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The Lived Experience of At-Risk Nursing Students Enrolled in a Required Course to Improve NCLEX-RN® Success

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THE LIVED EXPERIENCE OF AT-RISK NURSING STUDENTS ENROLLED IN A
REQUIRED COURSE TO IMPROVE NCLEX-RN® SUCCESS

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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May 2013

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Abstract

Title: The Lived Experience of At-Risk Nursing Students Enrolled in a Required Course to Improve NCLEX-RN® Success

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Each year, thousands of nursing students take standardized exit examinations. Those students who do not meet a specified benchmark score may be required to complete remediation before graduation or before taking the licensure examination. Students who are considered to be at-risk for failing the NCLEX-RN® exam, based on standardized exit exam scores, are sometimes required to participate in courses specifically designed to assist them to be successful on the licensure exam. No previous studies have involved students' perceptions of the experience of being required to complete a remediation course. The focus of this Heideggerian hermeneutic study was on nursing students' perceptions and the meaning of the experience of completing required remediation. Rich descriptions of experiences, gained by listening to and interpreting at-risk students' individual stories, have provided information about the impact of being required to complete remediation. Barriers that deter students from receiving the maximum benefits of the courses were uncovered. Conversely, insight can be gained from the stories of students who embraced the experience. This provides educators with information about broaching the subject of required remediation with at-risk students and highlights ways to enhance their experiences.

Keywords: nursing education, at-risk students, remediation, standardized exit examinations, NCLEX-RN®

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who volunteered to participate in this study and who shared their stories with such candor. I hope that I was able to uncover the lived experience of being required to complete remediation in such a way as to reveal the true meaning of the phenomenon from their perspective.

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CHAPTER ONE

INTRODUCTION: AIM OF THE STUDY

Following Munhall and Chenail's (2008) suggestions for organizing a qualitative research proposal, chapter one of this dissertation provides an introduction to the phenomenon of interest and justification for studying this topic. The specific context of the study phenomenon is identified, and the assumptions, biases, experiences, intuitions, and perceptions of the researcher are addressed. Key terms are also defined within this chapter. The qualitative hermeneutic phenomenologic research method and its relevance to the discipline of nursing education are discussed here. Delimitations of the study are also identified.

Each year, thousands of nursing students take standardized exit examinations. In 2008, Assessment Technologies Institute (ATI) boasted that over 50,000 students completed the RN Comprehensive Predictor[®] assessment for nursing students that year (Kelley, 2009). Other corporations and organizations, such as Evolve[®] (formerly known as Health Education Systems, Inc. or HESI) and the National League for Nursing also produce similar types of examinations which are administered near the end of nursing programs. Morrison, Adamson, Nibert, and Hsia (2004) reported that the Health Education Systems' database showed a 565% increase in the number of schools that used HESI examinations during one four-year period. The producers of exit examinations, also known as predictor exams, state that the purpose is to determine readiness for the registered nursing licensure examination (Assessment Technologies Institute, 2011; Evolve[®], 2011). They indicate that higher scores predict a greater likelihood of success

on the licensure exam. Licensure is necessary for employment as a registered nurse in the United States.

These standardized exit exams have become known as *high stakes examinations* because failure to achieve a specified benchmark score, established by the nursing program, may result in significant consequences for some students. Based upon performance on these exams, nursing students may be required to complete remediation if scores are not at an acceptable level. In many circumstances, this remediation must be completed before students can graduate or take the licensure examination (Sifford & McDaniel, 2007; Spurlock & Hanks, 2004).

A recent review of the literature revealed that remediation is sometimes offered in the form of a course specifically designed to assist students who are believed to be at-risk for failing the licensure exam, based on standardized exit examination scores. The purpose of this dissertation was to give a voice to students who were required to complete a remediation course based on predictor exam scores and to develop an understanding of the meaning of the experience by listening to and interpreting their individual stories.

Phenomenon of Interest

The aim of this hermeneutic phenomenologic study was to explore, describe, and interpret the experience of at-risk nursing students who were participating in required remediation in a course designed to improve NCLEX[®] pass rates. The research question for this study was, “What is the meaning of the experience of taking a required remediation course for nursing students at risk after NCLEX[®] predictor exams?”

The focus of this study was on the perceptions and meanings of the experience of completing required remediation for students in associate degree or baccalaureate degree

nursing programs. The participants were determined to be at-risk for failing the National Council Licensure Examination for Registered Nurses (NCLEX-RN[®]) based on scores on commercially developed high stakes exit exams. The producers of the exit examinations have stated that the purpose is to determine readiness for the NCLEX[®] licensure examination (Assessment Technologies Institute, 2011; Evolve[®], 2011). It has been suggested that higher scores on the exit exams predict a higher likelihood of success on the licensure exam (Assessment Technologies Institute, 2011; Evolve[®], 2011). Although the results are not always intended to predict failure on the licensure exam, nurse educators may make the assumption that lower scores place students at risk for failure (Spurlock, 2006).

Exit exams are tests that are typically offered near the end of a nursing education program, usually in the last semester, term, or quarter, for the purpose of determining if students are prepared to pass the licensure examination (Assessment Technologies Institute, 2011; Evolve[®], 2011). The producers of these exams claim that the results are helpful to students as a way of identifying potential areas of weakness on the NCLEX-RN[®]. Students and educators are encouraged to use the information gained from the test results to establish plans for remediation. It is implied that students who complete remediation will have a greater likelihood of passing the NCLEX-RN[®] on the initial attempt (Kelley, 2009; Evolve[®], 2011). For the purpose of this study, the participants had engaged in required remediation during the last semester of the program in courses specifically designed to assist nursing students who were considered to be at-risk for failing the NCLEX-RN[®].

Definition of Terms

Key terms of this study include at-risk students, high-stakes examinations, and remediation. Each term is defined as it is used in this study.

At-risk Students: In this study, the term *at-risk* or *high-risk* was used to identify students who were at a high level of risk, or susceptibility for failure, on the NCLEX-RN[®] as determined by scores on high stakes exit examinations (e.g. ATI Comprehensive Predictor[®] Exams).

High Stakes Exams: High stakes examinations in nursing education are standardized exams which can have serious consequences for nursing students, resulting in the inability to progress in the nursing program, graduate, or to take the NCLEX-RN[®], depending on the policies of the specific nursing program.

Remediation: For the purpose of this dissertation, remediation was defined as a process in which students received semi-structured or structured learning assistance in a didactic nursing course designed for the purpose of assisting at-risk nursing students to successfully complete the NCLEX-RN[®].

At-risk students who participated in this study were in remediation courses during the last semester of the nursing program. The remediation was offered in courses specifically designed to address the needs of students at-risk for failing the NCLEX-RN[®]. The individual nursing programs had set benchmarks which indicated what score on the high stakes exam indicated that the students had 'passed.' Students in this study were

required to complete remediation when their score was less than the 35th percentile, the benchmark set for their program. These courses took place in traditional classroom settings with recurring interaction between a nurse educator and the students. Students who only complete remediation independently (i.e. not under the direction of an instructor) or with a tutor outside of the didactic setting (e.g. learning support center tutors) were not included in the study. The determination of whether students were considered to be at-risk for failure was based on the results of the Assessment Technologies Institute RN Comprehensive Predictor[®] assessment. The individual schools of nursing had established benchmark scores for determining which students were required to participate in remediation. Students who did not reach or exceed the established benchmark were identified as at-risk and were required to complete remediation. Additional terms related to the specific research methodology were defined in Chapter three of this dissertation report.

Justification for Studying this Phenomenon

The shortage of registered nurses in the United States is expected to grow to more than one million by the year 2020 (Health Resources and Services Administration, 2004). Insufficient numbers of nursing faculty to educate students, limited numbers of clinical sites for students to practice skills, and budget constraints within educational programs, continue to exacerbate this problem (American Association of Colleges of Nursing, 2010). This shortage of registered nurses has led to intensified pressure on nursing programs to retain students and increase the number of graduates (Dibartolo & Seldomridge, 2005; Herrman & Johnson, 2009; Higgins, 2005).

Despite the importance of producing adequate numbers of nurses, it still remains essential that graduates have the knowledge and skills necessary to provide safe care to patients. In addition to passing the required course work, students must also pass the National Council Licensure Exam for Registered Nurses (NCLEX-RN[®]) upon graduation in order to practice as a registered nurse. This exam is intended to measure minimal competency to practice as an entry level nurse (National Council of State Boards of Nursing, 2011). A greater emphasis has been placed on successful completion of the NCLEX-RN[®] on the first attempt so that more nurses may join the workforce.

A decline in NCLEX-RN[®] pass rates causes concern for nursing graduates, as well as faculty, administration, employers, and society in general (Daley, Kirkpatrick, Frazier, Chung, & Moser, 2003; Davenport, 2007; Silvestri, 2010). State Boards of Nursing regulate nursing programs and set high standards for the number of graduates who should be successful on the first attempt of the licensure exam. Accrediting agencies, such as the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE), also closely monitor NCLEX-RN[®] pass rates. Nursing programs may lose grants and other funding if NCLEX-RN[®] pass-rates fall below expected norms. Students often face emotional distress and may face financial hardships if they are unsuccessful on the exam and unable to begin employment. All of these issues have led to the use of commercialized high stakes testing programs intended to identify students' readiness for the licensure exam (Spurlock, 2006). High stakes examinations that are given toward the end of a nursing program are often referred to as 'exit exams.'

Students who are identified as being at-risk for failing the NCLEX-RN[®], based on exit exam results, are often required to complete various forms of remediation. The purpose of the remediation is to help students develop the knowledge needed to successfully complete the NCLEX-RN[®] and to become competent nurses. Heroff (2009) stated that some students who are at-risk for failing the NCLEX-RN[®] are hesitant to use resources that are available to them. The researcher noted that there was a gap in the literature regarding why these students are reluctant to take advantage of resources. This dissertation study elicited some rich stories which help to illuminate this issue and clarify students' perceptions.

Despite the fact that it is not always clear which remediation strategies are most effective, and which are not, more and more nursing programs are implementing remediation policies and procedures which require at-risk students to complete remediation (Spurlock, 2006). Some institutions are even requiring successful completion of remediation, based on the results of commercially prepared high stakes tests, before students can graduate or take the NCLEX-RN[®] (Herroff, 2009; Pennington & Spurlock, 2010; Spurlock, 2006).

Nursing literature has emphasized the significance of nurse educators becoming involved in assisting students who are at-risk for failing a nursing program and/or the NCLEX-RN[®] (Hopkins, 2008; McGann & Thompson, 2008; Poorman, Mastorovich, & Webb, 2008; Sayles & Shelton, 2005; Stuenkel, 2006). However, no studies were found in which students were asked to describe or interpret the experience of being required to complete remediation. Furthermore, no studies were found regarding the meaning and experience of being required to participate in courses developed to improve the likelihood

of being successful on the NCLEX-RN[®]. It is important for educators to understand students' perspectives of this experience so that they are better prepared to assist students to success.

How do students perceive this experience and what does it mean to them? Is it viewed as an opportunity to learn and be successful or do students have a different view of the experience? According to the literature, some students appear to benefit from participation in this form of remediation, as evidenced by successful completion of the NCLEX-RN[®] (Frith, Sewell, & Clark, 2005; Poorman, Mastorovich, Liberto, & Gerwick, 2010; Uyehara, Magnussen, Itano, & Zhang, 2007). Do students perceive the experience as beneficial? Do they actively participate in the experience in an effort to be successful on the NCLEX-RN[®]? Despite educators' best efforts some students remain unsuccessful. By asking students about the meaning and perceptions of the experience, educators may learn why participation results in successful completion of the NCLEX-RN[®] for some students, while others remain unsuccessful.

It is important that educators understand the impact of requiring at-risk students to complete remediation from the perspective of the students who have experienced this phenomenon. In this study, rich descriptions of the lived experience of being required to complete remediation provided insight to barriers that deterred students from learning. Barriers in communication and/or misperceptions about the purpose of the courses were identified, illuminating the need for nurse educators to address these issues and implement appropriate solutions. Additionally, through examination of the stories shared by students in this study, instructors can learn what aspects of the experience help students to view this phenomenon in a positive light.

There is a need for faculty to understand *what it is like* for a student to be told that it is necessary to complete remediation. *What's going on* when the student is participating in this experience? What does being required to complete remediation mean to students? What is the student's perception of what has occurred? What was he or she thinking and feeling at the time? What values, beliefs, biases, assumptions, and/or perceptions do students take with them to the remedial course that may impact the results either positively or negatively? It is important for faculty to understand this phenomenon from the perspective of the students. Understanding the students' point of view provides insight into issues and concerns that deter students from fully participating in the process, as well as things that they find helpful.

The Specific Context of the Phenomenon

This phenomenon was examined in the context of the lived experience of at-risk associate and baccalaureate degree program nursing students, who were completing required remediation courses based on ATI high stakes exit exam results. The remediation took place in courses that were offered in the last semester of the nursing program, and that were designed to assist at-risk students to be successful on the NCLEX-RN[®] examination.

Assumptions

Munhall (2007) stated that researchers should address their own assumptions, biases, and perceptions before and during completion of a phenomenologic study. In addressing my biases, I must acknowledge that I believe that remediation may help at-risk students to successfully complete nursing programs and/or the NCLEX-RN[®] exam when they choose to actively participate. At the time of this writing, I teach a course

similar to those required by students in this study, although students in the program where I teach are not required to participate. I have an interest in learning about students' perceptions of taking these courses and being required to participate in remediation, since I teach a similar course.

One assumption of this researcher was that students would be open to sharing stories about their individual experiences. I believed that students would want to share their stories so that educators could learn about their experiences. It has been my experience that students appreciate having their opinions heard. It was assumed that students would recognize that, by telling their stories, educators might begin to understand the experience from their perspective. By listening to students' stories, the researcher was able to provide an interpretation of the phenomenon as seen through the students' eyes. This resulted in learning about what made the experience positive for some students. It also uncovered ways that educators can improve the experience for students in similar situations. This researchers' personal experiences had revealed a willingness on the part of most nursing students to share personal insights when they believed that it would result in positive experiences for others.

Another assumption was that some students would view the experience of being required to complete remediation as an inadequacy of some kind. This researcher held the belief that some students who were identified as being at-risk for failure on the licensure exam, view participating in a required remediation course as an opportunity to gain a better understanding of how to be successful on the NCLEX-RN®. However, some would report that they held feelings of embarrassment, failure, or lowered self-esteem.

As an educator, I believed that I had a responsibility to attempt to help students who were at-risk for failing a course or the national licensure exam. At the same time, I had come to recognize through personal observation that educators cannot ‘force’ anyone to study or to learn. I believed strongly that students must actively participate in the learning process if they were to be successful. Students had to be willing to put forth effort and educators needed to be willing to assist those who are attempting to learn. I also recognized that despite the efforts of both the educators and the students, some students would remain unsuccessful.

As a nursing instructor, I had previously observed that some students had reacted negatively when they were told that they needed to complete remediation. For example, students had complained about the extra time and effort needed to complete the remediation. A few students had also reported that they felt ashamed or embarrassed that they had needed to complete remediation. This researcher’s assumption was that students who reacted negatively may not have looked at remediation as an opportunity to learn and be successful. Instead, they may have focused on the fact that they were required to ‘do more work,’ or they may have worried about how others perceived them.

After reviewing the literature, this researcher acknowledged that remediation in nursing education varied widely. It included many strategies such as tutoring, individual or group remediation sessions or course review, review of test-taking strategies, or use of NCLEX-RN® preparation books or other materials to prepare for the exam. It also included strategies to reduce test anxiety, use of computer software programs, use of commercial plans or packages with exams that simulate NCLEX-RN® or course exams, content review, and even re-teaching specific content.

Finally, this researcher assumed that students would provide insight into the meaning of this experience from a perspective outside that of the educator. I believed that students' rich stories would provide information that would be helpful to faculty who teach courses intended to assist at-risk students. I surmised that students might provide insight into the experience of taking a required remediation course that could only be revealed from the perspective of the learner. The participants' perspectives of the experience were important to uncover, because their perceptions were their reality of being required to participate in remediation. According to Heidegger (1962), a person's interpretation, or perception of an experience, is their unique reality of *being-in-the-world*. As a researcher interested in learning about at-risk students' perceptions, it was important to acknowledge my own assumptions. According to Heidegger (1962), "our past is always in front of us (p. 41)" and we can't be separated from it. By continually challenging my assumptions, those of the discipline, and those in the literature, I was able to gain an understanding of the often, taken for granted experiences, and seek new ways to think about them."

Qualitative Research Method and Relevance to the Discipline

A Heideggerian hermeneutic phenomenologic approach to qualitative research was implemented in this study. Phenomenologists believe that truths about reality can be found in people's "lived experiences" while "being-in-the-world" (Heidegger, 1962; p. 78; Polit & Beck, 2008, p. 227). Therefore, the focus of phenomenology is on understanding the everyday life experiences of individuals. The term hermeneutics refers to an "understanding of the theory and practice of interpretation" (Munhall, 2007, p. 131). It is a form of phenomenology in which the researcher attempts to interpret the

world or an experience. Heideggerian phenomenologists are most interested in language as a vehicle to uncover or disclose the “nature of being” (Korab-Karpowicz, 2009; Munhall, 2007, p. 115).

Heidegger (1996) stated that “nothing is without reason (p. 51).” We have to look for reasons for why things are the way they are and try to figure out what has been encountered. Only then can we make statements or assertions about the phenomenon. Heideggerian hermeneutic methodology is discussed in further detail in the methodology section of this paper.

The researcher who draws on the phenomenologic qualitative method is concerned with understanding how others perceive the world. The intent of this study was to explore the individual perceptions of students who were considered to be at-risk for failure on the NCLEX-RN[®] based on scores on NCLEX[®] predictor exams. What meaning did the experience of taking a required remediation course have for participants?

The justification of this study and the relevance to the discipline of nursing was associated with the potential to gain an understanding of this phenomenon from the students’ subjective point of view. Munhall (2007) stated that, “before you can solve a problem, you need to understand the many facets of the problem” (p. 81). Exploration and interpretation of this phenomenon may help nurse educators determine how to best assist students to success. An analysis of the findings from this study will identify what this experience was like for students. It provided a better understanding of what it means to be required to participate in a remedial course based on exit exam results.

Explanation of the lived experience of the phenomenon may help nurse educators determine how best to assist students to succeed. Based on an analysis of the findings, it

may be possible for educators to address potential issues before they become a deterrent to successful completion of remediation. This would make remediation a more positive experience for students. Additionally, findings from this study could help educators develop courses with students' impressions of their experiences in mind. This would help educators to highlight positive aspects of the experience. If any negative aspects of the experience are identified, educators can learn from those as well. Helping students to succeed would have obvious benefits for students. Graduates would benefit from reaching the goal of becoming a registered nurse and from developing more competence to practice safely and effectively. They would also receive compensation and benefits if they are subsequently employed within the nursing profession. Nursing programs would also gain from having higher NCLEX-RN[®] pass rates. Passing the NCLEX-RN[®] on the first attempt expedites the transition of graduate nurses to registered nurses, meeting the needs of the employers, and more quickly alleviating the nursing shortage.

Delimitations

This researcher acknowledged that there were certain delimitations of this study. According to Rudestam and Newton (2007), delimitations are limitations on the research design that have been deliberately imposed by the researcher (p. 105). Delimitations might restrict the transferability of the findings.

One delimitation of this study was that the sample for this dissertation was purposive in nature because the students must have been required to participate in a course for at-risk students based on predictor exam results. This restricts the transferability of the findings to students from similar nursing programs and courses.

But, even then, it must be recognized that the participants are sharing individual insights and no two persons will have the exact same experience.

There were also geographical limitations which might further inhibit the transferability. As a matter of convenience, the participants who were interviewed for this study attended nursing schools in western Pennsylvania. Additionally, even though all of the participants were involved in courses designed to assist at-risk students in the final semester of the nursing program, the content and instruction of the courses may have varied from school to school. However, this researcher believed that it was important to obtain participants from more than one class and/or school in order to obtain a broader perspective and receive richer data.

The companies that produce exit exams, such as the Evolve[®] Reach Exit Exam and the ATI RN Comprehensive Predictor[®] assessment, offered information about how test scores correlate with the likelihood of passing the NCLEX-RN[®]. Lower scores suggest that the student may not be adequately prepared for the exam and remediation may be indicated. Educators in each nursing program set benchmarks for determining the need for remediation. Students who do not achieve the specified score on the exit exam may be required to complete remediation. This researcher acknowledged that each nursing program may set a different threshold for success on the predictor exams, and that it was possible that students who were required to complete remediation may have had varying scores on the exam. The fact remained, that each of the students included in this study were required to complete remediation based on exit exam results, no matter what the benchmark set by the individual school. It was important to consider the students' perceptions of this experience. In the end, it was noted that the benchmark set

by both the ASN and BSN programs in which participants were obtained for this study, was the thirty-fifth percentile.

Finally, it was understood that *the lived experience of completing remediation* is complex, and despite this researchers' best efforts, it is likely that all of the answers were not revealed. Following the Heideggerian philosophy of research, openness on the part of the student participants was encouraged and the researcher remained receptive to their perceptions of the experience. The results, however, are still limited to the individual participants' perceptions of the situation and this researcher's interpretation of what was said. Therefore, it is recognized that what is learned by this study cannot be generalized to all students, in every course that is designed to help those who are at-risk for failing the NCLEX-RN®. However, it is meant to provide an offering of suggestions for improvement and begin a dialogue on this topic.

Conclusion

Chapter one provided an introduction and overview of the justification and importance of completing this research and the relevance of using the Heideggerian phenomenologic method to study this remediation experience. The assumptions, biases, experiences, intuitions, and perceptions of the researcher were addressed, along with the delimitations of the study.

The experience of completing remediation based on exit exam scores, in courses developed to improve NCLEX® pass rates, was studied from the perspective of the students who participated in this phenomenon. It is important that educators understand the impact of requiring at-risk students to complete remediation from the perspective of the students. Rich descriptions helped to provide insight into the experience and assisted

in uncovering barriers that deter students from receiving the maximum benefit.

Identifying barriers or misperceptions about the purpose of remediation may assist in addressing these issues and implementing appropriate solutions. Conversely, the information gained from students who shared their stories about why they embraced the experience of being required to participate in a remedial course, can help educators learn how to broach the subject with future at-risk students.

CHAPTER TWO

EVOLUTION OF THE STUDY

Chapter two of this dissertation provides a review of the literature. Following Munhall and Chenail's (2008) guidelines for developing a qualitative research proposal, this initial review included the rationale for the study, the historical context, and the experiential context. The theoretical framework for this study was identified and the rationale for choosing it was provided. The literature for this overview was obtained from the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database and the Educational Resource Information Center database. This chapter draws attention to the use of standardized predictor exams and remedial courses developed to assist students at-risk for failing the NCLEX-RN[®]. This information provided the context for the evolution of this study and highlighted its importance. After completion of interviews and analysis of transcripts, a second literature review was completed in order to compare and validate the findings and to determine if new data had been found. Information from the second review of the literature can be found in Chapter four.

Rationale for this Study

The Health Resources and Services Administration (HRSA) has projected that hundreds of thousands of new nurses will be needed over the next decade as nurses retire and the population continues to age (U.S. Department of Health and Human Services, 2009). Insufficient numbers of nursing faculty to educate students, limited numbers of clinical sites for students to practice skills, and budget constraints within educational programs, will continue to add to this problem, limiting the number of students who can enter nursing programs (American Association of Colleges of Nursing, 2010). Despite

these barriers, in 2004 HRSA projected that in order to meet the demand for registered nurses, nursing programs needed to graduate 90% more students than they were at that time (Health Resources and Services Administration, 2004). This has intensified pressure on nursing programs to retain students and increase the number of graduates (Dibartolo & Seldomridge, 2005; Herrman & Johnson, 2009; Higgins, 2005).

Despite the importance of producing adequate numbers of nurses, it still remains essential that graduates have the knowledge and skills necessary to provide safe care to patients. In addition to passing the required course work, students must also pass the National Council Licensure Exam for Registered Nurses (NCLEX-RN[®]) upon graduation. Passage of this exam is required in order to receive licensure as a registered nurse in the United States. Therefore, the shortage of registered nurses has lead to a greater emphasis on successful completion of the NCLEX-RN[®] on the first attempt. The sooner that a graduate nurse passes the exam, the sooner that he or she may begin employment as a registered nurse, helping to alleviate the shortage. Statistics have shown that first-time pass rates are significantly higher than the pass rates for subsequent attempts of the licensure exam (National Council of State Boards of Nursing, 2010a). For example, according to the National Council of State Boards of Nursing (2010a), the first-time NCLEX-RN[®] pass rate for all students was 82.09% in the year 2009. The pass rate that same year for all repeat NCLEX-RN[®] test-takers was only 42.81% (National Council of State Boards of Nursing, 2010a). This highlighted the importance of students being successful on the first attempt of the exam. Often students have little contact with educators after they graduate, therefore, it is important to address any areas of concern over students' ability to successfully complete the exam before they leave the program.

Researchers have noted that a decline in NCLEX-RN[®] pass rates causes concern for nursing graduates, as well as faculty, administration, employers, and society in general (Daley et al., 2003; Davenport, 2007; Silvestri, 2010).

State Boards of Nursing regulate nursing programs. These Boards set high standards for the number of graduates who should be successful on the first attempt of the licensure exam. The two major nursing education accrediting agencies, the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE), also closely monitor NCLEX-RN[®] pass rates. Each State Board of Nursing sets acceptable first-time pass rate levels for nursing programs within the jurisdiction. When pass rates drop below the acceptable level, the state board may take actions such as placing the program on probation or forcing program closure. The program may also lose accreditation from national nursing organizations when pass rates drop. Programs that are not accredited, or those with lower than expected NCLEX-RN[®] first-time pass rates, may also lose state funding and eligibility for grants (Giddens, 2009). This may also affect students' abilities to get funding. Licensure exam success rates are often used as a measure of program quality (Daley et al., 2003; Davenport, 2007; Harding, 2010). Public awareness of poor pass-rates can also affect recruitment and future enrollment of students in a particular nursing program (Harding, 2010).

There may also be detrimental effects for graduates of nursing programs when they do not pass the NCLEX-RN[®]. They may experience emotional turmoil and financial hardship when they are unable to gain employment as a registered nurse until they successfully pass the exam (Griffiths, Papastrat, Czekanski, & Hagan, 2004, p. 322;

Poorman & Webb, 2000). Findings of a qualitative study conducted by Poorman and Webb (2000) indicated that graduates who failed to achieve a passing score on the NCLEX-RN® often felt scared, abandoned, and isolated. Similarly, another qualitative study revealed that graduates who were unsuccessful on the licensure exam identified “feelings of loss and perceptions of social stigma” (Griffiths et al., 2004, p. 323).

In addition to the emotional distress associated with failing the exam, graduates of nursing programs lose their permit to practice as a nurse and may be terminated by employers. This may have financial implications for the graduates and their families. It can also be costly for employers who have invested time and financial resources to orienting graduate nurses. If graduates do not receive a license to practice as a registered nurse, local healthcare institutions will have a smaller pool of nurses to meet staffing needs. It also reflects poorly on the educational institution when a high number of graduate nurses are unsuccessful (Sifford & McDaniel, 2007).

All of these potentially negative outcomes point to the importance of students succeeding on the first attempt of the NCLEX-RN®. The emphasis placed on passing the NCLEX-RN® on the first attempt has resulted in the development of remediation for students who are considered to be at-risk for failure. Researchers indicate that remediation increases the likelihood of success on the exam (Morrison, Free, & Newman, 2002; Nibert, Young, & Britt, 2003; Poorman et al., 2010). Therefore, it is important to understand how students perceive the experience of being required to complete remediation. Students who embrace the experience may be more likely to participate in the process, and therefore be successful on the licensure exam.

Students may be required to complete this remediation in courses that are specifically developed to assist students who are considered to be at-risk for failing the NCLEX-RN[®]. Several researchers have written about this trend in nursing education (English & Gordon, 2004; Frith et al., 2005; Morrison et al., 2002; Poorman et al., 2010; Sifford & McDaniel, 2007; Spurlock, 2006; Spurlock & Hanks, 2004; Uyehara et al., 2007). Nurse educators are implementing remedial courses in an effort to improve the likelihood of at-risk students passing the NCLEX-RN[®] and to help students gain the knowledge needed to be proficient nurses. Students are often required by nursing programs to enter these courses based on scores on standardized exit exams (Pennington & Spurlock, 2010). These standardized exit exams have become known as high-stakes exams because of the consequences associated with achieving a score that is less than the benchmark set by the faculty (Pennington & Spurlock, 2010). Students who do not receive a predetermined score on exit exams may be required to complete remedial courses before they can complete the nursing program, graduate, or take the licensure exam (Spurlock, 2006).

