a Registered Nurse (RN). For some GNs these goals will not be met. National Council of State Boards of Nursing (NCSBN) Pass Rate Reports (2012) demonstrated that GNs who fail on their first NCLEX-RN® attempt have a statistically lower chance of passing on repeat attempts. Woo, Wendt, and Weiwei's (2009) lag time study demonstrated "a significant inverse relationship between number of attempts and pass/fail status (b = 0.824, p < .0001)" (p 24). In other words, as the number of NCLEX-RN® attempts for a GN increased, the pass rate decreased.

Considering the NCSBN data (2012) and Woo et al.'s (2009) findings, the best time for GNs to pass is the first time. Repeat attempts, although allowed by the NCSBN, do not guarantee the GN will pass. Do the multiple failures increase the stress to pass? Is there a common factor for those who have failed multiple times? This study, through a qualitative approach, will seek to understand this phenomenon.

Chapter one of this study will include the background of the study, the significance of the study, statement of the problem, purpose, and definition of terms. This study will follow a phenomenological hermeneutical approach influenced by the work of Martin Heidegger. As this qualitative approach includes terms which may not be universally recognized, the definition of terms section will include terms associated with

Heideggerian hermeneutic phenomenology (HHP). For the remainder of this dissertation, the qualitative inquiry will be referred to as HHP.

Background

With today's aging population, nurses are a necessary resource (Bargagliotti, 2009). By the year 2030, the American population aged 65 and older will reach 20% of the total United States population or greater than 70 million people (Lun, 2011; Sade, 2012; Vincent & Velkoff, 2010). With the aging population growing, the professionals needed to care for them must increase as well. Many professions, including nursing, are looking for ways to increase the workforce that will care for the elderly population (Lun, 2011). Although the nursing profession is part of the workforce entrusted to care for this population, nursing professionals are also aging. Bargagliotti (2009) found that as nurses age and retire, fewer nurses are taking their place. Schools of nursing need to assist with replenishing the ranks of the nursing profession.

In contrast to the reports of a looming nursing shortage, reports of the end of the nursing shortage have surfaced. Bauerhaus, Auerback, and Staiger (2009) found that the rates of employment for RNs in hospitals are increasing and the unfilled job rate for hospital RNs are decreasing. This study revealed that as the unemployment rates in general increased, more RNs returned to hospitals. The returning RNs had previously left the nursing workforce but returned due to economic need as many of these RNs had partners who were laid off (Bauerhaus et al., 2009). Bauerhaus et al. (2009) report a need for caution regarding the increased nursing workforce. The returning RNs are part of the aging RN workforce that soon will retire again. Although the current recession has slowed the nursing shortage temporarily, the projected number of nursing positions that

will need to be filled by the year 2020 equal greater than one million (American Association of Colleges of Nursing [AACN], 2012a).

The projected shortage is complicated by nursing students who graduate from nursing school but fail the NCLEX-RN® (Roa, Shipman, Hooten, & Carter, 2011). To be eligible to apply to take the NCLEX-RN®, all GNs must submit an application for licensure to the State Board of Nursing of the state in which they wish to be licensed (National Council of State Boards of Nursing [NCSBN], 2013e). Each individual state or commonwealth has specific rules and regulations regarding eligibility requirements for licensure; the GN must meet the requirements specified by his or her state board of nursing. In Pennsylvania, the GN must be a graduate from an accredited nursing program (Pennsylvania State Board of Nursing, 2011). In the United States, nursing students have the option to choose which type of nursing program they wish to attend. A student may choose a two year associate degree, a two to three year diploma, or a four year baccalaureate degree. The first time pass rate for 2012 was 90.34%; the pass rate for repeat test takers was 55.63% (NCSBN, 2012). After attending school for a minimum of two years, the GN who fails the NCLEX-RN® will not be employable as a RN (NCSBN, 2013a).

Failure of the NCLEX-RN® prohibits GNs from entering the nursing workforce (NCSBN, 2013f). Once a GN has failed the NCLEX-RN®, the NCSBN (2013f) states a candidate must wait at least 45 days between examinations and may not take the NCLEX-RN® more than eight times per year. The candidate must refer to his or her state board of nursing for the state's requirements regarding retaking the NCLEX-RN®. For GNs who fail, this might mean at least 45 days of lost wages. Some of the GNs who fail

the NCLEX-RN® might work as nurses' aides or unlicensed assistive personnel (UAP) while waiting to retest. Graduate nurses who must retake the exam are at greater risk of failure (NCSBN, 2011). Continued failure prevents the GN from entering the nursing workforce.

To meet the increasing demand for RNs, more student nurses are completing nursing programs. This is reflected by the number of GNs applying for the NCLEX-RN®. Annually, from 2006- 2011, the number of graduate nurses applying to take the NCLEX-RN® increased. In 2006, the number of GNs registered for the NCLEX-RN® was 109,839 (NCSBN, 2006). During 2011, the number of GNs registered for NCLEX-RN® was 195,307 (NCSBN, 2011). In 2012, the number of GNs registered for the NCLEX-RN® decreased; only 194,898 GNs registered to take the NCLEX-RN® (NCSBN, 2012).

Although there is a positive trend of more GNs completing nursing programs, this trend is not followed with regards to NCLEX-RN® pass rates. Of these GNs, 88% of first time test takers passed in 2006 versus only 84.5% of first time test takers in 2011. Although fewer GN first time test takers attempted the NCLEX-RN® in 2012, the national pass rate increased to 90.34% (NCSBN, 2012).

Another factor to consider is the characteristics of the actual examination. The NCSBN continually updates the examination to meet the challenges of the rapidly evolving health care environment (NCSBN, 2013d). During this period of time, the NCSBN has changed the examination twice; each time making the examination more difficult (NCSBN, 2013c). Through evaluation of their practice survey and other evidence, the NCSBN determined an entry level RN requires a greater level of knowledge, skills, and abilities in 2013 than was required in 2009 when the previous

NCLEX-RN[®] examination was implemented. For the 2013 NCLEX-RN examination, the NCSBN (2013c) changed the passing standard from -.16 logits to 0.00 logits. A logit, a unit of measure, is used to determine the relative differences between candidate ability estimates and item difficulties. The goal is to determine when a candidate can answer approximately one out of every two questions correctly 95% of the time (Lavin & Rosario-Sims, 2013). The NCSBN reevaluates the NCLEX-RN[®] test plan every three years (NCSBN, 2013d). For those who fail, the examination may change before the GN retests.

A complicating factor in GN failures is related to future success on the NCLEX-RN[®]. The pass rates of the repeat test takers are much lower than the first time test taker pass rates. Of the 41,005 GNs registered to retake the NCLEX-RN[®] in 2011, only 44.1% passed on their repeat attempt (NCSBN, 2011) compared to the 22,413 repeat test takers in 2006 with a 53.9% pass rate (NCSBN, 2006). In 2012 the number of repeat test takers decreased to 24,844 but the pass rate increased to 54.88% (NCSBN, 2012). With the scarcity of literature concerning NCLEX-RN[®] failure, there is a dearth of explanations for this disparity.

Individuals who fail the NCLEX-RN[®], once or repeatedly, represent a pool of potential RNs that are not in the nursing workforce. Although the repeat test taker pass rate increased from 2011 to 2012, the pass rate for repeat test takers remains exceedingly lower for the repeat test takers than for the first time test takers. The statistics from the NCSBN verify a significant difference in success rates between first time test takers (NCSBN, 2012) and repeat test takers. The pass rate continues to decrease as the number

of attempts increases (Woo et al., 2009). GN failure and multiple failure of the NCLEX-RN® add to the projected shortage of licensed nurses.

As illustrated by the NCSBN statistics, GNs who fail the NCLEX-RN® on their first attempt have a significant chance of failing on repeat attempts (NCSBN, 2012). These statistics raise many questions. Does multiple NCLEX-RN® failure become a significant identity for them? Do the GNs who fail the NCLEX-RN® understand why they have failed? What is the lived experience of GNs who fail the NCLEX-RN® multiple times?

Although the literature does not explicitly address the experience of GN's with multiple NCLEX-RN® failures, it does address the experience of failing the NCLEX-RN®. Poorman and Webb (2000) found themes of living the failure, wanting, daring to hope, and seeing success. These participants' stories gave the researchers a view of the experience of failure on the NCLEX-RN®.

Likewise, Schwarz (2005) provided a manager's view of NCLEX-RN® failure. Schwarz (2005) observed that GNs who failed the NCLEX-RN® needed assistance and support at a time when support from educators and nursing programs was lacking. These individuals were no longer in a nursing program therefore support from the program was limited. Schwarz (2005) identifies the role of the nurse managers to include leader, educator, and facilitator of professional development. Nurse Managers can assist the GN who did not perceive the failure as a learning opportunity and prevent a downward emotional spiral (Schwarz, 2005). The nurse manager can become a support person by assisting the GN to confront the failure and plan for future success. Examples of support included helping the GN maintain a positive attitude and viewing the failure as a learning

experience. Although literature on NCLEX-RN® failure is sparse, Schwarz's observations support earlier findings of GNs needing support to overcome the initial failure (Griffiths, Papastrat, Czekanski, & Hagan, 2004; Poorman, Mastorovich, & Webb, 2002; Poorman & Webb, 2000; Vance & Davidhazar, 1997).

When considering this phenomenon, GNs are not the only party affected by the phenomenon of NCLEX-RN® failure and multiple NCLEX-RN® failure. Nursing programs and employers are also concerned (AACN, 2013; ACEN, 2013; Bauerhaus et al. 2009). State Boards of Nursing set required pass rates for first time test takers (National League for Nursing [NLN], 2012). If the school does not meet the standard, the school may be placed on probation or face closure. For example, in Pennsylvania, the minimum pass rate for first time test takers is 80% (Pennsylvania State Board of Nursing, 2009). If a nursing program fails to maintain a pass rate equal to or greater than 80%, the state board of nursing places the school on probation. The nursing program must notify current students and student applicants (The Pennsylvania Code, 2013) and the program's outside accrediting agencies such as the AACN (AACN, 2013) and the National League for Nursing (Accreditation Commission for Education in Nursing [ACEN], 2013) of any program status changes. This change in status notification could affect the program's admission numbers and retention rates.

The notification of a status change is not the worst scenario possible. If the school fails to meet the accrediting body's standards for first time NCLEX-RN® pass rates as specified by the accrediting agency, the school will have the accreditation revoked (ACEN, 2013; AACN, 2013). Loss of accreditation could force the school to close.

While schools worry about passing standards and accreditation, employers are concerned with lost financial investments in newly hired nurses. The costs incurred to orient these GNs is lost if the GN fails. The estimated cost of orientation depends on the facility and the GN's unit. An estimate of the total cost to orient one new GN in 2002 was approximately $40, 000.00 (Polick, 2002). According to Arnold (2012) the total labor costs to hire a GN in 2011 in New York City or Long Island, New York was $96,595. This cost includes salary, benefits, costs of orientation, educator costs, and hospital overhead costs. Arnold (2012) believes the financial investment is worth the risk.

Not only is the cost about financial investment but also of human energy and time investment. Each GN must have an assigned preceptor. The preceptor invests time and energy to assist the GN to become an advanced beginner (Friedman, Cooper, Click, & Fitzpatrick, 2011). The unit manager must oversee the orientation process and assure a compatible preceptor-orientee relationship. A successful preceptor-orientee pairing increases GN satisfaction and retention rates (Friedman et al., 2011). The unit manager and preceptor invest hours of work time to orient and educate each GN successfully.

Some facilities may hire GNs before they have taken the NCLEX-RN[®]. States such as Pennsylvania (Pennsylvania State Board of Nursing, 2011) and New York (NYSED.Gov, 2013) grant a temporary practice permit that allows GNs to begin working as a nurse prior to taking the NCLEX-RN[®]. However, not all states allow a GN to practice before being licensed, including Ohio (Ohio Board of Nursing, 2013) and Indiana (Indiana State Board of Nursing, 2013). When a GN fails the NCLEX-RN[®], both New York and Pennsylvania revoke their respective practice permits (NYSED.Gov, 2013; Pennsylvania State Board of Nursing, 2011). Hence, multiple parties, the

individual, school, employer, and community, are affected by NCLEX-RN® failure and multiple NCLEX-RN® failure.

Reflection of the previous material caused the researcher to develop questions about this experience. What life processes or experiences do these GNs have that differ from the GNs who pass the NCLEX-RN® on their first attempt? To better support and assist GNs who have failed the NCLEX-RN®, nurse educators, staff development educators, and nurse managers need to understand their lived experience. Due to the dearth of research on the phenomenon of multiple NCLEX-RN® failure, more research is needed to gain a richer understanding of the GN's experience. Using an interpretive phenomenological approach, this study will attempt to understand and interpret the lived experience of the GN who has failed the NCLEX-RN® multiple times.

Significance of the Study

For nurse educators, the mission is to adequately prepare students to become safe, competent nurses. In order to practice as RNs, these GNs must pass the NCLEX-RN®. As our nation ages and practicing nurses retire, more nurses will be required to provide healthcare (Bargagliotti, 2009). Although the current recession has slowed the nursing shortage (Bauerhaus et al., 2009), the projected number of nursing positions that will need to be filled by the year 2020 equal greater than one million and this projection reflects a 26% increase in nursing positions (AACN, 2012a). This projected increased need for RNs means that the nation cannot afford an 8 percent failure rate for first time test takers or an approximate 50% pass rate for repeat test takers. With this research study, the researcher hopes to provide nurse faculty, nurse managers, and staff development educators with an understanding of the phenomenon of multiple NCLEX-

RN[®] failures. This understanding may help educators and managers view the GNs' issues through a new lens.

Statement of the Problem

Although nursing schools continue to admit and graduate nursing students, a nursing shortage is looming (AACN, 2012b). For 2012, eight percent of GNs or 24,844 GNs who were eligible and completed the NCLEX-RN[®] for the first time failed to meet the passing standard. Of the GNs who completed additional attempts to pass NCLEX-RN[®] in 2012, only 54.88% met the passing standard (NCSBN, 2012). With a projected need for an excess of 1 million nurses by 2020 (AACN, 2012a), nurse faculty, nurse managers, and staff development educators need to understand the phenomenon of multiple NCLEX-RN® failure.

Purpose

The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN[®] multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. Heidegger believed individuals' experiences in life may not be noticed because the individual sees the everyday, ordinary experiences as inconsequential (Heidegger, 1927/1962). This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of being in the world (Heidegger, 1927/1962).

Research Question

For this qualitative study the research question focuses on understanding the lived experience of the research participants. The research question for this study is

- What is the lived experience of GNs who have failed the NCLEX-RN®
more than once?

Definition of Terms

To better understand the phenomenon being studied, terms unique to this
phenomenon and method of inquiry need to be defined. The terms that are defined below
include GN, NCLEX-RN®, NCLEX-RN® pass rate, and GNs with multiple NCLEX-RN®
failure, Dasein, Being-in-the-world, phenomenology, interpretive phenomenology,
hermeneutics, and the hermeneutic circle.

- Graduate nurse (GN)- a person who has completed a pre-licensure
Registered Nurse nursing program. The nursing program could be a
diploma, an associate degree, or a baccalaureate degree.

- National Council Licensure Exam- Registered Nurse ® (NCLEX-RN)-
the national licensure exam taken by GNs to become Registered
Nurses in the United States. The NCSBN is responsible for format,
content, and administration of the exam. The examination is a
minimum of 75 questions and a maximum of 265. The types of
questions include multiple choice and alternative format. The GN has
up to 6 hours to complete the examination (NCSBN, 2013b).

- NCLEX-RN® pass rate- the percentage of candidates who take and
pass the exam. Nursing programs pass rates are based on the first time
test takers. The NCSBN website includes statistics on first time test
takers and repeat test takers.

- GNs with multiple NCLEX-RN ® failure- GNs who have taken the NCLEX-RN® more than once and have not earned a passing score on any attempt.

- Dasein – the beings 'Being', the Dasein can change as the 'Being' experiences life (Heidegger, 1927/1962).

- Being-in-the-world - people are tied to their world and who they are is part of their interaction with the world (Heidegger, 1927/1962).

- Phenomenology – a research approach that allows the researcher to investigate everyday occurrences and to provide understanding for these occurrences   (Heidegger, 1927/1962; Polit & Beck, 2012)

- Interpretive phenomenology - the art of interpreting and understanding human experience (Polit & Beck, 2012).

- Hermeneutics - interpretive phenomenology (Heidegger, 1927/1962)

- The hermeneutic circle (HC) – "circle of interpretation" (Harman, 2007, p. 58) which allows researchers to go between the parts of the research text and the whole of the research text to identify themes and understanding of that which is being studied (Polit & Beck, 2012).

These unique words and phrases will be used as part of the research process to understand the phenomenon of GNs with multiple NCLEX-RN® failures.

Summary

By the year 2030, the United States population 65 years of age and older will comprise 20% of the population (Lun, 2011; Sade, 2012; Vincent & Velkoff, 2010). This population will require professionals to care for them. Nursing professionals are aging

with the population (Bauerhaus et al., 2009). As our society ages, more new nurses will be needed (AACN, 2012b; Bargagliotti, 2009; Bureau of Labor Statistics, United States Department of Labor, 2012). The path to become a RN begins in the pre-licensure program. Nursing students complete their pre-licensure education and become GNs. They apply to their State Board of Nursing for licensure and are permitted to register for the NCLEX-RN®. Only 90 % of GNs passed the NCLEX-RN® on their first attempt in 2012 (NCSBN, 2012). After failing the NCLEX-RN®, the GN cannot work as a RN. For those who fail on the first attempt, the likelihood of passing the NCLEX-RN® on the next attempt is low. In 2012, the pass rate for repeat test takers was 55.63% (NCSBN, 2012). This difference in passing percentages is a problem. Through an interpretive phenomenological approach, the researcher hopes to gain a richer understanding and interpretation of the lived experience of GNs with multiple NLCEX-RN® failure.

CHAPTER 2

REVIEW OF LITERATURE

In this chapter, the researcher will provide a comprehensive review of the

literature concerning NCLEX-RN® failure and related topics. First, an overview of the

evolution of registered nurse licensure and a review of the literature related to NCLEX-

RN® failure and multiple failures will be explained. The researcher will describe previous

research studies and literature relating to GNs who have experienced NCLEX-RN®

failure. This literature review will include also licensure or certification failure in other

professions such as education, medicine, and law. The literature review will be divided

into three sections: evolution of nursing licensure, nursing licensure failure, failure of

licensure or certification outside of nursing.

Evolution of Registered Nurse Licensure

Although the NCLEX-RN® is the licensure examination that GNs must pass to

work as Registered Nurses today, nursing licensure did not always exist nor was the

current method of licensure always the means to becoming a member of the nursing

profession. Understanding the history of nursing education and licensure may help

understand today's challenges in nursing education in particular with GNs with multiple

NCLEX-RN® failures. This section will review the history of nursing education and entry

to practice requirements.

Nursing education today is vastly different from the time of its inception. Nursing

education originally followed the apprenticeship model which was based in service to the

hospital. In 1903 and 1904, the states of North Carolina and New York respectively,

required registration and licensure for nurses with the intent to ensure public safety. In

1913 in North Carolina, the requirements included a diploma from an approved school,

passing a standard exam, and a reference from the school superintendent attesting to the candidate's moral character (Davida, 2012). By 1923, forty-eight states had licensure laws for practicing as a RN. Today, all 50 states and all United States territories have licensure laws for practicing as a RN (Comer, 2007). Nursing education continued to change from the apprenticeship model to the current collegiate model.

What has not changed since 1923 is the necessity to pass a standard exam. In 1978, the NCSBN was established to protect the public by ensuring that all licensed nurses are competent to practice (NCSBN, 2013b). The NCSBN is dedicated to producing a standard exam that establishes basic competence of the GN examinees. The NCSBN's standard exam, NCLEX-RN®, is psychometrically sound, legally defensible, and continually updated. These updates are intended to meet the challenges of the rapidly evolving health care environment (NCSBN, 2013d). GNs who do not meet the established standard for basic competence fail the licensure examination.

Prior to 1994, all state board examinations for nursing licensure were paper and pencil and administered bi-annually. Since then, the NCSBN started using the computerized adaptive testing (CAT) method for NCLEX-RN® (NCSBN, 2012). Today, the candidates can take the exam at any time during the year based on available seats at the computer testing site (NCSBN, 2012). The NCSBN determines the content of the exam and publishes a test plan for the examination (NCSBN, 2012). Each candidate takes an individualized CAT exam; the computer determines the number of questions to give the candidate based on the candidate's answers. Using the CAT method, each candidate must answer a minimum of 75 questions and a maximum of 265 questions. Candidates are allowed a maximum time of six hours to complete the exam (NCSBN, 2012). The test

session is complete when the computer determines with 95% certainty that the candidate is either above or below the passing standard (NCSBN, 2010).