This review of the literature did not yield any studies about students' experiences and perceptions associated with being required to take remedial courses based on scores on standardized exit exams. Heroff (2009) indicated that studies are needed to explore students' perceptions about the value of standardized exams as a tool to prepare for NCLEX-RN[®]. The researcher stated that additional studies are needed to explore the hesitancy of some at-risk students to use available resources. The purpose of this current study was to elicit rich data about students' perceptions of completing required remediation in a course designed to help them to be successful on the NCLEX-RN[®].

Students shared information about the value they placed on the use of remediation courses to help them prepare for the NCLEX[®] exam and any hesitancy that they had to participate in the experience. This information is helpful for educators who strive to assist at-risk students.

Theoretical Methodology

A phenomenologic hermeneutic approach was used to study the phenomenon of the lived experience of at-risk nursing students enrolled in a required course to improve NCLEX-RN[®] success. A brief review of qualitative research methodology and specifically, Heideggerian hermeneutic phenomenology, follows.

Qualitative Research Methodology

Qualitative research tends to focus on “understanding experiences from the point of view of those who live them” (Rudestam & Newton, 2007, p. 35). It is an interpretive approach in which qualitative researchers attempt to interpret, or make sense of, a phenomenon from the perspective of the person experiencing it (Denzin & Lincoln, 2000; Polit & Beck, 2008). In this type of research there is an emphasis on understanding the human experience through the collection and analysis of subjective and narrative information. This research procedure is flexible and information is often collected and analyzed concurrently. It is an inductive process with new questions emerging as insight is gained into the phenomenon. These studies often yield in-depth information which helps to illuminate elements of complex phenomena.

Heideggerian Hermeneutic Phenomenology

According to Sadala and Adorno (2002), nurse researchers have turned to phenomenology as an important methodology for learning about the experiences of

nurses and patients from a more subjective point of view. The authors indicated that phenomenology is a more appropriate approach to understanding human issues than the traditional, more objective, research methods. Nurses and nurse educators can also benefit from this approach by seeking new perspectives to broaden the understanding of specific phenomena. Phenomenology can be used to investigate many aspects of nursing and nursing education as long as the focus is on the life experience of humans. Therefore, phenomenology was an appropriate methodology for this study of the lived experience of students who were enrolled in required remediation courses.

Smythe, Ironside, Sims, Swenson, and Spence (2008) discussed the process of completing hermeneutic research and the complexity of using this methodology. The researchers told their stories of completing Heideggerian hermeneutic research. They explained that the researcher who participates in this type of study actually embarks on a “journey of thinking” (Smythe et al., 2008, p. 1390). One concept highlighted by the researchers was that *thinking* does not happen separately from *being*. All of a person’s past experiences, even things that they do not realize that they know, affect their thinking at that moment. The researcher’s mood might even effect his or her interpretation of participants’ experiences, so it is important to be cognizant of that when reviewing transcripts.

Nurse educators who have been involved in hermeneutic phenomenologic research have acknowledged that they never really know where the research will lead (Smythe et al., 2008). They have stated that patience with this process is needed. It requires reading, writing, discussing, contemplating, rereading, and rewriting; at the same time being open to new possibilities. They have also acknowledged that people who use

this methodology try to offer insight into subjects in a world that is ever-changing. As quickly as we ‘know’ something, the world around us changes and that ‘something’ may change. The world and our ‘being’ within the world are too complex and always changing. As transcripts are analyzed, it is really only possible to provide personal insight or interpretation about participants’ explanations of their experiences. Researchers may offer suggestions or possibilities but those may only lead to more questions. Likewise, readers of the research report will develop their own thoughts and interpretations based on personal experiences (Smythe et al., 2008). This approach is discussed in further detail in chapters one and three.

In the previous section, the rationale for this study as it has evolved was identified through a review of the literature related to NCLEX-RN[®] testing, remediation, standardized exit exams, and courses to improve NCLEX-RN[®] pass rates. In the next section of this dissertation paper, those same concepts are discussed in a historical context based on information found in the literature.

Historical Context

The use of the NCLEX-RN[®] and the pressure to have high first-time pass rates is discussed here from an historical context. Additionally, the use of remediation, standardized predictor exams, and courses to improve NCLEX-RN[®] pass rates, are also discussed.

NCLEX-RN[®]

The NCLEX-RN[®] is a high-stakes test that measures entry level nursing competence in four major content areas: safe and effective care, health promotion and maintenance, psychosocial integrity, and physiologic integrity (National Council of State

Boards of Nursing, [NCSBN], 2010b). The NCSBN (2010b) has been offering the criterion-referenced version of the NCLEX-RN[®] since 1982. Prior to that, graduates of nursing programs were required to successfully complete an examination that was established by state boards of nursing that were National Council members (Beare, 1995). The exam was established as a means to safe-guard the public by measuring the competencies that are needed for entry level registered nurses to perform safely and effectively. Questions on the exam are based on information supplied by registered nurses about their experiences during the first six months of practice (National Council of State Boards of Nursing, 2010b).

A computerized version of the NCLEX-RN[®] has been in use since 1994. In 1995, over 96,000 nursing graduates who were educated within the United States, took the NCLEX-RN[®] (National Council of State Boards of Nursing [NCSBN], 2010b). The first-time pass rate for those students was 90.4%. Throughout the years, the numbers of graduate nurses taking the exam and the first-time pass rates have wavered. In 2010, approximately 141,000 nursing graduates who were educated within the United States took the exam for the first time. The pass-rate for those graduates was 87.4%. When including internationally educated students, and all U.S. and internationally educated students who repeated the exam, a total of almost 198,000 graduate nurses took the NCLEX-RN[®] in 2010. Only 74.2% of the students, both U.S. and internationally educated, passed the exam on the first attempt (National Council of State Boards of Nursing, 2010b). The NCSBN (2010a) notes that the pass rate for all first time test-takers (U.S. and internationally trained) in 2009 was 82.09%, while the pass rate during that same time period for all repeat test-takers was only 42.81%. This information

highlighted the importance of preparing students to be successful on the first attempt of the exam. Students who are educated outside of the United States are especially at-risk. The NCSBN (2010a) reported a 38.06% pass rate for internationally educated students who were first time test takers and a 21.05% pass rate for repeat test takers. However, those who are educated within the U.S. also appear to continue to struggle if they are not successful on the first attempt of the NCLEX-RN[®]. The pass rate for U. S. educated repeat test takers in 2009 was only 54.95% (National Council of State Boards of Nursing, 2010a).

The longer students wait to take the exam, the less likely they are to succeed (Eich & O'Neill, 2007; Woo, Wendt, & Liu, 2009). NCLEX-RN[®] data from a two-year period (July 2006 to June 2008) were analyzed by Woo, Wendt, and Liu (2009). It was revealed that the NCLEX-RN[®] pass rate was inversely related to lag time; candidates were less likely to pass the exam as the time between eligibility and sitting for the exam increased. This information is consistent with the results of the Delay Pass Rate Study conducted by Eich & O'Neill (2007) in which it was determined that longer lag times were associated with lower pass rates on the exam. Passing rates tended to decrease with increased time between the date of becoming eligible to sit for the examination and the date the exam was actually taken. Those findings indicate that it is important for NCLEX-RN[®] candidates to be prepared to take the exam as soon as possible after receiving eligibility (Woo, Wendt, & Liu, 2009).

Recently, the first-time NCLEX-RN[®] pass rate for graduates of diploma nursing programs has been slightly higher than those in baccalaureate and associate degree nursing programs. Associate degree nursing program graduates have consistently scored

lower than graduates from baccalaureate and diploma programs. In 2010, the first-time pass rate for graduates of diploma nursing programs was 89.66%, followed by 88.69% for graduates of baccalaureate programs, and 86.46% for associate degree program graduates. Further research is needed to determine how best to assist students to success and to learn how differences across program types can be addressed.

Having students, who are considered to be at high-risk for failing the NCLEX-RN[®], complete remediation before the first attempt, has become common practice (Heroff, 2009; Morrison et al., 2002; Pennington & Spurlock, 2010). It is important to understand what it means to students to be told that they need to complete remediation. How do they perceive the experience? Do they feel that it is important? This is particularly important in light of findings from a study by Pabst, Strom, and Reiss (2010). A focus group approach was used to explore the perceptions of NCLEX-RN[®] preparation by 24 senior baccalaureate nursing students in one Midwestern college. The focus groups consisted of 10 students in one group and 14 students in another. They were led by a graduate student from the psychology program. The researchers stated that, after a literature review, it was clear that not much was known about students' perceptions of the NCLEX-RN[®] exam and remediation. After a thematic analysis of the findings from the focus groups, the educators were surprised to learn that some students did not intend to prepare for NCLEX-RN[®]. Instead, they sought to take the exam just to see how they would do (Pabst et al., 2010, p. 537). Students did not believe that there was a relationship between coursework and NCLEX-RN[®] preparation, nor did they see a relationship between HESI exams and the licensure exam. Preparing for the NCLEX-RN[®] was seen as something that they could do after graduation (Pabst et al., 2010, p.

536). Students placed no value on HESI exams since there was no grade or other reward associated with it. Similarly, they did not feel the need to prepare for NCLEX-RN® before graduation because there was no penalty in the nursing program for being unprepared (Pabst et al., 2010).

When students in one of the focus groups were asked if they would want to know if they were at-risk for failing the NCLEX-RN® on the first attempt, their initial response was “no” (Pabst et al., 2010, p. 536). They cited increased stress as a reason for not wanting to know. A few students stated that they would want to know as much as possible about their risk so that they could complete additional preparation and seek guidance from faculty (p. 536). The researchers noted that these same students recognized the implications of NCLEX-RN® failure. After those few students cited reasons for wanting to know if they were at-risk, the other students stated that they had changed their minds and that they would also prefer to know if they were at-risk for failure on the licensure exam (Pabst et al., 2010). This study provided rich data about students’ perceptions. The educators could use this information to make changes in the program (i.e. attaching grades to HESI exams) and address students’ misperceptions. These findings point to the importance of asking students about their perceptions. If students do not recognize the value in preparing for NCLEX-RN® and completing needed remediation, they may not actively participate in the process or adequately prepare. The same may be true for students who do not recognize the implications for failing the exam on the first attempt. Once students in that group understood the implications, they became more interested in knowing their risks. A limitation of that study was the use of a convenience sample. Additionally, because the graduate student conducting the focus

group was from psychology and was unfamiliar with nursing education, some useful data may have been overlooked or not sought (Pabst et al., 2010).

Much of the research that has been completed regarding the NCLEX-RN[®] experience has been quantitative in nature. The focus has been on factors that influence or predict success (Daley et al., 2003). Several researchers addressed the use of standardized exams to predict NCLEX-RN[®] success (Daley et al., 2003; Harding, 2010; Lauchner, Newman, & Britt, 1999; Newman, Britt, & Lauchner, 2000). The Evolve[®] exit exam (HESI) has been reported to provide an accurate prediction of success on the licensure exam (Lauchner et al., 1999; Newman et al., 2000; Morrison et al., 2004). These findings are discussed later in this review. According to Rollant (2007), few studies have focused on predicting failure or identifying specific interventions for at-risk students.

A study that involved a series of focus groups was conducted by Wood (2005). The study included 31 graduates of an associate degree nursing program who had passed the NCLEX-RN[®]. Additionally, 14 graduates who had failed the test on the first attempt took part in individual interviews. The students were asked to address areas in the nursing program that were helpful in the completion of the NCLEX-RN[®] and areas that were not. Students pointed out that comfort and competence with use of the computer would be beneficial. Faculty were able to identify areas within the program in which students could use computers in order to become more familiar with them.

The participants in the study by Wood (2005) had a different perspective as opposed to the participants in the study by Pabst et al. (2010). The participants in the Pabst et al. (2010) study had not yet taken the NCLEX-RN[®]. The focus group in Wood's

(2005) study included participants who had already graduated and taken the licensure exam for the first time. The author noted that students who were successful on the NCLEX-RN® felt that it was best to take it as soon as possible after graduating. One student who was not successful reported waiting too long after graduation to take the test and attributed that to failure of the exam (Wood, 2005). After completing the exam, some of the participants recognized that they would have benefited from learning more about the process of taking it (e. g. not being able to go back and change answers). As opposed to those in the Pabst et al. (2010) study who wanted to take the NCLEX-RN® test first, to find out what it was like, students in the Wood (2005) study stated that it would have been beneficial to have an understanding of the types of questions that are asked on the exam (e.g. delegation, time management, and prioritization).

A review of studies that included interventions to promote success on the NCLEX-RN® was completed by Dibartolo and Seldomridge (2005). The interventions found in the literature involved test-taking skills, problem-solving techniques, individualized study plans based on diagnostic practice exam results, comprehensive advising, comprehensive academic success plans, and computer-based testing. The researchers identified seven studies that examined NCLEX-RN® success as the only outcome variable (Dibartolo & Seldomridge, 2005, p. 167). The writer of this dissertation noted similar findings during a review of the literature. There are many types of interventions that educators use to assist students, and because of the complexity of the issue, several interventions are often implemented. Repeat studies are needed with additional participants in order to further validate the findings of these previous studies. A review of the literature related to the NCLEX-RN® revealed that the focus has been on

predicting success on the exam. Various interventions for assisting high-risk students have been identified. However, more research is needed with each specific method to determine which are most effective. Confounding variables should also be identified and isolated when possible. The literature also lacked studies that sought the subjective opinion of what it is like for students to complete required remediation in an effort to pass the NCLEX-RN® on the first attempt.

Use of Remediation to Improve NCLEX-RN® Pass Rates

Pressure to have high first-time NCLEX-RN® pass rates. Due to the shortage of nurses, nursing programs are under pressure to retain more students, increase the number of graduates, and expedite the entry of nurses into the workforce (Dibartolo & Seldomridge, 2005; Herrman & Johnson, 2009; Higgins, 2005). Additionally, nursing programs are regulated by State Boards of Nursing which have set high standards for the number of graduates who should be successful on the first attempt of the NCLEX-RN® (NCSBN, 2010a). Some State Boards of Nursing are increasing the minimum acceptable school pass rates for first-time test-takers in an effort to assure that graduate nurses are competent to practice (Pennsylvania State Board of Nursing, 2009). Accrediting agencies such as the National League for Nursing Accrediting Commission (National League for Nursing Accrediting Commission [NLNAC], 2008) and the Commission on Collegiate Nursing Education (CCNE, 2009) also closely monitor NCLEX-RN® pass rates of graduate nurses as a program outcome. Spurlock (2006) acknowledged that nursing education programs are under pressure to quickly produce graduate nurses with fewer educators and reduced funding and clinical resources.

The pressure to increase the number of graduates who are successful on the licensure exam has compelled some educators to require high-risk students to complete remediation. The purpose of the remediation is to improve the students' likelihood of passing the licensure exam on the first attempt. Norton et al. (2006) indicated that nurse educators are challenged to identify students who are at-risk for failing NCLEX-RN® and to offer remediation.

The literature reveals that remediation can be offered in many formats. It may include strategies such as tutoring, individual or group remediation sessions or course review, evaluation of test-taking strategies, or use of NCLEX-RN® preparation books or other materials to prepare for the exam. It may also include strategies to reduce test anxiety, use of computer software programs, use of commercial plans or packages with exams that simulate NCLEX-RN®, content review, and even re-teaching specific content (Frith et al., 2005; Mills, Wilson, & Bar, 2001; Pennington & Spurlock, 2010; Poorman et al., 2010).

Because of the frequent use of several remediation strategies and the differences in teaching styles in nursing program classrooms, it is difficult to determine the effectiveness of any one remediation strategy. More research is needed regarding individual strategies, as well as the use of combinations of strategies. According to Pennington and Spurlock (2010) this does not mean that remediation is not helpful, but that there is no clear indication of which interventions are helpful and which are not. Nurse educators sometimes use remediation strategies, including costly commercially prepared remediation packages, without empirical evidence that they are beneficial. This is particularly significant at a time when educators are urging students to implement

evidence based practice. However, it is likely that educators will continue to use these forms of remediation to assist high-risk students unless there is new evidence that reveals that they are not advantageous or that other strategies are more beneficial.

No studies were found in which students were asked to describe or interpret the experience of being required to complete remediation. Furthermore, no studies were found regarding the meaning and experience of being required to participate in courses developed to improve the likelihood of being successful on the licensure examination. It is important for educators to understand this experience from the students' perspective so that they are better prepared to assist students to succeed.

The importance placed on first-time NCLEX-RN[®] pass rates has led to the administration of commercially prepared standardized predictor exams to determine students' readiness for the licensure exam (Pennington & Spurlock, 2010; Spurlock, 2006). The following section describes standardized exit exams and how they are being used in nursing programs.

Standardized Exit Exams

Standardized exit tests are high-stakes examinations that are given toward the end of a nursing program. In 2003, Daley et al. noted the development of these computerized examinations that were intended to predict NCLEX-RN[®] success. The authors suggested that the emergence and use of these exams coincided with a steady decline in NCLEX-RN[®] pass rates in the United States from 90% in 1995 to 82% in 2001. Practice analyses of new registered nurses, within their first six months of practice, were completed in 1999 and 2001 (National Council of State Boards of Nursing, 2002). Findings from the analyses resulted in modifications in the NCLEX-RN[®] test plan and changes in the

question format to include some alternative-type items. These changes, along with increasing difficulty of the exam, and increasing passing standards caused concern for some nursing programs (DiBartolo & Seldomridge, 2005). Around the same time, researchers began reporting on the use of the HESI Exit Exam as a predictive indicator of students' success on the NCLEX-RN[®] (Daley et al., 2003; Lauchner et al., 1999; Newman et al., 2000).

Standardized exit exams are sometimes referred to as predictor exams because they are used to predict students' likelihood of passing the NCLEX-RN[®]. Students who are identified as being at-risk for failing the NCLEX-RN[®], based on these exit exam results, may be required to complete various forms of remediation before completing the nursing program. Several authors pointed out that the results of standardized tests may help students determine areas of weakness which can be addressed through remediation (Heroff, 2009; Morrison et al, 2002; Nibert et al., 2003; Pennington & Spurlock, 2010). This led to the development and implementation of remediation policies and procedures which include the incorporation of remediation based on predictor exam results (Heroff, 2009; Pennington & Spurlock, 2010; Spurlock, 2006).

The National League for Nursing (National League for Nursing [NLN], 2010) recently formed a subgroup to explore end of program testing using commercialized exams. The task group recognized that the use of exit exams is a growing trend and noted that issues have arisen related to “the serious consequences they have on progression decisions” (para.1). The members of the subgroup recognized that standardized testing, such as the NCLEX-RN[®], is necessary to protect the public. However, no standards have been in place regarding the use of predictor exams. The

group intends to make recommendations for policy guidelines and practices in nursing programs. It is important to note that the NLN produces a standardized predictor exam which is available for purchase by nursing programs or students. The committee reports that standardized exams are useful for providing students with a comparison of their knowledge in relation to that of other students (i.e. using national norms). The exams are beneficial to faculty in that they help educators identify strengths and weaknesses within the curriculum. The NLN cautions against setting benchmarks for scores that students must meet in order to graduate or take the NCLEX-RN[®]. They warn educators that some students have filed lawsuits against nursing programs for following these procedures. Initial recommendations highlight the importance of using multiple sources of evidence to determine students' competence and not just these individual test scores. The group states that research is needed on fair testing practices involving exit exams. (National League for Nursing, 2010)

Two standardized exit exams that are commonly used are the Evolve[®] Reach Exit Exam and the ATI RN Comprehensive Predictor[®] assessment (Harding, 2010). The companies that produce these assessment tools offer information about how test scores correlate with the likelihood of passing the NCLEX-RN[®]. In general, higher scores predict a greater likelihood of success on the licensure exam (Assessment Technologies Institute, 2011; Evolve[®], 2011). Lower scores indicate the need for remediation (Morrison et al., 2002). The producers of the Evolve[®] Reach Exit Exam have indicated that a student receiving a score of 850 or higher is considered to be of average probability of passing the NCLEX-RN[®] and a student receiving 900 or higher has an excellent or outstanding probability of passing the exam (Evolve[®], 2011). Each nursing program

establishes its' own benchmark for determining the need for remediation. According to a representative of the corporation that produces these exams, many programs choose to set either 850 or 900 as the minimum score that students must achieve on the Evolve[®] predictor exam, although the company has not set any specific recommendations (personal communication, S. Komoroski, April 29, 2011). Any student whose score does not meet the minimum requirements established by the faculty may be required to complete remediation.

ATI has provided probability rankings for the RN Comprehensive Predictor[®] Assessment (Kelley, 2009). For example, a score of 74.7% on the exam correlates with a 95% probability that the student will pass the NCLEX-RN[®]. Individual nursing programs are encouraged to set their own benchmark for students.

The producers of the ATI and Evolve[®] predictor examinations stated that the purpose is to determine readiness for the registered nursing licensure examination (Assessment Technologies Institute, 2011; Evolve[®], 2011). Many researchers agreed that exit exams were useful tools for determining students' readiness for the NCLEX-RN[®] (Daley et al., 2003; Lauchner et al., 1999; Newman et al., 2000; Morrison et al., 2004; Pennington & Spurlock, 2010). The literature also supported the use of the results of these high stakes exit exams as a guide for remediation (Evolve[®], 2011; Heroff, 2009; Kelley, 2009; Pennington & Spurlock, 2010).

Authors were also in agreement that the results of these exams could be used to help students and educators determine where to focus remediation efforts (Morrison et al., 2004; Pennington & Spurlock, 2010). Heroff (2009) concurred, stating that the information gained from the exams could be used to assist at-risk students with

remediation of nursing content. Students who take the Evolve[®] Reach Exit Exam and the ATI RN Comprehensive Predictor[®] assessment receive individual feedback about specific areas of content weakness (Kelley, 2009; Evolve[®], 2011). This information can be used to formulate remediation. Harding (2010) highlighted the importance of using the exam results as “an early indicator for determining student readiness” (p. 496). This would allow adequate time to implement a comprehensive remediation plan that addresses students’ needs (Harding, 2010).

The producers of the Evolve[®] and ATI predictor exams indicate that higher scores predict a greater likelihood of success on the licensure exam (Kelley, 2009; Evolve[®], 2011). Heroff (2009) states that computerized predictor exams simulate NCLEX-RN[®] and provide educators with prompt feedback. This feedback includes information about which students are likely to be successful on the licensure exam and the identification of students who are at-risk of failure (Heroff, 2009). However, Nibert, Young, and Adamson (2002) claimed that the HESI Exit Exam (now the Evolve Reach Exit exam) could predict success on the NCLEX-RN[®], but it did not claim that it predicted failure.

Remediation and progression policies are also being developed and implemented based on standardized exams (Heroff, 2009; Spurlock, 2006). Often, these policies state that students who achieve a score lower than the predetermined benchmark on a standardized exam cannot progress in the program or will not be allowed to graduate and take the NCLEX-RN[®] until they have reached a predetermined score on the exit exam (Pennington & Spurlock, 2010). Educators have made the assumption that students who did not meet the set benchmark on standardized exit exams were not likely to achieve success on the NCLEX-RN[®] (Spurlock, 2006). Nursing programs have placed great

emphasis on this and have required remediation based on standardized exit exam results (Heroff, 2010; Spurlock, 2006). More information is needed about the validity and reliability of various types of remediation. It is also important to learn how requiring completion of remediation is perceived by students. Their perceptions may affect their participation.

Evolve[®] Reach. The Evolve[®] Reach Exit Exam and the Assessment Technologies Institute RN Comprehensive Predictor[®] exam are among the most commonly used exit exams (Evolve[®], 2011; Harding, 2010; Kelley, 2009). The Evolve[®] Reach exam was formerly known as the HESI Exit exam. According to a representative, the Evolve[®] exit exam is used by over 1,500 programs nationwide (S. Komoroski, personal communication, February 12, 2009). Students and faculty receive scores and a detailed analytic report of students' performance (Evolve[®], 2011). This includes individualized feedback that outlines specific areas of concern for students. The students may then participate in remediation by reviewing content from these areas.

According to Evolve[®], item writers are chosen based on recommendations from faculty and administrators, and on clinical expertise. Item writers attend a conference on test development and receive instruction on writing appropriate questions and eliminating bias. Test items are piloted and revised as needed before being included as scored questions (Evolve[®], 2008). Individual test items and the examinations have been psychometrically evaluated for reliability, consistency, readability, and potential bias (Evolve[®], 2011; Morrison et al., 2004). Content, construct, and criterion-related validity have also been established (Morrison et al., 2004). Item analysis is completed from all previous administrations of test items on the exams in order to calculate reliability

coefficients and to provide updated information. The current accuracy rate of the Evolve[®] Reach Exit Exam in predicting NCLEX-RN[®] success is reported to be “up to 98.3%” (Evolve[®], 2011, para. 1). It is important to note that this statistic is based on student scores of 900 or above on the exam and the ability to predict “success.” The ability to predict failure is less accurate and somewhat controversial (Spurlock & Hanks, 2004).

In one study involving the HESI exit exam, educators from schools where the exam was administered were asked to identify how many of the students who were predicted to pass the NCLEX[®] exam (RN or PN) based on HESI results, actually passed the exam (Lauchner et al., 1999). It is presumed that only the highest scoring students were included in these statistics because the research report states that only students who were predicted to pass NCLEX[®] without the need for further study were included (Lauchner et al., 1999). The researchers reported that the exam was determined to be 99.49% accurate in predicting success on the NCLEX[®] exam when administered in monitored situations and 96.82% in unmonitored situations (Lauchner et al., 1999, p. 123).

Internal review of Evolve[®] exams are completed by a “team of testing and clinical experts” (Evolve[®], 2008, p. 1). Item analysis is performed to determine reliability of test items and KR-20 coefficients are established for every exam (Evolve[®], 2008). Discrimination is determined by obtaining point biserial correlation coefficients. Four annual validity studies have been completed to evaluate the ability of the HESI exit exam to predict NCLEX-RN[®] success (Nibert et al., 2002).

Several studies have been completed regarding the reliability and validity of the HESI Exit exam as a predictive indicator of NCLEX-RN[®] success. Validity studies were conducted by Lauchner et al. (1999), Newman et al. (2000), Nibert and Young (2001), and Nibert et al. (2002). Each of these studies was republished in 2006 and 2008. Repeated publication of the research findings associated with the predictability of the exam may have had an impact on its use. Studies are needed to determine if this predictor test is effective in predicting success on the most recent version of the NCLEX-RN[®].

The researchers examined the ability of the HESI exit exam to predict success on the licensure exam in RN or LPN nursing programs. The first study involved a sample of 2,725 students, the second study involved 3,752 students, and the third study included 6,277 students. The fourth study, a descriptive comparative design, examined the accuracy of the exam on predicting NCLEX-RN[®] success and the degree of risk for failure of the exam at the various scoring intervals for students who took the exam in 1999-2000 (Nibert et al., 2002). This involved 6,300 RN students (almost 60% of the total RN student population) and 1,035 PN students.

Evolve[®] has established scoring intervals for the HESI exam ranging from A to H (Nibert et al., 2002). The A/B interval range contains scores from 90-99, C scores are from 85-89.99, D scores are from 80 – 84.99, E/F scores range from 70-79.99, and G/H scores are less than 69.99. A “proprietary mathematical model” is used to calculate “raw” scores based on the difficulty of the exam items (Nibert et al., 2002, p. 142). The scores do not represent percentiles. Each of the study findings indicated that the HESI exit assessment was predictive of successful completion of the NCLEX-RN[®] for

graduates from registered nursing programs. The predictive accuracy of the exam was 97.41% in the first study, 96.49% in the second study, and 97.78% for the third study (Lauchner et al., 1999; Newman et al., 2000; Nibert & Young, 2001).

As mentioned earlier, in the first study school administrators were asked to identify whether students who were predicted to pass the NCLEX[®] exam actually passed or failed. For the second study, administrators from the schools where the exams were administered provided a list of names of students who took the predictor exam (Newman et al., 2000). The names of students who were predicted to pass the licensing exam without any additional preparation, based on the exit exam results (scores within the 90-99 probability range on the HESI exam), were highlighted in yellow. The names of the “low scoring students” (probability scores of 69 or below) were highlighted in green. The educators were asked to indicate how many of the students who were predicted to pass actually failed the licensure exam. For the RN group, 3.64% of the 1,566 students who were predicted to pass the licensure exam actually failed. Similarly, the educators were asked to determine how many of the “low scoring students” actually failed the exam. It was determined that 44.32% (N = 176) of RN students who received a score of 69 or less actually failed the licensure exam. It is unclear to this writer how much of the discrepancy is related to actual predictability of the exam. It is possible that some of the lower scoring students engaged in additional preparation or remediation activities after taking the predictor exam which could have affected the outcome on the licensure exam. Similar methods were followed for the third study (Nibert & Young, 2001).

The fourth study involved a descriptive comparative design, to evaluate the information gained from the previous studies. The researchers examined the accuracy of

the exam on predicting NCLEX-RN[®] success. The researchers also looked at the degree of risk for failure of the NCLEX-RN[®] at the various scoring intervals provided on the HESI exam, for students who took it in 1999-2000 (Nibert et. al., 2002). This sample included 6,300 RN students (almost 60% of the total RN student population) and 1,035 PN students. The researchers determined that the exam was highly predictive of NCLEX-RN[®] success (98.46%). Once again, this was based on the highest achievable scores at the interval level of 90-99 (Nibert et al., 2002). Administrators of nursing schools where the exam was given were provided a list in which the students' names were grouped according to their results, next to each of the scoring intervals. The administrators were asked to indicate how many students in each interval had failed the licensure exam. Chi square analysis of the students' score for each of the scoring intervals identified by Evolve[®] revealed significant differences among scoring intervals ($\chi^2 = 211.624, P = .001$) indicating that NCLEX[®] failures increased as the scoring intervals decreased.

It is important to note that two of the researchers have a stake in the success of the Evolve[®] Reach Exit Exam: Susan Morrison is the founder of HESI and Ainslie Nibert is the Director of Research (Evolve[®], 2011). Another concern, as noted by Harding (2010), is that there is limited data from studies that looked at the predictive ability of exit exams since the introduction of alternate items on the NCLEX-RN[®] in 2003.

Morrison et al. (2004) argue that the validity of the HESI exam in predicting NCLEX-RN[®] success has been established and that the HESI exit exam was found to be 96.36% to 98.46% accurate in predicting NCLEX-RN[®] success rates over a four year period (p. 44S). As noted, this is based solely on scores in the highest interval ranges

(A/B = 90-99). Spurlock and Hanks (2004) contend that although the exam can predict success it does not necessarily predict NCLEX-RN[®] failure rates. The researchers attempted to determine how well the HESI exit exam was able to predict outcomes for nursing students. A study was completed in a school that had implemented a progression policy but that found that students' scores on NCLEX-RN[®] were not consistent with what was expected based on the HESI exit exam results when using the interval scale provided by Evolve[®] (Spurlock & Hanks, 2004). The researchers determined that accurately predicting NCLEX-RN[®] failure was not accomplished by using the HESI exit exam results alone. Faculty should not rely on one single predictor of success. This is particularly true when establishing progression policies because some students may erroneously be denied graduation or the opportunity to take the NCLEX-RN[®] when they would be successful. Others may be afforded the opportunity to graduate and take the exam, without first completing remediation, although they are not likely to be successful (Spurlock & Hanks, 2004).

Spurlock and Hanks' (2004) concerns appear to be corroborated by the findings of a study by Yoho (2007). The researcher completed a longitudinal correlational study to examine the relationship between the scores on the HESI A2 preadmission exam, the mid-curricular test, HESI exit exam scores, and NCLEX-RN[®] success. The sample included 139 ASN students. A secondary aim of the study was to examine the predictive accuracy of the HESI exit exam. Reading comprehension scores on the admission exam were positively correlated with mid-curricular scores ($r = .412$; $p = .01$) and mid-curricular scores were positively correlated with E2 scores ($r = .617$; $p = .01$). The exit exam was reported to be 94% accurate in predicting NCLEX-RN[®] success, but this test only

included students who scored 850 or higher on the exit exam, the minimally accepted score established by the faculty. Also, three students failed the NCLEX-RN® on the first attempt after scoring above 900 on the exit exam. (Yoho, 2007)

ATI Comprehensive Predictor®. Although the ATI Comprehensive Predictor® assessment is a widely used exam (Kelley, 2009), little has been written about it in the nursing education literature. The technical manual for the ATI RN Comprehensive Predictor® exam indicates that its' purpose is to provide students and educators with "a numeric indication of the likelihood of passing the NCLEX-RN® at the student's current level of readiness" and to guide remediation efforts (Kelley, 2009, p. 1). When the exam is completed, students receive a list of topics for remediation based on items that they missed. Davenport (2007) noted that the computerized version offers immediate feedback related to individual student and group performance. The test is intended to mirror the NCLEX-RN® and contains 150 scored items and 30 un-scored pretest items. The exam is available in both paper/pencil and web-based formats. It includes multiple-choice and alternative type items similar to those on the NCLEX-RN®. Like the Evolve® exam, the items are first written by nurse educators. They are then reviewed by two content experts who are nurse educators, a psychometrician, and a production specialist who holds a degree in English or a comparable field. The exam is also reviewed for bias.

In the ATI Technical Manual, Kelley (2009) provides a detailed explanation of the validity and reliability of the exam. Item analysis was completed. Internal reliability was established and a reliability coefficient of 0.79 was obtained (Kelley, 2009). Test-retest reliability was not provided. ATI indicates that predictive validity has been established using logistic regression. They report that a statistically significant

relationship was found between Predictor scores and NCLEX-RN[®] pass/fail status (Model $X^2 = 261.5$, $df = 1$, $p < .001$). The Technical Manual states that this indicates that there is a “a high likelihood that a relationship exists between the Comprehensive Predictor scores and NCLEX-RN[®] results in the greater population of nursing students (Kelley, 2009, p. 25).” It is reported that these findings are based on students’ scores on the predictor exam and their results on the NCLEX-RN[®]. These findings are limited, however, as students were given the option of allowing their NCLEX-RN[®] results to be shared or not allowing them to be released. Of the original sample of 2,712 students, only 1,771 agreed to provide this information, which may have skewed the results somewhat. The authors stated that scores of less than 30% were not included as these students may not have taken the ATI testing seriously. This may have skewed the results as well. More research is needed in which these factors are controlled.

One small Midwestern university uses the ATI Comprehensive Predictor[®] exam to determine student’s likelihood of being successful on the NCLEX-RN[®] (Davenport, 2007). This university used a comprehensive approach to facilitate students’ success on the NCLEX-RN[®]. Strategies included the use of learner style inventories, offering test-taking seminars, promoting participation in study groups, and using ATI exams throughout the curriculum. The ATI Comprehensive Predictor[®] exam was also given near completion of the program. The report indicated that remediation was not required after taking the ATI exams. Instead, students were encouraged to participate in self-directed learning using the feedback from the ATI exam as a resource (Davenport, 2007). The researcher acknowledged the difficulty associated with managing testing and offering numerous students individualized guidance when they do not meet the

benchmark set by faculty. In addition to the strategies that had already been initiated some further recommendations were made. The sample for the study by Davenport (2007) consisted of 259 ASN and BSN graduates of a Midwestern school who took the NCLEX-RN[®] for the first time. The preliminary data analysis revealed that the ATI predictor exam differentiated between those who passed and those who did not. However, no statistics were offered to validate these findings. It was also noted that students who passed the exam on the first attempt were significantly more likely to have a slightly higher GPA (Davenport, 2007). However, about 13% of the students who passed the NCLEX-RN[®] on the first attempt had scored very low on the ATI Comprehensive Predictor[®]. This limits the validity of using that test to predict failure on the licensure exam.

In contrast to what was reported by Davenport (2007) at one school, some educators are requiring students to enroll in remedial courses when they do not achieve a predetermined score on a predictor examination (Heroff, 2009). It has been reported that this structured learning environment benefits high-risk students (Morton, 2006; Poorman et al., 2010). However, the strategies used may vary from one program to another. The literature supports the use of these high stakes exit exams as a way to determine students' readiness for NCLEX-RN[®] and as a guide for remediation (Davenport, 2007; Evolve[®], 2011; Harding, 2010; Heroff, 2009; Kelley, 2009). However, more research is needed regarding the reliability and validity of the ATI predictor exam and the forms of remediation that are most beneficial for high-risk students. It would also be helpful to have evidence based research about whether remediation should be mandatory for high-

risk students or not. The use of courses that incorporate remediation as a way to improve NCLEX-RN® success will be discussed in the next section.

Courses to Improve NCLEX-RN® Success

Some nursing programs have developed courses intended to help students complete remediation and become more competent graduates. Reed and Hudepohl (1983) agree that this strategy may be useful. The researchers wrote about the need for nursing programs to refocus attention from trying to predict and select candidates who were most likely to be successful in nursing programs, to effectively retaining students. The authors suggested that it is necessary for nurse educators to “analyze our instructional processes” and develop skills in assisting high-risk students to help themselves (p. 21). “Developmental programs increase student success without minimizing educational quality (p. 21).”

Remediation has been effectively incorporated into other areas of higher education. For example, one study using a dataset of 28,000 students indicated that students who were required to participate in remediation courses for English and math were more likely to continue their college education than at-risk students who did not participate in remediation (Bettinger & Long, 2009). A large research study of 85,894 freshmen who were enrolled in 107 community colleges was completed with the purpose of comparing the outcomes of students who remediated successfully with those of students who achieved college-level math skill without requiring remediation. After statistical analyses, including hierarchical multinomial logistic regression, the researcher reported that after remediation the two groups of students experienced comparable outcomes and the skill deficiencies were resolved (Bahr, 2008). Students who

participated in remediation and were successful (i.e. achieved college-level math skill) went on to degree attainment or certification (i.e. received a certificate) at a comparable rate to those who did not require remediation (Bahr, 2008).

Several authors noted that some nursing programs are requiring students to complete remediation in courses specifically designed to assist at-risk students (English & Gordon, 2004; Frith et al., 2005; Morrison et al., 2002; Poorman et al., 2010; Sifford & McDaniel, 2007; Spurlock, 2006; Spurlock & Hanks, 2004). The development of courses intended to assist students who are considered to be at-risk for failing the NCLEX-RN[®], appears to be fueled by the upsurge in the use of commercialized high-stakes predictor exams. The scores on these exit exams have subsequently been used to determine the need for remediation.

In the 1980s, Reed and Hudepohl (1983) called for the use of developmental programs to help nursing students succeed. In 1991, Ashley and O'Neill indicated that identifying at-risk students and implementing interventions in the senior year helped students to successfully prepare for the NCLEX-RN[®]. The researchers reported on a study of thirty senior nursing students. Criteria for the study included a nursing grade point average of 2.4 or below, a ranking at or below the twentieth percentile on the Mosby Assess test, and/or a diagnosed learning disability. Fourteen students received the intervention which included ten 2-hour test-taking and skill development sessions. Sixteen students were included in the control group. The researchers reported that the NCLEX-RN[®] pass rate for at-risk students who received the intervention (i.e. attended the sessions) was 92.9%, compared with a 50% pass rate for the control group. This

study involved a small sample and further research is needed in order to generalize findings. Little else regarding this topic was found in the literature for the next decade.

A number of articles have been published in the last ten years related to the development of courses to assist high-risk students. The focus of the courses identified in the literature was on assisting students to successfully complete the NCLEX-RN®.

Poorman et al. (2010) pointed out that since no single variable has been identified as the only factor for promoting NCLEX-RN® success, using a multifaceted approach may be best when assisting high-risk students. The researchers reported on the implementation of a three-credit course for senior baccalaureate students who were found to be at-risk for NCLEX-RN® failure. Students who scored less than the 35th percentile on the ATI Comprehensive Predictor® were required to take the course. The course involved self-assessment of learning needs in collaboration with faculty, development of individualized study plans, practicing test questions, and learning test-taking skills (Poorman et al., 2010). Techniques such as cognitive restructuring, thought stopping, visual imagery, metacognitive techniques of questioning, and think out loud were utilized in that course. Cognitive restructuring involved identifying negative thoughts related to test-taking and restructuring those thoughts into more positive ones that could be used during exams. After identifying destructive thoughts, students used thought stopping techniques in which they consciously made a decision to stop thinking negatively and began replacing those thoughts with more positive cognitions. Visual imagery involved having students visualize preparing for and taking the NCLEX-RN®. The authors indicated that that tool could help students change their behaviors and outlook related to the exam (Poorman et al., 2010). The educators used metacognitive questioning to help students reason through

information. With that technique, students were asked to think out loud when answering questions. The educators then helped the students identify errors in thinking and reasoning. Students' thoughts about required remediation courses, and the strategies used in them, can have an effect on their desire to participate in the remediation. Students who believe that the strategies are beneficial may be more likely to participate.

Several other researchers described the use of similar techniques in courses developed to help high-risk students to succeed. English and Gordon (2004) reported that after nine junior baccalaureate students failed to achieve a score of 85 (equal to 850 on the current version; Nibert et al., 2002) on two attempts at a HESI exam (p. 266). Successful completion of the exam was required for progression into the senior year. They were assessed for anxiety, and their learning needs and styles were evaluated. Remediation to improve clinical reasoning and test taking skills was developed and implemented. It is reported that, after finishing the remediation, all nine students successfully completed the exam with a score of 99 and were able to progress in the program.

Faculty in another program implemented a one-credit course which included addressing test anxiety and "negative self talk," along with content review, test-taking strategies, practice questions, case studies, and thinking out loud (Frith et al., 2005, p. 325). These researchers also reported improvement in the pass-rates on the HESI exit exam (from a 30% pass rate on the HESI exit exam in the year 2002, before the course was initiated, to 89% in 2005. A score of 850 or higher was associated with 'passing.' NCLEX-RN[®] scores are reported to have increased from 83% in 2002 and exceeded 90% in each of the following years, 2003-2005. They also reported positive feedback from

students regarding the course (Frith et al., 2005). When students view the remediation course positively they may be more likely to actively participate in the learning process.

Anecdotal observations reported by Poorman et al. (2010) indicated that students were often discouraged when they first learned that they must take a remedial course. They sometimes became frustrated when they did not improve as quickly as they thought they should. However, by the end of the course the students provided positive feedback when they realized that test scores were improving and that they were even performing better in other nursing courses (Poorman et al., 2010).

Another important aspect of the remedial course, as identified by Poorman et al. (2010), was students' development of individualized plans of preparation. Students answered test questions, then collaborated with faculty to determine the types of errors they were making. The students had to determine if they were missing questions because they had a content deficit or were there other reasons for these errors. Other reasons for missing items included misreading questions and becoming anxious over one wrong answer and then missing the next several questions. When students miss several questions in a row this is known as clumping (Poorman, et al., 2010; Poorman, Mastorovich, Molcan, & Liberto, 2011; Poorman, Mastorovich, Molcan, & Webb, 2009). It was noted that students who had difficulty taking exams often had a combination of test-taking difficulties. After identification of student issues and the use of these cognitive, behavioral, and metacognitive techniques, students practice test scores improved. In 2007, the 25 students who were considered to be at-risk for failure on the NCLEX-RN[®] had a 92% first-time pass rate. The following year, all 14 students who

were identified as at-risk and who had been required to complete the remedial course successfully completed the NCLEX-RN® on the first attempt (Poorman et al., 2010).

Researchers in another study that involved 47 senior-level baccalaureate students compared scores on a commercially prepared exit exam before and after at-risk students took a remediation course (Sifford & McDaniel, 2007). The two-credit course was offered in the last semester of the program and was required for any student who did not achieve the benchmark score of 850 after two attempts on the exit exam. That course was similar to the course described by Poorman et al. (2010) in that it included identification of common test-taking errors and individual strengths and weaknesses with testing. Other content included pacing for a timed exam, narrowing options, prioritizing responses, answering nursing process questions, and dealing with test anxiety. A more detailed description of the remediation strategies was not provided. At the end of the course, students took the predictor exam again. At that point 18 students (38.3%) achieved a passing score (Sifford & McDaniel, 2007). While some students were successful, many were not. The researchers acknowledged a need for more aggressive interventions to improve pass rates. It was theorized that earlier intervention, more time, and “increased student input into the topics and materials comprising the intervention” might be beneficial (p. 35).

Each of these studies involved the use of courses to address the needs of students considered to be at-risk for failure on the NCLEX-RN®. Some students consequently passed the NCLEX-RN®, while some remained unsuccessful. The rates of success appear to vary widely. Do students’ perceptions of the experience lead to negative or positive results? More research is needed to make this determination.

In each case, students were considered to be at-risk for failure based on predictor exam results. However, the findings of these studies are limited in that they were all completed with baccalaureate students. No associate degree or diploma students were included. Some researchers indicated that students took the exit exam once before remediation was required. Others indicated that students had two chances to achieve the benchmark score. There was no information to help the reader determine if the number of attempts on the predictor exam correlated with the ability to pass the NCLEX-RN® on the first attempt. Another limitation is that other confounding variables, which had an effect on the results, were not addressed. This may be difficult to do given the complexity of the situation.

The literature is noticeably lacking in studies that seek to understand students' experiences and the meaning of being required to complete a remediation course for those at-risk for failing the NCLEX-RN®. This dissertation study is intended to help address that important gap in the literature. By asking students about the meaning and perceptions of the experience, educators may learn more about why participation results in successful completion of the NCLEX-RN® for some students while others' remain unsuccessful. Heroff (2009) reported anecdotally that at-risk students are not likely to voluntarily develop a study plan, use study resources, or participate in learning experiences that are not required. Similarly, Ashley and O'Neill (1991) found that over 50% of students who were offered an opportunity to participate in content review did not do so. Morton (2006) concurred, stating that students in one nursing program did not take advantage of support services on campus, so a program was instituted involving structured learning assistance. Structured learning assistance may include required

attendance in courses for high-risk students. It is not clear why some at-risk students are hesitant to use resources available to them (Heroff, 2009). Learning about students' perceptions associated with completing required remediation may shed light on this phenomenon. Sifford and McDaniel (2007) agreed, stating that future research should focus on students' perceptions of remediation in a class designed to address test-taking strategies, anxiety, and time management issues (p. 36).

Experiential Context

As a nurse educator in an associate degree nursing program, I have encountered students who struggle to succeed. I have witnessed their anguish when they are not successful in the program or on the NCLEX-RN®. I have personally felt frustrated, and noted the frustration of my colleagues when despite our best efforts, students were not successful in the nursing program and on high-stakes tests like the licensure exam. It is particularly frustrating when high-risk students do not take advantage of opportunities to learn or use support services, despite our recommendations. More research is needed to learn why this phenomenon exists.

As Heroff (2009) and Morton (2006) indicated, at-risk students sometimes fail to voluntarily participate in learning opportunities that could help them succeed. As an instructor and an advisor, I have frequently encouraged students to participate in study groups, seek assistance within the learning support center, practice completing NCLEX-RN® questions, or use available online learning resources, including case studies and practice tests. Despite the fact that they are at-risk for failing the course or NCLEX-RN®, some students still choose not to use these resources or participate in suggested remediation that is not required as part of a course. Therefore, I recently developed a

course intended to help second year ASN students to be successful in the nursing program and on the NCLEX-RN[®]. Ultimately, the goal is to produce graduate nurses who are capable of using clinical reasoning to effectively care for patients.

I have observed students in a remedial course who actively participated in remediation, progressed through the program, and passed the NCLEX-RN[®] on the first attempt. I have also observed students who attended the class but did not appear to actively participate without coaching by the instructor. Although I recognize that some students who participate will benefit and some who do not actively participate will still pass the NCLEX-RN[®], the research indicates that participating in remedial courses increases NCLEX-RN[®] pass rates (Ashley & O'Neill, 1991; Frith et al., 2005; Poorman et al., 2010).

Why are some students more likely to fully participate than others? Do they have different beliefs about the purpose of the remediation? Do they view the experience similarly or differently? I have observed students who looked at the experience of completing required remediation in a positive light; an opportunity to gain the skills and knowledge necessary to be successful on the NCLEX-RN[®] and become competent nurses. I have also heard students talk about remediation negatively or as “just extra work.” One student stated that she didn’t want others to know that she needed help because the others would think she is “stupid.” This student believed that she had to struggle alone. If that student believed that, I suspect that there are others who also believe that there is a stigma associated with being at-risk or requiring remediation. High-risk students may also perceive that the educator has a negative view of them or will judge them. Asking participants about their experience while completing required

remediation will help to bring some clarity for educators who seek to help them. The educators may gain a better perspective of how students perceive participation in remediation and may learn how to address students concerns about seeking help.

Conclusion

The research question guiding this study is, “What is the meaning of the experience of being enrolled in a required remediation course for nursing students identified as high-risk after NCLEX-RN[®] predictor exams?” The intent of this chapter was to show how this study evolved. Historically, the NCLEX-RN[®] was developed to measure entry level nursing competence as a way to protect members of the public who might receive care. The pressure for students to pass the exam on the first attempt has led to the use of standardized predictor exams to determine students’ readiness for NCLEX-RN[®] and the likelihood of passing on the first attempt. According to the literature, nurse educators began using the information gained from these standardized predictor exams to provide at-risk students with remediation, in an effort to achieve higher first-time pass rates on the NCLEX-RN[®]. Remediation may be offered in the form of a remedial course. However, there is a notable gap in the literature regarding at-risk students’ perceptions of the experience of being required to complete remediation based on predictor exam scores. This initial review of the literature provided a rationale for studying this phenomenon.

CHAPTER THREE

METHODOLOGY

This chapter provides an overview of the design and research methodology that guided this study. Following Munhall and Chenail's (2008) suggestions, this chapter includes a discussion about the background and rationale for choosing the Heideggerian hermeneutic phenomenologic approach for this study. The general steps of the phenomenologic method as applied to this study are outlined. This chapter also provides information about the general method of inquiry and how key concepts and terms were defined in this study. The method of inquiry, as it was applied, includes a discussion of the aim of the study, the sample, the setting, how access was gained, and other steps of the process. Human subject considerations are also identified, and strengths and limitations of the study are discussed.

The Method of Inquiry: General

The research question guiding this study was, "What is the meaning of the experience of being enrolled in a required remediation course for nursing students identified as high-risk after NCLEX-RN[®] predictor exams?" The focus of this qualitative study was on the perceptions and meaning of the experience of completing required remediation in a course for students who are considered to be at-risk for failing the National Council Licensure Examination for Registered Nurses (NCLEX-RN[®]). The philosophical approach to this study was based on the interpretive phenomenological method of inquiry as influenced by Martin Heidegger.

Introduction and Background of the Methodology

Phenomenology originated from European philosophy in the early 20th century. Since that time, disciplines such as social work, sociology, psychology, and nursing have used this methodology. This philosophical tradition was developed by Scheler, Brentano, and Husserl (Munhall, 2007; Starks & Brown Trinidad, 2007). Husserl was interested in describing humans' experiences (Husserl, 1963). Heidegger (1962) called phenomenology the "science of the Being of entities" (p.61).

Phenomenologists believe that truths about reality can be found in people's "lived experiences" while "being in the world" (Heidegger, 1962; Polit & Beck, 2008, p. 227). The focus of phenomenology is on understanding the everyday life experiences of individuals. This is accomplished by the researcher becoming immersed in the informant's world through in-depth interviews and conversations. The researcher then uses rich-text descriptions to report the findings in such a manner as to uncover meaning and to help the reader envision a phenomenon in a way that enriches the understanding of that topic (Heidegger, 1962; Polit & Beck, 2008).

Heidegger (1962) was most interested in the *meaning of being*. According to the philosopher, a person's perception of an experience is more important than reality. It is essential that the individual interpret an experience based on his or her own perceptions, since that is how the person perceives the phenomenon. In other words, it is the individual's unique reality of the situation and being-in-the-world.

There are two types of phenomenological studies: descriptive and interpretive. Descriptive phenomenology was developed by Husserl and involved describing human experiences and being open to the meanings given to a phenomenon by a participant

(Husserl, 1963). Husserl believed that philosophy was a description of experience. Martin Heidegger, a student of Husserl, developed interpretative phenomenology. Heidegger was more interested in interpreting and understanding the meaning of human experience and not just in describing it (Crowell, 2010; Heidegger, 1962). Heidegger, and others known as Existentialists, did not deny the validity of the sciences or psychology, but claimed that individuals could not be explained under only those terms (Crowell, 2010). They focused more on the subjective aspects of human existence including emotions, actions, thoughts, and the meaning of life.

Guiding Methods

A Heideggerian hermeneutic phenomenologic approach to qualitative research was implemented in this study. The term hermeneutics refers to the art of interpretation (Johnson, 2000). It is a form of phenomenology in which the researcher attempts to understand the human experience and interpret the meaning of a phenomenon (Allen, Benner, & Diekelmann, 1986; Heidegger, 1962). Heidegger (1962) stated that interpretation was “grounded in understanding” and that people should “pursue the phenomenon of interpretation in understanding the world” (p. 188). According to Heidegger, it is a process of understanding ourselves and the world in which we live. Heidegger maintains that beings are situated in the world and cannot be separated from it; we cannot escape the fact that we exist in the world. One’s “Being-in-the-world” can only be described from that person’s perspective at that moment in time (Heidegger, 1962, p. 78).

Furthermore, Heidegger (1962) believed that a person’s understanding and state of mind are temporary and always moving toward the future. Therefore, interpretation of

phenomenon are referred to as “temporal interpretations” (p. 384). These interpretations or perceptions may change over time as the person has other life experiences and views the phenomenon from different perspectives.

Instead of imposing meaning, phenomenology tries to let things reveal themselves (Heidegger, 1962). Heidegger (1996) states that “nothing is without reason (p. 3).” We have to look for reasons for why things are the way they are and try to “get to the bottom of what is encountered” (Heidegger, 1996, p. 3). Only then can we make statements or assertions about the phenomenon. He argued that if an experience is to be described properly it is important to find the being (or “Dasein”) for whom the ‘being’ is a question and to whom the description might matter (Heidegger, 1962). This phenomenological approach helps researchers to uncover what has been concealed.

Heideggerian phenomenologists are interested in language as a vehicle to uncover or disclose the nature of being (Heidegger, 1962; Korab-Karpowicz, 2009; Munhall, 2007). Heidegger stated that language (talking or discourse) is “the way in which we articulate ‘significantly’ the intelligibility of Being-in-the-world” (Heidegger, 1962, p. 204). Patterns of meaning are manifested through discourse. According to Heidegger (1962), if information is going to be revealed we have to be attuned to the situation; we have to listen intently so that we can accurately interpret what is being said. This is not a passive process. It involves listening while also thinking about what is being said. When beings reveal themselves, Heidegger referred to this process as an uncovering, or unconcealment, of their ‘truth’ (Heidegger, 1962)

Rationale for Choosing the Phenomenological Method

The philosophy of Martin Heidegger provided a framework for studying the phenomenon of the experience of at-risk students who were required to complete remediation. This dissertation study was an attempt by the researcher to understand and *interpret the meaning of students' experiences* by listening to their stories about the lived experience of being in this type of course. The students' stories were digitally recorded and transcribed. *Language*, including the recorded words and transcriptions, served as the students' *interpretation of the experience*.

According to Annells (1996) and Sadala and Adorno (2002), nurse researchers have turned to phenomenology as an important methodology for learning about the experiences of nurses and patients from a more subjective point of view. Phenomenology is a more appropriate approach to understanding some human issues than the traditional, more objective, research methods (Sadala and Adorno, 2002). Nurses and nurse educators can benefit from this approach by seeking new perspectives to broaden the understanding of specific phenomenon. Phenomenology can be used to investigate many aspects of nursing and nursing education as long as the focus is on the life experience of humans. Nurse researchers have used the hermeneutic phenomenologic method to gain a better understanding of phenomena in nursing such as caring, the meaning of suffering, the work of hospice nurses, quality of life issues, intensive care patients' memories, and patients' and healthcare workers' perceptions of healthcare experiences (Evans & Hallett, 2007; Smythe, 2010; Stephen, Elliott, & Macleod, 2011; Storli, Lindseth, & Asplund, 2008). It has also been used to study diverse topics in nursing education such as pedagogies for teaching thinking; lived experiences of students, teachers, and clinicians

in nursing education; workforce mentoring of students; and students' experiences of caring for patients in isolation (Cassidy, 2006; Diekelmann, 2001; Ironside, 2003; Wareing, 2011).

In any case, the researcher who uses the phenomenologic qualitative method is concerned with understanding how others perceive the world. Therefore, phenomenology was an appropriate methodology for this study of the meaning of the lived experience of students who were required to complete remediation. The researcher who draws on the phenomenologic qualitative method is concerned with understanding how others perceive the world. This dissertation study explored the individual perceptions of students who were considered to be at-risk for failure on the NCLEX-RN® based on scores on high stakes exams. What meaning did this experience have for those individuals who were required to complete remediation? The phenomenological method was useful in helping this researcher gain insight into this information.

Outcome of the Method

The desired outcome when using an interpretive phenomenologic method of study is to produce rich data in an effort to express the lived experience of people in a specific context. This descriptive data is expected to benefit the profession by building on the understanding of a particular phenomenon; in this case, the phenomenon of students' perceptions of being required to complete remediation. A goal of phenomenological research is to enter other people's "worlds" and to "discover the practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2008, p. 229). This researcher's objective was to 'enter the world' of students who were required to complete remediation and to gain a better understanding of the meaning of the experience from

their individual perspectives. This objective was met as the students freely shared their stories, allowing me to enter their ‘world’ and gain a better understanding of how they perceived the phenomenon of being required to participate in remedial courses.