Although nursing education has changed over the years and the standard licensing exam has evolved into the CAT method, GNs must still complete a nursing program and pass the licensing exam to become RNs. In the past, the GN who failed the licensing exam had to wait six months before retaking the exam (Davida, 2012). Today, the candidates can retake the exam at any time during the year based on NCSBN regulations (NCSBN, 2013a), individual state regulations, and available seats at the computer testing site (NCSBN, 2012). If candidates fail the exam, the NCSBN (2013a) stipulates that each NCLEX-RN® examination must be at least 45 days apart and no candidate may take the exam more than eight times per year. The length of time between examinations (NCSBN, 2013a), number of times permitted to retest, and requirements for additional courses or schooling depends on individual State Boards of Nursing. For example, in Florida, Kentucky, Mississippi, or Pennsylvania a GN who fails must wait 45 days before being eligible to retest (Florida Board of Nursing, 2013; Kentucky Board of Nursing, 2013; Mississippi Board of Nursing, 2013; Pennsylvania State Board of Nursing, 2011). In Florida, if a GN fails the NCLEX- RN® three times, the GN must take a review course before being eligible to retest again. After six attempts, the GN must complete an additional nursing program before being eligible to retest (Florida Board of Nursing, 2013). In Mississippi, GNs can test only six times in a two year period. Although registration and availability to take the NCLEX-RN® have changed, the necessity of passing the NCLEX-RN® to become licensed as a RN has not. For GNs passing the

NCLEX-RN® remains the only means for entering the RN workforce in the United States.

Regardless of which nursing program GNs complete, all GNs must pass the NCLEX-RN® to become RNs. According to the NCSBN (2012), approximately 25,000 GNs attempted an additional NCLEX-RN® examination. Slightly more than half of the 25,000 GNs succeeded on the additional attempt. For the GNs who do not pass the NCLEX-RN® on the first try or on additional attempts, what problems do they face and how do they prepare for the next attempt? The following section will review the literature pertaining to failure of the NCLEX-RN® and multiple failures of NCLEX-RN®.

Nursing Licensure Failure

A review of the literature was conducted using EBSCOhost and included the databases Education Source, Academic Search Complete, CINAHL with full text, Education with full text, and Health Source: Nursing/Academic edition. The literature search also included the Proquest Dissertation database. Search words included NCLEX-RN® failure and graduate nurse failure. The literature search for NCLEX-RN® failure spans from 1995 to 2013. The literature search for NCLEX-RN® failure produced eight articles and one dissertation; the most recent article is from 2009. The majority of published literature on NCLEX-RN® failure includes articles about predicting success and failure of the NCLEX-RN® but very few research studies were found about the GN who has failed the NCLEX-RN®. This is identified as a gap in the literature. Included in this literature review are five research studies and four best practice articles.

Poorman and Webb (2000) conducted a Heideggerian hermeneutical phenomenological study on NCLEX-RN® failure. The 10 participants included three men and seven women with an age range from 22 to 41 years. All of the participants had

17

failed the NCLEX-RN® four times or less. In this study, the researchers listened to and interpreted the stories of the participants to gain an understanding of the phenomenon of NCLEX-RN® failure. The themes that emerged from this research study included living the failure, losing identity, doubting abilities, wanting, wanting support, daring to hope, and seeing success. For the study participants, living the failure meant having to face coworkers, family, and friends after the failure. The participants carried this failure with them everywhere. Living the failure included losing their identity and doubting their abilities. After the failure, the NCLEX-RN® dominated their lives. Spouses, children, friends, even housework came after worrying about and studying for the test. Nothing mattered more to them than studying for the test. All of the participants remained working at non-professional jobs despite having earned college degrees. After working hard to complete nursing school, they wondered how they could fail the test that would allow them to practice as a RN. The failure became an everyday part of their life (Poorman & Webb, 2000).

The theme of wanting permeated the participants' existence (Poorman & Webb, 2000). They wanted more than their life had become. They wanted to work as a RN and improve their economic status. They wanted to be what and who they had worked hard to become. They wanted a life that was fulfilled and not empty. They wanted support also. The participants did not feel as though they had support from the school, families, or friends. In a room full of people, they did not feel supported (Poorman & Webb, 2000).

With such failure and wanting, the participants also dared to hope and saw success. For each participant, at some point they were able to hope. Hope that the dream of becoming a RN could become reality. The hope allowed the participants to have a

positive outlook towards retesting and passing. With this hope came the ability to see their future success. Picturing themselves succeeding assisted them with preparing to pass the NCLEX-RN® (Poorman & Webb, 2000).

Poorman and Webb's (2000) research demonstrated a need for the development of caring partnerships with GNs. The GNs did not feel supported and they wanted support; the support to overcome the failure, hope for the future, and see success. Although the GNs want help and support, the GNs must become self-directed with others only as support and not as directors. Poorman and Webb (2000) stress that the GNs must take control and be responsible for their own learning.

In a similar study, Griffiths et al. (2004) investigated 21 participants who had failed the NCLEX-RN® at least once in a two phase retrospective research study. The disseminated data did not include the number of participants who completed both phase one and phase two of the study or the number of times each participant failed the NCLEX-RN®. Phase one asked the GNs to identify the factors they believed affected their test outcome. The survey was not validated before the study which denotes a limitation of the study. The factors identified included "poor program preparation, inadequate study habits, lack of knowledge on how to prepare, lack of confidence, inability to control anxiety, poor test taking skills, overwhelming family responsibilities, and employment" (Griffiths et al., 2004, p. 324). Phase two included interviews by mail or phone call and focused on the GNs NCLEX-RN® failure and effects from the failure. Recurring themes from phase two included low self-esteem, self-doubt, and fear of not passing the repeat examination (Griffiths et al., 2004). Strategies the participants' perceived as helpful included family support, faculty support through coaching and

mentoring, and a review course or study materials. This study identified the period

between failing the NCLEX-RN® and retaking the NCLEX-RN® as volatile for most

participants. Griffiths et al. (2004) concluded that interventions to assist the GNs who fail

the NCLEX-RN® are long overdue. This research study examined the issues associated

with NCLEX-RN® failure and identified factors the GNs believed contributed to their

failure. It also identified the need for interventions to assist the GNs who failed.

However, the authors did not identify any prospective interventions (Griffiths et al.,

2004).

     Similarly, Eddy and Epeneter (2002) performed a qualitative study to assist

faculty to understand the NCLEX® experience from the GN perspective. The sample

contained 10 participants who passed the NCLEX-RN® on their first attempt and 9

participants who failed the NCLEX-RN® on their first attempt. The 19 participants

included 15 women and 4 men. Included in the sample were three GNs who identified

English as their second language (Eddy & Epeneter, 2002). Eddy and Epeneter (2002)

used semi-structured interviews for the study. Three themes were identified: internal

issues particular to the learner-examinee, examination issues, and programmatic issues.

     The passing group and failing group perceived the internal issues differently. In

the area of internal issues particular to the learner, the passing group took responsibility

for their own learning. These students were positive and collaborative about their

learning and how they believed the school prepared them for the NCLEX-RN® (Eddy &

Epeneter, 2002). Conversely, the group who failed did not take responsibility for their

learning and believed the school needed to do more to help them succeed. In addition, the

failing group also blamed their employers, family, or friends for pushing them to take the

test before they were ready. The failing group demonstrated less ability to manage stress and was more vulnerable to environmental issues. In contrast, the passing group managed their stress, prepared for the examination, and determined their own timetable for testing. The passing group was responsible for their learning and their actions.

However, for the other two themes, both groups' responses were similar (Eddy & Epeneter, 2002). For the theme of examination issues, all participants, those who failed and passed, felt unprepared for the NCLEX-RN®. Those who passed did not feel prepared to take the examination and yet passed the NCLEX-RN® on the first attempt. Those who failed did not feel prepared to take the examination. One participant who failed attributed the failure to a lack of preparation for the test. This participant did not specify if the lack of preparation was personal or problem with the nursing program preparation. The participants were confused between the real world examples from clinical and the best practices that were embedded in the NCLEX-RN®. They did not understand the difference between text book answers and examples they witnessed on clinical rotations. Neither group felt prepared to take the examination (Eddy & Epeneter, 2002).

With respect to programmatic issues, again both groups' responses were similar (Eddy & Epeneter, 2002). The study was conducted at a baccalaureate program. The program reportedly focused on preparing well rounded, professional nurses, not necessarily on teaching to the test. Many participants believed the school should focus more on the NCLEX-RN® instead of the liberal arts education. As a baccalaureate program, the school emphasized critical thinking through written papers not via NCLEX-RN® style multiple choice questions. Both groups wanted more emphasis from the

nursing program on the NCLEX-RN® (Eddy & Epeneter, 2002). Although the passing group did take responsibility for their own learning, they did agree with the failing group concerning examination and programmatic issues. This qualitative study supports the findings of Poorman and Webb (2002) and Griffiths et al. (2004).

In a related study, the researchers used a statistical model to investigate NCLEX-RN® pass and fail rates. Woo et al. (2009) used moderate logistic regression to investigate the relationship between passing the NCLEX-RN ® and the delay or lag time in taking the NCLEX-RN®. The main effect variables were lag time and number of attempts. This study used data from July 2006 through June 2008 including 176,539 NCLEX-RN® test takers. The mean age of the RN participants was 30.7 years and they were predominately Caucasian females. Woo et al. (2009) found lag time "has a significant inverse relationship with pass/fail status (RN: b = 0.013, p < 0.0001)" (p. 24). As lag time to take the NCLEX-RN® increased, passing percentage decreased. For this study, lag time was more significant a factor for failure except for those GNs who had increased repeat attempts. Based on this study, Woo et al. (2009) recommends graduates of nursing programs should not delay in taking the NCLEX-RN® on their first attempt. The longer the graduate waits to take the test for the first time the less chance the graduate has to pass.

In contrast, Woo et al. (2009) recommend more time between tests for repeat test takers. The results demonstrated "a significant inverse relationship between number of attempts and pass/fail status (b = 0.824, p < .0001)" (p. 24) or as the number of attempts increased, the passing percentage decreased. Testing multiple times does not increase the chances of passing. Griffiths et al. (2004) believe GNs with multiple failures need

assistance to become successful. Neither Woo et al. (2009) nor Griffiths et al. (2004) identified possible interventions to assist the GNs who failed multiple times.

In comparison, McFarquhar (2006) performed a dissertation study seeking to understand the experience of success and failure of NCLEX-RN® from RNs who did pass the NCLEX-RN® after multiple attempts. The researcher sought not only the experience of failure but also the participants' perceptions of what aided in their success. The study included 18 RNs who had completed an associate degree in nursing from an inner city community college. All participants were female and included 16 African Americans, one Hispanic, and one Filipino. By conducting the study after the multiple failure GNs passed the NCLEX-RN®, McFarquhar (2006) was able to acquire the new RNs perceptions on the failures and what aided their success.

McFarquhar's (2006) results were divided into five categories: affective experience, conative experience, cognitive experience, experience and failure, and experience and success. Affective experience deals with the person's feelings about their behaviors. Regarding affective experience, the identified pattern of responses was knowledge seeking behaviors. Each of the participants revealed an initial temporary decrease in psychological and sociological behaviors that included disappointment, depression, and avoidance (McFarquhar, 2006). All participants agreed this was temporary and was replaced with confidence as they aspired toward their goals. All of these participants did pass eventually.

The concept of conation involves the person being able to identify and apply innate behaviors towards success. The person must strive to succeed and have the innate desire to succeed. The person must have an active mental state that pushes them to

perform better and achieve their goals (McFarquhar, 2006). For the conative experience, the patterns included striving that enabled success, innate desire to succeed, and external factors such as family, friends, institutions, and meaningful acts (McFarquhar, 2006). All participants had a strong innate desire to succeed and they utilized external factors to assist them to succeed.

In addition to the person needing appropriate affective and conative qualities, the participants also needed the proper cognitive traits. They needed adequate reasoning skills and knowledge to become successful. With cognition, they needed to strive for success through intellectual behaviors (McFarquhar, 2006). For the cognitive experience, the study revealed the participants need for intentional interventions to succeed (McFarquhar, 2006). Each participant took a remediation program either in-person or on-line. Through the process of the remediation, they were able to gain a better intellectual picture of the NCLEX-RN® and what they needed to do to become successful. Each discussed a remediation program and the difference between learning and knowing and the importance of knowing what the NCSBN expected of them to succeed on the NCLEX-RN®.

The last two categories focused on the experience of failure and success respectively. For the experience of failure, the participants all stated inadequate preparation for the NCLEX-RN® (McFarquhar, 2006). This finding supports Eddy and Epeneter's (2002) findings of not being prepared. The difference in the two types of programs in these studies did not change the students' perceptions of their preparation for the NCLEX-RN®. McFarquhar's (2006) participants further described this as being distracted and poor test taking skills.

In the last category of experience and success, McFarquhar (2006) provides insight from the participants about what helped them to become successful. The key theme was perseverance. The participants further described this as knowing and understanding what to expect on the examination. The participants' perceptions included the NCLEX-RN® failures assisting them to know what to expect and how to prepare for the next NCLEX-RN® examination. Other lessons learned included perseverance and knowing when to test. The participants needed to persevere and not give up. Also, the participants needed to acquire the understanding of when to retest. Retesting before the participant was ready could lead to another failure. Understanding when an individual is ready needs to come from the individual (McFarquhar, 2006). Failure of the NCLEX-RN® is an individual experience that must be overcome by the individual. Success depends on the individual taking responsibility for his or her own success (Poorman & Webb, 2000).

Research studies performed regarding the GNs who have failed the NCLEX-RN® like McFarquhar (2006) and Poorman and Webb (2000) are not the only source of information about this group of GNs. Another view of this phenomenon comes through best practice articles. Vance and Davidhazar (1997) reviewed common aspects of GNs and aspects of failure. They observed the GNs' experience after completion of a nursing program as excitement and anxiety. The GNs were excited to be finished with school but anxious about the licensure examination and their new profession. The GNs who passed the NCLEX-RN® on the first attempt had feelings of accomplishment whereas the GNs who failed on the first attempt had feelings of inadequacy and bewilderment. The GNs who failed also experienced grief and embarrassment (Vance & Davidhazar, 1997).

Failure of the NCLEX-RN® affects not only the GN but also the faculty and school of nursing. Vance and Davidhazar (1997) recommend the following strategies to assist those GNs who have failed the NCLEX-RN®: having a faculty member interview the GN who has failed, assist the GN to plan for new test taking strategies, and offer ongoing support to GN until the GN passes the NCLEX-RN®. For Vance and Davidhazar (1997), ongoing support includes the faculty member remaining in contact with the GN who failed the NCLEX-RN® to verify the new test taking strategies are being followed.   Vance and Davidhazar (1997) recognize the difficulty GNs experience after NCLEX-RN® failure and suggest a professional like a faculty member assist the GN to plan and prepare for success on the second attempt.

Another professional who could assist the GN who failed is the staff educator (SE). Poorman et al. (2002) describe how the SE can help the GN who fails. Three main ways for the SE to assist the GN who has failed were discussed. The interventions include confronting the failure, assessment of why the GN failed, and strategies for helping the GN to become successful on the NCLEX-RN®. Failing the NCLEX-RN® is embarrassing (Griffiths et al., 2004; Poorman & Webb, 2000). The SE can help the GN begin the process of preparing to retake the NCLEX-RN® by confronting the failure. Confronting the failure can be accomplished through a private discussion between the SE and the GN.

Once the GN has confronted the failure, the SE can assist the GN with understanding why the GN failed (Poorman et al., 2002). The SE can then introduce strategies to help the GN to become successful. The strategies include assessing for knowledge deficits, testing and reasoning errors, and test anxiety, and knowing when to

refer the GN for professional help. The staff educator can assist the GN to prepare for the next attempt.

Similar to Griffiths et al. (2004) and Poorman et al. (2002), Schwarz (2005) examined the phenomenon of GN NCLEX-RN® failure from a professional perspective, that of a unit manager. Schwarz (2005) believed the unit manager can assist the GN to become successful. By showing support and offering guidance or assistance, the nurse manager can positively influence the GN. The nurse manager can help the GN to see the NCLEX-RN® failure as a learning experience. Through support and encouragement, the nurse manager can help "prevent the downward emotional spiral" (Schwarz, 2005, p. 40) of the GN who has failed the NCLEX-RN®.

Likewise, the Arkansas State Board of Nursing published a best practices article which discussed strategies to assist the GN who has failed the NCLEX-RN® (McCumpsey, 2011). The strategies suggested by McCumpsey (2011) to assist the GN who failed include taking responsibility for one's own learning and failure, moving past the failure, performing a self-inventory of personal abilities and strengths, performing a self-inventory of potential personal distractors, striking a work-life balance, and practicing stress reduction and relaxation techniques. McCumpsey (2011) also suggests websites and potential resources which may help the GNs prepare for the next NCLEX-RN® examination as well and recommends strongly the GNs register and complete a NCLEX-RN® review course. The key to the GNs' success is to persevere as they prepare to re-take the NCLEX-RN® (McCumpsey, 2011).

The best practices articles by Poorman et al. (2002), Schwartz (2005), McCumpsey (2011), and Vance and Davidhazar (1997) provided suggestions for

interventions and discussed who can assist the GNs who fail the NCLEX-RN®. However, empirical research on such interventions and the phenomenon of multiple NCLEX-RN® failure is lacking. To gain a better understanding of failure on licensure examinations such as the NCLEX-RN®, the researcher also reviewed the literature pertaining to other professions that use licensure or certification examinations.

<center>**Failure Outside of Nursing**</center>

Professions other than nursing also use a licensure or certification examination for their disciplines. The following paragraphs will review failure outside of nursing to investigate findings in other professions that may assist in understanding this experience. A review of the literature was conducted using EBSCOhost and included the databases Education Source, Academic Search Complete, CINAHL with full text, Education with full text, and Health Source: Nursing/Academic edition, Medline with full text, Criminal Justice Abstracts with full text, Education Research Complete, the Legal Collection, and Psychology and Behavioral Sciences Collection. The literature search also included the ProQuest Dissertation database. Search words included examination failure, medical school failures, law bar failure, Praxis I, Praxis II, academic failure, failure of certification examinations, teacher certification, and minority teacher candidates who fail. The search was limited to literature published between 2008 and 2013. Inclusion criteria for the articles were discussion of the standardized examinations for medicine, law, and education, failure of licensure or certification examinations, the lived experience of academic failure, and minority status as a factor in failure on licensure or certification examinations. Exclusion criteria for this literature review were predictions of success on licensure examinations, predictions on academic success, and graduates of education

programs, law school, and medical school who successfully passed licensure examinations or certification tests on the initial attempt. Empirical research studies for areas outside of nursing are also limited. The following literature review will include best practice articles and research studies.

Failure in Education

In education, commonly used professional examinations are the Praxis I® and Praxis II®. The Praxis I ® is routinely used for matriculation into an education program or o determine readiness for student teaching.

> *The Praxis I*® Pre-Professional Skills Tests (PPST®) measure basic skills in reading, writing and mathematics and include multiple-choice questions and an essay question on the Writing test. The tests are designed to evaluate whether you have the academic skills needed to prepare for a career in education. (Educational Testing Services [ETS], 2013a, para. 1)

In contrast, the Praxis II® measures knowledge on particular subjects and is used by many states for licensure or certification of teachers. "*Praxis II*® Subject Assessments measure knowledge of specific subjects that K–12 educators will teach, as well as general and subject-specific teaching skills and knowledge (ETS, 2013b, para. 1)." In most disciplines that use certification examinations or licensure examinations, the examinations are administered after formal schooling is complete or at the graduate level (Jones, McDonald, Maddox, & McDonald, 2011; Petchauer, 2012). In education professional examinations can be used prior to completing an undergraduate degree or for determining certification or licensure of a teacher.

For many students seeking enrollment in the education major or education majors seeking to qualify for student teaching, the professional examinations are administered

while the students are still in their undergraduate studies. The students must pass a standardized examination, such as the Praxis I®, before entry into the education major or before entry into student teaching. If these students fail the examination, they may retest; but they may not matriculate into the education major or student teach until they have achieved a passing score as set by the school in which they are enrolled (Petchauer, 2012). The use of Praxis I® for matriculation into the education major or for entry into student teaching can prohibit the students from entering the education program or prohibit the student from participating in the student teaching portion of the program. Thus, Praxis I® can prohibit potential teachers from entering an educational program or completing an education program.

Although not all students have problems passing the standardized tests, educators have started to recognize certain trends in the pass rates between Caucasian students and minority students. Nettles, Scatton, Steinberg, and Tyler (2011) compared the achievement rates of Caucasian students and African American students who had taken the Education Testing Services (ETS) standardized examinations to include Praxis I and Praxis II. According to Nettles et al. (2011), Caucasian students taking the Praxis examinations were 50% more likely to achieve passing scores than were African Americans. Students must achieve passing scores to continue in their program of study or be licensed as teachers. As education programs recognize a disparity between Caucasian students and minority students, schools of education are creating courses to assist the undergraduate student with understanding the examinations and passing the examinations (James & Okpala, 2010; Olwell, 2008; Ward & Lucido, 2012).

In January 2002, President Bush signed into law the No Child Left Behind (NCLB) legislation of 2001 (United States Department of Education, 2010). NCLB increased the need for schools of education to produce quality teachers and have some means of providing results of producing quality teachers (United States Department of Education, 2010; Blackford, Olmstead, & Stegman, 2012). The professional examinations, such as Praxis I and Praxis II, are a direct result of this legislation (Jones et al., 2011). Even with the federal legislation mandate, the education profession does not have a national examination or national examination path for those wanting to become teachers. Of the 52 geographical areas in the United States, only 41 geographical areas require a standardized test like Praxis I as an admission test (Petchauer, 2012). For geographical areas or regions that use standardized tests like Praxis II, the common use is for teacher licensure but not all states use standardized examinations for licensure and not all regions use the same examinations for licensure (Hones, Aguilar, & Thao, 2009). For Praxis I and Praxis II examinations, each region sets its own cut-off score for passing for each examination. For example, a passing score in Mississippi may be a failing score in Pennsylvania. In the United States, four regions including Montana and Minnesota do not use standardized, professional examinations at all (Blackford et al., 2012). NCLB gave guidelines for schools of education but did not specify the examination or timing for examinations. Each state was given the freedom to choose its own path when enforcing the legislation. Although NCLB was enacted to ensure qualified teachers are teaching in classrooms, no national examination exists for becoming a teacher or any common means by which to establish the quality of an educator.

Hones et al. (2009) found the process of certification in English as Second

Language (ESL) via the Praxis II to be discriminatory against those pre-service teachers

who did not primarily speak English as their primary language. In Wisconsin, the

numbers of children whose primary language is not English are growing. The state insists

that all teachers who wish to be certified as ESL teachers achieve passing scores on the

Praxis II certification test for ESL. Pre-service teachers who do not speak English as their

primary language experience more difficulty passing the Praxis II for ESL (Hones et al.,

2009). In the era of NCLB, standardized examinations have become the means to gauge

a student or pre-service teacher's ability to teach. The use of standardized examinations

has not proven to be the best indicator of a teacher's ability, especially in the minority

population (Blackford et al., 2012; Boyd, Goldhaber, Lankford, & Wycoff, 2007; Hones

et al., 2009; Olwell, 2008; Petchauer, 2012; Ward & Lucido, 2012).

Of those students failing the standardized tests in education, the majority of

failures are of a minority status regardless of whether the standardized assessment is used

for matriculation into the education major, progression to student teaching, or

certification to teach in a particular region (Hones et al., 2009, Petchauer, 2012; Ward &

Lucido, 2012). Ward and Lucido (2012) performed a correlational study to determine if

students for whom English is not their primary language have greater difficulty passing

the Texas examination for licensure, TExES PPR, than those students for whom English

is their primary language. They compared the scores of 255 students, 236 primary

English speakers and 19 primary Spanish speakers, on a reading ability test, Gates-

MacGinie Reading Test (GMRT), and the TExES PPR and found a significant

relationship between passing GMRT scores and passing TExES PPR. The Pearson

Product moment correlation (r) was .486 with significance of p < .01 for students with English as their primary language. For the students who did not have English as their primary language, the correlation was greater with r = .720 and significance of p < .01. The ability of the students to read and comprehend English was significant in the students' ability to pass the TExES PPR examination. The students whose primary language is not English failed more often than those students whose native language is English.

In education as in nursing, failure of certification examinations such as the *Praxis I* ® or *Praxis II* ® prevents the graduate from entering the profession of education. The difference is the means in which certification or licensure examinations are used. Some education programs require students to achieve passing scores on standardized examinations such as the *Praxis I* ® to matriculate into education programs or to progress in the program. Based on individual states requirements, education graduates must earn a passing score on examinations such as the *Praxis II* ® to be eligible to enter the profession's workforce. In nursing, the only required examination for entry to practice is the national exam, NCLEX-RN®, which is taken after the nursing student completes the nursing program.

Another difference between education and nursing is the standardization of the examinations that are given. The licensure examination for RNs is a national examination that all GNs must take. Education does not have a national examination; the individual state and education programs decide which examination is required. Although both professions require licensure examinations or certifications, the examination or certification process is not standardized.

Failure in Medicine

Licensure examinations and examinations for progression are different between nursing and medical doctorate (MD) programs. Over the last 100 years, the profession of medicine has honed the national progression and examination plan. The examinations include an examination to enter medical school, to progress through medical school, and to become licensed as a medical doctor. All of these examinations are standardized and are given in the same sequence by each school of medicine. A student who does not pass an examination in this ordered sequence, the student does not progress and potentially will not achieve their MD or licensure (Melnick, 2009). The value of standardized testing for medicine can be summarized in six points: "equity of common standards, external audit providing transparency and accountability, providing a bounded environment for innovation, providing data for evidence-based education and regulation, encouraging evidence-based workforce mobility, and fostering high quality assessment" (Melnick, 2009, p. 213). In medicine, having a national progression policy and national standardized examinations for each step in earning a MD equals a sense of security in ensuring competent professionals (Melnick, 2009).

The path to becoming a medical doctor does allow for retaking an examination but stipulations apply. A first step, second step, or third step may be retaken but each examination cannot be taken more than 3 times in a year. The fourth attempt must be at least 6 months after the third attempt. Although retaking a step examination is allowed, no more than 6 attempts are allowed for each step examination. All three step examinations must be taken and passed within seven years of matriculating into a school of medicine (USMLE, 2013). Any medical student not passing all three step examinations will not be licensed as a medical doctor nor will the medical student be

eligible to practice as a medical doctor. Just as nurses must pass the NCLEX-RN® to practice as a RN, medical students must pass step 1, step 2, and step 3 examinations to practice as medical doctors.

For a medical doctor to practice in a specialty, he or she must pass a board certification examination. RNs are not required to pass a certification examination to work in a specialty area but may be encouraged to obtain certification in the specialty area. Failure of a board certification examination prevents a medical doctor from practicing in that particular specialty. In contrast, nurses who work in a specialty and fail a certification examination are permitted to continue working as a nurse in the specialty area. To better illustrate this point, the following research study was included.

Although the following study reflects a study on predictions of passing, the study was included as sparse research was found relating to medical school failure. Picarsic, Raval, and Macpherson (2011) found a correlation between passing scores on step one exams, the standardized exam given after two years of medical school, and first time test taker passing scores on Pathology Board Examination scores. If the step one scores were ≥ 90, the resident passed the specialty examination. If the step one scores were ≤ 80, the resident failed the specialty examination. The range between 80 and 90 was inconclusive. This study is a first for the pathology board examinations but concurs with other specialty examinations and the correlation with step one scores and success or failure of the specialty boards (Picarsic et al., 2011). The medical literature lacks a large volume on standardized testing beyond the profession's satisfaction with the national standards that medical schools follow (Melnick, 2009).

Failure in Law

Likewise in the profession of law, very little empirical evidence exists regarding bar failure. Several articles were found that quoted statistics on pass rates but no discussion of student failure. These articles were excluded from the literature review. In the literature search, only two articles that discussed first time failure of the bar examination were found but neither were empirical studies. Gray (2011) and Filisko (2011) provided a review of the status of schools with problems meeting accreditation standards. For law schools, accreditation reviews occur yearly. These reviews must demonstrate a pass rate of 75% for first time test takers annually and for repeat test takers every five years (Gray, 2011). For one school with a 60% pass rate, an administrator found the graduates who failed the bar examination on the first attempt also refused to take a bar preparation course. For all of these students, the reason was financial. Bar preparation courses can cost between $2, 000 and $3,000. These students could not afford the cost of the course. Concerned with accreditation status, this school instituted a non-refundable bar examination fee. This fee was included with their tuition over the three years of law school. After graduation, all students have paid for the bar preparation course through their law school tuition and could therefore afford to take this course. The school's passing percentage increased to 90% (Gray, 2011).

Filisko (2011) discussed not only the passing rate of first time test takers but also predictors of success and reasons for failure. In law, the biggest predictor of success was the first year law school grade point average. All law schools must follow a specific curriculum for the first year. This standardization of content should provide all law students with availability to the same content. The bar exam contains a large amount of first year content. Therefore standardization of first year content provides equal access of

bar examination content to all. Yet some law school graduates fail to meet a passing standard on the bar examination.

Filisko (2011) discussed more than passing percentages; but also what to do after failing the bar examination. According to Filisko (2011), the graduates must decide if they failed due to a knowledge deficit or an inability to analyze data. Regardless of the reason, the graduates are encouraged to find assistance with preparing for the next attempt and are encouraged to present a plan of action to their bosses when delivering the news of failure. Similar to nursing, it seems as if the onus is completely on the graduate who failed to identify reasons for the failure and find interventions to assist with preparing to retest. Both nursing and law graduates are responsible for their failure and cannot work in their profession until they pass their respective licensure examinations.

Summary

GNs who do not pass the NCLEX-RN® cannot work as RNs. Although three research studies performed respectively in 2000, 2002, and 2004 identified factors that may affect future success for the GNs who have failed the NCLEX-RN®, sparse research has been completed on the phenomenon of GNs with multiple NCLEX-RN failure. Nursing is not the only profession affected by certification exam failure or standardized testing failure.

The professions of education, medicine, and law have a requirement of passing licensure and certification examinations also. In education, the certification examinations can be used for entry into the academic major, student teaching, or professional certification. Education is similar to nursing; the testing is either given during or immediately after an undergraduate program. Unlike nursing, the required examinations

are different for each state. Such differences in one profession can cause strife for those attempting to enter the profession. For medicine and law, the licensure examinations are at the graduate level. These exams are completed after the student has completed medical school or law school. In medicine, failure of the required examinations prohibits the medical student from becoming a MD. Likewise, in law, failure of the licensure examination prohibits the law graduate from practicing as an attorney. The failure prevents also the law firm from billing for the graduate lawyers work. Although other professions must meet examination or certification requirements, minimal research about failure of these examinations or certifications is in the literature. This literature review provided the information available about these licensure examinations. By looking at other professions and their licensure issues, the researcher may gain a better understanding of the problems created by failure of licensure examinations.

As the nation continues to need more nurses, GNs who experience multiple NCLEX-RN® failures remain a pool of potential RNs who cannot join the profession of nursing. This phenomenological study will focus on the lived experience of GNs with multiple NCLEX-RN® failures. The study will attempt to interpret the lived experience of these GNs to assist faculty nurse educators, nurse managers, and staff development educators to better understand the GNs who experience this phenomenon.

CHAPTER 3

METHODOLOGY

To gain a better understanding of the phenomenon of GNs with multiple NCLEX-RN® failures, a qualitative methodology was chosen for this study. The researcher used an interpretive phenomenological hermeneutical approach influenced by the work of Martin Heidegger (Heidegger, 1927/1962). Heiddegerian hermeneutical phenomenology (HHP) focuses on understanding the lived experience. Heidegger believed phenomenology was the study of Being; this form of study looks at understanding everyday occurrences and events ontologically (Heidegger, 1927/1962). Dasein is used when referring to Being; "Dasein is a term which is purely an expression of its Being" (Heidegger, 1927/1962, p. 33). Heidegger believed phenomenology could do more than just describe events; he believed in interpreting the event (Heidegger, 1927/1962). For GNs with multiple NCLEX-RN® failures, the researcher desired to not only describe the GN's experience but also interpret the experience. The researcher sought an understanding of the GN's experience of failing the NCLEX-RN® more than once. According to Harman (2007), phenomenology involves intentionality, "the presence of phenomena in consciousness" (p. 41). HHP researchers want to understand what is hidden in any act of consciousness (Harman, 2007). To fully understand the life experiences of GNs with multiple NCLEX-RN® failures, HHP allowed the researcher to enter the GN's consciousness concerning multiple NCLEX-RN failures through the GN's stories or lived experiences. The researcher sought to gain understanding of the collected data through the philosophy of Heidegger (1927/1962).

In this chapter, the researcher focused on the methods used to complete this research study. This section includes the methodological process of the HC, the researcher's pre-understandings of the phenomenon, and the methods used for the research study. Encompassed in the methods section will be the recruitment of the participants, setting for the interviews, data collection processes, data analysis processes, establishment of rigor, and human subject considerations.

The Hermeneutic Circle

For a methodological process, the researcher used the HC (Harman, 2007). The first step in using the HC is to examine one's own experiences in relation to the participants' stories (Cohen, Kahn, & Steeves, 2000; Earle, 2010). Heidegger believed it was not possible to separate one from his or her knowing but that one's knowing is part of how one understands the world (Heidegger, 1927/1962). After examining her own experience, the researcher began moving in the HC from parts of the research to the whole of the research and back to the parts and her own experience and to the parts and back to the whole again. For example, the researcher conducted an interview, a whole part of the research, and wrote her interpretation, a part of the research. The researcher read and listened to the interview, reread an individual section, reread her interpretation, and reread the interview. During this reading and rereading, the researcher wrote in her reflexive journal and took notes. As an understanding started to emerge, the researcher sought continued understanding via Heidegger's writings and philosophical meanings. The researcher applied meaning gained from Heidegger's writing. As the understanding occurred about a particular interview passage, the researcher reread and re-listened to the entire interview and her interpretation. The researcher's dissertation chairperson (DC), an

expert on Heidegger's philosophy and method, was a part of the HC process. The DC reviewed data collected and the themes and understanding of the researcher to assure the researcher's findings reflected HHP properly. The chairperson's review occurred throughout the HC process. This moving between parts of the interview data to Heidegger's writings to the entire interview and then on to new interviews was the reciprocal process of the HC (Heidegger, 1927/1962). For this study, the researcher started data analysis in the HC at the conclusion of each interview. As understanding evolved, additional data was acquired and the moving between individual parts, the whole interviews and interpretations, and Heidegger's works continued. In this fluid moving between the parts and the whole, the researcher was able to gain a more thorough understanding of the participants' experiences.

Pre-Understandings of the Phenomenon of Study

Unlike descriptive phenomenology that requires researchers to abandon their knowing, HHP supports presupposition of knowledge or prior understanding of the researcher. Heidegger believed everyone had previous knowledge and acknowledging these experiences would assist with understanding (Heidegger, 1927/1962). For this study, the researcher had some pre-understandings of the phenomenon. The researcher has watched people in her personal life struggle with passing a certification examination. After multiple attempts, these individuals were unable to earn a passing score and finally gave up trying. After watching this struggle, the researcher gained an interest in students and graduates who fail licensure and certification examinations.

Now, the researcher works with at-risk students. Working with students who are at risk of failing the NCLEX-RN® has made the researcher see the problem through a new lens and has prompted questions in the researcher. How different is the failure

experience if the failure happens more than once? The researcher sought to understand

the phenomenon of multiple failures for the GN.

Methods

To gain an understanding of the phenomenon, the researcher followed HHP. The

researcher did not investigate extraordinary events but rather common everyday events or

Dasein. Heidegger seeks to understand the everyday Dasein as the average everydayness

can cause this part of Dasein to be overlooked (Heidegger, 1927/1962). For example

according to Heidegger (1934/2010), one must understand the essence of truth to be able

to understand the everyday truth. The researcher understood the world's reality about

NCLEX-RN®; GNs must pass this examination to practice as RNs. The researcher

needed to understand the GNs' truth or their lived experience of multiple NCLEX-RN®

failures. Once understanding their truth through their stories, the researcher sought to

understand and interpret the meaning of their experiences. "The essence of things is put

to work through the confrontation with beings in so far as we rise to the essence of things

in this confrontation or are destroyed by it" (Heidegger, 1934/2010, p. 70). Are the GNs

who have multiple NLCEX-RN® failures destroyed by their confrontation with the

licensure examination? Through HHP, the researcher sought to understand the GNs'

experience of multiple NCLEX-RN® failure.

Participants

A purposive snowball sampling technique was used. Snowball sampling is a form

of sampling that selects participants through referrals (Polit & Beck, 2012). Given the

sensitivity of this phenomenon, the researcher dispersed a wide variety of possible

referrals. The researcher asked friends, family members, and colleagues for referrals of

potential participants. The researcher asked her initial contacts to contact others who may

be able to refer a potential participant. After interviewing participants, the researcher asked the individual participants for referrals. This sampling technique allowed for assistance identifying possible participants. For a HHP study, participants must have experienced the phenomenon being studied (Rudestam & Newton, 2007). The phenomenon under investigation was GNs with multiple NCLEX-RN® failures. Participants needed to meet inclusion criteria to be eligible to participate. Inclusion criteria were 18 years of age or older, traditional graduates of a generic pre-licensure registered nursing program which could include an associates, baccalaureate, or diploma program, and must have failed the NCLEX-RN® more than once. Although initially if the participant had earned a Licensed Practical Nurse (LPN) license prior to completing a pre-licensure Registered Nursing program, the potential participant was excluded. During the study with Institutional Review Board (IRB) approval, the inclusion criteria were expanded to include those who were licensed as LPNs before becoming GNs. Participants were excluded if the potential participant had not completed his or her pre-licensure nursing program, if the potential participant had not taken the NCLEX-RN® and failed more than once, if the potential participant had failed the NCLEX-RN® more than once but did pass the NCLEX-RN® on his or her last attempt, if the potential participant was educated outside of the United States, or if the potential participant was not fluent in English. This study included female subjects in prime childbearing years. The study was not about pregnant females and any incidence of pregnancy was coincidence. This study had no relationship to pregnancy.

To obtain participants, the researcher used a variety of sources for the snowball sample which included study participants, professional colleagues, personal contacts, and

online sources such as allnurses.com and Nurse's Lounge,. The researcher utilized

professional colleagues, personal contacts and study participants first. When these

sources did not generate a sufficient sample size quickly, the researcher initiated the use

of the online sources listed above. Participants were recruited until a sufficient sample

size was obtained. The sample size for this study was 11 participants. Of the 11

participants, two were excluded based on the inclusion and exclusion criteria. The

researcher began data analysis after completion of the first interview. Once the researcher

determined that the data obtained was comprehensive and explicit, selection of

participants ceased. Although various sources for participants were listed, the researcher

used only as many sources as necessary to recruit a sufficient sample. In-person

interviews were best suited for this study therefore preference was given to those

potential participants who lived in a one to two hour radius of the researcher. Although

on-line sources were initiated, no eligible participants were recruited from these sites.

Recruitment began after Institutional Review Board (IRB) approval was obtained. This

study utilized many different sources for recruitment of participants. The remaining

paragraphs of this section will describe each source for recruitment.

Following IRB approval, recruitment began. The initial means of recruitment of

participants was through professional colleagues. The researcher was a member of the

nursing profession both as a nurse faculty member and a staff nurse. The researcher asked

her colleagues if they knew of any potential participants and a means to contact them. For

those colleagues, the researcher provided a pamphlet with an overview of the study and

the researcher's contact information. Once contacted by a potential participant, the

researcher determined eligibility and provided further information including an informed consent to the potential participant.

In addition to asking professional colleagues for referrals, the researcher asked a professional colleague to introduce her study via the colleague's professional website. The website introduced the study and gave the researcher's contact information. Once contacted by the potential participant, the researcher provided further information including an informed consent and determined eligibility of the participant.

As a nurse faculty member, staff nurse, and community member, the researcher had non-professional personal contacts who knew of potential participants. The researcher explained the study to her personal contacts and asked if they knew of anyone who would be an eligible participant. If so, the researcher provided her personal contacts a pamphlet with an overview of the study and the researcher's contact information. Once contacted by a potential participant, the researcher determined eligibility and provided further information including an informed consent.

As participants were identified and interviewed, the researcher asked if they knew of other GNs who may be interested in sharing their experiences. The participants provided the researcher's contact information to others who fit the study criteria. Once contacted, the researcher determined eligibility and provided further information including an informed consent.

A sufficient sample was not obtained from the initial sources, participants were recruited from allnurses.com and Nurse's Lounge by providing an overview of the study to the participants via the internet. Refer to the appendices for letters to the internet sources. For allnurses.com, the information was provided via the NCLEX tab on the

alllnurses.com website and an inclusion criteria survey via a link on the alllnurses.com website. For Nurse's Lounge, the study overview and researcher's contact information was shared via a monthly newsletter published by the website. The potential participants were to contact the researcher if interested in the study. No participants were found through these resources.

The research plan contained a variety of sources to find potential participants. For each of the identified sources, the same method was followed. The researcher provided contact information via the identified source, potential participant contacted the researcher, and researcher answered questions and provided informed consent. Once all questions were answered and eligibility determined, an interview time and place was determined. The following sections describe the setting for the interviews.

Setting for Interviews

The research interview with each participant was conducted in a secure place. The topic of multiple NCLEX-RN® failures may have caused the participant to feel embarrassed (Griffiths et al., 2004; Poorman et al., 2002; Poorman & Webb, 2000; Schwarz, 2005; Vance & Davidhazar, 1997). Therefore, the researcher respected the participants' privacy and allowed the participants' preferences to guide where each interview took place with the mutual consent of the researcher. Options included but were not limited to the researcher's university office, a public library with a private room, a public restaurant with a private room, the participant's home if the participant lives in the researcher's general geographic region, or a face to face computer interview. Computer interviews were limited to participants who live outside of a two hour radius from the researcher's home or office. For the interview conducted in the researcher's office, the door was shut and a do not disturb sign was placed on the door to enhance privacy and

confidentiality. For the participants who chose a public place, the interview was conducted in an area that was as private as the participant required. For the participants who lived within the two hour radius and chose to be interviewed at home, the researcher reserved the right to cancel the interview if the researcher believed the participant's neighborhood or home was an unsafe environment. Each participant's needs determined the appropriate setting for the participant's interview.