The Phenomenologic Process

Phenomenologic studies involve interviewing participants in order to learn about their lived experiences. For this study, participants were asked to share their stories about the experience of being required to enroll in a remediation course after receiving predictor exam scores. The interviews for this study were conducted by the primary researcher. Digital recorders were used during the interview process. This allowed the researcher to actively listen to what was being said by the participants. The researcher was able to pay closer attention to nonverbal communication such as facial expressions, in addition to listening to the spoken language. After the interviews, the researcher used a field journal to note some intense emotions, facial expressions, and other nonverbal responses. However, note-taking was limited during the actual interviews in order to allow the researcher to remain attentive to what was being said. Immediately after the interviews, some additional notes were written and the researcher’s thoughts and impressions were noted in the journal.

The interview recordings were transcribed by the researcher. In order to ensure accuracy, this researcher listened to the recorded interviews again while reading the transcripts and correcting any errors.

Phenomenological studies frequently involve bracketing, intuiting, analyzing, and describing (Polit & Beck, 2008, p. 228). Hermeneutic studies also involve interpreting. Bracketing, involves the researcher identifying personal feelings and values and setting

aside any preconceived notions that he or she may have in order to be more open to the participants' perceptions. However, Heidegger believed that it was not possible to bracket one's prior understanding and being-in-the-world (Heidegger, 1962). We can examine other aspects of the world but we cannot completely separate from it. Gearing (2004) suggested that instead of bracketing, interpretative researchers should identify their own assumptions in an attempt to be more transparent. Crist and Tanner (2003) agreed, stating that the researcher should acknowledge any assumptions that might influence the interviews or the interpretations. In chapter one of this dissertation this researcher identified initial assumptions, intuition, and potential biases related to the phenomenon being studied. As the study progressed, additional thoughts, intuitions, and assumptions related to this study were recorded in a journal along with other field notes. In some cases, the journal included notes about the emotion and/or nonverbal characteristics displayed by the participants during the interview. At times, the journal was used as a repository for the researchers' reflective thoughts following interviews.

Researchers who employ the interpretive phenomenologic method conduct interviews to gain insight into a phenomenon. Interpretative phenomenologists rely heavily on in-depth interviews with individuals who have experienced the phenomenon being studied. Through these interviews, the researcher attempts to obtain a better understanding of the phenomenon and gain insight into the participant's world (Polit & Beck, 2008). This researcher used unstructured interviewing techniques to gather narrative information; the participants' stories of their lived experience of the phenomenon. This involved direct interaction between the researcher and the participants. The researcher asked the participants to answer an initial open-ended

question, otherwise, there was no formal structured instrument, and the interviewer was free to let the conversation flow in any direction of interest to the student participant (Trochim, 2006). This allowed the researcher to explore the topic broadly.

The next phase of a phenomenological study is intuiting (Polit & Beck, 2008). Intuiting involves being open to meanings given to the phenomenon by the participants. This was accomplished during the interview by asking an open-ended question about the experience and the meaning of the phenomenon; “Tell me about your experience of being required to take _____ (the number for the remediation course).” They were also asked, “What did that mean to you?” The researcher avoided the use of questions that would lead the participant toward any specific answers. This researcher attempted to remain open to whatever the participants shared when listening to their stories and reviewing the transcripts.

This aspect of the phenomenologic method is congruent with Heidegger’s thoughts about language and interpreting. Heidegger asked us to reflect on language as we would a piece of art (Heidegger, 1962). He indicated that we should select examples of language, whether spoken or written words, and reflect on our experience with those examples. Through this experience we will be better able to understand the nature of what is being said. When we dwell with and reflect on the words spoken by others we can uncover hidden meaning (Heidegger, 1971). However, this requires active listening and hearing. Therefore, in Heideggerian hermeneutics the researcher questions and listens intently but does not presuppose a conceptual framework (Heidegger, 1971; Johnson, 2000). So, during the interview process, rather than ask specific questions that would lead the participants in one direction or another, the researcher allowed them to tell

their stories without interruption, giving them the opportunity to highlight aspects that were most meaningful to them. When they had completed telling their stories, the researcher would ask for clarification or more in-depth information if needed to fully understand their perception of the phenomenon.

According to Polit and Beck (2008), after transcription, the next phase of the phenomenologic method is analyzing and describing the data. In hermeneutic studies the analysis also involves interpreting. Although the interpretive hermeneutic methodology has been used in many studies involving nursing research, the process for completing the analysis and interpretation has not always been clear (Crist & Tanner, 2003). Crist and Tanner (2003) provided a step-by-step explanation of how the interpretive process could be completed. The authors were careful to point out, however, that this is a repetitive process in which steps may overlap, as opposed to a linear one (Crist & Tanner, 2003). The interpretive process usually begins after the first two to three interviews are done and may be completed by the researcher alone or it may involve a team of people who will review the transcripts and search for meaning. The analytic process is a circular one, in which the researcher simultaneously examines narratives looking for emerging interpretations while continuing to interview additional participants. This is often described in the literature as the ‘hermeneutic circle.’ The researcher looks for emerging interpretations without losing sight of each participant’s individual story (Crist & Tanner, 2003).

Crist and Tanner (2003, p. 203) describe the analytic process as having five phases:

- 1) Early focus and lines of inquiry

- 2) Central concerns, exemplars, and paradigm cases
- 3) Shared meanings
- 4) Final interpretations
- 5) Dissemination of the interpretation

It is important to note that these phases may overlap. In phase one, after completing the first three interviews, the researcher reviewed the initial transcripts. At that point, the researcher reviewed the interview techniques. The researcher noted repetition of information from the participants and areas for further exploration (Crist and Tanner, 2003, p. 203). After participants shared their stories of what it meant to be required to participate in a remediation course, the information obtained from previous participants helped to guide the researcher's line of questioning during the subsequent interviews, in order to obtain a deeper understanding of the phenomenon (Benner, Tanner, & Chesla, 1996). No follow-up interviews were conducted.

Also, in the second phase, the researcher reviewed the transcripts and began to identify meanings, themes, or concerns that were unfolding for individual participants (Crist & Tanner, 2003). This analysis went beyond categorizing information, to fully describing and interpreting the experience, and looking for hidden meanings. When reviewing and analyzing the text from the interviews, the researcher looked for patterns and common themes that the participants described as part of the phenomenon (Diekelmann, 2001; Polit & Beck, 2008). Three themes were identified and are discussed in detail in chapter four. Some of the themes were different than any preconceived thoughts that this researcher held about the phenomenon.

The interpretive process also involved writing and rewriting. In order to achieve a deeper understanding of the phenomenon, immersion into the data was necessary (Munhall, 2007). After interviewing participants, it was necessary to read and reread the transcripts and reflect on what was said (Rudestam & Newton, 2007). Because of the large amount of data collected, it became necessary to summarize the information and look for themes (Richards, 2005). These summaries included central concerns that were identified from the transcriptions of the early interviews. According to Crist and Tanner (2003), team members (i.e. dissertation committee members) may be asked to review and discuss these summaries, rather than reviewing the whole transcript. Two members of the dissertation committee reviewed the summaries, along with the primary researcher. As the team members analyzed and reflected on the data, new theories about the phenomenon emerged.

The researcher provided “salient excerpts” of each participant’s story in the summaries (Crist & Tanner, 2003, p. 204; Diekelmann, 2001). This helped to provide insight into the participants’ lived experiences. Munhall (2007) stated that phenomenology is sometimes described as “the science of examples” (p. 163). Researchers using this method should provide anecdotal descriptions of an experience that “permit the reader to see the significance or structure” of the occurrence that the individual is describing (Munhall, 2007, p. 163). Diekelmann (2001) also indicated that that gives the reader the opportunity to participate in the analysis. In Hermeneutic phenomenologic research the phenomenon being studied is explained through the use of rich-text descriptions. *Thick* or *rich-text* descriptions are detailed accounts of experiences (Holloway, 1997). Enough detail is given when describing a phenomenon that the reader

can begin to consider how the conclusions can be transferred to other people and situations (Lincoln & Guba, 1985). In contrast, thin descriptions are limited to superficial accounts of an experience (Robert Wood Johnson Foundation, 2008). When analyzing the data, excerpts from the transcripts were included and details were provided in an attempt to help readers consider the conclusions and determine how the information gained might be useful to nurse educators and students.

As suggested by Benner et al (1996), during the writing process, the researcher reviewed the summaries, looking for common themes among the participants' stories. Salient excerpts that characterized the themes were shared and discussed with two team members (Crist & Tanner, 2003). In the second phase, the researcher also begins to conceptualize (interpret or formulate an idea) and code central concerns and exemplars by 'naming' them (Benner et al., 1996; Crist & Tanner, 2003). This process of naming evolved out of the writing and dialogue that occurred. In this second stage, the researcher continued to interview participants and dialogue with team members as needed, in addition to carrying out the interpretative writing.

In the third phase of analysis, the researcher continues to focus on the summary. The central concerns and meanings became clearer to the researcher and the team members (Crist & Tanner, 2003). The researcher was able to make connections between meanings found within and across stories as suggested by Diekmann (1993). In phase four, the researcher completed the final interviews and made final in-depth interpretations of the excerpts and summaries (Crist & Tanner, 2003).

In the fifth and final phase, the interpretations were refined and reported in this dissertation manuscript, and final input was sought from the dissertation team. Readers

of this report can develop their own interpretations. This systematic and rigorous approach to analysis as outlined by Crist and Tanner (2003) was used in an effort to enhance the credibility and validity of the findings.

Translation of Concepts and Terms

For the purpose of this study the phenomenological concepts and terms used are defined as follows:

Being-in-the-world: The process of existing for human beings (Heidegger, 1962, p. 78). A human being's social environment or culture is his or her world. Heidegger (1962) included the hyphens to emphasize that there is no distance between a human being and the world.

Hermeneutic circle: The process of searching for meaning in the text (transcripts) as a whole and in the interpretation of individual parts of the text. A comparison is made to reveal what is unknown about a lived experience of being-in-the-world (Heidegger, 1962). This process continues in a circular motion until the meaning of the phenomenon is believed to be uncovered.

Interpretive Phenomenology: A qualitative research methodology used when the researcher seeks to determine the meaning of a phenomenon with the purpose of understanding a human experience from individual perspectives. The researcher

	uses this methodology to interpret the stories of individuals who have experienced an identified phenomenon.
Lived experience:	A process of encountering a situation or phenomenon from the perspective of an individual who has gone through or been subjected to that experience; the way an individual experiences and understands his or her world and the meaning of that experience.
Perception:	How things in the world are perceived or interpreted by an individual. According to Heidegger (1962), a person's perception of an experience is more important than reality. It is imperative to have a person interpret an experience based on their own perceptions since that is how they perceive the phenomenon.
Temporal interpretations:	A person's interpretation of the world. This understanding and state of mind are temporary and change as situations and other things in the person's world change. (Heidegger, 1962)
Unconcealment of Truth:	When beings reveal themselves to the world; an uncovering of the truth or the meaning of an experience to an individual. (Heidegger, 1962)

Remediation, at-risk students, and high-stakes examinations were defined as they apply to this study. Those definitions can be found in chapter 1.

The Method of Inquiry: Applied

Aim of the Study

The aim of this study was to explore, describe, and interpret the meaning and experience of being required to complete remediation based on predictor exam scores. The focus was on the perceptions of ASN and BSN students who were required to complete the remediation in courses designed to assist high-risk students to successfully complete the NCLEX-RN[®].

Sample

According to Munhall (2007), sampling differs in qualitative studies from that of quantitative studies, because the researcher must find participants who are willing to “tell their story” about the experience being studied (p. 181). This often requires purposive or criterion sampling, because the researcher must select participants who match the inclusion and exclusion criteria established for the study (Rudestam & Newton, 2007). Heidegger (1962) noted that if an experience is to be described properly it is important to find the being (or “Dasein”) for whom the ‘being’ is a question, and to whom the description might matter (Heidegger, 1962). Therefore, it was important to find students who were experiencing the phenomenon of being required to participate in a remediation course, so that a proper description could be obtained. In order to obtain participants who met the inclusion criteria for this study, this researcher contacted nurse educators and administrators in several nursing schools in western Pennsylvania to inquire as to whether they offered required remediation courses.

An educator at one program indicated that they were in the process of developing a remediation course but it would not be initiated for at least a year. So, participants were

not obtained from that facility. Three nursing programs were immediately identified in which remediation was required based on predictor exam results. One school used the Evolve[®] Reach Exit Exam at the ASN level and the two others, one ASN and one BSN program, used the Assessment Technologies Institute RN Comprehensive Predictor[®] to determine which students would be required to participate in remediation. Upon further discussion, it was noted that the ASN program in which the Evolve[®] Reach Exit Exam was utilized, included the remediation as a part of an existing nursing seminar course. However, the course was not developed solely for the purpose of remediation and improving NCLEX-RN[®] success, so participants were not sought from that program. This researcher then sought and gained IRB approval from the two remaining schools.

After receiving IRB approval, the researcher contacted the faculty of the remediation courses at the schools via phone and email. The faculty member of the BSN students agreed to allow this researcher to approach students in two separate remediation courses, one offered in the fall semester and one offered in the spring semester. Students in the fall semester course were nearing the end of the semester. After reviewing the informed consent and answering any questions that the potential participants had, an overwhelming majority of the students agreed to participate in the study by completing the Interest in Participation Form. However, due to time constraints associated with the semester ending, this researcher chose to interview four students in that class. The four students were randomly chosen by drawing four papers from the pile of Interest in Participation Forms. Contact was made by the students' preferred method; either email or via phone. At that time, the four BSN students agreed once again, either verbally or in writing, to participate in the study. They were given the option of meeting in a private

office on campus or at another site of their choosing. All indicated that they preferred to meet in the office on campus. The interviews took place during the fourteenth week of their semester.

The following semester, following the same procedure, potential participants were identified. However, contact was made with the students very early in the semester.

Once again, several students agreed to participate, and three students were chosen randomly from those who completed Interest in Participation Forms. Those interviews took place during the fourth week of the semester.

The final participants were obtained after contact was made with the nurse educator of the remediation course in the ASN program. In that instance, the educator chose to review the informed consent with students and agreed to an interview date in the twelfth week of the semester. The students in that course included some who were required to take the class and some who were not. Those who were not required to take the class, did not meet the inclusion criteria. That class contained a smaller number of students, however, several of the students were required to take the course, and most agreed to participate in the study. The educator then randomly chose two students from those who indicated an interest in participating. As a matter of convenience, the randomly chosen participants were asked if they were available to meet with the researcher for an interview on that day, although additional interview times could have been arranged. Both agreed to meet for the interview on that same day. The researcher reviewed the informed consent with the participants once again and answered any further questions that they had regarding the study. The participants then signed the informed consent before the interview process began. Both participants indicated that they were

comfortable completing the interviews in a private room that provided by the educator, a simulation lab that was not being utilized by others on that day.

In summary, the sample for this study consisted of two ASN and seven BSN student nurses who were required to take a course designed to assist at-risk students to successfully complete the NCLEX-RN[®]. The students were found to be at-risk after receiving scores below the benchmark on the ATI RN Comprehensive Predictor[®] assessment. The benchmark was established by educators within the students' nursing programs. The students were enrolled in the remediation course in the final semester of the program. Purposive sampling was required in order to obtain participants from the specific population needed for this study. Because the focus was on the 'lived experience,' it was important to include participants who were experiencing the phenomenon at the time of the interviews.

Rudestan and Newton (2007) stated that most phenomenologic studies involve a small sample and relatively lengthy interview times. The interview times for this study ranged from forty-five to ninety minutes each. It is not unusual for the sample to consist of less than ten participants (Rudestan & Newton, 2007), as was the case in this study. According to Benner (1994), a sample can be considered adequate when clear interpretations are made, new participants are no longer revealing new information, and meanings from narratives become redundant. At the same time, it is important to recognize that each individual has their own story to tell from their perspective, so some differences are expected. This researcher noted redundancy after only 4 interviews but continued to interview participants so that a vast amount of rich data could be obtained.

While each student shared their personal story, similarities could be noted among their experiences.

There are several high stakes predictor examinations available for use in nursing education. The Evolve[®] Reach Exit Exam and the Assessment Technologies Institute RN Comprehensive Predictor[®] exam are among the most commonly used exit exams (Evolve[®], 2011; Harding, 2010; Kelley, 2009). Participants were sought who had completed one of these two types of exams. These exams were chosen because they are among the most frequently used, they provide scores that educators can use to determine students' need for remediation, and they identify specific content areas in which students need improvement (Evolve[®], 2011; Kelley, 2009; Morrison et al., 2004). Ultimately, all of the participants in this study had completed the ATI Predictor assessment and had scored below the benchmark established by their nursing program.

Setting

Interviews for this study were conducted at sites that were convenient and comfortable for each of the participants. The interviews took place in private areas on their respective campuses. It was recognized that because of the sensitive nature of the topic, some participants may not be comfortable talking about their experiences in a campus setting or public forum, therefore, participants were offered the option of holding the interviews at different sites if they desired. All chose to participate in the interviews in a private setting on campus.

Gaining Access

According to Rudestam and Newton (2007) researchers conducting phenomenologic studies usually must locate participants who experienced the

phenomenon that is being studied. Initially, this researcher, a nurse educator, identified prospective participants through personal contact with other faculty or administrative leaders in nursing education programs. As a matter of convenience and to limit associated costs, the researcher limited the initial target area for participants to western Pennsylvania. If it became necessary to recruit additional participants, any student who met the inclusion criteria within the United States would have been included, however, it did not become necessary to go outside of the initial targeted area. Contact was made in person, via phone, and email, requesting identification of nursing programs that require students to participate in remediation courses, based on predictor exam scores. It was also necessary to determine if the Evolve[®] Reach Exit Exam or the Assessment Technologies Institute RN Comprehensive Predictor[®] assessment were used to make the determination of which students required remediation.

As indicated previously, after programs were identified, requests were made to the nurse educators of the remedial courses and/or administrative leaders of those programs, asking them to review the Informed Consent (Appendix A) and Interest in Participation form (Appendix B) and to consider allowing access to potential participants who were students in their courses. A copy of the IRB approval was provided to the program leaders and/or educators of the remediation courses. One school required additional IRB approval from their site. That approval was sought and obtained by this researcher. Permission to talk to and recruit the students in remedial courses was requested. At one school, this researcher was given the opportunity to approach potential participants in their course, review the Informed Consent, answer questions, and obtain signatures on the Interest in Participation Forms. In order to maintain confidentiality, the

educator teaching the courses was asked to leave the room. At that point, the Informed Consent was reviewed, questions were answered, and potential participants were asked to indicate their interest in participating in the study. The potential participants indicated their interest by providing a signature and contact information in the area provided on the Interest in Participation form (see Appendix B). They were offered the opportunity to respond by sending a personal email to the researcher at the address provided on the consent form or by contacting the researcher by phone if either of those methods were preferred. No phone calls or emails indicating interest were received. However, numerous positive responses were obtained on the Interest in Participation Forms. The researcher then contacted the potential participants to make arrangements to meet at their convenience. At the other school, the faculty member shared the informed consent with the students and asked them to complete the Interest in Participation Forms. Two students were randomly chosen from those indicated interest in participating. Those students agreed to meet with the researcher on that date to participate in the interview.

In each case, the informed consent was reviewed with each of the participants at the time of the interview and signatures were obtained before beginning the interview process. Participants were asked to sign a Voluntary Consent form (see Appendix C) at the time of the first interview. They were also asked to give permission to be contacted again if further information or clarification was needed. No follow-up interviews were conducted.

It was intended that attempts would be made to recruit student participants from both ASN and BSN nursing programs. It was also intended that initial interviews would be completed with a limited number of participants from each type of program

represented until an adequate sample was reached to describe and interpret the phenomenon. It was not necessary to seek referrals from the initial participants in order to obtain a larger sample.

General Steps of the Research Process

The hermeneutic phenomenological method of research was employed for this qualitative study. The participants were first asked to participate in an interview. The purpose of the interview was to determine participants' perceptions of the lived experience of being required to complete a remedial course. The interviews were digitally recorded, with permission, and then transcribed verbatim for use for data analysis. Secondly, written demographic data was obtained (see Appendix D). This included the participant's age, gender, ethnic background, status as a student (i.e. in the last semester of the program or not), type of nursing program attended, type of predictor exam completed, and score received on the exam. This data was analyzed using descriptive statistics and findings are reported in chapter four of this dissertation. Participants were informed that a follow-up interview may be needed for the purpose of clarifying or gaining additional information.

The research question guiding this study was, "What is the meaning of the experience of being enrolled in a required remediation course for nursing students identified as high-risk after NCLEX-RN[®] predictor exams?" It is not appropriate to complete a structured interview using a predetermined list of questions when completing a hermeneutic phenomenologic study. This type of interviewing might 'lead' the participant in a specific direction when responding. Instead, it is important to be open to participants' perceptions of the phenomenon. Therefore, participants were simply asked

to, “Tell me about your experience of being required to take _____ (the number for the remediation course).” They were also asked, “What did that mean to you?” Those questions were pretested with two students who were required to complete remediation based on predictor exam scores. The interviews during pretesting resulted in the obtainment of meaningful data. In the current study, these questions served as an impetus for the participants to share their stories. They willingly shared what was important to them and that resulted in the attainment of rich data which is analyzed in the following chapter.

If further information, clarification, or elaboration was needed, the interviewer used additional open-ended questions to help “explicate the person’s unfolding of the experience” as (Munhall, 2007). Those open-ended questions included:

Could you elaborate more on that? Tell me more about what was happening...

Give me a ‘for instance’ of (a term used by the participant)...?

You used the phrase _____, can you tell me more about what that was like?”

Human Subject Considerations

This researcher took several precautions in order to protect the subjects in this study. Institutional Review Board approval was obtained from Indiana University of Pennsylvania before conducting the study. Additional approval was obtained as required by each educational institution in which participants were sought. An explanation of the study was provided to informants and then they were asked to sign an informed consent form before data collection, including interviews, began. The consent form stated that participation in the study was voluntary and that the participant had the right to withdraw

at any time without penalty. Participants were informed of the minimal level of risk which may be associated with answering sensitive questions related to being considered to be at-risk for failure of the NCLEX-RN[®] and being required to complete remediation. The Informed Consent Form (Appendix A) also indicated that every effort would be taken to maintain confidentiality and the researcher made every attempt to do so.

Data was coded in an attempt to maintain confidentiality. All identifying information was held in strict confidence and information such as names was deleted or blocked out on all documentation except informed consent forms. Pseudonyms were used in the dissertation and will be used in any subsequent journal articles. In accordance with federal regulations, data will be maintained confidentially for three years from completion of the project. All computer files are password protected. Participants were fully informed as to the nature of the study and a copy of the Informed Consent Form (Appendix A) was given to each of them.

Participants recruited for this study were 18 years of age or older and were enrolled in a course that was intended to assist high-risk students to be successful on the NCLEX-RN[®]. They must have been in the course at the time of the interview. There was no restriction on gender. It is estimated that approximately 8-15 individuals would be recruited for this study and 9 individuals ultimately participated.

Inclusion criteria: Inclusion criteria involved the following:

- A student in an ASN or BSN nursing program
- Must be required to complete remediation based on NCLEX-RN[®] predictor examination scores; specifically, the ATI Comprehensive Predictor Assessment[®] or the Evolve[®] Reach Exit Exam

- Must be enrolled in a nursing remediation course to help students increase the likelihood of success on the NCLEX-RN® and to become more competent nurses
- Must be in the course at the time of the interview
- The course must be credit bearing and meet on a regular basis
- Must be able to speak, understand, and write in English

Exclusion criteria:

- Any person who is less than 18 years of age
- Any person who voluntarily participated in a remedial course
- Any person who previously participated in a remedial course but is not in a remedial course at the time of the interview
- A student who states that he or she failed the predictor exam on purpose in order to gain entry into the course
- Persons who were required to complete remediation based on scores on predictor exams other than the Evolve® Reach Exit Exam or the Assessment Technologies Institute Predictor® Assessment

Because the majority of nursing students are female and many of those recruited were likely of childbearing age, it is possible that some of the informants were pregnant. Although, pregnant participants may have been included in the study if they met the inclusion criteria and agreed to participation, they were not actively recruited based on whether they were pregnant or not.

The benefits of participating in this study were minimal. The informants were compensated for involvement in the study with a \$20 gift card. An additional \$10 gift card

would have been provided if follow-up interviews were needed. This compensation was intended to cover expenses associated with participation, such as travel and caregiver services. Participants may also have benefited from telling their stories, which may have validated their feelings associated with the experience. They may also have benefited from the feelings associated with contributing to research that helps nurse educators gain insight into this important issue. They may also have acknowledge that the findings may benefit future nursing students.

The only potential risk that the researcher is aware of is that of minimal discomfort associated with answering questions related to the participants' experiences. Questions about being required to complete remediation based on scores on standardized predictor exams may have caused slight discomfort. No participant appeared to experience moderate or severe discomfort. If this would have occurred, the interview would have been suspended as needed, and emotional support would have been provided, along with a referral for counseling services provided by the college or university. The participants maintained the right to refuse to answer any question or to withdraw from the study at any time without repercussion. No questions were left unanswered and no one chose to withdraw from the study. Every effort was made by the researcher to maintain the respondents' confidentiality. Whenever possible, participants' names were removed or omitted from documents. It was necessary to keep the participants' contact information for use for follow-up interviews if needed. That information was kept in a locked filing cabinet. When it was determined that no follow-up interviews were needed, the contact information was shredded. Participants were given the opportunity to ask any questions that they chose about the purpose or intent of the study and the information was provided. It was determined before beginning the interviews that any information that a participant

identified as confidential would not be included in the data. However, no confidential information was shared. Participants were informed that the information obtained in this study may be published in journals or presented to nurse educators, possibly at professional conferences. Additionally, the findings were to be published in the form of this research dissertation. The identity of the subjects will remain confidential in all publications and presentations.

Strengths and Limitations

A strength of this study is the relevance to nursing and nursing education. Approximately 13-18% of graduate nurses who completed studies within the United States in the years 2009 and 2010 were unsuccessful on the first attempt of the NCLEX-RN® (NCSBN, 2010b). Failure of the exam may have negative effects on the graduate, the potential employer, and the nursing program, and may exacerbate the nursing shortage. This study provided an opportunity to validate nursing students' experiences. They were able to share personal stories about what it was like to be required to complete remediation in an attempt to be successful on the NCLEX-RN®. Understanding what the experience and meaning was like for students will help educators to be better prepared to assist high-risk students. The qualitative hermeneutic phenomenological method provided richness of data to further the understanding of this phenomenon.

Limitations of this study identified before its completion, included the use of a convenience sample, and the potential for participants to be restricted to a specific geographic area (northwestern Pennsylvania). The sample may lack diversity because of the small size and the geographic limitations (i.e. rural areas). It was also important to recognize that the students in this study may have been required to participate in remediation based on benchmark scores

on predictor exams that may differ from each institution. However, both institutions maintained the same benchmark of 35%, regarding the scoring on the ATI predictor exam. This score may not be reflective of the benchmark set by all nursing programs.

One of the expected challenges of using this method included maintaining and sifting through a large amount of data and thick descriptions of the participants' experiences. Analyzing rich data can be very time-consuming (Munhall, 2007). However, that was imperative to the successful completion of this study, so every effort was made to thoroughly complete that task.

Rigor. In qualitative research, rigor is sometimes referred to as credibility, transferability, or trustworthiness. Several steps were taken in order to enhance the credibility, transferability, and trustworthiness of this study. The researcher maintained an audit trail including field notes, transcripts, notes on working hypotheses, and drafts of the final report which could be reviewed by an independent auditor, the chair of the dissertation committee. At the time of analysis of the data, the researcher completed a review of the literature in order to substantiate or refute findings of the study. In an effort to enhance transferability the researcher participate in peer debriefing sessions with other members of the dissertation team (Polit & Beck, 2008; Trochim, 2006). During these sessions, written and oral summaries of the data, including my interpretations, were presented to the chair and/or members of the dissertation committee for review and suggestions. All of the members of the dissertation team are experienced qualitative researchers and/or have extensive experience working with at-risk nursing students.

Munhall states that "One P" and "Ten Rs" are important for establishing rigor and merit in phenomenological studies (1994, p. 189; 2007, p. 562). These include the Phenomenological Nod, resonancy, reasonableness, representativeness, recognizability, raised consciousness,

readability, relevance, revelations, and responsibility. When completing this study, this researcher attempted to ensure that the study included all of those criteria for establishing rigor and merit.

The *Phenomenological Nod* is achieved when others nod in agreement when reading the study findings (Munhall, 2007, p. 562). In order to establish *resonancy*, the findings “sound correct” (Mackey, 2007, p. 562). For *reasonableness*, the researcher provides “carefully reasoned” rationale for all parts of the study (Mackey, 2007, p. 562). This researcher shared summaries and copies of transcripts with members of the research team, looking for confirmation of rigor and merit by noting the phenomenological nod, and/or receiving confirmation that resonancy and reasonableness had been established.

In order to gain *representativeness*, multiple data sources are examined. In this study data sources included the informants and field notes, and identification by nurse educators or administrators that the participants were in remedial courses.