For this study, participant interviews were conducted as in-person interviews. The participants chose the location of the interview. The interview locations included the researcher's office, participant's home, or in a public place of their choosing. The interviews were audio recorded. No interviews were performed via Skype or any other internet communication application. The researcher ensured that all interviews took place in a private, secure space and an audio recorder was used to record all interviews.

Data Collection

When a potential participant contacted the researcher, the researcher provided an overview of the study, interview process, and informed consent. During the overview of the study, the researcher confirmed verbally that eligibility criteria for participation were met by each potential participant. The researcher provided an informed consent to all eligible participants and interviews were scheduled for each participant. The day, time, and place of the interview were based on the researcher's availability and the participant's preference. After setting a date for the interview, the researcher confirmed the day, time, and place of the interview via the participant's contact preference, regular mail or e-mail. Participants were asked to complete the informed consent prior to the start of the in-person interview. The researcher read aloud the informed consent to each participant. Each interview lasted approximately one hour.

Prior to the start of the interview, the researcher asked if the participant had any questions about the study. The researcher informed the participant about the audio recording and proper storage of all recordings and transcripts. The researcher showed the audio recorders to the participant and described how the digital recorders operate. The digital files were transferred to and stored on a password protected computer. After the interview, the researcher paid a trained graduate assistant to transcribe the interviews verbatim. The graduate assistant signed a confidentiality agreement before transcription began. All participants were given a pseudo name before the interview began and only the researcher and her dissertation chairperson have access to the participant log. Through the use of pseudo names, the participants' identities were kept confidential. Once all informational questions were answered, the researcher obtained the informed consent and the interview began.

During the interview, the researcher wrote field notes. They contained the researcher's observations of the participant's facial expression and non-verbal body expressions. This assisted the researcher to remember the context of the interview.

The researcher either verbally asked demographic questions or gave the participant a demographic questionnaire to complete. After obtaining demographic data, the researcher verbally asked the interview question:

- Demographic questions:

What type of nursing program did you attend (diploma, associate, or baccalaureate)? What is your age, gender, and ethnicity? Have you worked as a GN before failing the NCLEX-RN®? If so, for how long? How many times have you taken the NCLEX-RN®?

- Interview questions:

    1. Tell me about a time that stood out to you regarding your NCLEX failure.

    2. What did this situation mean to you?

During the interview, the research asked additional questions to clarify meaning and understanding of the participant's stories. These questions were:

    1. What helped you with this?

    2. What was not helpful?

The researcher also asked probing questions.

- Probing prompts included but were not limited to:

Tell me more about that….

Tell me what that meant to you?

During the interview process, the participant was free to leave at any time or decide to not participate. Once the participant chose to end the interview or the researcher asked all of her questions, the interview ended. At the conclusion of the interview, the researcher asked if there was anything else pertinent to the participant's story that needed to be included and if the participant had any additional questions. The participants were reminded after their interviews that they could opt out of the study at any time prior to the study being finalized and the research report being written.

Data Analysis

To follow the interpretive phenomenological approach influenced by Heidegger (1927/1962), the researcher performed audio taped interviews with the participants seeking stories about their experience with multiple NCLEX-RN® failure. Data analysis began at the conclusion of the first interview. After performing each interview, the

researcher had it transcribed verbatim. The researcher listened to the interview while reading the transcript. If any part of the transcript was incorrect, it was corrected immediately. If a portion of the interview was unclear or not understandable, the researcher could have contacted the participant to clarify the meaning or answer. After transcription was complete and accurate, the researcher read the transcript and wrote her interpretation of the participant's story. In the interpretation, the researcher sought to become attuned to the participant's story (Crowther, Smythe, & Spence, 2014). Becoming attuned included the researcher understanding the participant's experiences as well as her own. After conducting an interview and writing her interpretation of the participant's story, the researcher used HHP and the HC to analyze the data. During data analysis, the researcher's DC reviewed some of the interview transcripts and all of the researcher's interpretations and themes. The dissertation chairperson is an expert of HHP and assured interpretations and themes were consistent with HHP.

During movement in the HC, the researcher kept a reflexive journal. The journal included the researcher's thoughts as they related to the study and participants. It also contained the researcher's decisions and actions taken concerning the interview data, the interpretations, and emerging themes. The themes are not the traditional repeated statements or ideas but instead are areas which the researcher deemed important in the transcripts and wished to bring to the attention of the readers, those who will read the completed study (Smythe, Ironside, Sims, Swenson, & Spence, 2008). The researcher continued with the daily reflexive journal while proceeding with the HC. The researcher moved between the different parts of the interviews to the whole of the interviews to the interpretations to her thoughts and feelings in her reflexive journal. The researcher read

50

and reread each interview and interpretation. As each interview and interpretation was completed, the researcher moved between the interviews and interpretations. Findings from preceding interviews guided the researcher's understanding of future interviews. Just as the researcher went between the whole and parts of the interviews, the HC allowed for reciprocal activity between her pre-understanding and understanding of the participants' interviews or stories (Harman, 2007; Polit & Beck, 2012). The researcher's pre-understandings may have influenced her initial understanding but the participants' stories changed the researcher's final understanding. Data collection was complete once the researcher concluded that "adequate convincing interpretations are comprehensive, explicit, and visible" (Crowther et al., 2014, p.22).

Rigor and Trustworthiness

Unlike quantitative research which determines rigor through the means of validity and reliability, qualitative research does not have a common consensus for establishing rigor (Rolfe, 2006). Each method which describes itself as qualitative must be judged according to the method and to each study's merit (Cohen et al., 2000; Rolfe, 2006). Another common misconception regarding rigor and HHP is the means by which themes are established and sufficient data has been collected. Many qualitative methodologies use data saturation and repetition of ideas to determine study themes and a sufficient sample size. Crowther et al. (2014) states, "In phenomenological research it is not possible to become saturated but reach a place when adequate convincing interpretations are comprehensive, explicit and visible" (p. 22). Once the researcher determined the interpretations were comprehensive, explicit, and visible, data collection ceased; the researcher continued with data analysis and the writing of the research report.

A means to assist with establishing rigor in a HHP study was reflexivity. The

researcher kept a reflexive journal during the study which includes "the rationale

underpinning the research decisions taken en route and the actual course of the research

process" (Rolfe, 2006, p. 309). This journal also included the researcher's personal

feelings and rationale for decisions made during the research study. The reflexive journal

provides an in-depth resource for understanding all decisions made during the research

project and will provide for establishment of rigor.

Although rigor in a HHP study is not established in the same way as rigor is

established in other forms of qualitative research, the researcher can achieve rigor by

providing accuracy of transcripts, authenticity, and credibility of the collected data and a

reflexive journal to provide an audit trail of all thoughts and decisions of the researcher

during the study. To enhance accuracy, authenticity and credibility, the interviews will be

audio recorded (Polit & Beck, 2008). Accuracy of the transcribed interviews will be

established when the researcher listens to the interview while reading the transcription.

The researcher may contact the participant to clarify any part of the interview. Any

inaccuracies in the transcripts were corrected immediately. Authenticity was established

with the audio taped interviews and the verbatim transcribed interviews. All original

cassette and digital recordings and informed consents were securely stored. Should any

questions arise as to the authenticity or credibility of the interview, the stored data

provides proof of authenticity and credibility. Credibility of the researcher's decisions

during the research process relies on the reflexive journal kept by the researcher. Rolfe

(2006) states all qualitative studies must be considered on each study's individual merits

and the readers of the study must decide for themselves if the study has established rigor.

Human Subject Consideration

This study sought approval by the Institutional Review Board (IRB) at Indiana University of Pennsylvania. All participants had the option to opt out of the study prior to the research study and research report being finalized. After the research study and report are finalized, no participant may opt out. This research study was completely voluntary and had some potential adverse effects. Talking about NCLEX-RN® failure may cause embarrassment in the participants. A list of referrals for counseling was given to the participants should they need to talk with a professional about their thoughts and feelings.

Although talking about his or her failure may have been embarrassing for the participant, talking about the experience of multiple NCLEX-RN® failure may have been beneficial. The interview may have allowed the participant to move beyond the embarrassment.

Precautions were taken to ensure confidentially. All interview data including audio recordings and transcribed hardcopy are kept on a password protected computer, a password protected flash drive, and in a locked filing cabinet. All other study related documentation was kept secure in the same manner. The only recipients of audiotapes other than the researcher were the DC and a trained graduate assistant. Pseudo names were given to the research subjects before audiotaping began and thus the DC and graduate assistant do not know any of the participants' real names. Only the researcher has access to participant identities. All data for the study will be retained for three years.

To help encourage participation, a 25 dollar gift card was offered as an incentive. The gift card was given to a participant once the interview was completed. Participants not completing the interview were not eligible to receive a gift card.

Summary

To gain understanding of the phenomenon of GNs who have experienced multiple NLCEX-RN® failure, this study followed the hermeneutic phenomenology influenced by Martin Heidegger's work. The research question, "What is the lived experience of GNs who have multiple NLCEX-RN® failure?" guided the research process. A purposive snowball sampling technique with a variety of recruitment approaches was used to identify potential participants. Data collection involved in-person interviews to collect data. The HC was used to understand the data and uncover previously hidden meanings. At the conclusion of each interview, data analysis began. Each person's experience and story was unique; individual experiences are influenced by what has been and what is to come (Smythe, 2011). The researcher sought to understand the participants' experience of multiple NCLEX-RN® failure. Data analysis looked for themes and meanings found hidden in the stories given during the interview process. Once themes were identified, the researcher sought to apply Heidegger's philosophy (1927/1962) to understand the meaning of the themes as the researcher had her own understanding (Smythe, 2011). By applying the philosophy of Heidegger to the themes, the researcher hoped to promote an understanding greater than her own knowing. The following chapter discusses the data analysis.

Chapter 4

Data Analysis

Heideggerian hermeneutical phenomenology (HHP) focuses on understanding the lived experience. Heidegger believed phenomenology was the study of Being; this form of study looks at understanding everyday occurrences and events ontologically (Heidegger, 1927/1962). The purpose of this study was to understand the lived experience of GNs who failed the NCLEX-RN® multiple times. In this chapter, the findings from the participants and the process of analysis will be described. Themes that arose from the data will be presented and the theoretical philosophy related to the themes will be discussed. The presentation of themes and philosophy will be interwoven throughout that portion of text.

Introduction

For this research study, participants were obtained through a snowball sample technique. Eleven participants were interviewed for this study. Of the eleven, only nine participants' transcripts met the criteria for inclusion in the study and were used in the data analysis. Even with careful screening prior to the interview, the two participants whose transcripts were not used each had an undisclosed element that came out during the interview process. One participant was educated outside of the United States which caused exclusion from the study. Another participant had recently passed the NLCEX-RN ® and thus could not be included in the research. Of the nine remaining participants, the demographic data included eight females and one male; eight of Caucasian race and one of Hispanic race; seven associate degree graduates and two bachelor's degree graduates. The ages ranged from 21 to 47 years and the participants had taken and failed

the NCLEX-RN® from two times to as many as eight times. The majority of the study participants failed the NCLEX-RN® twice. The participants have been out of school from 10 months to 21 years. Although the participants' demographic data is varied, the researcher identified similar stories and themes from these participants during the data analysis process.

For a HHP research study, data analysis is a reciprocal process that begins after the first interview. The researcher must always keep in mind Heidegger's understanding of Dasein as being-there, being-open, being-in-play, going with what comes, and awaiting the moment of understanding (Smythe et al., 2008). The interviews are less structured and more of a conversation that must be allowed to go where they will (Smythe et al., 2008). For this study, the data analysis began after the first two interviews were conducted and transcripts obtained. The first interview was not included in the study as the participant had taken the NLCEX-RN® multiple times but recently passed on the last attempt. Although the first interview was not usable in the study, some ideas and thoughts for subsequent interviews were gained through the researcher's understanding of the participant's story. The researcher read and re-read the second interview then wrote an interpretation of the participant's story. This interview and interpretation was shared with the researcher's dissertation chairperson (DC) and suggestions for improved interview technique and interpretation was given. This initial interpretation and analysis required some adjustments after the DC's review and analysis. As the researcher gained more experience with the interviews and interpretations, fewer changes were required. By the end of data collection, the researcher and DC were agreeing on the researcher's interpretations and data analysis. This method of interviewing, dwelling with the data

after transcription, writing an interpretation, and sharing with the DC was followed for all subsequent interviews.

As data collection continued, the findings of previous interviews assisted with guiding subsequent interviews. The initial interview question remained the same for all participants but the follow up questions were guided by the current conversation and previous participant answers. The researcher asked proceeding participants if they had similar experiences or issues during the interview conversation. If a participant did not experience the issue in question, the conversation continued about issues that concerned that particular participant. Data analysis began at the end of each conversation.

The uncovering of the hidden meaning occurred not with one reading of the transcript but with many readings and the implementation of the HC. The researcher through reading and rereading transcripts, interpretations, and the works of Heidegger, began to see areas of meaning and potentially important understandings emerge. Heidegger's philosophy helped to illuminate everyday occurrences that are overlooked and gave new ways to understand the meanings of the stories. As an understanding emerged, the researcher utilized the DC and the Hermeneutic Circle (HC) to confirm or deny the applicability of the understanding. The DC for this study provided support by reading and rereading of transcripts and interpretations. As the researcher and the DC read and discussed the data, more understanding emerged. Once adequate convincing interpretations were comprehensive, explicit, and visible (Crowther et al., 2014), data collection ceased.

In HHP, the work is to gain understanding of what is not said but what is hidden (Heidegger, 1927/1962) and point others to these significant understandings. Readers of

this study can then ponder and question the significant areas so to have more thinking and discussion. During data analysis several themes emerged. The significant themes for this study included *blaming, being alone and needing support, and questioning.* The remainder of the chapter will present and discuss the findings and understandings of these themes.

Blaming

For this study, blaming is defined as "a simple cause-and-effect logic that reasons backwards from outcomes and their consequences to agents and their responsibility" (Tilly, 2010, p. 382). For the GNs, completion of their nursing program promised the expectation of being employed as a RN. When they failed the NCLEX-RN®, this expectation was destroyed. According to Heidegger (1934/2010), one must understand the essence of truth to be able to understand the everyday truth. The essence of truth for the GNs is that they must be successful on the NCLEX-RN® before they can practice as RNs. Their confrontation is with the NCLEX-RN®. For example, a GN, Genevieve, worked hard in nursing school and studied all the time. She was focused on being able to work as a RN and earn a better paycheck. When she failed she was devastated. She continued to work her minimum wage job as she continued to study for her next test. She was not sure what to do next except continue as she had been doing. She did not know how to study for the examination. She became even more distraught when she failed the second time. She believed her life would only improve with passing the NCLEX-RN®. For the GNs who pass the NCLEX-RN®, they have risen to the essence of truth and they move forward with their plans to work as a RN. When they failed the NCLEX-RN, the GNs were destroyed. After the first failure, these GNs were denied the opportunity to work as RNs. To rise to the essence, the GNs needed to pass the NCLEX-RN®. Their

stories reflected destruction with the first failure and more overwhelming destruction with subsequent failures. When telling their stories, each participant blamed someone or something for his or her inability to pass the NCLEX-RN®.

Blaming Oneself

Many of the participants expressed self-blame. They reflected on the surroundings and circumstances of the failures and found themselves as part of the problem. Some of the self-blame is easy to see and understand. For example, some participants did not study at all or drank alcohol as they studied. For others, it was working many hours at a job or on a class project and not making studying a priority. These GNs seemed to hide from the failure in their work. Another GN just did not want to blame anyone but herself. The following paragraphs will illustrate self-blame as described by the participants.

Brooke was able to reflect on her contributions to the failure. She believed she did not do as much as she could have or should have to be successful on the NLCEX-RN®. She questions her priorities and study habits in the beginning.

> *My priorities probably weren't as straight in the beginning as they are now.*
>
> *That's what frustrates me more now, because back then I was mad. I'm a firm*
>
> *believer in God and I feel like that was his way of saying, 'You're not ready.'*
>
> *Mature-wise, I wasn't ready. My priorities were to party. I wanted to pass, I*
>
> *wanted money, I wanted it all. I wanted to do whatever I wanted. So I do believe*
>
> *that the first couple of times were contributed towards that. The priorities of it*
>
> *all. How much should I study? How much can you retain if you're having a*
>
> *couple cocktails and doing index cards?*

She now sees her own part in the multiple failures. She understands how her actions played a part of her failure. She states a change in her priorities so that she is not part of her own problem with being successful.

So when I moved here, that all dropped off. That completely stopped. I'm not friends with any of those people I grew up with anymore. I just realized what was more important, getting my life together.

She stopped her own self destructive priorities so that she could become successful.

Brooke was not the only GN who expressed self-blame. Genevieve, Marion, Jeanette, and Sophie expressed self-blame in their stories. Genevieve does not like to blame others but instead prefers to focus on her role in the problem and partly blames herself for the multiple failures.

I don't like to put the blame on other things. Internally, usually it's me. I should have been stronger; I should have worked harder. So a lot of the times I just point the finger at myself. But if I were to say what I needed and why it didn't work out, I honestly think it's because I couldn't do it alone.

As part of her self-blame, she recognizes the need for support to become successful. In the next theme, this will be explored further.

Marion lacked confidence in her own abilities and acknowledged her part in the NCLEX-RN® failures. She was devastated with her first failure but did not change her habits to increase her chance of passing the second time. Marion had a full time job and hid from the NCLEX-RN® through her job. She used her job as the reason to not study

regularly. Even though she set aside some time to study, she now realizes that it was not enough.

> *I was devastated. I was in complete shock. I thought I knew most of it. And when we got the results back I was just devastated that I did that poorly. I thought 'how could I have studied for this' but in reality I didn't study like I should have. I know I didn't. I tried to work my first time. I took two weeks off to prepare. And you can't just take two weeks off to prepare after not being in class for months and expect to pass your boards. And I really was completely destroyed over that.*

> *I think the biggest problem was my lack of confidence in myself. And if I would have just stuck to my routine and not let things get in the way of saying 'oh I can go back later and do this' or 'I'll take it next week instead of this week'. I did change it once when it was scheduled and you can't do that. You know, set a time, stick with it, and you should be fine. I would let things get in the way. And it was me; it wasn't anybody else's fault.*

Marion allowed her life to get in the way of her success. Jeanette's story was similar to Marion's. She too was working and believed that failing was okay because she still was working.

> *It didn't bother me. I was like okay well I failed it…I'm still working here as an LPN. But it gets harder as time goes on. I don't think they (her employers) really know how many times I've taken the boards. They know that I've been out of school for a long time, but as for how many times I've taken the boards. And I tell them it's not as easy as what you think it is, especially when you don't know*

anything. Well it just was that I need to work a little bit harder. But when I was

in school they didn't show us, teach us, what we needed to do to pass those

boards. So I was kind of out on my own. Like okay I need to do a few questions

here and there but I didn't know anything else.

Although Russell did not have a job that distracted him, he had begun classwork for his bachelor's degree. He spent his time writing a paper that was due instead of preparing for the NCLEX-RN®.

I started my bachelor classes and the second time I took it (NCLEX-RN®) *I had*

a huge paper due the week before so I wasn't studying as much and I kept looking

back and thinking "well if I didn't have this paper I would have had all of these

days and hours that I could have studied for the NCLEX".

Russell believed his failure to prioritize studying for the NCLEX-RN® contributed to his second failure. Instead of studying for the NCLEX-RN®, he had enrolled in a bachelors program and spent his time and energy writing papers. He did not foresee enrolling in a bachelors program before passing the NCLEX-RN® as a hindrance to his preparation for the NCLEX-RN®. In retrospect, he does envision more preparation time if he had not been completing course assignments.

Like Brooke, Marion, Jeanette, and Russell, Sophie had some self-blame but Sophie's was moving in a different direction. Sophie went to nursing school immediately following high school. When she completed the program she was young, under 21 years of age, and attributes some of the blame to her immaturity.

I mean the program's hard and they do set you up to pass your boards, but

in another way I feel that if I had taken a four-year…if I had gotten a bachelor's

course, it would have better prepared me. One—I would have grown up more.

When I graduated with my associate's degree I was 20 years old. I was just

turning 21 because it was in December and I was turning 21 in January. But I

was so young...so young. And I've grown up so much even since then. And I

mean you know how it was turning 21 going through life things and it really just

makes you grow up. And now I appreciate...my grades now are amazing. For

once I'm getting A's and B's and it's not even hard. But it's just because I

appreciate it ten times more than I did when I was young. Like when I lived in

that dorm room we had so much fun in there and grades just were not that

important to me. Passing my test...just passing...

Yeah, so I feel like that is a lot to do with it too because I didn't prepare

myself enough to pass. I feel like I should have made more use of the time that I

had while I was in school. You know what I mean? And I didn't.

Sophie believed that more time to mature may have assisted her to be successful. The history of their failures through their stories may help them see a better way to prepare. Each study participant's confrontation with the NCLEX-RN® was unsuccessful. The GNs spoke about different reasons for the same outcome. The GNs failed to accomplish the essence of the world's truth.

Blaming of the nursing program, faculty, and program choices

Self-blame was not the participants' only area of *blaming*. GNs blamed the nursing programs and nursing faculty members. The struggles with nursing programs included program choices in regard to STPs and program choices about inclusion of NCLEX-RN® criteria and study suggestions. The struggles with nursing faculty members included the nursing faculty members' inability to assist those students who were deemed

to be a NCLEX-RN® failure before completion of the program and nursing faculty members who failed to be helpful after failure of NCLEX-RN®. Not all of these GNs blamed the nursing program or nursing faculty members but many can identify items they wish had been different.

For Molly, the key area in which her program failed her was in their use of a STP and its' assessments. Molly blamed the nursing program for adding this program and for not instituting consequences for poor performance. According to Molly, this lack of consequences created a poor learning environment for the students.

> *When I was in school, we had a STP. It didn't count toward anything as far as going   towards your grade. It was just to see where you were.*
> *At the end of the last semester, we did a comprehensive exam before we started our management portion. We did a comprehensive exam. And they were like, 'this will kind of give you an idea of how the boards are.' I'm like, 'okay.' And I didn't do well.*
>
> > *It was like 70-80, but that's not where they wanted. And they're like, 'they'll kind of give you an idea of your pass rate.' And I'm like, 'I don't understand how that's an idea if I'm going to pass or fail because I'm going to get different questions on the test.' No, I never knocked a STP exam out of the park.*

This use of the STP only frustrated this GN; she did not believe it helped her prepare for the NCLEX-RN®. Molly believed that because the nursing faculty members did not give any specific importance to the STP she didn't see it as important either. When she did not do well, the nursing faculty members did not help her develop

strategies to become more successful. Molly became more indifferent to the importance of the STP. Another GN, Brooke, had a similar experience with an addition of a STP.

> *…if I can go back to the whole school thing. The school I did go to was changing their curriculum while I was there, which I think probably had a part in it. They switched over and started using that STP program, which I hated. And then at the end of my senior year, we had to take the STP. The proctor part…the comp predictor. So I took the comp predictor. We had to get a certain score to graduate. I could not get that score; I just couldn't do it. I took it three times. They still let me graduate, obviously.*

Brooke blamed the faculty members and the nursing program. She reported that she followed the requirements of the program but they did not enforce a required outcome they had established. Brooke states that she never met the requirements to complete the program or graduate but the nursing program and the faculty members allowed her to graduate. The nursing program or nursing faculty members did not enforce the requirements. According to Poorman, Mastorovich, and Webb (2011), some nursing faculty members struggle with failing a senior student and will create a way to pass the student. Could this have been Brooke's situation? Brooke wonders if enforcement of the STP policy would have changed her NCLEX-RN® outcome.

Not only did Brooke not pass the STP's final assessment as was required but she did not believe it would help her be successful. She blamed the nursing program and the nursing faculty members for using the STP and for not implementing the STP as part of each course. They just gave the STP's assessments at the end of appropriate nursing courses even though the STP's books were not used during the nursing course.

I absolutely did not like STP; I did not feel like it was a good program. I've heard of other people using different programs and them hating it. But it seemed to be much more helpful than STP. STP didn't help me at all. And like I said, maybe if they would have implemented and used the book with the class and then take the test, it may have helped. But instead we are doing all the (TEXT)book that they gave us for that class and that teacher, and then throwing the STP(assessment)on us, 'okay by the way we're going to take a STP at the end of the course that relates to this course'.

Brooke was frustrated with the STP her school implemented during her program of study. Sophie voiced similar complaints about a STP that her school used. Her complaints involve how the STP was used. She blames the nursing program and faculty members for poor, non-universal implementation of the STP.

Like that was the problem and some of my teachers taught out of a textbook and some of my teachers…like my peds teacher, she taught right out of the STP book. So it's kind of far…when you're used to learning out of a textbook and learning first hand…all of them have been nurses for years. And now you have to learn out of this STP book, it's different, very different. It's more like…it's just like boom boom boom boom. It's just like bullets basically. So it's kind of hard to put it all together for me. I had a hard time in peds. I had a good grade but it just wasn't…it didn't all go. I couldn't learn from it. But we have… well they have changed the program since I have even been in there but we had to do STP predictors like every class we took.

Like Brooke, Sophie not only blames the nursing program for instituting the STP, she questions how reliable the results were.

> *I don't know if they give you accurate…like look at what you have done that semester because some of the stuff that was on there we weren't taught at all. We were not taught it and you would be like 'hey this isn't what we were taught' and they would just be like 'oh just take it…just answer something'. And then they'd say 'well there's things on the NCLEX that you're never going to know, we can't teach you everything'. And I'm like 'okay well if you want me to take this test…I mean it's predicting how I did and I'm getting a grade for it but I wasn't taught the information'…it was frustrating. Because we would take them, we'd all practically fail them, then they would be so upset because we did bad on them and I'm like 'half of this stuff we weren't even taught' so you can't… so it was hard.*

Sophie also discussed the remediation that was required for students who failed the final STP assessment. Sophie blames the nursing program and nursing faculty for not making the remediation assignment beneficial. Although she did complete it, she did not believe she learned from it.

> *No (in regards to remediation if assessment score was failing), except well when…I think now there is. I think now they have to do a little review or something. But at the end we have the RN predictor and if we fail that you have to do a boatload of homework. But the thing is with that, I didn't learn anything from doing it because you just copy it from writing everything. You don't learn anything from doing it.*

Sophie not only believed that the nursing faculty members blame the students for not doing well on the STP but she also believes that they were punishing them with 'Boatloads of homework'.

Other complaints from Sophie related to how the curriculum was structured and the length of the program. She did not have a pharmacology class and her nursing program was only two years.

> *So I feel like that has a lot to do with it and our program doesn't really have a semester of pharm. Now they're changing it…it's been kind of changed. It's still a semester but they incorporated it into the program the whole time you're in it. I'm not good at pharm. I never was good at pharm because I don't like memorizing things, taking a test, and forgetting them because that's what we were doing. And when you only have a semester to do that in every pharmacology class, you know, that's a lot. So it wasn't incorporated in my classes until the last semester so that's tough and you know that's a chunk of the NCLEX that you need to know.*

Sophie was a traditional college student. Traditional college age students are in a process of improving themselves and maturing throughout their college years (Dewey, 2011). In retrospect, Sophie believed that she needed more time to mature before she could be successful. She believed a four year program may have given her the time she needed to mature. She also blames the nursing faculty members for not giving the students enough time to think about and learn the material before being tested. She believed that these issues could be part of her multiple failures on NCLEX-RN[®].

So I think that was another thing. It's everything is rushed in my program because it's only a two-year program. So it was constantly changing the page. Like okay learn about this, take a test, go to the next week. So it's very rushed. And that's another thing…if I would have taken like a bachelor's course it may have made me a more rounded nurse, I would have been able to grow up more as I was in the course, I would have probably appreciated it more by the time I was out of it, and you can learn things at a nice pace instead of being rushed.

Like Sophie, Mary discussed the absence of a pharmacology course during her program. In addition, she discussed the lack of consequences for failing the STP assessments that were given.

I did not have a pharmacology class so I have really, really struggled with learning my drugs. I have tried doing notecards, I have apps on my phone, I do questions, I do everything. I cannot drill just drugs into my head. I have a group…it's not like I don't know my drugs, I know like the basics but whenever you start talking like chemo drugs, antifungals, whenever you talk side effects of any drug I'm just like 'pfft, I don't know' and I feel like my teachers tried to incorporate that but it was just so hard not having a pharmacology class. My sister has 2 pharmacology classes in her bachelor's program and in my associate's I didn't have any. The new curriculum that they have here they do have a pharmacology course and we fought for that for them because that's where I struggled the most. It showed through all of my practice tests and everything: pharmacology, pharmacology, pharmacology. And I've tried learning more…I've learned more lab values—what's associated with what now

69

and that's really helped me. I think that made a significant difference in

increasing my scores on my practice tests as well as understanding certain

questions on the NCLEX. So in my old curriculum, STP was not considered to

be like…it wasn't incorporated in and if you passed this…I mean if you failed this

you do not move on. In the new curriculum, that's how it is. If you don't get a

level 1 or higher you don't get to move on in the classes. So we kind of took the

STP classes as a joke. I was doing my preceptorship last fall …...I did a 12 and a

half hour shift and I had to drive all the way from the city, down here, take

my RN predictor, and at that point I had been up for 26 hours. So it was like they

didn't schedule it very well either.

Olivia had issues similar to Mary and Sophie. She did not do well in

pharmacology and wanted more pharmacology. After her NCLEX-RN® failure, Olivia

reported that the nursing program would not assist her. She believed that more should

have been taught about the NCLEX-RN® in the nursing program.

I don't know…maybe towards the end of the course preparing you more for the

actual boards itself. Because I know the year after…that year I graduated, my

nursing program was in jeopardy of losing their accreditation because such a

large amount of students failing their boards. And they redid their program over

completely.

….because one of my weak points was…even to this day, I'm not good at

pharm…at pharmacology. Everything always seemed like…all the medications

always seemed…looked the same. It could be a medication for heart disease but

it would look   like medication for urological problem or something. And I just

hated pharm. I think I got out of pharm with like a C+ or a B- because I just

hated pharmacology. I looked into taking a pharmacology refresher class or

even to just go and sit in on a pharmacology class and my school wouldn't even

allow me at the time.

Jeanette's story is similar to the others. She also blames nursing faculty members and she concurs with Olivia's need for more directed education about the NCLEX-RN®. Her anger is palpable as she talks about being cheated out of an education.

And I think that right there is the most devastating part is that I spent all that

money to be educated and I was not educated in what I should have been. And

I'm not the only one across my school that has failed several times. I just kind of

ignore it but in the back of your head you're going okay well I'm still paying

those school loans and you're going to continue to pay that. You're going to pay

for something that you don't have—and that's always on my mind. I'm paying a

school loan for an education that I didn't get.

They got what they deserved, really. They lost their accreditation and it

went down, that's what they needed to do. I didn't really think that at the time

because you know, I failed but now as time goes on and I continue to fail plus I

find out that other people not only from my school but I had friends at the other

campus that failed also. And they (her school) did, they got what they deserved.

Because if you can't teach your students and educate them to the point that they

can pass their boards then you aren't doing your job.

...it has taken me 6 years to realize down this road that I don't have to

know everything I need to know about something nursing like Alzheimer's or

heart disease or about…I don't know…about ALS or whatever. But as long as I

know the pieces of the puzzle I can put the puzzle together and get the question

right. If you don't have any pieces you can't put the puzzle together. But what

I'm saying is that nobody along this journey has ever said that to me, and not only

that but they have never told me over the years that I have to do questions every

day…until I started seeing my tutor and I just can't understand why it's taken me

so long to realize this. And the reason why they haven't is because they don't

care. They don't care as long as they get their money…that's how it is.

.. if teachers would put that in towards the end of their program…you know I'm

not saying right at the very end…but towards the end of their program give them

a course of 'okay this is what you need to do to get to the point where you can

take the boards'…yes I believe that would help a lot of potential nurses, I really

do. Because I think that if I   had had that I wouldn't be in the position I'm in

now 6 years later. I really don't.   I didn't have that…I didn't have that person

standing in front of me going 'okay Jeanette, you need to do questions every day;

you need to do 90 questions every day until you are able to get that 75% or higher

consistently'. And also…maybe this is the way...also you need to start thinking

like this.

But they don't teach you that. They just throw the information at you and

say 'here you go' but they never really tell you what to do with that information.

Yeah you have to put it into memory but it's not about memory because it's not

recall. That's the thing about the RN-NCLEX test, it's not about recall. It's

about…you know…it's a higher level of thinking and you have to be able to do

that. If you can't do that then you're not going to pass it.

Jeanette voiced blame directly at her nursing program and nursing faculty members. She did not believe that she received a proper education for the money she spent. Genevieve like Jeanette did not blame a STP. Genevieve blamed the curriculum and how this school educated and prepared her for the NCLEX-RN®.

If I would have been tested for the NCLEX before hand and I would have had an

at-risk group to be a part of that had an NCLEX program attached to it. …. but

*we were so busy because I did mine in the two-year program.... ours (*the nursing

policy in our school*) was that you only had to be a level one (*a benchmark to pass

the STP assessment*). You don't even really remediate much for them. But I do*

know that other school's is a whole lot higher because I have a bunch of friends

that go to other nursing programs and they recently graduated and I feel like if I

*had to keep up with their (*STP*) scores, I would have had an easier time with*

*(*NCLEX-RN®*) questions.... Like the school's test I feel like I did good on but I*

can tell that I did bad on STP predictors.

Genevieve also blamed her nursing program for her NCLEX-RN® failure. When she compared her nursing program and the NCLEX-RN® preparation to her friends' nursing programs, she believed her program was lacking. She believed her friends' programs' STP standards were higher.

Standards…yeah. I think I would have studied more for them and done more

questions than before instead of just worried about the content review classes

I was taking; labs and clinicals and other stuff I was taking and made more

time for NCLEX instead of it being so much at the end.

Like Jeanette, Russell, also felt cheated out of educational experiences. The nursing faculty members chose to dismiss students from clinical before the clinical day was scheduled to be over. He wondered how learning was to have taken place when the students did not stay for the entire clinical day.

Yeah I feel my clinical experiences...I had really good teachers most of the

time but I had a couple that were like... We'd do AM care and then leave and not

stay the whole time. So I felt like no one was really helping me stretch out, reach

out, and challenge myself.

Through self-reflection, the GNs identified agents to blame for their failure. The agents included themselves, nursing faculty members, nursing programs, and family. Even though the GNs had many issues with blaming themselves and others, this is not the entire story. The GNs' stories also have brought forth understanding about their isolation and need for support.

Being Alone and Needing Support

A major goal in nursing education is to transform the nursing student from a person that knows nothing about nursing to someone that understands a new way to think and problem solve. The process behind this transformation is rigorous. Nursing programs prepare their students to enter the nursing profession. During this transformation, most students build a relationship with their nursing faculty members and nursing program. Most students learn to listen to the nursing faculty, and to dialogue with the nursing faculty and each other (Diekelmann & Diekelmann, 2009).

In some GNs' stories a previous Caring: Engendering of Community

(Diekelmann & Diekelmann, 2009) relationship between the GNs and their respective

nursing programs and families was revealed. After failure and multiple failures, many of

the stories reveal a broken relationship between the GN and their family, nursing faculty

members, and nursing program. These broken relationships caused the GN who has failed

multiple times to feel isolated and alone and needing support. During her nursing

program, Genevieve struggled initially to do well but soon embraced the learning

environment and her faculty members' instruction. Her problems began after graduation.

She felt abandoned and alone; she missed the caring and support of her nursing program,

nursing faculty members, and family. After failing, she felt even more alone and

abandoned.

> *I put a lot of time and effort into the first two times. I think I was close… I just*
>
> *wasn't close enough. I probably could have used some more time, but I really*
>
> *wanted to start working. My mom is actually a nurse educator… so I study with*
>
> *her a lot but I lost that when she got really busy. I like having somebody telling*
>
> *me what to do. I like class, I like notes, I like people watching me. So it has taken*
>
> *me a long time to get to want to do it again. A lot of the issues I have with-- I*
>
> *worry a lot. I did a little bit in nursing school, but there's so many people with*
>
> *the same situation around you, and there's study groups. I'm somebody that has*
>
> *to work hard at school so there was always something there to do. But here it's*
>
> *kind of by yourself. Nobody really gets it; everybody wonders why you're not*
>
> *working yet.*

I have to figure out a program for myself in the end. I took a review course my second time. It cost me $500. I had never signed up to be a cyber-student before. It was offered to me in nursing school, but it's not for me. I ended up doing that because I thought that it would push me. I like routine, I'm a nursing student. I like routine-- I like knowing exactly what I'm supposed to do at all times, what time everything is supposed to happen. I didn't expect it to be this hard. I'm stronger than that. I usually do good with pressure; it's just not working out so well for me right now. I'm sick of doing questions. I don't know what I'm doing wrong. I wish it was like the teacher programs where I did it in school and somebody was making me…I would have even paid to stay in school another semester to take an NCLEX program with even the staff I had before but with somebody else to do that. Because I didn't actually do that bad in school. I had to work hard, but…I mean it's not like they didn't teach me what to expect, but when somebody throws a book at me with 3,000 questions and says 'Is it going to work out or not?' it's kind of hard. I think I found a better program that is going to watch what I do. I have somebody one-on-one that I can show what I'm doing. When I try to clear my mind, I'm not going to let myself get so upset about it anymore. I'm trying to move on. I'm working more now, which I can't really help because I have to work more, you can't really not. But I'm still trying to make it my main priority again. But I don't really know what else I'm supposed to do, besides keep going. That's why I like this new program that I found because knowing that somebody is watching everything I do, I like knowing if I'm right or wrong. You go from extreme structure for so long and

then to nobody, that was kind of hard. I mean that's why I couldn't be mad at him

(her boyfriend), because it probably had to be hard for him because he didn't get

it. Like being disappointed so bad, I don't think he really got it. I know my

parents did, but I don't think anybody REALLY gets it. I don't like to have to

tell everybody that I failed…especially tell everybody that I failed three times.

For me, I just wish it would have just lasted a little longer. If I would have had a

summer session where I just stayed in my zen. Like I said, I'm a person who likes

to stay in my routines and all that. Once I'm in one I'm good. It's just hard to

get in one by   yourself. But if I were to say what I needed and why it didn't work

out, I honestly think   it's because I couldn't do it alone. I fought with my

boyfriend a lot because I thought he should have pushed me. But I think it's

because I'm used to so many other people pushing me and telling me what I need

to do…like I used to want him to remind me to go through my flashcards where he

would just sit there and hold them up for me. I like people that push me. I'm into

sports too and all that stuff and I like people that are tough on me kind of. That

sounds weird. But I do…I like people that push. So when I came out and there

was nobody I was trying to get people to do it with me and it was just really hard.

My mom was too busy. My boyfriend wasn't really getting what I was asking him

to do at all. I went from having so many study partners in school and now they

were all gone. And then once I saw them all starting to pass and I was failing, I

mean it kind of went the opposite direction for me. But I'm my own worst enemy.

I wish, though, that I did have somebody there when I graduated…I think that's

what I would say.

Genevieve did not know how to manage without her learning community. She struggled with being alone and having to direct her own path. When she needed her family most for support, they either did not understand or were too busy to help her. She also perceived a lack of support from her nursing faculty members and nursing program; she had to figure out a plan by herself. She was unable to independently make a successful study plan.

> *So I tried calling my school but I think there was something going on that week, like there was no school. Because I actually just didn't know what to do. And then I called my friend—she works for the school I went to. She does the tutoring and she said about remembering that we had a seminar* (from an outside source during the nursing program) *and that they help people who have failed multiple times* (through private tutoring)*.*

Genevieve is not alone in her feelings of abandonment or needing support. Nursing programs prepare students and care for them during their schooling but after graduation, the nursing programs move on to educating the next group of students and may not be available to assist those who have previously graduated. Likewise, Jeanette experienced being alone and needing support from the nursing faculty members, nursing program, and her family. After three years of college, she was not supported when she failed initially or the many times thereafter. After failing the NCLEX-RN®, Jeanette tried to find assistance from individuals as well as nursing programs. She was unable to find any assistance.

> *Yeah I'm kind of on my own because like I said there aren't many people out there that want to sit down and spend time with you. I struggled with that too.*

Not only did I go to these prep courses but also tried to single out people that I knew to help me and also looked into schools. I called schools and they don't want to help you. Only one (not her school) *stepped up to the plate that was willing to help me, if I spent $14,000. And that was one-year med surg. This school said, 'You need to go back to med surg, that's where your problem is'. Yeah if I'm wanting to spend $14,000 yeah they're willing to step up. And finally somewhere in that process where I was thinking about going, but then I was talking to my remediation person and she's the one that said 'No Jeanette, you don't need to go back to med surg. You went through med surg, you have the grade, you don't have to go back there.' So I chose not to do that. But like I said, they were willing to try to get me through there. And I went to a couple of classes, but it's the money. My gosh I spent so much money as it is. Who wants to spend more money?*

And another school…they absolutely would NOT help me. 'You're not one of my students, we're not going there.' That was the attitude I got from them. Other schools didn't even call me back. I don't know who else I contacted. My school, I couldn't contact them because they were already shut down. But yeah, it's been a long road; it's been a very long road.

What it was is at the very end of all of your nursing subjects is we took a big STP test. And I don't even remember how many questions it was…I don't even remember. But anyway that kind of gave them a clue on whether you were going to pass it or whether you were going to fail it. Mine was a little bit lower. So anyways so at that time I remember the instructor (whispers "oh my gosh I

hated her so bad") but anyway I remember her saying 'well you're not going to

pass the boards because look at your scores'. And that's exactly what it was. It

wasn't 'here Jeanette let me help you. Let me get you to this point that you need

to be so you can pass.' No. It wasn't that at all. It was like 'you're not going to

pass it and that's the end of it'.