When determining *recognizability*, the person reading the study recognizes some aspects of the experience and this helps the reader gain new insight into the topic. The reader develops a *raised consciousness*. In order to establish recognizability and raised consciousness, other nurse educators were asked to review portions of the summaries and comment on whether they recognized any aspects and if it provided any new insight. This process also helped to establish relevance and revelations. When the findings are able to guide the reader either personally or professionally, the study is determined to have *relevance* (Munhall, 1994, p. 192; Munhall, 2007). *Revelations* occur when the reader develops a deeper understanding of what is “revealed” and what is not revealed, or what remains “concealed” (Mackey, 2007, p. 562).

In order to establish *readability*, the writing should be understandable and interesting. Every effort was made to write in a way which is understandable and interesting. The researcher demonstrates *responsibility* by making it clear that process consent is received, by being sensitive to the content of discussions, and by representing the meanings of the informants authentically (Mackey, 2007, p. 563). In other words, the ethical considerations are made evident. The researcher demonstrated responsibility by obtaining process consent, by trying to be sensitive to the participants and what they were trying to communicate, and by striving to represent the meaning of the experience as conveyed by the participants. Researchers who use this methodology, need to be patient with this process and open to all possibilities. It required time set aside to concentrate and contemplate the participants' stories.

Drawing on phenomenological philosophy and beliefs about perception, it was projected that this study would result in a greater understanding of the meaning of the lived experiences and perceptions of students who were required to complete remediation based on predictor exam results. I believe that that objective was achieved. An understanding of this experience is important for educators who attempt to assist high-risk students. This information will help nurse educators to begin a dialogue about the importance of collaborating with other educators about remediation courses. It also sheds a light on the importance of considering how educators should portray remediation courses and the NCLEX-RN[®] to high-risk students.

Conclusion

Chapter three of this dissertation proposal provided an overview of the design and research methodology that guided this study. The background and rationale for using a Heideggerian hermeneutic methodology and framework was provided. The aim of this

study was to explore, describe, and interpret the meaning and experience of being required to complete remediation based on predictor exam scores. The sample included 9 participants recruited from ASN and/or BSN nursing programs in western Pennsylvania. IRB approval was obtained before beginning data collection. The strengths and limitations of the study have been established in this chapter. The general steps of the research process and translation of key concepts and terms were also included. The expected outcome of this study was the receipt of rich-text descriptions that lead to a better understanding of the experience and meaning of being required to complete remediation based on predictor exam scores. This researcher believes that that outcome was achieved. The next chapter will provide an analysis of that data.

CHAPTER FOUR

FINDINGS OF THE STUDY

According to Rudestam and Newton (2007, p. 35), qualitative research involves “understanding experiences from the point of view of those who live them.”

Phenomenologists believe that truths about reality can be found in people’s “lived experiences” while “being in the world” (Heidegger, 1962; Polit & Beck, 2008, p. 227).

The purpose of this hermeneutic phenomenologic study was to give a voice to nursing students who were required to complete a remediation course based on predictor exam scores. This chapter contains the stories of seven Bachelor of Science in Nursing students, and two Associate of Science in Nursing students, who were required to participate in remediation courses based on NCLEX-RN[®] predictor exam scores.

Pseudonyms were given to each of the participants in an effort to maintain confidentiality. The students were considered to be at high risk of failing the NCLEX-RN[®] based on scores on predictor exams. This researcher intended to “uncover” the meaning of the experience of a nursing student “being in the world” of a required remediation course, by listening to and interpreting their individual stories.

Introduction

According to Crist and Tanner (2003), the interpretive process usually begins after the first two to three interviews are done. This is a circular process in which the researcher simultaneously examines narratives looking for emerging interpretations while continuing to interview additional participants. This is often described in the literature as the ‘hermeneutic circle.’ This researcher began reading and interpreting transcripts after the first three interviews were completed, looking for emerging interpretations without losing sight of each participant’s individual story.

Crist and Tanner (2003) describe the analytic process as having five phases: Early focus and lines of inquiry; central concerns, exemplars, and paradigm cases; shared meanings; final interpretations, and dissemination of the interpretation.

It is important to note that these phases may overlap (Crist & Tanner, 2003). In phase one, after completing the first three interviews, this researcher reviewed the initial transcripts. This phase also involved a critical evaluation of the interview techniques that were used. This information helped to guide the line of questioning during subsequent interviews in order to obtain a deeper understanding of the phenomenon (Benner et al., 1996).

Next, the researcher began to review the transcripts and look for meanings, themes, or concerns that were unfolding for individual participants (Crist & Tanner, 2003). This analysis involves describing and interpreting the experience, and looking for hidden meanings and themes (Diekelmann, 2001; Polit & Beck, 2008). The researcher tried to keep an open mind, recognizing that the themes may be different than any preconceived thoughts that I had previously held about the phenomenon.

The interpretive process involved typing the transcripts, reading them, writing the interpretations, rereading, and rewriting. In order to interpret and achieve a deep understanding of the phenomenon, immersion into the data was necessary (Munhall, 2007). It was also necessary to reflect on what was said (Rudestam & Newton, 2007). Next, the information was summarized and I began to look for patterns based on different attributes or topics (Richards, 2005). According to Crist and Tanner (2003), team members (i.e. dissertation committee members) may be asked to review and discuss these summaries, rather than reviewing the whole transcript. The Chair of the dissertation

committee was provided a copy of the summaries and assisted with reviewing the data, analyzing the meanings, and reflecting on the information. During that process, interviewing of additional participants continued.

Themes began to emerge and are included in this chapter, along with “salient excerpts” of each participant’s stories (Crist & Tanner, 2003, p. 204; Diekelmann, 2001). This helps to provide insight into the participants’ lived experiences. These anecdotal descriptions are intended to help the reader “see” what the participants had described. By reading the excerpts, the readers of the data provided in this chapter, have the opportunity to participate in their own analysis of the phenomenon. The descriptions provided here are intended to be detailed accounts, or thick descriptions, of the experiences shared by the participants (Holloway, 1997). It is hoped that the reader will be able to transfer these data to other people and situations (Lincoln & Guba, 1985).

According to Benner et al. (1996), and Crist and Tanner (2003), in the second phase, the researcher begins to conceptualize (interpret or formulate an idea) and code central concerns and exemplars by ‘naming’ them. For this study, the ‘naming’ of the themes developed during discussions with the Chair of the dissertation committee and while carrying out the interpretive writing.

In the third phase of analysis, the researcher continues to focus on the summary. The central concerns and meanings become clearer to the researcher and the team members (Crist & Tanner, 2003). This researcher was able to begin making connections between meanings found within and across stories (Diekelmann, 1993). In phase four, the researcher completed the final interviews, and made the final in-depth interpretations of the excerpts and summaries, along with members of the dissertation team.

In the fifth and final phase, the interpretations are refined and reported via manuscripts (Crist & Tanner, 2003). In this case, the findings will be reported in the form of a doctoral dissertation. Readers of the dissertation manuscript will have the opportunity to develop their own interpretations. Use of this systematic and rigorous approach to analysis as outlined by Crist and Tanner (2003) enhances the credibility and validity of the findings.

According to Heidegger (1962), it is a person's perception of an experience that is important and people will tell us what is meaningful to them. The following narratives are the participants' perceptive descriptions of the meaning of the experiences, as told in their own words. Each of the participants generously shared their stories with great candor. This provided an opportunity for the researcher to better understand and interpret the meaning of their experiences.

The focal point of these stories was not on the subject matter of the remediation courses, although some students chose to talk about the content. Instead, the focus was on the individual students' experiences and the meaning of being required to participate in remediation courses. They talked about what it was like to learn that their scores did not meet the standards established by their schools, what it meant to them to be required to participate in the course, and what it felt like to be in the classroom. Each participant's account of the experience is unique, yet shared meanings can be identified. These shared meanings are: finding out, discovering, and engendering a community. Each of these themes will be discussed in further detail in this chapter. Narratives from students' stories will provide anecdotal evidence for each of the themes.

Finding Out

When sharing their stories, each of the student participants spoke about what it was like to *find out* that they would be required to take a remediation course. Each had completed the ATI predictor exam and had received a score that was lower than the benchmark score that was established by the educators in their nursing programs.

Erika, was a Bachelor of Science in Nursing student who was required to take a remediation course because her score on the exam did not meet the standard set by the nursing program in the university that she attended. She was mandated to participate in a remediation course in order to continue in the program and potentially graduate. Erika shared what the experience of *finding out* meant to her. She described feelings of devastation and disbelief. She found it hard to even comprehend the situation she was now in.

I was bummed about it all. At first I was bummed. I was devastated... Basically I got my test score back on the computer and I was thinking this is really going to screw my life up. And then my anxiety went crazy. I started thinking... I'm not going to pass nursing. I'm not going to be able to get a job. It really did change things. At the time it was really upsetting to me...I felt like I let everyone down. I was embarrassed. I didn't want to tell anybody. I'd never failed anything before. So it was hard to get all of the way to the end, through four years of nursing school and not pass. I think I had only had one 'C' in a class. So, I mean to get through it that far... it just completely threw me off guard. Even when I originally saw the score, in my mind, I was thinking I probably didn't pass. But I was also thinking, well, I got through all four years of school. This can't be right. A little

bit of denial there. So, I mean I was freaking out but another part of me was saying, 'I passed.' This isn't me. What's going on here?

Erika had been surprised to learn that she had not successfully completed the exam, particularly since she had passed all of her nursing courses and “*had never failed anything before.*” According to Rollant (2006), some students, even those with high grade point averages, struggle academically as a result of test anxiety (Rollant, 2006). In some cases, the anxiety may be related to the use of technology for students who are required to take examinations, including the ATI Predictor and the NCLEX-RN exam, on a computer. Some students report feeling anxious when they believe that the stakes are high. Erika was concerned about the consequences that not doing performing well on the exam could have on the rest of her life.

Erika experienced a variety of emotions, stating she felt both “upset” and “embarrassed” and she worried that she had let other people down. She experienced a lot of anxiety and feared that she would not be able to graduate or begin her nursing career. That feeling was overwhelming. In a qualitative study by Poorman, Webb, and Mastorovich (2002) graduates of nursing programs, who had struggled academically as students, reported feeling overwhelmed when they were striving to succeed. For Erika, *finding out* had changed “*everything*” in her world.

Nikita, another student in a BSN program, also spoke about the embarrassment associated with failing to reach the benchmark on the exam and with being required to take the remediation course. She spoke about how this affected her self-esteem and caused her to think negatively about herself. She admitted that after exams, such as the predictor exam, she developed negative self-perceptions and started to think that she

wasn't smart enough to graduate from nursing school. When Nikita got poor exam scores she doubted her cognitive ability to be a nurse and, at times, she questioned why she was even in a nursing program. She felt as if everything that she had done in nursing school came down to this one exam and the results indicated that she just wasn't "*smart enough*." She described what the experience of *finding out* was like for her:

Well, I was really upset...I mean you feel really bad. I felt really upset about my score. I felt like I went through nursing school for nothing....and that is what happens... I get a bad test score. After tests I get really upset and I think, 'I am not smart enough,' or 'I can't do it,' or 'I don't know why I am in nursing.' You can't stop thinking these negative things.

Ashley and O'Neill (1991) pointed out that failing exams, such as the NCLEX[®], had negative consequences for nursing students and graduates. They noted that self-esteem and self-confidence are often diminished when a graduate is unsuccessful on the licensure exam. In Nikita's situation, failing to reach the bar on the predictor exam created these same feelings.

Nikita hoped that other students would not ask about her score because she did not want them to know that she had done poorly on the exam. She felt trapped in a situation where she might have to divulge that she did not do well on the test. She also believed that if she did not say anything, others would just assume that she had performed poorly. She spoke about the anxiety and discomfort that she felt after the exam, when other students might ask about her score:

Everyone compares everyone. When you finish the test everyone is, 'How did you do? What did you do?' And, it's hard to get out of that situation because if you

don't say anything then they know you did poorly, and I didn't want them thinking that I did poorly.

Nikita also admitted to having concerns about how the nursing professors might view her after learning about her score on the exam. *"I have respect for (the Professors) and I want them to view me as intelligent, and I did feel like they were going to look at me differently, because they were going to think that I was stupid because I didn't do well."*

Nikita was experiencing a loss of control over the whole situation. She was devastated that she didn't meet the expectations of the program. She felt as if she had let "everyone" down. She was concerned about what her classmates and her professors would think of her if they found out that she hadn't performed well on the exam. She also expressed self-doubt and concerns that she was not going to "pass nursing" and this would change her future – she wouldn't be able to graduate or get a job as a nurse. For Nikita, *finding out* had made her feel ashamed and it led to feelings of poor self-esteem and isolation.

It is not unusual for at-risk students to feel alone. Students in the Poorman et al (2002) study reported feeling isolated at times. According to Light (2004), students who are struggling may drift deeper into trouble if they remain secluded. They may not know how to help themselves. Researchers (McGann & Thompson, 2008; Ofori & Charlton, 2002) have pointed out that many students do not take advantage of opportunities to receive support services provided by institutions of higher education, although seeking academic support may contribute to overall higher academic performance. When

students are embarrassed, they may further isolate themselves, and therefore, they may be less likely to seek help.

Alaina was about to finish her final semester as an ASN student. She had taken the ATI Predictor exam before the semester started, and described feeling “defeated” after learning her results. Students in her nursing program could voluntarily take the remediation course, but, she was required to do so. It was painful for her to see her score on the exam. Like Nikita, she felt that it was especially upsetting to have made it the last semester of the program and discover that she was not prepared to take the licensure exam.

At first I felt kinda defeated because I know we had it as a pre-requisite – we had to take an ATI to see how we placed and if we got below a certain percentage we were required to take the course. So, I felt kind of defeated about the score that I got because it wasn't the greatest.... It's kind of like a punch to the stomach, I guess. Based off of being in my second year of schooling, my last semester of it, you feel like you should have been taking in as much knowledge as possible in order to do well on that predictor. And, it felt like a punch to the stomach when you actually see the score and you're like, 'Oh. Well, I guess I'm not applying the knowledge that I have in a critical manner, in regards to the test.

Despite feeling downtrodden, Alaina had tried to make the best of the situation because she recognized that she needed more preparation for NCLEX®. “...I knew that I wanted to take it, regardless, because I needed the prep work in order to do well for NCLEX®. So, I kind of changed my outlook on it and tried to look at it in a positive light.

Once I began the class I was a little more positive based off of what (the professors) have provided thus far. “

Alaina had known very little about the course before she started taking it, but, what she had heard that previous students had benefited and had successfully completed the NCLEX-RN®:

I actually didn't hear that much about it. I just know that last year's students took it and the outcome was very good. Considering how they all did and how they all passed...it was like a 90% plus success rate. I know it wasn't 100, but it was a lot better than what it was in previous years. But, I never really got any input from last year's students...just kinda putting my trust in (the professor) based on previous experiences with her. (Laughs). The woman knows what she's talking about.

Alaina hadn't heard much about the course from previous instructors either. *“It was kind of like a big...not a secret, but it was mysterious. It kind of left you wondering, what is this class going to entail? So, it was nerve-wracking...”*

For Alaina, *finding out* was painful since she had made it all the way through nursing school and then learned that she wasn't prepared for the licensure exam. She felt as if she should have been more prepared, academically, and was concerned that she couldn't apply what she had learned to the questions on the predictor exam. She also felt some trepidation because she was not really sure what to expect.

Shaun, like Nikita, had been embarrassed and concerned about what others thought of him being required to remediate. He was a BSN student who was nearing the completion of the remediation course. He had heard in the past that the course was for

students who would likely fail the program or who would not pass NCLEX[®]. When he received his score on the predictor exam he was concerned about why he had not scored higher. He thought that taking the class might help. At the same time, he was embarrassed to tell anyone because of comments that others had made. He felt that he had to keep that secret to himself.

I knew my score was lower than a lot of the students, they were like, 'Oh, my score was in the 80th percentile.' So, I thought, well, what did I do? You know, did I really mess up? But, I mean, I didn't really feel mad that I didn't do well, or upset or I didn't think the class was going to hurt me. It's hard because there are a lot of people who think that the class is for people who aren't smart, who won't succeed, or are going to fail the NCLEX[®]. You get these other students who think it's not a good class and you're not going to succeed. Even students that are in the class now have stated that that's basically for people who are going to fail, 'they' don't have the knowledge to do this, and 'they' aren't going to make it through school. Other than the professor and the tutor that I have for the class, I don't think that anybody should even know that I am in it, or if that's the way they think about it, then I feel that they should keep it on the 'down low.' ... Who really needs to think that they are going to fail?

Heidegger (1962) wrote about Beings who were lost in the publicness of the *they*” (p. 220). Shaun was describing a situation in which he was no longer perceived as an individual student with a name but the self lost to the *they*. He had become a part of the *they* who were required to take the course; the *they* who many expected would fail.

Shaun wanted other students who might be in this situation to know that *they* are not “failures.” He believed it was important that they know that the class is meant to be helpful, and with some extra individual effort they could succeed.

I would tell (other students), don't think that you are a failure in school, you know, just because you are taking this class. It doesn't mean anything along those lines. It's only there to help you. And if you really want to do it, and put the time into it, it will definitely pay off. I don't think that there is any reason why anybody in our class should fail the NCLEX®.

Shaun believed that other nursing professors (other than the professor of the remediation course) should portray the course to students in a more positive light. He suggested that they “*get together*” to discuss the course and learn more about it.

I think that... for me, and just because of what I heard about different ideas of what the class is about ...and what they think about who should take it and who shouldn't....and I think that the educators should get together and discuss it. I think that the professors should know exactly what it is, what it's there for, and that way they are on the same page. ...it's not there for somebody who thinks they are going to fail or saying you can't do it...it's there to find out where students struggle taking tests, and just make it better for everyone so that they can succeed in their test-taking.

For Shaun, *finding out* that he was required to take the remediation course created embarrassment and caused him to feel conflicted about taking the class, even though he believed that it could help him to be more successful. This was also true for Tessa.

Tessa's story is that of a student who wanted to take advantage of the opportunity to get help, yet, she was so embarrassed and filled with shame that she did not want to admit to others that she had to take the remediation course. She had heard that the remediation course was for students who achieved a very "bad" score on the ATI predictor and she never thought that that would happen to her. She spoke about the class as if it were a punishment for bad behavior.

I had heard there was this class that if you did so 'bad' on the ATI, then you were required to take this class. That was all I knew. I didn't even know what it was called. I knew nothing about it – just that if you did really (emphasized) bad on this, then you had to do this.

Tessa believed that students who were required to participate in the remediation course kept it secret because they were embarrassed. In her experience, students didn't talk about being required to take the course.

...people don't want to say, 'Well, I did bad on this and I had to take that.' I feel that people that take it, they keep that to themselves. I mean, the vast majority of the people that were in the class last semester, I didn't even know (that they were taking the class). I knew these people. I hung out with them. I talked to them. We would go to bars on the weekends. I had no idea they were taking this class until, you know...because you really don't want to say it, I guess..... I hadn't really heard anything about it and once I did hear about it, I thought, this should be a class that is required for everyone to take.

Tessa stated that the reason that students don't talk about the class is because they are, "100% embarrassed." Like Shaun and Nikita, she talked about the shame and

conflicting thoughts that students sometimes have when they are mandated to take the course, even though they know that doing so may help them. By saying that everyone should be required to take the class, Tessa may have been indicating that she didn't want to be different. If everyone had to take the course she could have been spared these feelings.

People don't want to say that they take it. It is like people, I guess, feel stupid or something. They don't look at it as a learning experience. They look at it as like – they all know this is my punishment or something. But, I think it is very valuable and people shouldn't look at it as a bad thing. ...I know the people that I know in the class and that I talk to know that they need the help and they are glad to be getting it. But, I feel like there can be just as many people in that class that I don't talk to that don't want to be there at all, and that think it is a waste of their time, and they feel stupid for being in the class, where, I feel I would be stupid for not taking the class when I know I need the help.

Tessa was conflicted. She claimed that she wanted to take the course because she believed that it would help her to do well on the NCLEX[®] and other tests. “*I was fine with it. I recognized that I needed the help and I was happy to be in the class. I have no problem taking this class.*” However, she admitted that she felt so embarrassed by the fact that she had to take it, and that she had a tutor, that she didn't tell anyone about it, including her mother. She felt like a “*failure.*”

*I have a tutor and I am like – I never had a tutor in my life. I haven't even told my Mom I have a tutor. I haven't told my friend. I will just keep that to myself. And, that is how I feel other people treat it, too. And, I **want** (emphasized) to be*

taking the class.... There is a real stigma attached to it, I feel. It is competitive within the (nursing) program. I feel people are overly competitive or feel that – I am smarter than this person, or ...that person failed this, so they aren't good enough to do this. And I just feel like, especially within the nursing program, it is like a concentration of competitive people who instead of – even as a team thing – they feel like – If that person does better than me on a quiz, I am angry at them, instead of being happy for them. So...no one wants to be the person that says I did bad on the quiz because then everyone is going to think that I am stupid. And that is how I feel a lot of people feel. I just feel like that pervades the entire nursing program. ...it makes you feel dumb... you have already failed to the point that you now have to remediate. I just feel like it is really played off right now as like an idiot's course, like people that take it, take it because they are not as smart as the people who aren't taking it. I don't feel that people really look at it as a benefit. ...it is like a personal failure type of thing.

Tessa denied that anyone had ever actually told her that the course was “*an idiot's course*” but she believed that “*it is a perception within the student body.*” She had tried to come up with a reason as to why she had not met the bar on the ATI exam. She did not want to feel as if she was less knowledgeable than others. But, she was unable to find a logical explanation that would allow her feel better about the situation. “*No one wants to be dumb... And, I don't feel there is any other way to cut it other than that person isn't as knowledgeable as that person. There is no other way to reason it.*”

Tessa stated that nurse educators should portray the class as “*an introductory class to know how to take tests better and be better test-takers.*” Students should be told

that the class will expand their knowledge base and prepare them to take exams. She believed that students should not be told, *“You thought you were prepared to take these classes, and you weren’t, and now you have to take this class as a result.”* She believed that it would be better if everyone were required to take the course, then no one would feel singled out.

I feel like a lot more people would be like — ‘Ok, that makes a lot of sense.’ You know, if it was some sort of class that was one of the first classes that we took and it was just taught as a test theory class or something — not a class that — Hey, you did bad on this test and you are dumb and you need to be smarter, so take this class.

Tessa believed that students could be spared the feelings of inadequacy and the embarrassment of having to remediate if the course was required for all students at the beginning of the nursing program.

But if it was more of a — ‘You don’t know anything (yet) so we want you to take this class.’ I feel like people would be like, ‘why wouldn’t I?’ I feel like people that have to take it now (at the end of the program), it makes you feel dumb if you take it after you have already failed to the point that you now have to remediate. I feel like people would be much more apt to take it if it was — ‘Hey, you haven’t messed anything up. We are just going to make you smarter.’ People would be like — ‘Oh, ok.’

For Tessa, *finding out* that she was required to take the remediation course meant that she would be perceived as being *“dumb”* and that she had received a *“bad”* score on

the exam. Her punishment for receiving a “bad” score was that she was required to take the remediation course.

Like Erika and Nikita, the experience of *finding out* that she was required to take the remediation course created anxiety for Bella. But, it was not surprising to her learn that she had not successfully completed the exam, because she had failed exams before. Bella had struggled in other areas of the BSN program and this just meant that she had to complete another step in order to graduate. So, for Bella, *finding out* led to a feeling of resignation and acceptance of defeat. This meant that she had yet another hurdle that she had to conquer before she could graduate.

You know, there was nothing that I could do about it. You learn by your sophomore year not to argue with nursing professors, faculty, anyone. So, basically you either take it (the remediation course) or you drop out. You just kinda have to, matter of factly...I went into the ATI knowing that I had to reach the bar. You either met it or missed. So, in the back of my head I knew that I was going to try my best. But, I also knew that if I missed the bar (this class) would be there for me. You know immediately ... because they had the minimum scores up on the whiteboard. It's kind of been, you do what you have to do. There are steps to do it (getting through nursing school). You move up a step, you move up a step, and you move up another step. And whenever I didn't reach that standard on the ATI there was just another step on the way to getting to graduation. I just knew that I would have to overcome this and just move on. There wasn't any hurt feelings. There wasn't any self-doubt. There wasn't any beating myself up about

it. ...it was kind of just, this is the way it's going to be...a numb acceptance. Yup, failed another test, now what do I have to do?

Sophia was a BSN student who was in the fourth week of the required remediation course at her University. Sophia's story was different from some of the other participants in that she was a student who had an optimistic attitude about entering the course. She indicated that she was happy to hear that she would be in the class because she had heard that the class was very helpful and everyone that she knew that had taken it in the past had successfully completed the NCLEX® on the first attempt. Exposure to students who had previously taken the course, and who had spoken positively about it, led her to believe that she could also benefit from the experience.

When I got the email that I was going to be in (the class), I was actually really happy about it because I have heard great things about (the professor's) class – like it helps so much. And, everyone I know that has taken it has passed the NCLEX® test the first time, hasn't struggled with it, did the 75 questions and was done. I know one of my friends who I am really close with -- we both wanted the class when we took the RN Predictor. I know we were both really happy to get into the class and we both think it is really helpful.

Despite stating that she was happy to be in the course, she did admit that, “*It may not be a good feeling at first*” to be mandated to take the course based on a predictor exam score. Sophia believed that many people in the class were surprised to learn that they were required to take the course. She thought that many students had felt that everything was fine, and that receiving the results of the predictor exam forced them to see that they might not be as prepared for the NCLEX® as they had previously thought.

I think, generally, it is pretty positive (the atmosphere in the class). I think for a lot of people, it was maybe like a reality check. Like, they thought they were just going to cruise through and then they took the RN Predictor and they didn't do so hot, obviously, because we are in that class, and now it is like – Ok, maybe I do need this. Maybe I do need to re-focus on how I read questions and things along those lines.

For Sophia, finding out meant that she would have the opportunity to prepare for the NCLEX®. At the same time, she stated that it was a “*reality check*” because “*we*” are in that class. She realized that she was not as prepared as she thought that she was.

Jessica was also a student in the fourth week of a remediation course in a BSN program. She had learned about the remediation course when some of her friends mentioned it the previous year. Like Erika, she had perceived that she would reach the benchmark that had been set by faculty in her nursing program for the ATI predictor exam. So, she was surprised to learn that she was required to take the course. However, she had heard that the course was beneficial.

Some of my friends that took it last year were like – ‘I thought that was more beneficial than the Kaplan and the Review. It is an awesome class. It is tough that you have to go, but it is really beneficial in the long run.

Despite hearing positive comments about the benefits of taking the class, Jessica admitted that when she was first told that she was required to take it she was “*kind of bummed*” because of the time commitment of three days per week. She also resented that some other students did not have to take it, and she wished that she was “*like them.*” She was dissatisfied. “*I guess it is just my testing skills. I really thought I was too*

smart for the class...” For Jessica, *finding out* that she had to take the course was disappointing and meant that she wasn’t as smart as she had thought.

Gabriella was an ASN student who was in the final weeks of the remediation course. Like the others, she had been required to take the course based on a score on an ATI predictor exam. She admitted that she had not prepared for the exam because there wasn’t a grade associated with it. Therefore, she was not surprised that she had to take the class. Overall, she had a very optimistic view of the course, as she, too, had heard many positive things about it in the past. *“I took my ATI predictor and at the end of it, whenever you finalize your scores, a screen pops up and it gives you your scores and the areas that you need to work on.”* She sheepishly admitted, *“This is probably going to sound bad, but it wasn’t for a test grade in the class, so I really wasn’t that worried about it.* She indicated that she hadn’t studied much for it or prepared for it. *“So, I didn’t do very well on the exam, but I wasn’t surprised by that either, because I hadn’t studied for it (laughs).”*

In Gabriella’s nursing program, students who were entering their last semester could opt to take the course. Students who did not achieve the score designated by the school were required to participate. *“I wanted to take the class whether I was required to or not because I wanted to make sure that I was prepared for the NCLEX®.”* Since many of the students had chosen to take the course even though they were not required, it was not always clear to those in the course, who was there on their own volition and who was required to participate. Additionally, many of Gabriella’s peers had been required to take the course. Therefore, she wasn’t very concerned about what others might think. She did indicate, however, that she was troubled about doing poorly on the initial quizzes in the

class. She believed that was an indication that she was not prepared to take the NCLEX-RN®.

I wasn't upset about it (being required to take the course) because I think everybody in our class took the course and there were maybe just a few people that weren't required to take it. So, I wasn't really upset about it. I was more upset in the very beginning of the course when I found out how I was doing on the quizzes, than whenever I found out that I had to take the course. I think because I had prepared myself that I was going to take it whether I passed the exam or not.

Students who had graduated in the previous year had encouraged Gabriella's class to take the course. The students who had previously graduated had a good overall first-time pass-rate on the NCLEX®. This was encouraging to Gabriella and her peers and they had decided, collectively, to take the course whether they were required to or not.