Well that's pretty much…that's what she said to me and that's where I'm

at right now…. I can't pass it. And that's how she was. And there were several in

that class that she said that to because our scores were a little bit lower than what

they should have been. But it wasn't 'let me help you…we'll help you'. They did

not care down there whatsoever. All they wanted was to get their money, get us

out of there, and hope to God that we did pass so they could keep their

accreditation. And you know that didn't happen.

Jeanette believed her family did not demonstrate caring or support. They just kept

moving forward with no hope that she would pass.

They (Jeanette's family) don't…they're just like okay well she failed, you know

what I mean? It's no big deal; they don't say anything about it. When I'm

studying they're like okay mom is going to take it again but they have no hopes

or that I'll pass because I have no clue if I'm going to pass.

Similar to Jeanette's story, Olivia believed she needed support to become

successful. Olivia's story added an employer to the list of non-supporters. She found

little support from the hospital, nursing program, or family. After her first failure, Olivia

could not work as GN or RN. She changed facilities and began work as a nurse's aide.

She told about a time when her hospital would not allow her to take their NCLEX review
course.

> *(about taking a hospital sponsored NCLEX-RN® review class)….and HR at first*
>
> *was very noncompliant to allow me to take it. And I was like 'well I'm a hospital*
>
> *employee, I have a nursing degree, I just haven't passed my boards'. And I was*
>
> *not allowed to actually go to the classes during work hours. I had to schedule*
>
> *them as my days off. They wouldn't pay me or allow me to get paid to attend the*
>
> *class. So I actually had to work it out where I would have the days off while they*
>
> *were providing…while they were giving the class.*

Olivia also was frustrated with her nursing program and her perceived lack of
support from the college. Although she failed the NCLEX-RN® and does not work as a
professional nurse, her college still asks for donations.

> *And by the time you add in all of the books it was probably close to $40,000 and*
>
> *add in everything you had to pay for and expenses and everything. But they still*
>
> *send me things in the mail wanting me to give them money for continuing*
>
> *education and to help the college but they didn't help me when I needed their*
>
> *help.*

Lastly, Olivia perceived her family support as inadequate. She believed that if her
mother were still alive she would have had more support.

> *My husband now pushes me. He has pushed me over probably the last 10 years.*
>
> *We've been married now, it's going to be 14 years in September. But at first,*
>
> *what really pissed me off, that didn't help matters, was 'we're not getting married*
>
> *until you pass your nursing boards'. That was one of the things that he said. I*

don't know if that was the 2ⁿᵈ or 3ʳᵈ time that I didn't pass. Because we actually

were together for 10 years, going on 11 before we got married. So at one point in

time I completely broke it off and said 'look if only me passing my nursing boards

is going to make you want to marry me then maybe we shouldn't continue this

relationship'.

       It was like (her dad) 'well you better find another job because you have all

of these bills now to pay for college…how are you going to pay for this'.

I think if my mother were still living I never would have married my husband

because of his non-support after not passing. That she would have told my father

'listen, we're going to do whatever we need to do or whatever we can do to help

her so she doesn't have to have the burden of trying to study and work and do

this'. I think it would have been a lot different.

Olivia's mom died when Olivia was in her nursing program. She believed the

support she may have had vanished with her mother's death which increased her burden

as she had to care for her dad, work, and go to school. Olivia needed support from her

family but instead she received added family responsibility as she struggled to find how

to be successful on the NCLEX-RN®.

For Marion, it was more missing the community of learners than not having

family support. Similar to Genevieve, nursing school provided the needed support for

Marion. She did not have to make decisions about when she should test or what she

should study. The nursing faculty members told her where to be, what to study, and when

to be there. The concernful practice of Caring: Engendering of Community (Diekelmann

& Diekelmann, 2009) works well during school but some of the GNs are lost without the community they have come to depend on.

It was definitely easier in school because like you said you had that structure. You knew when you were going in, you knew you were going in for this amount of time or if we are going to take the proctor exam you were going to sit there, you were going to do it, it was going to be quiet. You know, don't rush but don't go slow. And there I was in panic mode the second time like 'I'm not going to make this, I'm not going to do this'.

And I thought…I just don't think I was ready. I think like six months. I was afraid because I didn't have any…you know, school wasn't there. Everybody went together. We did everything together, we took all of our tests together and I was thinking 'I have to go there all by myself and take this test'.

This isolation or being alone caused the GNs who failed anguish. Sophie needed her parents' support but support from her parents was not all that she needed. She also wanted support from her nursing program and nursing faculty members.

I feel they were disappointed and that's my biggest thing…I hate disappointment. But my mom was like 'just retake it again'. They're the same things…they know I can do it.

Uhm it was kind of like…my parents are like…they're not the kind to be pushy- pushy- pushy…you know what I mean? But they expect me to do well still. So when I didn't pass my mom was like 'so what are you going to do now? You can't go to school.' I couldn't take nursing classes because the amount after your second semester of your bachelor's degree you have to have the… RN license. So

I'm like I don't know what I'm going to end up doing. I'm going to have to start

paying back my school loans…how am I going to afford that? It's not going to

happen. So it was hard but I just…I mean my mom, just every single day I'd wake

up and she'd be like 'good morning, you going to take your boards?' I did feel

ready and I felt pushed at the same time. I was studying and I did study, but I

felt like if I had had maybe like 2 more weeks maybe…I don't know…

Russell also lacked support. When Russell failed the NCLEX-RN® a second

time, he was not permitted to continue in his RN to BSN classes and his student loans

would be due. He was not sure how to continue to study for the NCLEX-RN® if he had to

find a non-nursing job to pay his student loans. He needed support from his family to

assist with paying bills as he prepared for the next exam.

And if I'm not full-time then I'm going to start getting student loans in the mail.

So my parents are really on me about that too. I keep trying to think of plans in

my head but I'm not sure… I'm thinking about minoring in something so I can be

full-time and not have to pay loans and give me a little more time, but ultimately I

want to pass it next time I take it.

Unfortunately, Russell never realized that staying in school may postpone his

student loans but would not help him prepare for the NLCEX-RN®. For Russell it is more

than just needing family support. He missed the Community of learners and believed he

could be successful if he received support from his peers.

Not really, no. I feel all on my own trying to pass this test and study. I have

friends who help me who have passed it but… Probably would have had to be if I

would have had somebody to study with sitting next to me. Just even being there,

not saying a word, I would have done better.

Brooke had a supportive family. She did not feel alone until her support group encouraged her to retest before she is ready. She needed full support even if that support meant not pushing her to retest.

So it does definitely make me nervous to retest. It does make me extremely

anxious and I think that's where my support group doesn't understand it. They

say 'Why don't you just take it? Go take it'. And it's not just so simple as 'Okay

let me just pick up and go take it'. You do have that fear of failing again and you

do want to do everything you can to pass.

Being a nursing student and being a GN are very different. The nursing student has the nursing faculty members, the nursing program, and family. They follow a set school schedule. During their learning they can ask questions and discuss areas of concern. After graduation, the learning and support communities may diminish. The GNs needed to be more independent than when they were in school. The GNs must guide their own path; study as they see fit and test when they are ready. For some GNs, this new independence can be crippling. They did not know where to go or what to do next. Instead of embracing their new found independence, some GNs floundered about without a plan, without direction.

Questioning

For a nursing student, to complete all requirements as set by the nursing program and State Board of Nursing and earn the new title of GN is not easy. When failure

occurred, many of the GNs in this study questioned how and why this can happen as well as what are they to do now.

For Molly and Brooke, multiple failure of the NCLEX-RN® made them question what each of them was doing wrong or what did they miss. They completed school but could not pass the NCLEX-RN®. Molly told the following story.

I was like, 'I know I failed.' I was beside myself. I had that gut feeling that I failed. A lot of the questions. I mean, did I even go to nursing school? I'm like, 'Uh, okay, I don't even know what that is!' There were a lot of management type questions. You're a nurse manager, you're teaching a seminar. And I'm like, 'Can I just get to the RN first before we work on the nurse manager portion of it?' So it's a lot of stuff that I don't, we don't really cover in nursing school? We may have, but as far as the drugs, I was trying to break them apart. I took a pharmacology class and it really helped break everything down. And then I was like, 'I can't even break down these drugs.'

And I'm just like, 'Okay, I went to nursing school and I did well in nursing school. What? Am I missing something?' Because they now do NCLEX style questions in nursing school to get you thinking critically. Like, this is the right answer, but what do you do before? There's always that before / after, put them in order, they're all right, but the one's the best.

 Molly believed that current students were receiving better instruction regarding NCLEX-RN® questions. She questioned how to know what answer is really the best. Brooke also questioned why she failed. She also questioned her anxiety as being part of the problem.

It's extremely irritating. It's very – what? Why? It's very much a matter of why – why can I not – what am I doing wrong? How am I not approaching this correctly? What is it that I am doing?

And I want to know what I can do differently. What is it that I am missing that I am having such a struggle yet I know so much. I know I'm not a nurse and I'm not going to know everything. I want to know before I sit down and take this test again what am I truly missing. Is there a concept I'm missing? Is there a way I'm answering the question? Is it my anxiety?

With each additional failure, the GNs continue to question why they cannot pass and what they are to do now. Many have student loans that need to be paid and they are not employable as a RN or GN after failing the NLCEX-RN®. Genevieve, Sophie, and Russell express concerns and questions about why they failed the test and what they need to do to be successful. Genevieve wonders what she will do if she fails again.

….but now when there's so much pressure on to finish, to find the end… So when I sit down and see a question…Is it going to pay my bills or not [starts crying]. Is stuff going to change or not? I'm so sorry.

Then the last time my boyfriend went with me and we stayed out there because I didn't want to be late. And then he drove me home that last time. That one was pretty hard because I didn't know what to do. What's your next move on that one? I started calling people trying to figure out what's my next step, like if I failed that again. I probably wouldn't be able to take it again if I failed it again. So I tried calling my school but I think there was something going on that week, like there was no school. Because I actually just didn't know what to do.

I just didn't know what my next move was going to be and I wanted to know now

instead of avoiding. So yeah, they were long drives home trying to figure out

what my next step is going to be. I'm doing a program now but I don't know what

I would do if I failed again. I don't know what my next step would be. I'm

running out of options. I've pretty much done everything: two different review

courses and individual tutoring. The third time I tried….I just extended my

second review course. So I don't know, hopefully I figure it out.

Sophie also questioned what she will do if she fails again.

I was really upset. Because…I don't know…I was like 'okay well this is

the second time I've taken it…now what am I going to do?' Am I going to just

keep taking it again and again and again and again? Because every time I take

it, it's another $250.

Russell had similar questions. What will he do if he fails again? How will he pay

his student loans? Should he find a minor to fill in time until he passes?

I didn't know what I was going to do with myself and I was scared that I would

never pass it. That's what my first thought was…

(His questioning) *the first time it happened immediately. The second*

time…I got all the questions the first time. So there was like a 50/50 chance that I

could have passed and the 2nd time I took it I only got 101questions and I was like

I don't think I could have done worse. I kept getting questions that were asking

me what the priority was and stuff so I had a pretty good idea that I might have

passed and I was like 'oh my gosh could I have passed' and then I found out I

failed and I felt the same way again. ... but I still...I don't know. It's like...I don't

know how I feel about it.

Russell had a responsibility to repay school loans because he completed his associate's degree and could not continue with his bachelor's degree until he passed the NLCEX-RN®.

And if I'm not full-time then I'm going to start getting student loans in the mail.

So my parents are really on me about that too. I keep trying to think of plans in

my head but I'm not sure… I'm thinking about minoring in something so I can be

full-time and not have to pay loans and give me a little more time, but ultimately I

want to pass it next time I take it.

Olivia not only questioned what to do but also asks 'why me, what have I done wrong?'

Depressing. Very depressing thinking 'oh my god I just wasted 4 years of my life

and now I'm going to have to go back to doing what'. So what they wanted to…

give me a nursing assistant position but the pay wasn't worth the travel—an hour

10 minute drive both ways and the wear and tear on the vehicle. So I decided not

to take that and I went back to being a waitress.......

I felt like 'why me? Why is this happening to me? What haven't I done

right?' It was very hard…like I would run into somebody along their street and

say, 'where are you nursing at now?' Well sometimes I would just say the

community hospital because I just didn't want to get into it or didn't want to say,

'oh I'm just too stupid to pass my nursing boards'.

I was like why couldn't I have just answered one more question correctly?

Or however many more questions I needed correctly to pass.

These GNs questioned why this happened, what could they have done differently, and what will they do now. They did not think they would fail the NCLEX-RN® multiple times.

Summary

For this research study, the participants were GNs who had completed their nursing program yet have failed to be successful on the NCLEX-RN® after multiple attempts. Through the interview process and HHP data analysis, three significant themes emerged from their stories. Through the written work of this research study, the researcher hopes to cause those who read the study to further question and discuss the significant themes presented (Smythe et al., 2008).

The three themes presented in this chapter are *blaming, being alone and needing support, and questioning.* The themes were analyzed with the assistance of Heidegger's philosophy. Heidegger presents a horizontal schema as a threefold structure which includes the past (*what has been*), the present (*in-order-to*), and the future (*for-the-sake-of-itself*) (Heidegger, 1927/1962). In the theme of *blaming,* the GNs must understand through retrospection *what has been* before they can reorganize *in-order-to* reach their ultimate goal and horizon (*for-the-sake-of-itself*). The GNs all named an agent of blame which caused at least part of the issue with their failure. Some believed that they were to blame but all of the GNs blamed someone else.

The GNs stories show their need for support and their feelings of being alone. Genevieve stated that no one really understood and that she felt alone. She preferred her school mode because others guided her decisions. Marion states she was alone because all of her classmates had passed and she had to take the NCLEX-RN® by herself. She

missed being part of the class group. Conversely, Jeanette felt alone and unsupported before she completed her program. After failing multiple times, Jeanette's isolation and non-support became increasingly evident for her. She states she was unable to find beneficial assistance from individuals, her school, or other schools.

Not all structure is detrimental. During their nursing programs, some of the students encountered structure as the concernful practice of Caring: Engendering of Community (Diekelmann & Diekelmann, 2009). Caring: Engendering of Community allowed for the nursing faculty members and students to learn and grow together. Students were encouraged to question and discuss nursing course content. This Community gave the students support and guidance. For example Genevieve would like to have stayed in school to prepare for the NCLEX-RN®. She believed the support and guidance offered would have helped her be successful. Yet, others like Jeanette did not demonstrate a caring relationship with her nursing program and nursing faculty members. She believed the nursing faculty members abandoned her during the nursing program. She stated they did not offer her assistance even after recognizing her as at risk of failing the NCLEX-RN®. Many of the GNs from this study believed they needed the support of this Community during their program of study and beyond graduation.

Not only did the GNs feel they lost the Community but also many felt abandoned by their family as well. Without their former support structures, the GNs were not sure how they should prepare and what they should do next. The Caring: Engendering of Community concernful practice is hidden from them. These GNs began their nursing programs with plans for their future as RNs. The ending for these GNs is unclear.

The following chapter, Chapter 5, will provide a summary of the study, discussion of the findings, strength and limitations of the study, implications for nursing education, recommendations for future studies, and the conclusion.

Chapter 5

Discussion and Conclusions

Using HHP for this study allowed examination and better understanding of the experiences of the GN who had multiple NCLEX-RN® failures that was not readily apparent. HHP focuses on bringing to light that which is previously hidden (Heidegger, 1927/1962). The researcher sought to uncover what was hidden in the stories of the GNs who failed the NCLEX-RN® multiple times.

Summary of the Study

In this study, HHP was used to understand the lived experience of GNs with multiple NCLEX-RN® failures and to uncover the hidden meaning in the GNs stories of failure. To recruit the participants, the researcher used a snowball sampling technique. She contacted colleagues, peers, and friends and discussed her study with them. After explaining the study, she asked if they knew of anyone who fit the inclusion criteria. Upon initial contact with the potential participant, an interview time and place was arranged per the participant's preference. Once a participant was interviewed, he or she was asked to refer others to the study. One participant was obtained via a participant referral. The researcher was never the first point of contact. The researcher did attempt to recruit participants from on-line sites but no participants were found through the on-line resources. All interviews were conducted in-person, audio taped by the researcher, and transcribed verbatim. After two completed interviews and transcription, data analysis began. The researcher used the HC to analyze the data by reading and rereading the transcripts and reading and rereading Heidegger's philosophy for understanding of the uncovered meanings. As understanding emerged, the DC became part of the HC to

verify. The DC and researcher read and discussed the transcripts and interpretations allowing increased understanding of the emerging themes. Data collection and data analysis continued until adequate convincing interpretations became comprehensive, explicit, and visible (Crowthers et al., 2014).

Discussion of the Findings

Data analysis revealed three significant themes: *blaming, being alone and needing support, and questioning.* In this section the themes will be illuminated.

Blaming

The theme of *blaming* included self-blame and blame of nursing program, nursing faculty members, and program choices. For this study, blame is defined as "a simple cause-and-effect logic that reasons backwards from outcomes and their consequences to agents and their responsibility" (Tilly, 2010, p. 382). The GNs in the telling of their stories directed blame towards themselves and others. Existing research supports this finding. Eddy and Epeneter's (2002) participants did not feel prepared to take the NCLEX-RN® and they felt pushed to take the examination before they were ready. They blamed the nursing program, nursing faculty members, and family. Griffiths et al. (2004) findings were similar. Their participants did not feel prepared to take the NCLEX-RN®. They believed the nursing program needed to do a better job with NCLEX-RN® preparation during their nursing courses. McFarquar's (2006) participants did not feel prepared for the NCLEX-RN® either. Even the McFarquar (2006) participants who passed the NCLEX-RN® the first time did not believe that they were adequately prepared for the examination. These participants wanted the nursing program and nursing faculty members to provide them with more information about the NCLEX-RN®. Participants in

previous studies (Eddy & Epeneter, 2002; Griffiths et al., 2004; McFarquar, 2006) perceived issues similar to the GNs in this dissertation study.

The theme of *blaming* incorporated many agents of blame. Another area of blame that was perceived by the participants was nursing faculty members blaming of the students. Sophie's story illustrates this 'Because we would take them (the STP), we'd all practically fail them, then they would be so upset because we did bad on them.' Although the GNs blame the nursing faculty members, they also believe that the nursing faculty members blamed the students. Clark (2008) states when students and nursing faculty members believe they have been wronged; they find comfort in blaming someone else. The nurse faculty members want the students to do well on the STP. Their doing well supports the nursing faculty members' belief that they are doing a good job. When the students fail, many nursing faculty members as well as the students blame themselves (Poorman & Mastorovich, 2014). Clark (2008) further states that to prevent blame we need effective communication between nursing faculty members and students as well as active engagement.

Active engagement and communication should start during the nursing program coursework. Many of the students complained about a STP. Molly states the STP did not count towards the course grade and her nursing faculty members did not assist them with understanding how the STP was beneficial. According to Brooke's story, the nursing faculty members did not enforce consequences regarding STP scores. She states she was allowed to graduate without meeting benchmark requirements. Regardless of her score, she believed the STP was not helpful because the nursing faculty members did not implement it well. For Sophie, the nursing faculty members assigned a 'boatload of

homework' for a failing grade but she did not perceive the remediation work as helpful. The complaints ranged from poor implementation to non-enforcement of consequences to nursing faculty not portraying value in the STP. The GNs blame the nursing faculty members for the STP not being effective. Yet, the GNs stories do not demonstrate active engagement of the nursing students either. Some of the GNs believe only the nursing faculty members can make the STP meaningful. Although the GNs blame the nursing program, nursing faculty, their classmates, and their families, the GNs may have needed to communicate their issues more clearly to those they blame and they may have needed to be more engaged in the preparation process to become successful on the NCLEX-RN$^{\circledR}$.

Being Alone and Needing Support

The literature provided similar support for the theme of *being alone and needing support* (Poorman & Webb, 2000). The support needed was emotional and financial. In this study, the participants felt alone and that no one, not even their families could understand their predicament. Being alone was different for the GNs. For example Genevieve perceived that she was alone due to lack of support structures previously provided by the nursing program, nursing faculty members, and her family. "I'm somebody that has to work hard at school so there was always something there to do. But here it's kind of by yourself. Nobody really gets it." She reported feeling abandoned by her family. 'My mom is actually a nurse educator so I study with her a lot but I lost that when she got really busy with a new job.' Marion misses her classmates and the support of doing things together. 'We did everything together, we took all of our tests together and I was thinking 'I have to go there all by myself and take this test'.' They felt abandoned by the nursing program, nursing faculty members, families, and their nursing

classmates. They believe they needed the support of their learning community. Others like Jeanette believed they were abandoned by their nursing faculty members before the end of their program.

> *I remember her saying 'well you're not going to pass the boards because look at your scores'. And that's exactly what it was. It wasn't 'here Jeanette let me help you. Let me get you to this point that you need to be so you can pass.' No. It wasn't that at all. It was like 'you're not going to pass it and that's the end of it'.*

According to Jeanette, the sense of community was broken before she completed the program. The participants felt they needed assistance and support to prepare for the NCLEX-RN®.

Poorman and Webb's (2000) participants wanted support from their family, friends, and school. Their participants felt isolated and alone after multiple failures. They did not know how to prepare and believed no one else understood their situation. Similarly, Griffiths et al.'s (2004) participants wanted support from their family, friends, and nursing faculty members. They believed that additional guidance from the nursing program and nursing faculty members could have been beneficial especially after the first failure. The participants wanted assistance with preparing for the next NCLEX-RN® attempt. McFarquar's (2006) participants reported needing support. They needed to know when they were ready to test. They did not want to be pushed to retest before they believed that they were ready. The participants in these studies (Griffiths et al., 2004; McFarquar, 2006; Poorman & Webb, 2000) had difficulty taking responsibility; however they did not feel prepared to do so. Interestingly, McFarquar (2006) found that successful students did take responsibility for their learning.

According to Dewey (2011), traditional college students gradually mature over their years at college. As they mature, the students take more responsibility for their learning. Genevieve would have preferred a college course the summer after her graduation that guided her studying and preparation for NCLEX-RN®. She was not ready to direct her own preparation. In Jeanette's story, she spent time searching for assistance and yet little time devising her own study plan. She wanted assistance but had difficulty finding it. Olivia also spent time looking for help while she worked to support herself. She believed if she had just had financial support as well as emotional support from her family she could have been successful. These three stories illustrated the participants need to seek help from others for making decisions and receiving support.

Being alone and needing support includes the need for financial support, so the participant can adequately prepare to retest. Some GNs enrolled in a bachelor's degree program before passing the NCLEX-RN®. This additional course work delayed student loan bills but it required the GNs to sacrifice NCLEX-RN® preparation time for course assignments. Russell and Sophie both started working on their bachelor's degrees before passing the NCLEX-RN®. After failing, they wondered how they could afford to pay their student loans and still prepare to retest. Russell stated, 'if I'm not full-time then I'm going to start getting student loans in the mail. So my parents are really on me about that too.' He believed his parents added more pressure to pass the next time. He wonders about applying for a minor to stay in school. 'I keep trying to think of plans in my head but I'm not sure… I'm thinking about minoring in something so I can be full-time and not have to pay loans'. Sophie voiced similar worries. 'So I'm like I don't know what I'm going to end up doing. I'm going to have to start paying back my school loans…how am

98

I going to afford that?' After failing the NCLEX-RN® multiple times, the GNs needed financial assistance so they could prepare to retest and pay their bills including their student loans.

Similar to McFarquar's (2006) findings, some of the participants in this study had to work to support themselves. Marion started a new job after completing her course work. 'I was working full time as an LPN. Time just got away from me because I was working 100 hours every two weeks.' Genevieve worked extra hours as a necessity to pay her bills. 'I pay all of my own bills. So that was hard, I had to work more. I had to work double to keep up.' Working many hours decreased the time available to adequately prepare for the NCLEX-RN®.

As the new GNs left the comfort of their nursing program, they felt alone and wanted support from others to be able to be successful in preparing for the NCLEX-RN®. Perhaps teachers and staff educators could ask the GNs what support would be helpful. They could also suggest the GNs talk with their parents about needing both emotional and financial support. For GNs that are working, the nurse managers and staff educators may help guide them about finding a balance between working and preparing for the NCLEX-RN®. Proper guidance at the beginning of the GNs quest to pass may assist them in adjusting to the new realities of their post-graduation lives.

As nursing faculty guide their nursing students, they learn to trust the faculty. They join the learning community (Diekelmann & Diekelmann, 2009) and depend on the support and guidance of it. The new GNs may not be prepared to leave this community of learners. When GNs fail the NCLEX-RN® multiple times, they feel abandoned and need support.

Many GNs needed academic support in addition to emotional and financial support. Russell and Sophie started course work for their bachelor's degree before passing the NCLEX-RN®. The GNs who start the bachelor's programs before becoming RNs may take time away from the NCLEX-RN® preparation to complete course assignments. Academic advisors can assist the student to understand the time commitment involved in an RN to BSN program. Thoughtful consideration of the amount of time required to study and complete course work while preparing for the NCLEX-RN® can guide the GN to enroll in a program that they can manage or wait until after passing the licensure exam Do nursing faculty members have a responsibility to help the GN who fails the NCLEX-RN® prepare to retake? Allowing the GNs to enroll before passing may be doing them a disservice and be another example of the broken caring relationship.

Once the GNs have left the learning community after graduation, they must determine how to be successful on NCLEX-RN®. Throughout a nursing program, a goal for the students is to be successful on the NCLEX-RN®. For the GNs in this study, passing the NCLEX-RN® may have been taken for granted. They registered for and completed the NCLEX-RN® because it was the next step. Molly said 'What does it matter how many times I take it? I will pass at some point.' Others like Genevieve envisioned better salaries and were not prepared for the possibility of failure. 'I took it because I was supposed to..,' stated Genevieve. According to Heidegger, the GNs registering for and taking the NCLEX-RN® as just part of the process may be considered *ready-to-hand* (Heidegger, 1927/1962). "When things are *ready-to-hand,* they tend to withdraw from explicit view." (Harman, 2007, p. 176) As long as no problems arise or no breakdowns occur, these things remain invisible. When trouble occurs like failing the

NCLEX-RN®, these things become apparent (Harman, 2007). After the GNs failed the

NCLEX-RN®, it became ever present in their minds. It was no longer *ready-to-hand.*

With recognition of a problem, the GNs began to question why they had failed and what

should they do next. With the NCLEX-RN® no longer *ready-to-hand*, the GNs began

questioning; how did this happen and what did they need to do.

Questioning

     Questioning was the third theme identified in this study. Molly and Brooke

questioned what they had done wrong and why this was happening to them. Genevieve

questioned what she was to do next and how was she going to become successful. She

even questioned what she would do if she failed again. Russell questioned how he would

pay his student loans if he failed again. Vance and Davidhazar (1997) mention

bewilderment in their article and Poorman et al. (2002) discuss interventions

professionals like staff educators (SE) can use to assist the GN who has failed. The GNs

described by Vance and Davidhazar (1997) and Poorman et al. (2002) did not understand

why they failed. They were bewildered or confused. They did not recognize the NCLEX-

RN® as a threat; it was *ready-to-hand.* After the NCLEX-RN® was recognized as a

threat, the GNs questioned why this happened to them and what they would do next. The

questioning allowed the GNs to see the NCLEX-RN® as a concern so they could develop

a plan of action.

     The GNs in this study had common issues regarding their multiple NCLEX-RN®

failures. These problems are similar to issues discovered by empirical research and

identified by best practice literature (Eddy & Epeneter, 2002; Griffiths et al., 2004;

McCumpsey, 2011; McFarquar, 2006; Poorman et al., 2002; Poorman & Webb, 2000;

Schwarz, 2005; Vance & Davidhazar, 1997). Studying the experiences of GNs with multiple NCLEX-RN® failures through the lens of HHP assisted the researcher to identify common experiences among individuals who have failed multiple times.

Implications for Education and Practice

Nursing faculty members, nursing programs, SEs, and nurse managers all participate in the success and failure of the GNs. Through this research, they can gain an understanding of the GNs' experiences and may be able to better assist those who have failed the NCLEX-RN® multiple times. The themes revealed in this study suggest a need for assistance. After failing the NCLEX-RN®, the GNs felt abandoned and alone. They blamed not only themselves but the nursing program and nursing faculty members. They believed that they were not prepared sufficiently to be successful on the NCLEX-RN®.

During the nursing program, nurse faculty members and nursing programs need to identify the at-risk students. Once identified, the nursing program could perhaps implement a course or program to assist the at-risk student to overcome his or her specific needs before graduation. This course could assist the students to develop a plan for NCLEX-RN® success (Poorman et al., 2011). Perhaps these students could benefit from guidance before they fail the licensure exam multiple times.

Another issue identified was self-reported STP failures that were allowed to complete the program and graduate. Poorman and Mastorovich (2014) found that some nursing faculty members do not like to fail students, especially senior students. Nursing faculty members need to reconsider this practice of allowing students to progress that do not meet set criteria. This implication includes the implementation of STPs and governing policies. The GNs in this study all spoke of the use of a STP at their schools.

Brooke complained about the nursing school policy of needing to achieve a specific benchmark on the final STP assessment to graduate. Brooke professed that she did not meet the established criteria, yet she was allowed to graduate. Jeanette states she did poorly on the STP assessment that was meant as a predictor of success, but the nursing faculty members did nothing to help her. Genevieve said her program did not put enough value in the STP. She believed that the nursing faculty members should have put more emphasis on attaining passing STP assessment scores, so that she would have taken the STP more seriously. Each GN complained about the poor management of the STP assessments and outcomes. If nursing faculty members believe STPs are necessary and helpful, then they need to demonstrate the value of it to the students. Allowing consequences of poor STP assessment achievement to be enforced may better assist the student to be successful on the licensure exam. Overall, taking the time to create programs that can identify students with academic difficulties and implement strategies to assist these students is important.

Some students may still graduate and fail the NCLEX-RN®. For those that do fail once or multiple times, nurse managers and SEs can provide assistance. Just as with the at-risk students, the GNs who fail need assistance to identify their testing issues and potentially assistance creating a remediation plan that will help them become successful. Such programs for at-risk students and GNs who have failed are discussed in the literature. The following paragraphs will provide more detail on these types of interventions for pre-graduation assistance and post-graduation assistance.

Pre-graduation assistance

Nursing programs and nursing faculty members might consider pre-graduation assistance for the at-risk nursing student. Specifically Poorman, Mastorovich, Liberto, and Gerwick (2010) suggest a cognitive behavioral course for at-risk senior nursing students. Although the GNs in this study believe STPs are not effective, some nursing programs use a STP to help identify students who are at risk of failing the NCLEX-RN®. Through a STP, Poorman et al. (2010) determined who their at-risk senior nursing students were and required these students to take a three credit cognitive behavioral course. The course includes "self-assessment, practicing test questions, learning test taking strategies, and developing individualized study plans" (Poorman et al., 2010, p. 172). Another emphasis of this course is teaching the student to be able to enhance their thinking and therefor their test taking behaviors (Poorman et al., 2010).

Post- graduation Assistance

The SEs or nurse managers may be in a position to assist the GN who fails the NCLEX-RN®. The SEs and nurse managers could become the caring community that supports the GN who failed. Poorman et al. (2002) provide common reasons that GNs fail and specific strategies that can be implemented to assist the GN. Through assessment of the GN's knowledge base and testing patterns, the SE or nurse manager can identify problem areas and help the GN make a plan to overcome the problems. After identification of the GN's issues, they can assist the GN to initiate appropriate techniques to overcome the problem areas (Poorman et al., 2010).

Another area that may need to be addressed by the SE or nurse manager is the amount of hours the new GN or the GN demoted to a nurse's aide is working. Marion and

Jeanette continue to work long hours as LPNs after failure of the NCLEX-RN®. Marion worked 100 hours every two weeks and raised a family. The long hours of work do not help them become successful but take them away from studying. The nurse manager or SE educator needs to recognize the problem that overworking may cause namely failure or repeat failure of the NCLEX-RN®. The GN who fails the NCLEX-RN® cannot fill a staff nurse vacancy. The nurse manager or SE may need to assist the GN to prioritize study time with work time. If SEs or nurse managers take the time to assist them, GNs who are successful on the NCLEX-RN® could fill staffing vacancies. Additional guidance from a professional whether a nurse faculty member, SE, or nurse manager could provide the support necessary for the GNs to take responsibility for their learning and become successful on the NCLEX-RN®.

With the projected nursing shortage looming, nursing programs, nursing faculty members, SE, and nurse managers cannot afford to ignore these issues and lose the potential RNs who are GNs with multiple NCLEX-RN® failures (Little, Ditmer, & Bashaw, 2013). To assist with preventing the nursing shortage, all GNs need to be successful on the NCLEX-RN®. Understanding the issues surrounding those GNs who have failed the NCLEX-RN® multiple times should assist nursing programs, nursing faculty members, SEs, and nurse managers to help these GNs become successful.

Limitations

This study had some limitations. When conducting a study using HHP, uncovered meanings are not finite, thus limiting the findings (Heidegger, 1927/1962). HHP is meant to cause the reader to not only think and discuss that which is presented in the research report but also for the reader to discover his or her own meaning in the participants'

stories. The goal of HHP is not to provide absolute answers but to open up new possibilities (Heidegger, 1927/1962; Smythe et al., 2008).

Other limitations of this methodology could be sample size and homogeneity. The researcher chose this qualitative methodology and thus a small sample size. The methodology did fit the study as little empirical evidence was available but the small sample size hampers transferability. Although the researcher attempted to recruit a national sample, the on-line sources did not produce any participants. The sample obtained is from a small geographic region in the Northeastern United States. This also limits transferability.

Inclusion criteria could be a limitation. Initially, Licensed Practical Nurse (LPN) to RN GNs were excluded from the sample. Due to difficulty recruiting participants, the researcher with approval from the IRB expanded the inclusion criteria to allow LPN to RN GNs to be included in the study. All participants are GNs but 18% were LPNs first. Minimal differences were noted by the researcher with the LPN to RN GN participants.

Recommendations for Future Studies

This research study was small and very few empirical studies are available for comparison and guidance. Further studies concerning the phenomenon of GN failure of the NCLEX-RN® need to be performed so that the empirical evidence can increase. Due to the nature of the study, a very small piece of the whole problem was studied.

All of the participants in this study talked about the use STPs at their schools. A study exploring governing policies for academic progression, and STP implementation may be warranted. A multi-site study exploring these issues may enhance our understanding of this phenomenon.

Another area of concern that the participants mentioned was anxiety and test anxiety. How many of the current nursing students have test anxiety or anxiety issues and are not being treated or are not even aware of the issue? For this reason, a quantitative study focused on the number of nursing students with test anxiety or anxiety compared to the number of nursing students who are diagnosed and treated for test anxiety and anxiety may be helpful. If the number of students who are undiagnosed and untreated is significant, a plan could be created to identify these students and to implement strategies to assist the students with their anxiety issue before they are the GN with multiple NCLEX-RN® failures.

When considering what types of strategies to implement for at-risk nursing students, literature is available but studies are not proliferous. As more becomes understood about this phenomenon, studies need to be performed to identify strategies and evaluation techniques.

Finally, even if studies are performed to identify at-risk students and strategies to assist them, some GNs may still fail the licensure examination. A qualitative study addressing potential ways of implementing a bridge program or course for the GN who fails the licensure exam and is not employed by a healthcare facility may be appropriate. Currently, nurse residency programs have been implemented and studied but these programs are for the GN who passes the licensure exam. The GNs with multiple failures may need a means of reconnecting with nursing programs and healthcare facilities after failing the licensure exam.

Conclusion

This research study sought to understand the experience of failing the NCLEX-RN® multiple times through the use of Heideggerian hermeneutical phenomenology. The themes that emerged in the study include *blaming, being alone/ needing support, and questioning.* The themes provide a new understanding of GNs with multiple NCLEX-RN® failures. The GNs blamed the nursing programs, nurse faculty members, and family but also they blame themselves. To move beyond the failure, many of these GNs needed support and assistance. They felt abandoned by the nursing program and nursing faculty members. They do not believe they are prepared to take the licensure exam. Nursing faculty members should consider the students' needs when incorporating STPs. Failing a senior student for not meeting nursing program requirements may be in the best interest of the student. Passing a student who is not ready or able to meet the program requirements may set up the new GN for failure. Woo et al. (2009) found the first attempt at the NCLEX-RN® is the statistically best time to pass. With every repeat attempt the odds of passing decrease. Even when the family and friends offer support, the type of support offered is often not enough for the GNs to become successful. 'No one really gets it' is a common phrase for these GNs. According to this study's findings, the GNs with multiple NCLEX-RN® failures need additional support such as professional assistance with time management and plan of study, financial support to allow for adequate study time, and family support. Additional support could help answer the GNs questions or *questioning*. Many do not know why they have failed and what they are going to do. Many do not even know where to look for assistance. They feel lost. The themes illustrate how desperately the GNs needed additional support.

Heidegger's philosophy assists with understanding the meaning behind the themes. *Blaming* can be illustrated in Heidegger's horizontal schema of past, present, and future. Before the GNs can blame, they must look to *what-has-been.* Before they can decide what they must do, *in-order-to,* they must understand the obstacles and be able to devise a plan, *for-the-sake-of.* The GNs must follow the plan *for-the-sake-of becoming* successful and passing the NCLEX-RN®. As the GNs move through this schema, they will develop skills to foster their independence and responsibility for their own learning and eventually their own success.

For the theme of *being alone/needing support,* the GNs perceive that they have been abandoned by the nursing program, the nursing faculty members, their classmates, and their families. According to Heidegger, we are never alone (1927/1962). The GNs need a proactive support system to assist them. They do not believe they have been successful on their own.

For *questioning,* the GNs did not recognize the NCLEX-RN[®] as a threat; it was *ready-to-hand* (Heidegger, 1927/1962). Failing the NCLEX-RN[®] not once but many times brought the NCLEX-RN® out of hiding. The GNs now recognize the NCLEX-RN[®] and the need for assistance to overcome this obstacle.

Although the GNs need to take responsibility for their own learning, this study reveals a need for some assistance from others. The GNs did not possess the knowledge to understand what was needed to be successful. They needed assistance before they failed the licensure exam. Through this research study, nursing programs, nursing faculty members, SE, and nurse mangers can gain understanding of the issues surrounding the

GNs. This study provides an understanding of the issues which prevent the GNs from becoming successful.

Future studies to identify interventions to assist these GNs are critical. All GNs need to be successful on the NCLEX-RN® to assist with preventing the looming nursing shortage. The coming shortage will be difficult to overcome if GNs with multiple NCLEX-RN® failures are left without the support required to be successful on the NCLEX-RN®.

References

Accreditation Commission for Education in Nursing (2013). Accreditation Manual.

Retrieved from http://acenursing.org/accreditation-manual/

American Association of Colleges of Nursing (2012a). Nursing shortage. Retrieved from

http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

American Association of Colleges of Nursing (2012b). Talking points: Impact of the

economy on the nursing shortage. Retrieved from

http://www.aacn.nche.edu/Economy.pdf

American Association of Colleges of Nursing (2013). Submitting a substantive change

notification. Retrieved from http://www.aacn.nche.edu/ccne-

accreditation/standards-procedures-resources/baccalaureate-graduate/change-

notification

Arnold, J. W. (2012). Cost of hiring new nurses: In this economy, does it pay for

hospitals to invest in graduate nurses? *Advance Healthcare Network for Nurses.*

Retrieved from http://nursing.advanceweb.com/Features/Articles/Cost-of-Hiring-

New-Nurses.aspx

Bargagliotti, L. A. (2009). State funding for higher education and RN replacement rates

by state: A case for nursing by the numbers in state legislatures. *Nursing Outlook,*

57(5), 274-280.

Bauerhaus, P., Auerback, D., & Staiger, D. (2009). Recent surge in nurse employment:

Causes and implications. *Health Affairs, 28*, 657-658.

Bureau of Labor Statistics, United States Department of Labor (2012). Occupational

outlook handbook 2012-13 edition: Registered Nurses. Retrieved from

http://www.bls.gov/ooh/healthcare/registered-nurses.htm

Clark, C. (2008). Dance of incivility in nursing education as described by nursing faculty

    and students. *Advances in Nursing Science, 31*(4), E37-E54.

Cohen, M. Z., Kahn, D. L., & Steeves, R. H. (2000). *Hermeneutic phenomenological*

    research: A practical guide for nurse researchers. Thousand Oaks, CA: Sage.

Comer, S. K. (2007). Governors State University: Adventure of the American mind:

    Nursing licensure. Retrieved from

    http://aam.govst.edu/projects/scomer/student_page1.html

Crowther, S., Smythe, L., & Spence, D. (2014). Mood and birth experience. *Women*

    Birth, 1, 21-25. doi:10.1016/j.wombi.2013.02.004

Davida, M. (2012). History of Nursing Education: In Our Past Lies Our Future. Retrieved

    from http://nursingeducationhistory.org/index.html

Dewey, J. (2011). How I learned to stop blaming students: What one faculty member

    learned from student development professionals. *About Campus, 15*(6), 26-28.

    doi:10.1002/abc.20045

Diekelmann, N., & Diekelmann, J. (2009). *Schooling learning teaching: Toward*

    narrative pedagogy. Bloomington, IL: iUniverse.

Earle, V. (2010). Phenomenology as a research method or substantive metaphysics? An

    overview of phenomenology's uses in nursing. *Nursing Philosophy, 11*, 286-296.

Eddy, L. L., & Epeneter, B. L. (2002). NCLEX-RN experience: Qualitative interviews

    with graduates of a baccalaureate nursing program. *Journal of Nursing Education,*

    41(6), 273-278.

Educational Testing Services (ETS) (2013a). Praxis I overview. Retrieved from

    http://www.ets.org/praxis/about/praxisi

Educational Testing Services (ETS) (2013b). Praxis II overview. Retrieved from

http://www.ets.org/praxis/about/praxisii/

Filisko, G. M. (2011). Worried about the bar exam? *Student Lawyer, 40*(4).