The year above us had taken the course and they had pretty much told all of us to take it no matter what, just so that we would all be prepared. So, I don't think that anyone had a bad thought about it or theory on it. I personally didn't. Whenever I was required to take it, I assumed that I was going to take it anyway because they did really well on their NCLEX® (last year) and they told us that's what helped them to prepare for it. So, I think that we had all decided, cumulatively, to take it.

The professor of the remediation course had also spoken to some of the students about the course during office hours in the previous semester. She shared some strategies for approaching test questions and encouraged students to take the course so that they could learn more about answering NCLEX® questions.

She (the professor) gave them some of the same test strategies that she would use in this class, during her office hours – to help them out. So, yeah, she had spoken to us about it and told us what the course had for us and she recommended that we all take it either way because it's to prepare us for the exam. And the more questions that you answer to prepare for the NCLEX[®], the better you're going to do, even if you are doing well.

For Gabriella, *finding out* that she was required to take the remediation course meant that she would have an opportunity to prepare for the NCLEX-RN[®] exam. She associated taking the course with doing well on the exam because previous students had done so well after taking it.

Finding out that they were required to take a remediation course based on a nursing predictor exam score meant different things to different students. Heidegger (1962) referred to “Being-in-the-world” and stated that the world that surrounds each Being is viewed from their unique perspective (p. 78). He also spoke of “thrownness” or “having-been-thrown-into-the-world”; a world that matters to each Being, in one way or another. For many of the students, finding out that they were required to be in the world of the remediation course was disappointing. Some, however, recognized that they would likely benefit from participation. Either way, the process of *finding out* had a profound enough effect on each of them that they chose to tell this part of their story when asked what it meant to them to be required to participate in a remediation course. According to Heidegger (1962), Beings share what is most meaningful to them.

Discovering

A second theme that emerged from this study is *discovering*. Discovering occurred in several ways. Many of the participants told the story of *discovering* what the course was really like and what it meant for them. This often led to discovering their test taking errors and learning about solutions. That, in turn, led to a future of possibility – possibility that they would graduate and successfully complete the NCLEX[®] exam. Many participants also talked about what it meant to them to *discover* what NCLEX[®] was really like. Similar to *discovering*, Heidegger (1962) referred to an “uncovering” of phenomenon.

Discovering the Course

Alaina had known very little about the course before she started taking it. “*I actually didn’t hear that much about it. I just know that last year’s students took it and the outcome was very good. ...they all passed...it was like a 90% plus success rate (on NCLEX[®]). ...it was a lot better than what it was in previous years.*” Alaina hadn’t heard anything from the previous students, instead she was “*just kinda putting my trust in (the professor) based on previous experiences with her. (Laughs). The woman knows what she’s talking about.*”

Alaina hadn’t heard much about the course from previous instructors either. “*It was kind of like a big ...not a secret, but it was ‘mysterious.’ It kind of left you wondering, what is this class going to entail? So, it was nerve-wracking, but once you get in there, it was kind of ‘well, this isn’t that bad.’*”

Bella also reported that she became less anxious about the class after she started attending. Then she began to make a positive turn. “*You learn a little bit about yourself*

and your weak areas, where to study. You know, where you kind of need to bump it up a little bit. I thought that was really good. Then she started to see a change in her grades. "Then I saw my quiz grades go up a little bit and that kind of helped to decrease that anxiety. I got back up in that range where they should be."

The feelings of helplessness and just accepting the situation as it was were beginning to dissipate for Bella. She was becoming hopeful again. She was beginning to feel as if she had some control over the situation. That was something that she had not felt for some time. She was actively participating in the learning process. *"There's also that feeling that you're actually going to class and doing something. It's not just go and 'veg' in the lecture hall."* She continued, *"You're actually investing your time into it. There's homework to be done. There's stuff to do in class. You're active."* Bella was *discovering* that she had some control over the situation after all.

Bella went from a place of numb acceptance to a point where she could see that she could benefit from actively participating in the learning process in the remediation course. Bella recognized that there was something that she could do to try improve the situation. She may have made this turn because of the encouragement that she received from the professor of the remediation course. She related how communication was blocked in some of her other courses and she described a disconnect between herself and some of her nursing instructors. McGregor (2007) and Palmer (1998) suggested that educators may feel vulnerable and disconnect from students when they perform poorly. In one qualitative study about what helps and hinders at-risk students, the participants stated that, as students, they had expected the instructors to be able to help them solve their problems (Poorman et al, 2002). They were disheartened when they didn't

(Poorman et al, 2002, p. 127). But, the professor in the remediation course was genuinely interested in how Bella was thinking. Rather than shut her down, this professor encouraged her to speak and to think out loud:

When you go over test questions in (the remediation course) it was, 'What were YOU thinking?' and 'Here's where you went wrong.' You know, it's more of a 'let me help you' instead of a 'don't bother,' or, 'don't bother anyway because you're just going to get shot down anyway.' ... It's really an open experience...a new kind of learning, helping each other.

Once Bella began to see the results of her efforts, she regained some of her self-respect. She began to embrace the experience and to glimpse the possibilities that lie ahead. Bella confidently stated, *"I'm a B student. I don't have anything below a B this semester. And I'm going to make the Dean's list this semester for the first time."* She described how she learned what her test-taking issues were, and then learned how to address them. *"The problems have been identified through self-exploration and then we've gone beyond that and learned how to overcome a lot of those problems."* She became determined to succeed. *"... I came in here lonely and panicked. Everything but what I should have been, which was determined. And my determination came later."*

Sophia spoke about what she was doing in collaboration with the professor to improve her test-taking abilities. *"I am a horrible test taker and I am actually working with (the Professor) as we go along to improve on that. ...I can definitely see myself improving already.... So, I think it is really helpful. ... the repetition of all the questions definitely helps, too."*

By the end of the fourth week of the course, Sophia was also noticing some differences in how she read test questions:

... how you pick up on the stems, how you eliminate the do-nothing questions and the select-all-that-apply. You know it's not all of them, you know it's not one of them, and you can kind of differentiate, which is kind of cool. And, we do it with the math problems, too. ...You are critically thinking too, with the math and the numbers and everything, which is nice.

Sophia explained what it was like to take the practice exams in the course and to review the responses by thinking out loud:

We do... practice sessions. ... we get thirty minutes to do thirty questions and then we submit them on a Scantron (form). We get graded on them. After everyone turns their Scantron in, we go through the test and we do – they call it ‘thinking out loud.’ ...they will call on you and it will be like – Sophia, #4, -- read the question and tell us what you thought –why you eliminated A, why you eliminated B, how you got to C and D and then why you chose, say, D. So, they call it ‘thinking out loud’ to kind of see how everyone is processing the information as they go through.

Sophia had discovered what the course had entailed. But, she had also uncovered some errors in her thinking, and had learned how to correct those. This gave her some control over the situation.

Another student, Jessica, admitted that at first she didn't like having to ‘think out loud’ and discuss her answers in the class. However, she had come to realize the importance of that exercise. It helped her to practice her thinking skills. She also takes

the ‘think out loud’ process seriously because she has to discuss her answers in front of others. After having practiced this strategy in class, she recognized the importance of thinking about her thinking.

As much as I hated it at first, ...taking the tests individually, and then when you talk out your answer, it is so helpful. It is not something that I wanted to do, but it is definitely really helpful because it makes you think. And then sometimes you are just tired and you are like “whatever” and “I don’t need to”, but you have to, because you are in front of everyone, and you have to think about how you are thinking, and I think that is definitely important. I think the first day we were all like – ‘Ohhh, we don’t want to do this,’ just because you have to go around and say your answers out loud and people don’t like to do that, but now, we are all used to each other.

The students had become more comfortable discussing their thoughts in front of their peers. Jessica described the ‘think out loud’ sessions and the ‘marathon’ events that occurred in her class. She had *discovered* that although this form of learning caused her some anxiety, it was more beneficial for her than it was to just read the content in the book. She was actively participating in the class along with her peers. She believed that hearing other students think out loud helped all of the students in the class learn from each other.

Our marathons are like, I don’t know, three hours long or something, and we do a million questions...we will do two tests and it is like 30 questions each. So then, we go around the room, which gives me anxiety because I have to say my answer out loud, because I don’t like to do that, but it is like working on that too. So, you

have to say your answer and then they make you talk out why you picked that and she doesn't tell you if it is right or wrong at first. She is like – 'Well, why do you think that way?' So you are like – oh my gosh, is it wrong? And you really have to talk out how you think. It is beneficial to hear how other people think, too, and you can relate to them and be like – 'Oh, I do that.' ... and it really gets to the bottom of your problem areas – like, whether it be content, like I don't know what the liver does – or whether it be a long word that you just need to break down. So, that is really helping me learn that with other people. You can definitely tell some people who are struggling more than others, but we all help each other out. Say I lack in a certain area or someone else is better, it helps you learn from each other, being like – Oh, I know what that does, it does this ... and then say I know something else, like I could answer and they could be like – ' Oh.' It is easier to relate to one another versus just reading it from the book. I just feel like – I don't always grasp it, just reading.

Through the course, Jessica had been able to *discover* some of her test-taking weaknesses, *"I just get stuck between the two answers typically. ... I could always narrow it down to two, then I would get stuck, and then I would second-guess myself."* She also recognized that, *"people around me sometimes stress me out. Like, if someone is tapping their foot and stuff, they are anxious, and it is making me anxious."* Although Jessica had been in the course for only four weeks, she already knew that it was making a difference in her test-taking ability.

Oh my gosh, yea! Like, a lot of things that I didn't even pick up on – I feel like if I would have taken this class freshman year, I could probably be a Straight-A

student. I just think it is very beneficial... a lot of problems that I didn't realize that I had, I am picking up on and trying to fix that, like finding the root of the question. I thought I was pretty good at that, but in some questions, I didn't realize that they threw me off if, say, I get like one wrong in the beginning of a test, that throws me off and I am like – Oh my gosh, I should have studied harder. I should have done this... and, then I start getting stressed out. But, in this class we are learning how to calm ourselves down – it is just one question.

Jessica's instructor helped her to diagnose her test taking issues and then she was able to implement strategies to try to improve. Jessica was learning to break questions apart and figure out what was really being asked. She was also applying relaxation techniques learned in the course. She recognized that she had an issue with 'clumping.' Clumping occurs when a student misses several questions in a row (Poorman et al., 2010). It often happens because the test-taker is focused on one question that they do not know how to answer. If Jessica had difficulty with a question, it distracted her as she tried to move along and answer other questions. This caused her to miss the next questions as well.

And, I notice that when I do miss one question, typically...I miss then a couple in a row, and then I am good again. Or, if there is a word, that if I would just break it apart, I would be able to get it. ...a big word that kind of frightens me and I am like – 'Oh my gosh – I don't know this, does everyone else know this?' type of deal.

When Jessica struggled with taking an exam, she became anxious and started to have negative thoughts like, *"I should have studied harder."* Or, *"Does everyone else*

know this?” Or, “I am going to get this wrong.” After attending just a few classes, she recognized that she was able to talk herself through the anxious moments that occurred while taking a exam.

Well, we have only had one test so far (since beginning this course), but the test that I just had the other day, I think that before this class I would have missed a few more questions just because there was a word or something that I was like – ‘Oh, I don’t know this word, I don’t know this question, and I am going to get it wrong.’ But, I was like – ‘chill out, break it down...’ I have learned some tips from that class (the remediation course) and brought it to the test and I feel like it was helpful.

Jessica said that she would tell others about the benefits of taking the course that she had *discovered*. She referred to it as being similar to a review course or a refresher of all of the content from the various nursing courses.

I would say it is a very beneficial class. You will learn a lot. ...definitely go, do it, and do your homework, because I really think it is helping get to the bottom of your problems, and it will help you with other classes, and with NCLEX[®]. ...I like doing the review questions. I really like when we have the marathons, that there will be stuff that I never knew... that we weren’t taught, or whatever. It is nice because they will teach us that and refresh, they will be like – ‘Oh, you guys don’t know what this is? This is what it is, these are the side effects, and what-not. And, it is just very helpful. And, then stuff from OB and Maternity that I forgot, it’s nice to have a little refresher.

Erika had also *discovered* the benefits of participating in the course. She indicated that the professor of the remediation course had talked about various test-taking issues and offered techniques for addressing those problems. Erika recognized some of the areas where she needed to improve and was practicing using the strategies learned in class. *"I do feel less anxious. I practice the thought stopping. Stop doing this. It's only one question."* Thought stopping is technique in which a person consciously makes a decision to stop thinking negatively and begins to replace those thoughts with more positive cognitions (Poorman et al., 2010). Devine (1997) reported that when students experience irrational thoughts while taking exams, their anxiety levels increase. But, these self-defeating behaviors can be identified and replaced with positive practices that can enhance test performance. Erika had *discovered* thought stopping techniques and was able to replace her negative thoughts with more positive ones, minimizing her anxiety.

Ericka also described other strategies that she had implemented to improve her test-taking performance, based on what she had *discovered* in the class:

I fill in an answer--- before I used to just skip questions and she (the professor) was like, 'No, if you go ahead and answer them, it might take your mind off of it.' So, I fill in an answer for now, and if worse comes to worst, I'll at least have an answer down. And so that does help me...writing down an answer because I can think, 'well I'm done with that question,' I can move on. I can come back to it, but for now I'm done with it.

Erika explained that she would sometimes miss several questions in a row because she could not stop thinking about a particular question. *"I always miss a clump.*

I never really noticed it until her (the professor) going over it a million times.” She had discovered what her areas of weakness were. “But, now I understand that I do have test anxiety, I still need to work on my clumping ...I practice thought stopping all of the time...” She was hopeful that she would be able to address all of these issues so that she wouldn’t be so anxious when she took the licensure exam. “...and I hope that by the time NCLEX[®] comes I’ll be prepared and I won’t freak out once I get there like I do for most exams.”

Tessa shared what she *discovered* about what it felt like to be in the remediation classroom:

... it seems like it is a relaxed, but tense atmosphere, at the same time. I feel like people don’t want to raise their hands and get a question wrong. You know, they would much rather get it right...just the stigma of getting a question wrong.... where I feel like I am in a class where I am already dumb, or whatever, and I am still not getting it. That is what I feel, and I am like – Oh, I really hope she doesn’t pick #9 because that is the question I got wrong and I don’t want to say that I got that wrong, but I got #10 right, so I hope she picks that. So, I feel like a lot of people deal with that... Overall, it is a learning atmosphere. I feel that people have an appropriate attitude. Like, there is no jumping down anyone’s throats or anything like that. It is a very understanding environment.

Tessa mentioned the ‘think out loud’ process that was used in the class, and how it helped to hear other students discuss the rationale for the answers that they chose.

“Every question you answer, she asks you to explain your rationale and whether it is

something that you would do, or you wouldn't do, compared to someone else. You can really see how they think. ...And, you can get yourself in that state of thinking."

In a hermeneutic study by Ironside (2003), students and teachers shared how they experienced 'thinking about thinking.' One student described how one form of narrative pedagogy, the use of questioning and thinking out loud, had helped her to think about the "complexity of situations" in ways that she "hadn't thought of before (p. 512)." Andrews (2001) further described how educators used narrative pedagogy to help students learn. In this type of pedagogy, the teacher is no longer the center of the classroom, rather the students and educators dialogue together about their experiences. Narrative pedagogy is described as an "interpretative phenomenologic approach to teaching and learning" (p. 253) in which the participants challenge assumptions and everyday practices. In the study by Andrews (2001), seven student and teacher participants shared their experiences of engaging in narrative pedagogy in the classroom. The students reported that they had become better thinkers after using this process. Rather than just learning about one specific piece of content, they described learning how to explore the meaning and significance of clinical experiences, and thinking in ways that could be applied to various situations.

The students in this current study about being required to take a remediation course reported that learning had occurred in various settings and situations. Tessa believed that helped students to prepare for the anxiety that they may experience during the NCLEX-RN®.

I really like the homework she has us do. ...we answer the questions in a lot of different situations and I feel like that is helpful. She has us do questions in the

class, where it is a more relaxed environment, and then she has us do questions on another day where it is a little bit more intense environment, and now she is going to have us do a mid-term where it is going to be even more nerve-wracking. So, I feel like that is beneficial. Instead of just always having us in our comfort zone to answer questions, she tries to make it like – this counts – and I feel like the anxiety that that builds is helpful because that is how it is actually going to be. And also, she wants to do something where we are not going to use pencil or paper, or we are not allowed to write on the test, because the (NCLEX-RN®) test is on a computer. I feel that that is going to be a beneficial aspect because every test we take in nursing – if you look at people’s tests, the question is butchered, stuff is crossed out, everything is underlined or circled. So, I feel like her forcing us to take the tests in the realest possible setting is helpful.

After about a month of participating in the course, Tessa’s perception of her own skills was much more optimistic. She had *uncovered* how to dissect test questions and look for key words. In turn, she was gaining confidence about her ability to understand information and succeed.

I feel it is a good experience and it is very beneficial. I have talked to four or five people that I am friends with in that class and they all feel that it is beneficial. I feel like my perceptions of my ability have changed. I am starting to ‘get it’, I guess.how I perceive information has definitely improved. My understanding is different. ... It is like a light-bulb thing. Once you get it, you get it.

Tessa spoke about the study techniques she was discovering in the course, such as looking for key words, and avoiding adding to the information in the stem of the

question. *“There are so many things within the questions that alert you that this is obviously the wrong answer... key words, little words, like always, never, immediately, or you must do this right now.”* She had also learned that she should not ‘read into’ or add information to test questions, *“...I now get that what the question says is what it says.”* She credited the use of these techniques for the improvement that she was witnessing when taking quizzes and exams. Similarly to what was reported by the student in study by Ironside (2003), Tessa reported, “I can tell I am looking at the questions differently.” She believed that before this class she would have earned much worse grades on her exams.

Tessa advises other students who will be required to participate in a remediation course to, *“Recognize that you obviously have a problem, a deficiency, and that you need help. You should acknowledge that and there is nothing wrong with getting that help. There is a problem if you deny that you need it.”* She wanted students to *“be appreciative that it is a service that is offered”* and realize that the instructors only want to help. *“... there is nothing wrong with it. You would be stupid to think that you shouldn’t have to take it, especially if you thought you knew what you were doing and you ended up getting the grade that required the class.”*

Tessa said that nurse educators should portray the class as *“an introductory class to know how to take tests better and be better test-takers.”* Students should be told that the class will expand their knowledge base and prepare them to take exams. She stated that students should not be told, *“you thought you were prepared to take these classes, and you weren’t, and now you have to take this class as a result.”* She believed that students would feel better about taking the course if it was part of the regular curriculum.

She didn't want people to feel as if they were being told, *'Hey, you did bad on this test, and you are dumb, and you need to be smarter, so take this class.'* She believed that students could be spared the feelings of inadequacy and the embarrassment of having to remediate if the course was required for all students. Being required to take the course at the end of the program, *"makes you feel dumb if you take it after you have already failed to the point that you now have to remediate. ...This should be a class that is required for everyone to take at the beginning (rather than at the end of the program)... because I feel like it really is a necessity to know how to think correctly."*

At first, Gabriella struggled with the quizzes she was taking in the course. She learned that she had an issue with clumping, often missing several questions in a row (Poorman et al., 2010). Her instructor was able to help her to recognize that she was getting anxious when other students were finishing the quizzes before she was done. By *uncovering* her testing issues, she was able to apply some new test taking skills, and her scores began to improve.

In the beginning, I was really worried because of my scores... I didn't do very well on most of my quizzes. I was doing better at the out-of-class quizzes than I was on the in-class quizzes which we decided was because I was more comfortable in my home environment, and it's more quiet, and I don't look around and see if everyone's done or do any of that kind of stuff. I spoke with ... my professor for the course, afterwards, and she talked to me about how I was doing things that she noticed. Like, she said that she could see me, at a point when other people were done, looking around, and then I would rush through the rest of it. Or, she could tell when I was not doing well on a question because I

would fidget and do things, so that she knew that I wasn't doing well. I would always miss the next couple of questions after that. So, I was very upset about it and I went and spoke to her afterwards.

When Gabriella spoke to the professor about her concerns regarding the quiz grades, the professor was able to help her to *uncover* some of her testing issues and develop a plan for success:

So, I learned a lot about my testing habits and stuff. I'm a 'clumper' (laughs).

So, whenever I get a question that I know that I don't know the answer to, I panic, and I miss the next one or two questions after that because I am still thinking about the question that I missed before. So, my test scores have been getting a lot better as we have been going through this. I think I've learned a lot about how I react whenever I don't know the answer to a question, so that I don't panic and miss a lot of them. ... I think that it's all been positive.

They gave me a rubberband that I put on my wrist and whenever I started feeling stressed and fidgeting, looking around at other people...I would snap it and it was something to keep me focused on myself. And, they gave us a CD to listen to that is supposed to make you completely relaxed. It makes you use your hands in the beginning, then relax your arms, and then relax your whole body, basically, so that you know how to do that whenever you feel yourself start to panic on the test.we did a lot of things to make me focus on the exam instead of everything else.

Gabriella *discovered* what it was like to take the quizzes and review the answers in the class. She recognized that answering NCLEX[®] type questions involved reasoning:

We take them (quizzes) in class and then we go over them. ... Each person answers a question in a row and then explains what their answer was and how they got that, and then she tells us if it was correct or not. She goes through the reasoning process that we should use to get the answer, so that we understand how to reason through, and if we don't know the answer right off the bat...how to eliminate things and reason through them.

Poorman et al. (2010) offered a detailed description of a three-credit cognitive behavioral course that was developed to help at-risk senior nursing students prepare for the NCLEX-RN[®] examination. The authors highlighted the importance of having students participate in a self-assessment. Students may discover that they have test anxiety, that they do not prepare for exams appropriately, or that they need to change the way that they think. Some of the techniques that were highlighted in the course included cognitive restructuring, thought stopping, visual imagery, and the use of the metacognitive technique of questioning by the instructor.

Cognitive restructuring involves having students identify and restructure negative thoughts that cause increased anxiety during testing. Thought-stopping involves stopping and redirecting self-defeating thoughts into more positive ones. At-risk students also practice questions throughout the course and “think out loud” while explaining their answers (Poorman et al., 2010, p. 173). The instructor used a meta-cognitive technique of questioning to help students reason through the information. This helps the educator and the students to identify errors in students’ thinking or reasoning. Based on this information, the student develops an individualized plan of preparation for the NCLEX-RN[®] exam.

After answering questions, the students in Gabriella's class noted the content area for any questions that they missed. They were then able to go back and review subject matter from those specific areas, on their own, and as a class. She noted that in order to meet the needs of the students, the class was divided in half. Faculty members were then able to provide more individualized attention:

"They split us into two groups so that they can focus with each of us on different areas." She also appreciated that the faculty seemed to concentrate on the positive, rather than highlight the negative. The educators provided a lot encouragement to the students.

They are constantly trying to build us up, even if we are not doing well. They have done a lot of meetings with us outside of the class just to let us know areas that we are improving in, so that we are encouraged, and to give us areas that they think that we should focus on whenever we are doing our outside-of-class questions. It's mostly about building us up I think, to prepare us to be ready for it (NCLEX®).

Gabriella also noted that she had to complete questions as homework each week. Additionally, she met with a faculty mentor weekly and reviewed more questions. She believed that all of this was beneficial:

On our tests, each one that we miss, we mark the (content) area that it is (from), then at the end of the week we go over what types of questions we are all missing, or areas we are struggling in, and they do a lecture and go over that material...things that people seem to struggle in a lot. Outside of class, now we are doing 90 questions each week. ...I have to sit down for one time period and

do 90 questions. I'm required to turn that in at the beginning of every class. I'm also required to meet with my mentor. We're only required to do 30 questions in that, but I'm required to meet with her each week....

Gabriella's advice to future students was to, "*listen to everything that they (the instructors of the course) say.*" She admitted that she thought that some of the strategies that she learned about were '*stupid,*' but once she used them and performed better on exams, she was convinced that they were beneficial. "*... like the CD – I thought it was the stupidest thing anyone ever gave me at first. But, my test scores have improved, so I feel like it is helping me.*" She was also experiencing less test anxiety. "*I feel like I am more calm whenever I take exams. Even if you are doing well in the (program), it still mentally prepares you to take that many questions.*"

Gabriella had also come to the realization that she and many other students would not have been disciplined enough to practice answering NCLEX[®] questions on a regular basis, but they did it because it was a requirement of the course. "*For a lot of people, if you are not required to...do that for a course, I don't know that I would actually sit down and do it. So, I think it's important for everyone to do it.*"

At Alaina's school, the students in the remediation course were divided into two groups, each with a different instructor. On occasion, the classes would be held together. Fortunately for Alaina, the professors in the remediation course were very encouraging and helped her to regain some confidence in her ability to be successful.

When it first started it felt like kind of a military essence. Not in a bad way.

They're breaking us down to build us up. And, I guess that test score and taking the class was kind of like you're rock bottom. And then getting into that course,

where you're going to be taking tests every week, and you're going to be meeting with a mentor in order to build up your knowledge, or being able to apply it towards the testing... well, they're both very good at building you up and keeping positive about it, so (my attitude) has definitely changed.

Alaina described what she had *discovered* about what happened in the classroom. Her story was very similar to the other participants in that the students completed questions, then reviewed the answers.

We'll go around and see what we answered and everything. She gives us the rationale. She doesn't let us look at the answers to try to change or figure out the rationale behind it. She explains in-depth. ...and every class she teaches new techniques on how to test and how to read questions appropriately in order to get a correct answer.

Much of the time, the students were asked to 'think out loud.' Alaina explained what this process was like. She admitted that, *"At first, it was kind of nerve-wracking because the teacher would ask 'why did you choose that answer?' Some of the times, people like myself...I just took a wild guess because I honestly didn't know that answer."* She explained that the teacher might ask if there could be another possible answer. *She works you through it. It's like she's teaching you how to walk, baby steps. Although somebody else may be answering a question and talking through it, you're still analyzing everything and saying, 'Well, yeah, I can see why she answered it that way, but this is what I chose.'*

Like some of the other students, Alaina confessed that she got nervous when she had to 'think out loud' in class while answering questions. She worried that she would

answer incorrectly. If she did choose a wrong answer, she became embarrassed and concerned with what others thought. However, she soon realized that many other students would have also chosen the incorrect answer. In time, she came to recognize that when a wrong answer was given, the teacher would provide a thorough explanation of why each of the potential answers was correct or incorrect.

Alaina was also pleased to *discover* that the teacher did not respond in a derogatory manner or criticize her in any way when she did give an incorrect response:

I was kind of nervous about it at first because you feel like once that question gets around to you...what is going through my head? What if I get the answer wrong? What is everybody going to think of me? You immediately get embarrassed. But, you know, for the most part .. I'm not the only one who has gotten that wrong, and the other students are like, 'yeah, I picked that answer, too.' But it was still wrong, and she still gives a good rationale, and she doesn't make us feel any less than what we are. You know, you don't look dumb or anything.

Alaina reported that she got the attention that she needed from the instructor of the course and from her “mentor” who was also an educator in the program. She pointed out that she had the opportunity to work with this mentor each week, answering NCLEX[®] type questions, and reviewing the answers. *“Because I scored lower on the ATI predictor...they set us up with individual tutoring. ...I get individual tutor time with (another instructor)... where you go take another 30 minutes and do more questions and then we review with our mentor. I think that's helped a lot as well.”*

Alaina's advice for students who may be required to take this remediation course was to "*not feel defeated.*" She worried that others would feel the way that she had, but she wanted them to understand that they would see improvement in their test taking skills after participating in the course. She also wanted them to know that they should have confidence in the instructor.

I was one of the lower scoring students and you will see an improvement if you do take the class seriously. I was actually given a CD by (my instructor)....a visualization and relaxation CD. ...she gave it to me and told me to do it twice a day, every day, and I did see improvement just with relaxing and calming down before you take a test, because I was what they call 'the clumper' and getting multiple questions wrong in a row because of stress and freaking out over one question. ... take the class seriously and trust in them (the instructors) to know what they are offering you, cause they know what they are doing.

Each of the student participants reported some degree of anxiety, embarrassment, or disappointment, initially, when they learned that they were required to take the remediation course. However, one pattern noted in this study was that when every participant told their story, they reported that once they discovered what the course was really like, and what it is was about, they knew that they could benefit from participating. Each provided narratives, not only of *what* they learned, but of *how* they learned in the class, often citing *thinking out loud* and using anxiety-relieving techniques as keys to effective learning.

Poorman et al. (2010) noted that students who had difficulty taking exams often had a combination of test-taking difficulties. But, after identification of student issues,

and the use of cognitive, behavioral, and metacognitive techniques, such as those used in this remediation study, students practice test scores improved. The students in this study described many different issues. But, several of these participants also spoke about how they had already seen evidence that they were better test takers after having addressed their individual learning needs. English and Gordon (2004) reported similar positive results after implementing a faculty-facilitated remediation plan with nine BSN students who had failed to achieve a benchmark score of 85 on a HESI exam after two attempts. The students used guided imagery and visualization and participated in review and test-taking strategy sessions. The students were then retested and all nine received scores of 99.99 on the HESI exam. The students reported that the test-taking strategy sessions helped them to approach standardized tests in a more comprehensive manner. They also reported using more critical thinking and anxiety reducing skills after the sessions.

Anecdotal observations reported by Poorman et al. (2010) indicated that students were often discouraged when they first learned that they must take a remedial course. They sometimes became frustrated when they did not improve as quickly as they thought they should. However, by the end of the course the students provided positive feedback when they realized that test scores were improving and that they were even performing better in other nursing courses (Poorman et al., 2010). Students in this remediation study also expressed some trepidation about entering the courses. However, with time, each *discovered* what the class was like and they became more comfortable. They also *discovered* that the teacher was there as a guide to help them *uncover* their individual test-taking errors. Moreover, they *discovered* techniques for correcting those errors, and for learning how to think about their thinking. Heidegger (1962) referred to an

“uncovering” when talking about how the truth about a phenomenon is revealed; *that which shows itself* (p. 51). Each of these things had been *uncovered* by the students.

According to Campbell and Davis (1990), it is important to have an organized system that addresses the specific individual academic and cognitive needs of at-risk students. The students in these remediation courses reported receiving just that – individualized attention to their testing issues, and identified solutions.

Discovering the NCLEX-RN®

Ashley and O’Neill (1991) indicated that identifying at-risk students and implementing interventions in the senior year helped students to successfully prepare for the NCLEX-RN®. The researchers reported that the NCLEX-RN® pass rate for at-risk students who attended 10 two-hour test-taking and skill development sessions was 92.9%, compared with a 50% pass rate for the control group.

Many of the student participants in this remediation study shared that they had learned a lot about the NCLEX-RN® when taking the required courses. Most indicated that they knew very little about it before they took these courses other than that it was “Boards,” an important test that they would have to take when they finished the program. These findings correlate with those published by Pabst et al. (2010). In that study, a focus group approach was used to explore the perceptions of 24 senior BSN students regarding preparation for NCLEX-RN®. The researchers stated that, after a literature review, it was clear that not much was known about students’ perceptions of the NCLEX-RN® exam and remediation.

Several participants in this study of the meaning of completing remediation also noted that what little they had heard about the licensure exam came from instructors who

would tell them that “you need to know this for NCLEX®.” But, what was NCLEX®? For some, it sounded very ominous.

Sophia shared that she had little knowledge about what to expect on the licensure exam. She described a ‘fear of the unknown.’ “*You just know the NCLEX® is your Boards, but you don’t really know what you are getting graded on, how the questions are arranged – anything like that.*” Sophia believed that students felt threatened by NCLEX® “*just because they don’t know what to expect.*”

Sophia went on to explain what she had known about the licensure exam:

They know it is your Boards. ... before I took that class, that is all I knew about the test. I didn’t know the break-down of sections. I didn’t know anything like that. I didn’t know how it was graded. I didn’t know how many you needed to get right. I didn’t know any of that.

Bella also told a story of how the NCLEX-RN® had been portrayed throughout the nursing program. She compared it to what it would be like to go to prison:

I think whenever teachers talk about it, they talk about it like prison. You have to go in and surrender all of your things. You are checked in by a passcode. They make it feel like they are going to scan your retina, and take your fingerprints, and put you in this locked room with nothing but a computer and your brain. And the mental image that I have of NCLEX® is scary in my head.

Bella’s anxiety about the exam also increased when the nursing instructors in her program talked about the first-time pass rates obtained by previous students. What if she didn’t live up to their expectations?

They also make a big stink about how we have a 98% pass rate. That's great for the university. That's great. But, they don't address those fears, because there is 2% who don't pass. What if you're in that 2%? They don't address that with you. Especially for a student like me who is often in that 2%, it's just another test...Oh, they paint a dirty picture. They really do.

Bella went on to say that when some instructors reviewed exams, they would become defensive and tell students that they needed to know the information for the NCLEX®.

...whenever other classes have test reviews, and a lot of their (the teachers') defense mechanisms whenever you try to challenge an answer, 'Well, this is how NCLEX® will be.' When you know in the back of your head that they couldn't write a proper NCLEX® question to save their life. And, it's just a defense mechanism to make you shut up.

Erika also associated some of her anxiety with the importance placed on exams by instructors, in particular, the emphasis placed on the NCLEX® throughout the nursing program. At times the anxiety was so high that it became overwhelming. She recognized the importance of the exam, but the repeated emphasis by educators created great apprehension. In an attempt toward self-preservation, Erika tried to tell herself that she wouldn't worry about the NCLEX® until after she graduated, however, the concerns were always looming in the back of her mind:

You know, for four years they have been emphasizing how important the NCLEX® is and you get that in your head. I already have anxiety so, of course, that increases it, and I go into a test and I'm freaking out from the beginning...bad

attitude...oh my gosh...this is going to be the hardest test ever! When we started freshman year, I heard it from the beginning that you have to take it (NCLEX®) when you graduate. And, from then on, it was just little things in every class, 'you're going to need to this for the NCLEX.' 'Remember this for the NCLEX®.' And it was just that repetition in my head...kept saying I'm going to need this. Everything builds on another. It's just that I need SO MUCH information for the NCLEX®. How am I going to do this? And it kinda freaks you out. I know why they do it. We have to take it seriously. At the same time, it doesn't help your anxiety at all whenever somebody is telling you for four years that all of these tests are just building up (to the NCLEX-RN®). At the time I'm thinking, I'm not worrying about that test (the NCLEX-RN®) before I graduate. Let me work on one obstacle before the next. But, In the back of my mind I'm still worried about it....I still am...I need to work on that.

Ericka's statement regarding "not worrying about the test before I graduate" is similar to statements made by student participants in the Pabst et al. (2010) study. After a thematic analysis of the findings from the focus groups, the educators were surprised to learn that some students did not intend to prepare for NCLEX-RN®. Instead, some sought to take the exam just to see how they would do (Pabst et al., 2010). Students did not believe that there was a relationship between coursework and NCLEX-RN® preparation. Preparing for the NCLEX-RN® was seen as something that they could do after graduation (Pabst et al., 2010). They did not see the value in preparing for the NCLEX-RN® before graduation because there was no penalty in any of their courses for being unprepared for it (Pabst et al., 2010). In that same study, some students reported

that they would not want to know if they were at-risk of failing the NCLEX[®] on the first attempt (Pabst et al., 2010). They cited increased stress as a reason for not wanting to know. Only a few students stated that they would want to know as much as possible about their risk so that they could complete additional preparation and seek guidance from faculty. The researchers noted that these same students recognized the implications of NCLEX-RN[®] failure. After those few students cited reasons for wanting to know if they were at-risk, the other students stated that they had changed their minds and that they would also prefer to know if they were at-risk for failure on the licensure exam (Pabst et al., 2010).

Sophia described what she had learned about the NCLEX-RN[®] in the remediation course:

... In class we talked about this many percentage of growth and development is on the test and this many safety is on the test. ...Then she (the professor) explained how... you built up difficulty on questions and then there is... I want to say, like a status-quo line, where everyone needs to be above. And, she explained how you have to stay above that for a consistent number of questions and you have... a maximum of 265 questions or a minimum of 75. So, she (the professor) just kind of broke the test down and made us more comfortable of how the whole situation works. So, that was nice, because going into it, you just know – if you don't have this class, you just know the NCLEX[®] is your Boards.And, she (the professor) took the time to break that down and make us aware of how everything is done which is kind of neat. So, the fact that she ...explained it to us, I definitely feel better about ... how it happens. Because, just because you get one wrong

doesn't mean you are going to fail the test now. You know, it may just knock you down to an easier level, but you still may be above that line which is just like – Oh, ok, I still have room. So, that is definitely helpful.

Sophia seemed relieved to have learned that she could incorrectly answer a question on the NCLEX-RN® and still pass. That took some of the pressure off of her, so that when she did take the exam, she didn't have to feel defeated if she didn't know the answer to every question. So, for Sophia, *discovering* what the NCLEX-RN® was really like helped to relieve her anxiety.

Gabriella explained that she hadn't been able to focus on the NCLEX-RN® before taking the remediation course because most of her energy was spent just trying to get through the program. She admitted that she was concerned, at first, because her scores on the quizzes in the class were somewhat low. However, toward the end of the class she was able to state, *"I think it has all been positive -- to prepare me, and to focus on the NCLEX®, because I wasn't really focused on it before that. I was worried about getting through nursing school."* For Gabriella, *discovering* what the NCLEX-RN® was like and taking the course meant that she would be better prepared.

Nikita indicated that when many of the instructors in her nursing courses talked about NCLEX® they did so in a way that instilled fear in students. The educators had told the students that they needed to know a lot of information for the NCLEX-RN®. Yet, those same instructors did not offer them other information about the exam that would help them to understand the process of taking it and help them to prepare. How could they prepare for an exam that could contain so much information? Where should they focus? Where would they even start? It seemed overwhelming. *"...you hear horror*

stories. You hear people talk. ...these stories stand out because that's not what you want to have happen to you." Nikita believed that those instructors may not have shared information, because they really did not know much about the exam, either.

I think the instructors that don't know a whole lot...I mean, yeah, they may have taken their boards awhile ago, but they really – ...they drill it in you and they try to scare you, and I don't think that that's right. ...Yeah, you should be nervous. I mean, it's important. But, the stuff that (the professor in the remediation course) went over as far as what is on your boards, that never happened (before). ... we were informed that you have to take it. We were informed that you have to do well. We were informed that if you don't do well, your chances of passing the next time aren't that great, but we weren't prepared as far as this is what is on it. The percentage of med-surg is this. There is this much pharm. ... no one had ever told me that you need to (practice for the exam by doing) 90 questions (each day), and to buy books, and I just wasn't aware of this. I just didn't know that (before this class).

How could I possibly know everything I need to know? Some students thought that if they just missed a couple of questions on the NCLEX[®] they would not be successful... .. Nobody ever told me this... .. We never knew what it was going to be like, ...that you're not going to be able to cross out your answers. We knew it was going to be on the computer, but not until you're there (in the remediation course)...you think, well what am I going to do if I am used to crossing off words or highlighting? You can't do that on your boards. They never said that. I just felt like some instructors would say, 'Oh, this is going to be on your boards and if

you don't know it, then you are going to fail.' And, I don't feel like instilling fear in somebody in that situation is a very good thing. It made me feel more anxious.

The fear of the unknown was worse than the knowing. At least when she knew what to expect, she could begin to prepare. Nikita shared:

I know what it is going to be like when I go in there. I know that I am going to get this little board that I can dry-erase on. I know that I can't cross my answers off so I shouldn't be doing that on my exams anymore. I know that I could have this many questions or I could have this many questions. I just feel prepared. I didn't feel prepared before. I felt very scared to take my test. I'm still... I want to do well and I'm still nervous about it, but I feel like I know what I'm walking into. I know what I need to do to prepare myself.

Nikita's experience addresses the concerns of graduate nurses in a study by Wood (2005). Nikita had discovered much about the process of taking the NCLEX-RN® and the types of questions that it might include. In the Wood (2005) study, graduates were asked to share information about the experience of taking the licensure exam. Some of the participants reported that they would have benefited from learning more about the process of taking it (e. g. not being able to go back and change answers). They also stated that it would have been beneficial to have an understanding of the types of questions that are asked on the exam (e.g. delegation, time management, and prioritization).

By demystifying the NCLEX-RN® exam and helping students to learn how to dissect and answer test questions, the Professors in the remediation courses were able to alleviate much of the anxiety surrounding it. Nikita viewed the experience of taking the

course so positively that she wanted others to be able to share in the experience. She offered advice to other students who might be in a similar situation – required to take a remediation course based on predictor exam scores. She didn't want other students to feel poorly about themselves, as she had about herself. Nikita wanted other at-risk students to know that, *"It doesn't mean that you aren't going to do well on your RN boards, and it doesn't mean that you are dumb, that you are not going to succeed, that you are not going to be a good nurse. It's just a test. ...you may need help in some areas."* She further stated, *"It may not be knowledge level but it may just be how you are reading questions. So, don't get discouraged over not doing well on this particular test. ...it is just pointing out what you need to work on so that you can be prepared for your (NCLEX-RN®) test."* She believed that it would be, *"very beneficial to anybody who would take it."*

Nikita also offered advice to faculty that teach remediation courses about how they should talk to students who are required to participate. ... *"let them know that yes, it is a predictor, and you didn't do well, so you need to do something to improve. Be positive ... and say that it doesn't mean that you are stupid. It just means that you need to learn how to take tests better...."* She believed that having a positive attitude about the exam was important.

... it's all how you think, and, if you have positive thinking it is known that you will do better. And, if you are negatively thinking, that 'I'm not going to do well,' then, you are going to do poorly. And, I really think that is one of the most important things. ... you need to state the fact that, 'Yes, you didn't do well. Yes, you need to take this class. But this is going to help you. It's going to help you

find your problem areas and it's not a bad thing. And you shouldn't compare it with other students. Yeah, some students didn't have to take it, but this is going to help YOU (emphasized). ' Because every person is an individual, and everyone needs individual help and this is just going to help in the long run.

Nikita shared how she was transformed by participating in the course. She stated, *"We went over so much information and I have really learned a lot and I can see the difference in me from before until now...and just over this semester period, I have grown a lot. And I feel better about taking my (NCLEX-RN®) test..."* Nikita discovered that the NCLEX-RN® was not as scary when she understood more about it and was able to prepare for the experience.

Shaun unreservedly spoke about feeling prepared for NCLEX-RN®, although he admitted that that was not always the case. He admitted that, in the past, he had been afraid to take the exam because he had not felt prepared. Previous instructors had told him that he needed to be ready for the licensing exam but he hadn't learned *how* to prepare for it until he took this course. He *discovered* what the NCLEX-RN® was like and after taking the course he felt as if he had a plan that would help him to do well. He had gained some control over the situation, and with some effort on his part, he would be successful.

Because of...taking the class, I think that we are well prepared. At first when I started hearing about the NCLEX®...it was, "You need to do this. You'll be taking the NCLEX®." I was scared and wasn't sure if I'd be able to do it or not. But now I'll be graduating...and taking the NCLEX® soon. I don't think that I'll have any trouble. I'm going into it prepared. I'm going to do questions every

night after I graduate just for practice. I'm going to do simulations with 265 questions, just for practice to ready myself just in case I have to do that. I don't feel any reason to be scared about taking it.

Tessa also described what she had learned about the NCLEX-RN[®] and how this would help her to prepare for the test. Before this class, she had only heard that it was a test that nursing graduates had to take to get their license.

She (the professor) has told us types of questions that we are going to see, how many questions there are, how the questions are offered to us – like on the computer format, how much time we have. Like how in a select all that apply it would never be all six, but it would never be one. She has explained just how it works and where you take it and things like that, but she said she is going to talk about it more and I think she is going to focus on words that will tell you a lot more about the question and things like that that we can be prepared for. I feel like trying to go into a test like that (NCLEX[®]) having no information would be one of the dumbest things you could do and if you didn't know anything about it, you would be dead before you left the gate. ... I know I am doing what I need to do to be able to pass it, so that is building my confidence a lot. I plan to take this class and I am going to take the Kaplan Review and I have a tutor right now. So, I know I am doing what I need to do to pass it, so I feel good about that.

Despite learning what she should expect on the NCLEX-RN[®], Tessa, still felt a lot of pressure to succeed and that scared her. All she could do was try to be as prepared as possible. *“But, ...this is a huge test that is going to determine my life and it scares the*

hell out of me. It is terrifying, but I am preparing as much as I possibly can, so that is comforting, I guess.... It's a big deal and failing is not an option"

Students who had graduated in the previous year had encouraged Gabriella's class to take the course. The students who had previously graduated had a good overall first-time pass-rate on the NCLEX-RN®. This was encouraging to Gabriella and her peers and they had decided, collectively, to take the course whether they were required to or not.

The year above us had taken the course and they had pretty much told all of us to take it no matter what, just so that we would all be prepared. So, I don't think that anyone had a bad thought about it or theory on it. I personally didn't.

Whenever I was required to take it, I assumed that I was going to take it anyway because they did really well on their NCLEX® (last year) and they told us that's what helped them to prepare for it. So, I think that we had all decided, cumulatively, to take it.

The professor of the remediation course had also spoken to nursing students about the course during office hours. She shared some strategies for approaching test questions and encouraged students to take the course so that they could learn more about answering NCLEX-RN® questions.

She (the professor) gave them some of the same test strategies that she would use in this class, during her office hours – to help them out. So, yeah, she had spoken to us about it and told us what the course had for us and she recommended that we all take it either way because it's to prepare us for the exam and the more questions that you answer to prepare for the NCLEX®, the better you're going to do, even if you are doing well.

Before the remediation course, Gabriella knew very little about the NCLEX-RN®. One of her major misconceptions regarding the exam was that a person would fail if they missed a few questions. A person taking the exam might develop a lot of unnecessary anxiety if they thought that they might be selecting incorrect answers.

...I knew it was the licensing exam but I didn't know that there was no way to tell how you did based on the number of questions ... she gave us the breakdown on the percentages of each type of question that they have. You have to answer 60 questions above a certain line, which none of us really knew about. I think we all thought if you answer a few questions wrong, then you failed the exam. So, I knew it was the licensing exam but I didn't know a whole lot about it.

Gabriella talked about how participating in the course has helped her to prepare for the NCLEX-RN®. Knowing what to expect on the exam had provided an advantage; she could prepare ahead of time for situations that could cause anxiety during the NCLEX-RN®. Gaining knowledge about the exam, and being prepared to address issues that might arise, had boosted her confidence levels. She also recognized that having to report back to her instructors was forcing her “to be accountable” for her learning.

I know that I should be prepared to sit there for hours and hours and not freak out if I am sitting there, because that doesn't necessarily mean that I am not passing the exam. She told us some of the areas to really focus on. We are setting up a study plan next week so that we have a plan after we graduate. We have to answer a certain number of questions each week and report back to them if we have answered those questions. But, mostly she has tried to prepare us for sitting at our computer for that period of time and mentally preparing yourself to be

there for the whole time, even if you only get 60 or 70 questions (on the course exams), you are mentally prepared to sit there the whole time, so that you don't get burnt out.

Although Gabriella was preparing for the NCLEX-RN[®], she admitted that she felt more anxious about it than ever. She also admitted that she had not focused on the NCLEX-RN[®] before because she had been fixated on what she felt was a more pressing issue - passing her courses.

I don't think that I thought about it before. I was just worried about getting through nursing school. I don't think that I was as anxious about it (NCLEX[®]) before because I didn't know as much. Now, I'm really worried (laughs) because I am doing well in my courses so I don't have to worry about passing. So, now my biggest worry is passing NCLEX[®]. I'd really have to mess up now to not graduate. This class hasn't made me more anxious about it. It's just my next thing to worry about. it's (NCLEX[®]) my next hurdle... to prepare me, and to focus on the NCLEX[®], because I wasn't really focused on it before that. I was worried about getting through nursing school.

For the instructors, Alaina had this advice, *"The biggest thing would be to put yourself in the student's position...go back to when you were a graduate and how you were feeling when you were taking your boards, or before you were taking your boards, and the chaos that could be going on in your mind. That's the biggest thing. Put yourself in the student's position."* She wanted educators to understand, or remember, what it was like to be preparing for the NCLEX-RN[®] and to have lots of thoughts and emotions

surrounding the exam. Students would benefit if educators acknowledged and addressed these issues.

Before taking this class, Alaina knew very little about what to expect on the NCLEX[®]. She had researched it on the internet and found some information on a site, but she questioned its legitimacy since it mostly provided personal opinions. Having heard that it was a difficult test and that some students had not been successful on the first try, or even after several tries, she became scared. But, the professor in her remediation course was able to address some of her concerns and misperceptions.

It was kinda funny 'cause I knew that it was a difficult test. I had talked to other students who had not passed the NCLEX[®] on the first try or who had taken it multiple times. It just scared me. And then when (the Professor of the remediation course) put it into perspective of how it actually works, and how many questions you need to get right, and the time frame that you have...there's just a lot of misconceptions about that test; thinking that there's a time frame and you fail the test because you ran out of time, and that's not true. You know, there's a lot more that goes into it....

She felt more knowledgeable about the test but she was still concerned about the possibility of failing. *“She scared me when she said that you have to stay above a certain level of correct questions in order to not fail, and that scared me.”* She had discovered a lot about the NCLEX-RN[®] and understood that it included various alternative-type questions. She believed that there was a lot more to the test than many people, including some educators, knew:

...there's a lot more that goes into it, and I think that there are a lot of schools that aren't educated on how the test actually works...there is select all that apply, putting things in order, listening to sounds, and there's much more that goes into the test than you think.

Although the class was coming to an end, Alaina was continuing to take what she had learned very seriously. She realized that there were steps that she could take to help her increase her chances of being successful on the NCLEX-RN®. She knew that it was important to prepare by practicing questions on a regular basis, and she was taking advantage of every opportunity to study for the NCLEX-RN®.

I continue to do questions like it's my job. I have ATI app on my phone where I'll do questions and I can configure what specific type of questions I want to take, and how many I want to take. I also have a Lippincott application on my phone that I will do questions with and it's nice because it will give you the rationale. And I have other NCLEX® books that I'll do questions out of...just whenever I have free time. Like if I am sitting in my car waiting for a class and I'll sit there and do 10 questions. Or, if I have a few minutes before work, I'll do 15 questions, just to get into the habit of answering questions and seeing that rationale, why you chose that answer that you chose.

Alaina was trying to keep a positive attitude in regards to the NCLEX-RN®. She knew that her instructors in the remediation course had emphasized the importance of practicing many questions. Nurses that she knew reinforced that information.

I do feel prepared for the most part. There are more steps that I know that I need to take on my behalf in regards to getting little bits of knowledge down with

normal levels and procedures and stuff like that in NCLEX® world. But, I just need to do questions. That's what a lot of the nurses who have passed have been telling me to do. Just doing questions over and over again.

Alaina described some separation anxiety that she was having as the semester was ending and she was about to attend her last meeting with her faculty mentor. Once again, she would be on her own. But, this time, she had a plan and she was working hard to keep a positive outlook, despite the anxiety. “*Yeah, I'm still nervous. I mean, today is my last day with (my faculty mentor).*” She likened herself to a baby bird that was about to fly for the first time. Her professor and mentor were like the mother bird, pushing her forward, telling her it is her time to go out there into the ‘NCLEX® world.’

So, it's kind of like pushing the baby bird out of the nest and telling them to 'go..go...it's your turn.' But, I have to stay positive. I want to pass. I will pass. Just staying positive. But it's still scary cause there's always that cloud in the back of your head... 'What if I don't'.... 'What if I do fail?' (pause)...just trying to stay positive. ... I know that I am doing a lot better than I was. I'm not clumping like I used to. It's still nerve-wracking. I know that for sure. But, I'm just so anxious to graduate and take my NCLEX®.

In order to eliminate the anxiety associated with others knowing when she was taking the NCLEX-RN®, Alaina had decided to keep it a secret from everyone but her professor and mentor from this course.

... I am not going to tell anybody when I am taking my test. The only person who will know is the professor and my mentor because they are going to continue to work with us after we graduate. They are going to get us on a schedule, with how

many questions we're going to be doing in a day, or how we're studying each week. I've contemplated doing other programs....but I figure I'm getting the same fulfillment through this course, with the cognitive reasoning with them, that I would be if I were going through (another) course. I'm taking this as seriously as I possibly could. I feel like I've got a lot riding on it. ...I'm almost done! It's surreal. I can't believe it still. I can't believe that I will be graduating. It goes fast. You don't think it will, but it does.

Several students reported that they had *discovered* what the NCLEX-RN® was really like while taking the remediation course. For some, this still created some anxiety, but for most, it was somewhat comforting to know what types of questions were on the exam and what taking the test was like. With this information in mind, they felt more knowledgeable and prepared and they had become more hopeful that they could pass the NCLEX®.

Engendering a Community

Throughout the years, healthcare has become more complex and demanding and nursing faculty have attempted to address those changes by adding more content, skills, and experiences to the curriculum (Diekelmann, 2001; Ironside in Diekelmann & Diekelmann, 2009). Students have been pushed to 'do more' and learn more, often in shorter periods of time, in an effort to alleviate the nursing shortage. It has become increasingly difficult to continue to add to the curriculum while attempting to produce students who are able to provide safe quality care (Pamela Ironside [forward] in Diekelmann & Diekelmann, 2009). This led to a call for educational reform. In response to that call Nancy Diekelmann, a nurse scholar, developed a new approach to

schooling, teaching, and learning (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). This approach involved the use of Narrative Pedagogy. Through Narrative Pedagogy, a form of interpretive pedagogy, the focus turned from the achievement of a set of competencies and outcomes, and the use of only established teaching strategies, to that of sharing and interpreting stories and experiences as a way of thinking and learning (Diekelmann & Diekelmann, 2009). Educators and students who use this methodology must be open to the possibility of anything that emerges in the conversation (Diekelmann, 2001). According to Ironside (2003), Narrative Pedagogy is a way of “thinking about what is possible and problematic in nursing education (p. 510).”

Diekelmann conducted numerous hermeneutic studies in nursing education, spanning over twenty years (Diekelmann, 2001; Diekelmann & Diekelmann, 2009). The researcher listened to faculty, students, and clinicians as they gathered together to learn (Diekelmann, 2001; Diekelmann & Diekelmann, 2009; Diekelmann & Ironside, 1998). Through this research, Diekelmann discovered and developed Narrative Pedagogy. She described and analyzed the common practices of educators and students, identifying what mattered most to them during the learning experience. Narrative pedagogy is not just the use of storytelling as a means of learning. It involves a gathering together of educators, students, and/or clinicians in open conversation in such a way that the “possibility for anything to show itself is held open (Diekelmann, 2001).”

The practices that meant the most to educators and students became known as the Concernful Practices of Schooling Learning Teaching (Diekelmann & Ironside, 1998; Diekelmann & Diekelmann, 2009; Ironside, 2003). Diekelmann and Diekelmann (2009)

indicate that “schooling learning teaching” are “intra-related,” rather than linear phenomenon, therefore, there are no slashes or hyphens separating the words (p. XXV).

The Concernful Practices of Schooling Learning Teaching are not strategies for instruction. Instead, they are descriptions of the common and shared experiences of educators, students, and clinicians in regard to what matters in education (Diekelmann, 2001, p. 57). According to Ironside (2003), the language of Concernful Practices shifts the attention away from “issues of knowledge application and acquisition to thinking as a practice (p. 510).”

The Concernful Practices of Schooling Learning Teaching as identified by Diekelmann (2001; Diekelmann & Diekelmann, 2009) include the following:

- *gathering*: bringing in and calling forth
- *creating places*: keeping open a future of possibilities
- *assembling*: constructing and cultivating
- *staying*: knowing and connecting
- *caring*: engendering community
- *interpreting*: unlearning and becoming
- *presencing*: attending and being open
- *preserving reading, writing, thinking, and dialogue*
- *questioning*: meaning and making visible

Concernful Practices resonated throughout the stories of the participants of this remediation study. The student participants described what it was like to be in the remediation courses. Analysis of their stories led to the identification of the use of several of the Concernful Practices described by Diekelmann (2001, 2009). These

practices tend to overlap, but, in particular, “*caring: engendering community*” stood out as a theme in this study.

Engendering Community involves being open to matters of concern (Diekelmann & Diekelmann, 2009; Kiesel & Sheehan, 2007); teachers and students work together and think about ways to address problems (Ironsides, 2003). Teachers can engender a community of learning in the classroom through small practices that help to improve the climate. They can partner together and/or partner with students and move away from judgmental practices “toward conversations of possibilities (Diekelmann, 2002).”

Students in this study described outstanding teachers who were enthusiastic and caring. It was evident from the students’ stories that the teachers cared about the students and were invested in helping them to learn and be successful. They also described the classroom as an “open environment” and “caring atmosphere”, where they felt safe to talk about their issues. Although they were anxious and embarrassed at first, they eventually felt supported by the teachers and the other students and believed that they were “in there together.” Bella spoke about how she perceived that the teacher of the remediation course cared for the students.

I had heard... that (the Professor) really cared about her students. ... it was a very open environment. I don't know if it is (the Professor's) teaching style or what, but if you have something to ask she'll say, "Yeah, what are you thinking?" Or, If you give her a correct answer, she'll say, "That was absolutely right!" She'll acknowledge where you are good. Or she'll say, "You're on the right track but..." She gives you that encouragement and leads you back instead of just saying, "No, you're wrong," which isn't good. It really isn't good for anybody.

...we're able to raise our hands and she calls on you by name. ...in a lot of lecture halls, unless you make it a point to be known, you're not getting any names. I think that has a lot to do with teaching styles and a lot about how much work the professor is willing to put in. But ...I get encouragement from (the professor) in this class. And, it's not just me. She makes a point of knowing your name. And if you raise your hand in her class, she will look you in the eye and try to learn your name. And, she will say, "Yes, but..." or "Great." She gives us all encouragement as a group.