Florida Board of Nursing (2013). Licensure by examination. Retrieved from

http://www.floridasnursing.gov/nursing-faqs/licensure-by-examination/

Friedman, M. I., Cooper, A. H., Click, E., & Fitzpatrick, J. J. (2011). Specialized new

graduate RN critical care orientation: Retention and financial impact. *Nursing

Economics, 29*(1), 7-14.

Gray, K. (2011). Breaking through the bar. *Diverse: Issues in Higher Education, 28*(4).

Griffiths, M. J., Papastrat, K., Czekanski, K., & Hagan, K. (2004). Lived experience of

NCLEX failure. *Journal of Nursing Education, 43*(7), 322-325.

Harman, G. (2007). *Heidegger explained: From phenomenon to thing.* Peru, IL: Carus

Publishing Company.

Heidegger, M. (2010). *Studies in continental thought: Being and truth.* (G. Fried & R.

Polk, trans.) Bloomington: Indiana University Press. (Original work published

in 1934)

Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, trans). New York,

NY: Harper and Row, Inc. (original work published in 1927)

Indiana State Board Of Nursing (2013). Frequently asked questions. Retrieved from

http://www.in.gov/pla/3416.htm

Kentucky Board of Nursing (2013). Retaking NCLEX. Retrieved from

http://www.kbn.ky.gov/apply/nclexretake.htm

Lavin, J., & Rosario-Sims, M. G. (2013). Understanding the NCLEX: How to increase

    success on the revised 2013 examination. *Nursing Education Perspectives, 34*(3),

    196-198.

Little, J. P., Ditmer, D., & Bashaw, M. A. (2013). New graduate nurse residency: A

    network approach. *Journal of Nursing Administration, 43*(6), 361-366.

    doi:10.1097/NNA.0b013e3182942c06

Lun, M. (2011). Student knowledge and attitudes toward older people and their impact on

    pursuing aging careers. *Educational Gerontology, 37*(1), 1-11.

    doi:10.1080/03601270903534770

McCumpsey, K. (2011). Assisting nursing graduates who have failed the National

    Council Licensure Examination. *ASBN Update, 15*(1), 24-25.

McFarquhar, C. V. (2006). *Registered Nurses' perceptions of factors leading to success*

    on multiple attempts on the National Council Licensure Examination- Registered

    Nurse (NCLEX-RN) (Doctoral dissertation). Retrieved from Proquest. (UMI:

    3207615)

Mississippi Board Of Nursing (2013). Examinations. Retrieved from

    http://www.msbn.ms.gov/Pages/LicenseExamination.aspx

National Council of State Boards of Nursing (2013b). History. Retrieved from

    https://www.ncsbn.org/181.htm

National Council of State Boards of Nursing (2006). National Council of State Boards of

    Nursing 2006 Annual Report. Retrieved from http://www.ncsbn.org/525.htm

National Council of State Boards of Nursing (2011). NCSBN fact sheet. Retrieved from

    http://www.ncsbn.org/NCSBN_Fact_Sheet_Q4_Dec2011.pdf

National Council of State Boards of Nursing (2012). Number of candidates taking

   NCLEX examination and percent passing, by type of candidate. Retrieved from

   https://www.ncsbn.org/Table_of_Pass_Rates_2012.pdf

National Council of State Boards of Nursing (2013c). NCSBN Board of Directors (BOD)

   voted to raise the passing standard for the NCLEX-RN examination at its meeting

   on December 17, 2012. [*News Release*].

National Council of State Boards of Nursing [NCSBN] (2013a). After the exam.

   Retrieved from https://www.ncsbn.org/2917.htm

National Council of State Boards of Nursing (2013d). Passing standard. Retrieved from

   https://www.ncsbn.org/2630.htm

National Council of State Boards of Nursing (2013e). Registration. Retrieved from

   https://www.ncsbn.org/1202.htm

National Council of State Boards of Nursing (2013f). Retake policy. Retrieved from

   https://www.ncsbn.org/1224.htm

National Council of State Boards of Nursing [NCSBN] (2010). 2010 NCLEX-RN

   detailed test plan. Retrieved from

   https://www.ncsbn.org/2010_NCLEX_RN_Detailed_Test_Plan_Educator.pdf

National League for Nursing (2012). The fair testing imperative in nursing education: A

   living document from the National League for Nursing. Retrieved from

   http://www.nln.org/aboutnln/livingdocuments/pdf/nlnvision_4.pdf

NYSED.Gov (2013). Office of the Professions: Licensing requirements: RN & LPN.

   Retrieved from http://www.op.nysed.gov/prof/nurse/nursing.htm

Ohio Board of Nursing (2013). Licensure and renewal information. Retrieved from

http://www.nursing.ohio.gov/LicensureInformation.htm

The Pennsylvania Code (2013). Chapter 21: State Board of Nursing: Subchapter A:

Registered Nurses. Retrieved from

http://www.pacode.com/secure/data/049/chapter21/chap21toc.html#21.33b.

Pennsylvania State Board of Nursing (2009). *39 Pa Code 2103 section 21.33*.

Pennsylvania State Board of Nursing (2011). Frequently asked questions about temporary

practice permits (TPP), licensure by exam, and authorization to test. Retrieved

from

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_nursing/

12515

Polick, T. (2002).Wishes grant-ed: Hospitals receive gifts that keep giving. *Nursing*

Spectrum. Retrieved from

http://www2.nursingspectrum.com/articles/print.html?AID=8481

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence*

for nursing practice (9th ed.). Philadelphia, PA: Wolters Kluwer Health/

Lippincott Williams & Wilkins.

Poorman, S. G., & Mastorovich, M. L. (2014). Teachers stories of blame when assigning

a failing grade. *International Journal of Nursing Education Scholarship, 11*(1), 1-

10. doi:10.1515/ijnes-2013-0081

Poorman, S. G., Mastorovich, M. L., Liberto, T. L., & Gerwick, M. (2010). Cognitive

behavioral course for at-risk senior nursing students preparing to take the

NLCEX. *Nurse Educator, 35*(4), 172-175.

Poorman, S. G., Mastorovich, M. L., & Webb, C. A. (2011). Helping students who

    struggle academically: Finding the right level of involvement and living with our

    judgments. *Nursing Education Perspectives, 32*(6), 369-374.

Poorman, S. G., Mastorovich, M. L., & Webb, C. A. (2002). When a GN doesn't become

    an RN: How the staff development educator can help. *Journal for Nurses in Staff*

    Development, 18(1), 14-21.

Poorman, S. G., & Webb, C. A. (2000). Preparing to retake the NCLEX-RN: The

    experience of graduates who fail. *Nurse Educator, 25*(4), 175-180.

Roa, M., Shipman, D., Hooten, J., & Carter, M. (2011). Costs of NLCEX-RN failure.

    Nurse Education Today, 31, 373-377. doi:10.1016/j.nedt.2010.07.009

Rolfe, G. (2006). Validity, trustworthiness and rigour: Quality and the idea of qualitative

    research. *Journal of Advanced Nursing, 53*(3), 304-10.

Rudestam, K. E. & Newton, R. R. (2007). *Surviving your dissertation: A comprehensive*

    guide to content and process (3rd ed.)*.* Thousand Oaks, CA: Sage Publications,

    Inc.

Sade, R. M. (2012). Graying of America: Challenges and controversies. *Journal of Law,*

    Medicine, & Ethics, 40(1), 6-9. doi:10.1111/j.1748-720X.2012.00639x

Schwarz, K. A. (2005). Making the grade: Help staff pass the NCLEX-RN. *Nursing*

    Management, 36(3), 38-44.

Smythe, E., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing

    Heideggerian hermeneutic research: A discussion paper. *International Journal of*

    Nursing Studies, 45, 1389-1397.

Smythe, E. (2011). From beginning to end: How to do hermeneutic interpretive

   phenomenology. In G. Thompson, F. Dykes, & S. Downe (Eds.)*, Qualitative

   research in midwifery and childbirth: Phenomenological approaches* (pp. 35-54).

   London, England: Routledge.

Tilly, C. (2010). Blame game. *American Sociologist, 41*, 382-389. doi:10.1007/s12108-

   010-9109-7

United States Department Of Education (2010). No Child Left Behind (NCLB).

   Retrieved from http://www2.ed.gov/policy/elsec/leg/esea02/index.html

United States Medical Licensing Examination (USMLE) (2013). Bulletin: Eligibility.

   Retrieved from http://www.usmle.org/bulletin/eligibility/#timelimit

Vance, A., & Davidhazar, R. (1997). Strategies to assist students to be successful the next

   time around on the NCLEX-RN. *Journal of Nursing Education, 36*(4), 190-192.

Vincent, G. K., & Velkoff, V. A. (2010). *Current Population Reports* (P25-1138).

West Virginia RN Board (2013). West Virginia Board of Examiners for Registered

   Professional Nurses. Retrieved from

   http://www.wvrnboard.com/default.asp?active_page_id=1

Woo, A., Wendt, A., & Weiwei, L. (2009). NCLEX pass rates: An investigation into the

   effect of lag time and retake attempts. *JONA's Healthcare Law, Ethics, and

   Regulation, 11*(1), 23-26.

Appendix A
Informed Consent

(on IUP letterhead)

The Lived Experience of GNs who have Failed the NCLEX-RN Multiple Times

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to participate. If you have any questions, please do not hesitate to ask. You are eligible to participate because you are a former nursing student who completed your nursing program, have taken the NCLEX-RN® more than once and not passed.

The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times. There are minimal risks or discomforts associated with this research. The research interview will last from 60 to 90 minutes. Only one interview is required for participation.

You may find the research enjoyable and the reflection may assist you with future endeavors.

Your participation in this study is <u>voluntary</u>.   If you choose to participate, you may opt out of the study until the study is finalized by notifying the Principle Investigator (PI). Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence and will have no bearing on future NCLEX-RN® success or employment. The audio taped interview will be transcribed verbatim by a paid transcriptionist after the interview is completed; the transcriptionist will sign a confidentiality agreement prior to any transcription being performed. The PI will use the audio taped interview and the interview transcript to perform data analysis. Your interview responses will be reviewed individually and in conjunction with interviews of other participants. Some interview passages might be used as direct quotes in the written research findings and in subsequent other manuscripts, poster presentations, or podium presentations. Although the information obtained in the study might be published in nursing education journals or presented at seminars, your identity will be kept strictly confidential.

If you are willing to participate in this study, please sign the statement below and return to the PI. The informed consent must be signed and received by the PI before the interview begins.

<u>This research study is being conducted by a doctoral candidate enrolled at IUP.</u>

Project /Director: Mrs. Christina Silva	Academic Advisor: Susan Poorman
Rank/Position: Doctoral Candidate	Rank/Position: Professor
Department Affiliation:	Department Affiliation:
Nursing and Allied Health Professions	Nursing and Allied Health Professions:
1010 Oakland Ave.	PhD in Nursing program
215 Johnson Hall	1010 Oakland Ave.
Indiana, PA 15705	248 Johnson Hall
Phone: 724-366-5259	Indiana, PA 15705
	Phone: 724-357-2557

<u>This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730</u>

The Lived Experience of GNs who have Failed the NCLEX-RN Multiple Times.

Informed Consent Form (continued)

VOLUNTARY CONSENT FORM:

I have read and understand the information on the form and I consent to volunteer to be a participant in this study. I understand that my responses are completely confidential and that I have the right to withdraw at any time before the research study is finalized. I have received an unsigned copy of this informed Consent Form to keep in my possession.

By signing this consent, I understand that I am agreeing to allow the researchers to use my experience to assist with gaining a better understanding of the phenomenon.

Name (PLEASE PRINT)

Signature

Date

Phone number or location where you can be reached

Best days and times to reach you

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, have answered any questions that have been raised, and have witnessed the above signature.

_____
Date   Investigator's Signature

Request for Assistance with Recruitment

December 20, 2013

Dear Nurse Educators,

Hello. My name is Christina Silva, and I am a doctoral candidate at Indiana University of Pennsylvania as well as a nurse faculty member and staff nurse. I am performing a dissertation study on graduate nurses (GNs) who have failed the NCLEX-RN multiple times. I anticipate needing 10-20 participants for my study and am in need of your assistance with recruitment of participants.

The study is a qualitative study using interpretive hermeneutic phenomenology based on the work of Martin Heidegger (1927/1962). The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times.

Attached to this e-mail is a recruitment letter. Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact me.

Christina Silva, Doctoral Candidate
215 Johnson Hall, 1010 Oakland Ave.
Indiana, PA 15705
724-366-5259
whpp@iup.edu

Appendix C
General Recruitment Letter

Hello,

My name is Christina Silva and I am a doctoral candidate, nurse educator, and staff nurse. I am performing a dissertation research study on graduate nurses (GNs) who have failed the NCLEX-RN® multiple times. I need participants for my study and I would like your assistance either as a participant or as a referral source. I would like to thank you in advance for your assistance.

Why am I concerned with GNs who have failed the NCLEX-RN® multiple times?
As a doctoral candidate and nurse educator, I have witnessed family members fail to perform well on standardized exams. I have witnessed nursing students struggle with examinations in school and struggle to pass the NCLEX-RN®. I want to understand this struggle. The best source to help me understand the issue of multiple NCLEX-RN® failure is YOU, the GNs who have encountered problems passing the NCLEX-RN®. Your experience or story will help me to understand this problem.

Background
With today's aging population, nurses are a necessary resource (Bargagliotti, 2009). By the year 2030, the American population aged 65 and older will reach 20% of the total United States population or greater than 70 million people (Lun, 2011; Sade, 2012; Vincent & Velkoff, 2010). With the aging population growing, the professionals needed to care for them must increase also. Many professions including nursing are looking for ways to increase the workforce that will care for the elderly population (Lun, 2011). GNs who have failed the NCLEX-RN® multiple times are a vital part of meeting this need.

Purpose of the Study
The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times.

Have you or someone you know completed your nursing program? Have you or someone you know taken the NCLEX-RN more than once and not passed? If the answer to these questions is yes and you are willing to participate in my study or know someone who would be willing to participate, contact me via phone or e-mail at:

Christina Silva, Doctoral Candidate   References:
whpp@iup.edu or 724-366-5259
215 Johnson Hall, 1010 Oakland Ave
Indiana, PA 15705

Appendix D
Recruitment Letter for allnurses.com

Hello,

My name is Christina Silva and I am a doctoral candidate, nurse educator, and staff nurse. I am performing a dissertation research study on graduate nurses (GNs) who have failed the NCLEX-RN® multiple times. I need participants for my study and I would like your assistance either as a participant or as a referral source. I would like to thank you in advance for your assistance.

Why am I concerned with GNs who have failed the NCLEX-RN® multiple times?
As a doctoral candidate and nurse educator, I have witnessed family members fail to perform well on standardized exams. I have witnessed nursing students struggle with examinations in school and struggle to pass the NCLEX-RN®. I want to understand this struggle. The best source to help me understand the issue of multiple NCLEX-RN® failure is YOU, the GNs who have encountered problems passing the NCLEX-RN®. Your experience or story will help me to understand this problem.

Background
With today's aging population, nurses are a necessary resource (Bargagliotti, 2009). By the year 2030, the American population aged 65 and older will reach 20% of the total United States population or greater than 70 million people (Lun, 2011; Sade, 2012; Vincent & Velkoff, 2010). With the aging population growing, the professionals needed to care for them must increase also. Many professions including nursing are looking for ways to increase the workforce that will care for the elderly population (Lun, 2011). GNs who have failed the NCLEX-RN® multiple times are a vital part of meeting this need.

Purpose of the Study
The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times.

Have you or someone you know completed your nursing program? Have you or someone you know taken the NCLEX-RN more than once and not passed? If you have are interested in participating in this research study, click on the link below. If you know someone who has taken the NCLEX-RN more than once and not passed, please ask him or her to click on the link below.   References

research link: https://iup.qualtrics.com/SE/?SID=SV_dncuQfkaPlhkOVf

Appendix E
allnurses.com Recruitment Survey

Q1 Have you completed a Registered Nurse (RN) nursing program ? (you have graduated)

❍ Yes (1)
❍ No (2)

If No Is Selected, Then Skip To End of Survey

Answer If Have you completed a Registered Nurse (RN) nursing program ? (you have graduated) Yes Is Selected

Q2 Are you now or have you been a licensed practical nurse (LPN) or licensed vocational nurse (LVN)?

❍ yes (1)
❍ No (2)

If yes Is Selected, Then Skip To End of Survey

Answer If Are you now or have you been a licensed practical nurse (LPN) or licensed vocational nurse (LVN)? No Is Selected

Q3 Have you taken the NCLEX-RN?

❍ Yes (1)
❍ No (2)

If No Is Selected, Then Skip To End of Survey

Answer If Have you taken the NCLEX-RN? Yes Is Selected

Q4 Have you taken the NCLEX-RN and failed?

❍ yes (1)
❍ No (2)

If No Is Selected, Then Skip To End of Survey

Q5 How many times have you taken and failed the NCLEX-RN

❍ once (1)
❍ more than once (2)
❍ never, I have not taken the NCLEX-RN (3)

If once Is Selected, Then Skip To End of Survey If never, I have not taken the... Is Selected, Then Skip To End of Survey

Q6 Due to how you have answered the preceding questions, you are eligible to be a participant in my dissertation study. By clicking yes below, you have consented to be a participant. The following is the informed consent:

 You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to participate. If you have any questions, please do not hesitate to ask. You are eligible to participate because you are a former nursing student who completed your nursing program, have taken the NCLEX-RN® more than once and not passed.   The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times. There are minimal risks or discomforts associated with this research. The research interview will last from 60 to 90 minutes. Only one interview is required for participation.   You may find the research enjoyable and the reflection may assist you with future endeavors.   Your participation in this study is voluntary. If you choose to participate, you may opt out of the study until the study is finalized by notifying the Principle Investigator (PI). Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence and will have no bearing on future NCLEX-RN® success or employment. The audio taped interview will be transcribed verbatim by a paid transcriptionist after the interview is completed; the transcriptionist will sign a confidentiality agreement prior to any transcription being performed. The PI will use the audio taped interview and the interview transcript to perform data analysis. Your interview responses will be reviewed individually and in conjunction with interviews of other participants. Some interview passages might be used as direct quotes in the written research findings and in subsequent other manuscripts, poster presentations, or podium presentations. Although the information obtained in the study might be published in nursing education journals or

presented at seminars, your identity will be kept strictly confidential.   If you are willing to participate in this study, please sign the statement below and return to the PI. The informed consent must be signed and received by the PI before the interview begins.

This research study is being conducted by a doctoral candidate enrolled at IUP.

Project /Director: Mrs. Christina Silva   Academic Advisor: Susan Poorman
Rank/Position: Doctoral   Candidate   Rank/Position: Professor
Department Affiliation: Department Affiliation: Nursing and
                                             Allied Health Professions
Nursing and Allied Health Professions: 248 Johnson Hall
PhD in Nursing program   1010 Oakland Ave
215 Johnson Hall   Indiana, PA 15705
1010 Oakland Ave.
Indiana, PA 15705
Phone: 724-366-5259   Phone: 724-357-2557

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730)

❍ Yes, I agree to participate and to be interviewed (1)
❍ No, I do not want to participate or be interviewed. (2)
If No, I do not want to partic... Is Selected, Then Skip To End of Survey

Answer If Due to how you have answered the preceding questions, you are eligible to be a participant in my dissertation study. By clicking yes below, you have consented to be a participant. The following is... Yes, I agree to participate and to be interviewed Is Selected

Q7 Thank you for consenting to participate in my interview. Would you please type your name and contact information below as well as the best day and time to contact you.

Appendix F

Nurses Lounge Request for Assistance with Recruitment Letter

To: Timothy Armes, Publisher-The Nurses Lounge

From: Christina Silva, Doctoral Candidate

RE: Request for assistance with recruitment of study participants

Date:

Dear Mr. Armes,

Hello. This letter is a follow-up to our discussion in July 2013. My name is Christina Silva, and I am a doctoral candidate at Indiana University of Pennsylvania as well as a nurse faculty member and staff nurse. I am performing a dissertation study on graduate nurses (GNs) who have failed the NCLEX-RN multiple times. I anticipate needing 10-20 participants for my study and am in need of your assistance with recruitment of participants. In July, you agreed to help me with recruitment when I was ready. Are you still willing to help me recruit participants through The Nurses Lounge monthly newsletter?

The study is a qualitative study using interpretive hermeneutic phenomenology based on the work of Martin Heidegger (1927/1962). The purpose of this study is to understand the experiences of GNs who have failed the NCLEX-RN® multiple times. Phenomenology describes carefully all that is hidden in any act of consciousness. This method seeks to understand every day, ordinary occurrences. This research approach does not seek to provide absolute answers but to provide a means of understanding the participants' experiences of failing the NCLEX-RN® multiple times.

Attached to this e-mail is a recruitment letter. This letter can be used in the newsletter and includes my contact information. Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact me.

Christina Silva, Doctoral Candidate
215 Johnson Hall, 1010 Oakland Ave.
Indiana, PA 15705
724-366-5259
whpp@iup.ed