In one study by Poorman et al. (2002), students reported that when they perceived that the faculty member believed in their ability to succeed, it actually provided them with the encouragement that they needed to do so. It is important for both students and faculty to participate in a dialogue about students' struggles. By displaying care and concern for students, educators can offer encouragement and suggestions for improvement and empower students to succeed.

Caring is the core of nursing (Watson, 2007; Wikberg & Eriksson, 2008). Prominent theorists such as Watson (2007), Eriksson (1997), Campinha-Bacote (2002), and Leininger (1980) recognize that caring is essential among students and nurse educators. Connecting has become a major theme of caring in nursing education and many studies have focused on creating a climate of caring and connecting with students (Bankert & Kozel, 2005; Beck, 2001; Gillespie, 2005; Magnussen & Amundson, 2003). Bevis & Watson (1989) have declared that student-teacher interactions are the center of the education process and curriculum. Campinha-Bacote (1999, 2002) suggested that even though it is difficult to define or measure caring, it is definitely something that

people experience when others listen or show an interest in them. Watson (2000) stated that educators who displayed a caring attitude were supportive, authentic, listened to students, and looked for opportunities to connect with students through caring. These characteristics match those of the educators as described by the student participants in this study.

Bella described how the teacher had *connected* with the students, even calling them by name. This is parallel to the Concernful Practice of *staying; knowing and connecting* (Diekelmann & Diekelmann, 2009). According to Gillespie (2005), a mutual trust and respect is required in order for students and teachers to connect. When a student does not feel trusted and respected or they do not trust and respect their teacher, they are disconnected. On the other hand, it is important for students and educators to actively listen to each other and to work collaboratively to achieve success. Students are more likely to discuss issues that affect academic performance when they develop a rapport with educators (Sayles & Shelton, 2005). Bella had been in a place of disconnect with her previous instructors which caused her to feel defeated and helpless. But, she felt connected to the teacher of the remediation course in such a way that she did not feel intimidated. This professor was approachable, where some others had not been in the past. The feelings of defeat and helplessness were dissipating and a place of possibility was arising. Diekelmann (2001; Diekelmann & Diekelmann, 2009) referred to the Concernful Practice of *creating places*: keeping open a future of possibilities.

Bella elaborated on the “investment” that the teacher had made in the students. In Bella’s opinion, the teacher had an innate quality that came through in that class:

... she is invested in this aspect of teaching...this is kind of her 'baby.' She's really invested in and puts an effort into it. And, I think it is just her natural personality to know people. I really think so. I mean, I know that not everybody gets along the same, but I think that a lot of us ... have an ease in talking to her that you don't feel with a lot of other faculty.

Despite initially having negative thoughts, Nikita enrolled in the remediation course and near the end of the semester she was able to reflect on the experience. She talked about what it was like to be in the classroom and how “comforting” it was to realize that she wasn’t alone.

It was just more close-knit and the support that was in the classroom was good, too. ... it was just like we can help each other and we are all in the same boat kind of thing. ... it was encouraging, I guess, to have other people that I know... not do well. ...it was a bad thing, but it was comforting to know that I'm not the only one.

Nikita admitted that she felt comfort in other people’s lack of success because she no longer felt alone. That feeling permeated the classroom. She spoke about a “connection” that was formed among the students and how a “caring atmosphere” developed.

In (this course) I don't think that the class size should be very big because you need that individual, caring atmosphere and if it gets too big, I don't think that the class would work. ...Because it was small ...we all knew what our individual classmates areas (of need) were, because we all talked about them ... you form that connection and that helps.

At some point during the semester, Nikita had started to make a turn. While she may have continued to experience some trepidation, she felt safe in that classroom. She did not have to hide that secret. She was no longer alone – others were also struggling. Students could safely discuss their individual testing issues in this environment. This was a place where she did not have to worry about being judged because all of the other students in the class were “in the same boat.” She was no longer isolated and she could begin to let down her guard and trust again. This trust came from being in a classroom with students who had similar experiences. It also came from a belief that the instructor truly cared about the students and was not there to judge. Nikita indicated that she believed it was ‘safe’ to approach the professor. Diekelmann (2002) referred to the practice of having conversations that opened up a world of possibilities, rather than being judgmental. That was what was happening in the course that Nikita was attending.

I felt like (the professor) cared about her students and she wanted you to do well, and you could tell, and she put a lot of time into it.... she made it very beneficial. She saw what we were struggling with, like the lab values, and she said, “Ok. So, then we are going to do this.” It was just very, very nice to have someone care about you. And, you know that you could go to them because they know how you are doing... and they know that you are struggling in this area, as far as your classes go. It was a smaller class, too, and you could just trust them more, and you could go to them.

Nikita and several other students in the remediation courses described how the educator was present with them. In Nikita’s situation, the teacher had attended to her individual needs. *Presencing: attending and being open* is another of the Concernful

Practices of Schooling Learning Teaching that was identified by Diekelmann (2001, Diekelmann & Diekelmann, 2009). The researcher described the *being open* of attending, not in the physical sense of being present, but as “an open clearing where matters of concern are encountered (Diekelmann & Diekelmann, 2009, p. 343).” This presencing involves an engaged openness on both the part of the educator and the student. There are many ways in which educators and students can be present with one another. Activities, such as those that occurred in the remediation classrooms, could shape how students attend to and are open to learning (Diekelmann & Diekelmann, 2009, p. 344).

Educators in a study completed by Poorman et al. (2008) reported that “attending” to students who struggled was imperative to finding ways to help them with their struggles. Attending was described as “how teachers were present to and accompanied students as they struggled (p. 273).” It meant spending time with, and being attentive to students, to help them determine what they needed to succeed. Educators in that study reported listening to students, observing them, and really trying to understand how they struggled. This was referred to as “attending as understanding (p. 274).” In another study by Poorman et al. (2002), students identified *being with* as the most helpful to promoting their success. They desired the educator’s “time, attention, and presence” and equated faculty time spent with them as faculty caring about them (p. 127).

Concernful practices may also overlap or “co-occur.” Another concernful practice identified by Diekelmann (2001; Diekelmann & Diekelmann, 2009) was *listening as knowing and connecting*. In addition to presencing, Nikita had also described how the educator had listened to the students unlike some other professors that she had

encountered. By *listening*, the educator was able to *connect* with the students and help them to determine what their learning needs were and, at the same time, provide encouragement. Nikita stated that students had listened to each other and had paid attention to the encounters between the educator and other students. So, they knew what the others' areas of need were and they had developed connections and provided encouragement to each other.

Nikita had gone from a point of feeling devastated, hopeless, and isolated to feeling as if someone cared about her enough to invest time and energy into her success. When someone invested in her and she felt like they really cared about her as an individual, it made her want to do better.

While she had worried that she would be judged by her professors, she had reached a point of feeling safe enough to approach the professor of the remediation course. This professor already knew her secret..... The professor already knew that Nikita was struggling and rather than judge her, the professor invested her own time and energy into helping Nikita. The professor nurtured and cared for Nikita in a way that reminded her of how her mother and grandmother invested in, and cared for her.

...you can tell when someone invests in your education and when someone doesn't, or doesn't care, or says that they will and then doesn't do anything about a problem that you may be having. I just feel like, whenever someone was investing in me – and I just felt like they really cared, it made me want to do better. It made me want to do better and I would never want to let (the Professor) down. I wouldn't want to do that because she has put so much time and energy into us. So, not only for myself, but for her, and ... my mom and my grandma...I

wouldn't want to do anything to hurt them. They invested in me, and cared about me, and they loved me. That's the way it should be, because they are supposed to be there and help you with your education.

Nikita recognized that she had testing issues but she was also gaining some control of the situation. She offered an example of how she used to feel while taking an exam and how that had changed since taking the remediation course.

I would get very, very anxious. My stomach would start hurting and I would feel like I have to throw up. My heart would be racing the entire time and I couldn't concentrate the whole time I would be taking a test. I would be thinking, 'What is this answer? What am I going to do?' I mean, my thoughts were just racing like crazy..." and I now know to just stop and breath.

Shaun also shared what it was like to be in the classroom. He had developed a camaraderie with the other students. He believed that they were all "in their together" and that they were determined to succeed. They were able to discuss their testing issues and help each other. According to Watson (2000), students who are engaged in the learning process with peers and faculty are more likely to recognize that they need assistance.

In the class itself, I really enjoy it. You know...it's a small class...only 12 of us. The students in there are very determined to succeed and they know we're all in there together. It's not like...hey, look they're in the class...or you're in the class. We're there to get better at test-taking, whether it's different problems with anxiety or just knowledge deficits, or time. Whatever it is... everybody's there to better themselves and I think that it's nice because we kinda' talk with each other

and everybody has different opinions on things and we talk about it and its really helpful.

It was clear that Shaun felt more confident about his test taking abilities. He recognized that he was thinking at a higher level than he was before he took the course, and he enthusiastically shared that he was seeing an improvement in his grades. In congruence with the Concernful Practice of *creating places: keeping open up a future of possibilities*, Shaun, like Bella, told a story of an engendered classroom community that enabled learning and led to a feeling of optimism about the future.

I do think I'm a better test taker now that I've taken this course. I've had a couple tests where...like clinical now...before I was sitting in the mid C's, low B's and now I'm getting anywhere from a high A to high B. I see where the thinking, the process of elimination with questions, and just higher level of thinking about questions, and looking at the questions more carefully...I can definitely see an improvement in my grades. Just basically doing all the questions. I mean I have never done so many questions in my life. I think just doing the questions, I can see that it is all concepts. And when I take a test, like just taking the HESI, I can tell the same concepts are in that. So, you review, and when you review it is comprehensive, so you are getting stuff from psych, maternity, community, and I think just doing the questions helps. Also, with having (another instructor) come in to do the sessions where we did four hour sessions and while (the professor of the course) sits back and assesses us. And we would think aloud and you can sit there and think, "I never thought about that." And then you take what they (other students) did and use their information and think about that in another question.

Sifford and McDaniel (2007) completed a study in which senior level BSN students were required to take the HESI predictor exam. Eighty-seven students who failed to achieve a score of 850 or higher on the exam were required to participate in a remediation course and then retake the predictor exam. The researchers intended to learn how remediation impacted student performance on the exit exam. Data from the study appeared to support the conclusion that remediation intervention targeting test-taking strategies, anxiety reduction, and time management skills was beneficial to at-risk students. The mean score on the exam rose from 735 to 810. It is not clear what other interventions or course work may also have had an effect on exam results. More research is needed in this area. Follow-up exit exam results and/or NCLEX[®] pass rates were not reviewed in the current study. However, students like Shaun reported achieving higher exam grades in other nursing courses after participating in the remediation. They also had a brighter outlook regarding the NCLEX-RN[®] than they did before participating in the remediation.

While recognizing that it is important to take personal responsibility for learning, Sophia also credited the professor for the success of the class. She talked about the extra effort that the teacher put forth to help each student identify their testing issues. Sophia reported that the professor had a positive attitude and was energetic, in addition to being knowledgeable about the NCLEX[®] and nursing content. She seemed comforted by the fact that the professor was organized and prepared. She felt supported by the teacher and believed that she could go to her at any time with questions. She also pointed out that the professor helped the students prepare for the NCLEX[®] by helping them to ‘diagnose’ their testing issues, implement changes, and learn how to ‘think’ about questions. Most

importantly, the professor provided information that demystified the NCLEX[®], empowering the students to regain control, and feel less threatened by the test.

She is always really positive and really go-getting and happy...She is really helpful and I know she is opened up. She has an open-door policy, so if you were to have any questions about even her (other) class that she teaches, you can go in and be like – Hey, I don't get this, please help. And, she would be more than willing. She will give you practice books. She will do whatever she can to help you. So, she is awesome that way. ...If I was an instructor, I would definitely do exactly what (the Professor) does. ... I would do the kids' note cards. Definitely sit there, think, take notes, jot down, – they always second-guess themselves, ... they always change their answers, the silly little things that they may not pick up on. I would definitely try to keep track of each student. Maybe have like a one-on-one meeting with the students throughout the semester to see how they feel, where they stand, things like that. I mean, she has like a gazillion and a half practice tests, which is awesome, because you are never going to see the same question – ever again. So, that is definitely nice. And she is always prepared. She always does her research. You can definitely tell, because even when she is uncomfortable with the topic, she has plenty of information or a way to look it up right then and there. If she can't clarify it one way, she has a back-up plan kind of thing. But, I think above all, you have to be energetic and you have to truly be involved in the topic. Like, you can't just go in and teach – Ok, this is the NCLEX[®]. No, you have to actually be able to understand and make it less threatening and I think she does a really good job of that. So, I think any teacher

that is able to kind of calm students down, break everything down and explain to them, kind of help guide them through, is definitely a key factor of the class being a success.

Sophia suggests that instructors of these types of remediation courses must have certain characteristics in order to best help students to succeed. Rosetti and Fox (2009) completed a hermeneutic study of professors who had been recognized for their exceptionally successful teaching. All of the educators in their study displayed passion and enthusiasm for the subject matter, and loved to teach. The teachers in that study also described an “energetic and enthusiastic teaching style” (p. 15). It appears that the educators of the remediation courses in this current study had an energy and enthusiasm for teaching and helping at-risk students.

Sophia noted that she was in a class with many other students, yet she still felt that she had received the individual attention that she needed. She attributes this to the extra effort put forth by the teacher to determine each student’s particular areas of weakness as it relates to nursing content knowledge. Once the instructor determined each student’s area of need, she helped them to practice answering questions from that content area by including that student in the ‘think out loud’ process.

...thirty is a big number for the class, but we all seem to get, I think, the same amount out of it. This upcoming week half of us will go one day and half of us will go the other – just so she can kind of focus on a smaller group at a time. ... she (the professor) makes a really good effort. She knows people’s weaknesses. I know I have personally met with her because my weakness is psychiatric nursing, ironically. She makes an effort to -- when we have psych questions -- to call on

people with psych 'deficiencies,' I guess is the word. She wants to hear you think out loud to see how you are thinking through the process, to see if you not only understand the information, but also can put it into action. I mean, I am not going to get called on for every psych question, but probably like 50% of them I get called on because she wants to see where I am kind of going. So, she definitely knows everybody's strengths and weaknesses. So, that is awesome. I definitely feel like we get the one-on-one we need, even in that size of a class.

Sophia also spoke about some of the professor's other attributes that she felt contributed to the success of the class. As Sophia spoke about this teacher, it was clear that she saw qualities that had not been as evident in many of her previous instructors.

She is very interactive. She is not one of those – sit at the desk, here is the test, take it. She actually gets involved. I mean, when we are responding to questions, she is taking notes. I guess she has like an index card for all of us, so when she calls on us for a question, and we think out-loud, she takes notes to write down because she also assigned tutors – like they will go meet with another staff member. And, then, she can be like – 'Hey, I want you to focus on this with them.'

So, I know she is really interactive. She takes time to explain things. She is always prepared. And, even if she is not comfortable with the topic – like, I know she hates OB – but she always comes prepared and understands the material before she is quizzing us on what we are taking. So, if we have any questions, she is able to answer, which is nice.

Jessica stated, *“The teacher is there to help pull stuff together for us.”* In this respect, Jessica thinks of the teacher as someone who is encouraging and guiding the students with their learning, while the responsibility to learn remains with the student.

I do think it is a responsibility on the students, too, to see where – ‘Oh, I get test anxiety, that is my problem.’ Or, ‘I just lack content,’ or whatever their problem is. They still have to identify what their problems are in order to fix them as well, but I feel like she is pushing us to try and identify it and be a better test-taker.

Jessica believed that teachers in the nursing program should tell students more about the remediation course. When informing students about the course, teachers should highlight the benefits. *“...tell them (students) that it will help their testing skills ...this class helps you to realize your problem and that maybe you are studying wrong. ...the teachers maybe should have told people more about this class.”*

Tessa also pointed out that she had felt that the instructor had given her individual attention in the class. She had not feel that that was the case in many of her other nursing courses. *“She is more individualized in (course number), I feel. ...She is focused on you, whereas other instructors are focused on the class and if one person doesn’t get it, well – ‘I will explain it to the class and you will get it that way.’* Tessa described how things were different in the remediation course classroom. *“In (this class), she will be like – I am going to keep going back to you, and going back to you, and going back to you, not to make you feel dumb, but just so you get it. So, I feel like that is better.”*

When the instructor works with a student in this course, having the student think out loud, and discussing the rationale, other students are able to listen and think about how they answered the question. Tessa stated, *“She gets one person to understand it in*

(the remediation course) *and then everyone else can be like – Oh, that makes sense to me, too, and then everyone else can get it.*”

Alaina trusted that her professor would help her succeed, because she had heard that students in the previous graduating class had done well on the NCLEX[®], after participating in the remediation course. She spoke about her professor cheering her on, and believed that she would continue to do so, even after graduation. This led Alaina to believe that the professor really cared about how the students performed on exams.

(The Professor)... *well, I can't even put it into words. She's just divine. She knows what she is doing and I know a lot of my other classmates are all uneasy and unsure about it, but I figure, this lady knows what she is doing. You can tell by the scores from last year's group how they had a 90% or 93% success with the NCLEX[®]. It's obviously working, considering the previous years - how poorly, or not as successful rather... and she's like our little cheerleader. And she tells us that after we're done and we're graduated, she's not going to leave us alone. She wants us to do well, and I don't think that she would push as hard as she does if she wanted us to fail.*

These students' stories and descriptions of what it meant to be in the classroom revealed the *engendering of a community*. Students and teachers, alike, were open to learning. The teachers were interested in learning how the students were struggling and determining how they might help them to succeed. According to Kisiel and Sheehan (2007), in his earlier writings Heidegger described 'being open' as *concern*. So, when the teachers were 'present' with and 'open' to what the students were saying, the students characterized the teachers as being concerned about their needs. The students, while

skeptical at first, eventually felt comfortable enough to open up and discuss their concerns. By doing so, they learned how to be better test-takers. This led to possibilities for the future; the possibility of completing the program and passing NCLEX®.

Rossetti and Fox (2009) completed a hermeneutic study of 35 professors who had received Presidential Teaching Awards from one university. One of the major themes that the researchers determined was associated with successful university teaching was teacher Presence. Presence was defined as “a deeper level of awareness that allows thoughts, feelings, and actions to be known, developed, and harmonized within (p. 13).” The professors in that study valued the relationships that they had with students and they noted the importance of “working together” with those students (p. 13). They highlighted the importance of caring, trust, and respect between educators and students. In this remediation study, students described educators who also cared for the students, were *present with* them, and helped to develop a level of awareness about answering questions that they did not have before taking these courses. By being caring and *present with* students, the educators *engendered a community* where students felt comfortable to open up, discuss their issues, and learn from their peers and their instructors.

Summary

The student participants involved in this study freely shared their stories in such a way as to reveal what the experiences meant to them. That allowed this researcher to better understand the phenomenon of being required to participate in remediation based on predictor exam scores. The stories revealed in this chapter highlight the challenges and struggles that students face when they are required to participate in a remediation course. Each of these students were mandated to take classes because they did not meet a

standard on the ATI predictor exam, as set by their nursing program. The students described what it was like to have to participate in the course. Many revealed how they struggled to ‘survive’ nursing school, graduate, and pass the NCLEX[®]. For some, this was just one more hurdle that they had to conquer. They talked about the differences that their teachers made in helping them to get over this hurdle. For these students, it had been a journey, wrought with anxiety. Before taking the course, many struggled with feelings of inadequacy. Most of the students stated that they knew that they could benefit from participating in the course, however, they were embarrassed for others to know because there was a stigma attached. They believed that they would be looked upon as “dumb” by other students, as well as nursing professors.

At first, when students were *finding out* that they were required to take the course, they felt disappointed, embarrassed that they were in this situation, or even defeated. They had lost confidence in themselves and others. They were often fearful of what would happen if they were not successful. Some mistrusted their peers and educators. Many described feeling alone in their struggles. However, when they came together in the classroom they were no longer isolated; there were others who were experiencing the same things that they were. A camaraderie developed and they felt supported by the other students who were “in the same boat” as they were. They were also nurtured by the professors in the class and were somewhat surprised to find that they didn’t belittle them. Instead they received needed guidance. The professors interacted with the students and worked with them to determine what each of their needs were. The students felt the presence of the educators and felt that they were supported by them. More importantly,

they believed that the teachers truly cared about their success and that they were “investing” their time and energy into helping them to learn.

For some students, this was an unusual experience. They had not believed that other teachers had truly cared about their success in the past. Other teachers had pointed out their shortcomings, and some had even ‘diagnosed’ their problems, but they had not helped the students figure out how to ‘fix’ them. Davenport (2007) suggested that the remediation process might be improved by using a team approach in which each faculty member is actively engaged and prepared to provide encouragement to students (Davenport, 2007). The researcher also recommended that new faculty be oriented to the NCLEX[®] Success Plan that had been established. The teachers in the remediation courses had *engendered a community* in which the students discovered their individual testing issues, and then they worked together to try to resolve those problems.

Once the students understood that they had test anxiety, or that they were making errors in thinking, they began the task of working to alleviate those concerns. The teachers helped them to determine what they needed to do to be successful. In addition to caring, camaraderie, and guidance, inside the walls of the classroom of these remediation courses, students found hope. Within this community, they became empowered to learn more, and to become better test takers. This resulted in increased optimism regarding their ability to graduate and pass the NCLEX[®]. They had developed a plan for success and their self-confidence had increased to a level in which they believed that they could succeed.

It is clear from this current study that the students felt supported and cared for by the instructors in the remediation courses. They indicated that this faculty support was

important to them and made a difference in how they approached answering NCLEX-type questions. This is consistent with anecdotal reports by Uyehara et al. (2007), who stated that student retention increased in an Adult Health 1 course when the students felt more “caring” from the faculty. “If a student perceived that faculty support was greater, this student was more likely to persist in completing the nursing program (p. 37).”

It also appears that it is extremely important *who* is teaching remediation courses. It was evident from the student participant accounts that the faculty in the remediation courses included in this hermeneutic study had a passion for teaching and assisting at-risk students. Students’ perceptions about how faculty viewed them had an impact on their self-esteem. Students who reported that they believed that the educators genuinely cared about their success appeared to have developed a renewed energy and desire to fully participate in the learning experiences provided within the courses and to be successful within the program and on the NCLEX[®].

According to Uyehara et al. (2007), “Every nursing student should be viewed as a potential registered professional nurse and a much needed asset for the nursing profession (p. 37).” When also taking into account the results of this current study, it can be inferred that it is important for faculty to engender a community which provides a caring and supportive environment for at-risk students who require remediation. This could result in greater numbers of graduates who are able to successfully complete the NCLEX-RN[®].

CHAPTER FIVE

REFLECTIONS ON THE FINDINGS

Phenomenologists believe that truths about reality can be found in people's "lived experiences" while "being in the world" (Heidegger, 1962; Polit & Beck, 2008, p. 227). The researcher must become immersed in the world of the informants through dialogue. The use of rich-text descriptions is intended to help the reader envision the phenomenon and develop a better understanding (Heidegger, 1962; Polit & Beck, 2008). According to Heidegger (1962), a person's perception of an experience is more important than reality. The purpose of this phenomenological study was to develop a better understanding of the perceptions of students who were required to participate in remediation courses and what that experience meant to them. The researcher spent time listening intently to the participants' stories and becoming immersed in the words of the transcripts, in order to uncover the reality of what the phenomenon meant to them.

Introduction

Upon listening to the voices of the student participants in this study, three major themes emerged: finding out, discovering, and engendering a community. Each of these themes was discussed in detail in the previous chapter and narratives were provided to allow the reader to participate in the interpretive process. In this final chapter, the researcher will reflect on the findings previously shared. Following Munhall and Chenail's (2008) suggestions for reporting qualitative research findings, this chapter will include meanings and understandings, a critique of the study's strengths and limitations, and implications and relevance of the study to nursing education. The meanings and

understandings will be discussed in accordance with existing literature. The implications and relevance of the study will flow from that information.

Preconceptions and Ideas

Before conducting this study, this researcher believed that it was important to understand *what it was like* for students to be told that it was necessary for them to complete remediation and what the experience meant to them. What values, beliefs, biases, assumptions, and/or perceptions did students take with them to the remedial course that might impact the results either positively or negatively? The researcher believed that understanding the students' point of view may provide insight into issues or concerns that deter students from fully participating in, and benefiting from, the process.

One assumption that was made before beginning this study was that students would be open to sharing their stories. That proved to be the case. I also believed that this research would provide an opportunity to learn what students found to be positive about the experience of being required to complete remediation and what educators could do to improve the experience. The stories that students shared provided this information. I had also assumed that some students may view the experience of being required to complete remediation as an inadequacy of some kind, while others might view it as an opportunity to gain a better understanding of how to be successful on the NCLEX-RN®. Interestingly, some participants were conflicted and indicated that they viewed it as something to be ashamed of, and at the same time, an opportunity to learn. Many of the stories did reveal that students felt embarrassed or experienced lowered self-esteem, as a result of being told that they required remediation and were at-risk for failure on the licensure exam. I did not expect to find, however, that educators in students' regular

nursing courses inadvertently contributed to those feelings of inadequacy. I was surprised to learn that there seemed to be major differences in the students' perceptions of how the educators in the remediation courses spoke to, and interacted with them, in regards to their testing issues and NCLEX-RN[®], as opposed to how some other nurse educators addressed those same issues.

As a teacher, I believed strongly that students should actively participate in the learning process if they were to be successful. What I found was that students seemed willing to participate when they were in an engendering environment where they felt that instructors cared about their success. I had noted that, as a nurse educator, I had seen some students complain about the extra time and effort needed to complete remediation. That did not appear to be a major concern of the students who participated in this study. As a matter of fact, many reflected a desire to learn from the experience and indicated that they intended to continue to exert an effort even after completing the course.

My final assumption was that students would provide insight into the meaning of this experience from a perspective outside that of the educator. I believed that students' rich stories would provide information that would be helpful to faculty who teach remedial courses. What I found was that the participants not only provided information that is beneficial to those who teach remedial courses, but they also provided evidence of the importance that all nursing faculty can play in portraying the course in a positive light, and educating students about the NCLEX-RN[®].

Meanings and Understandings

Each participant told a story that revealed what it was like to find out that they were required to participate in a remediation course based on scores that they received on

NCLEX-RN[®] predictor exams. For many, particularly for those who had not had previous knowledge of what the class was really like, this led to expressions of disappointment, shame, and defeat. Several participants at one school reported that nursing educators did a poor job of describing the remediation course, its' purpose, and the benefits of participation. Students often had the impression that the course was for people who were “dumb” and not capable of succeeding. Yet, in this same setting, students who had heard positive comments about the course - often from other students, had a much more positive outlook and entered the class with the expectation that they would learn to be better test takers.

For those who were in programs in which the option of taking the course was open to all students in their final semester, those who were required to take it also felt disappointed and concerned, but did not describe the same feelings of defeat that the others had revealed. These same students indicated that they had previously heard positive comments about the course and they reported that they believed that the course would be extremely beneficial in helping them to be successful on the licensure exam. Unfortunately, many students do not recognize the benefit of preparing for NCLEX-RN[®] before they graduate. As previously discussed, Pabst et al. (2010) found that students believe that they can wait until after they graduate to prepare. In that same study it was reported that some students preferred not to know that they were at risk for failing the licensure exam (Pabst et al., 2010). However, when those students were informed about the importance of having the opportunity to prepare for the exam, they recognized the benefit of ‘finding out.’

These findings imply that it is important for nurse educators to portray remediation courses in a positive light. It is also important to provide education about why a student would want to ‘find out’ that they are at-risk for failing the exam and acknowledge the importance of these types of courses in helping students to prepare. One student summed it up in this way, “Be positive ... and say that it doesn’t mean that you are stupid. It just means that you need to learn how to take tests better...it’s all in how you think, and, if you have positive thinking it is known that you will do better.”

The second theme revealed in this study was *discovering*. Participants reported *discovering* what it was like to be in the course, what that meant for them, how it felt to participate, and what the NCLEX-RN[®] was really like. They also reported *discovering* their test-taking issues and ways to address those problems which led to *discovering*, or uncovering, a future of possibilities. This was something that they had seemed so unsure of before participating in the remediation courses.

While each of the participants recognized that there would be benefits to participating in the course, none had a clear understanding of what would occur in the classroom. The educators incorporated Narrative Pedagogy and many students described the metacognitive process of questioning and ‘thinking out loud’ that occurred in the course. According to Poorman et al. (2010), those strategies help students to reason through information and discover errors in thinking. The students reported that, at first, they felt uncomfortable describing their reasoning when peers could hear. They worried about what others would think if they answered incorrectly, and they were concerned that did not score as high as they would have liked on initial quizzes. But, eventually, they discovered that they could learn from hearing each other ‘think out loud’ and they started

to see improvement in quiz scores in the remediation course and in other classes.

Poorman et al. (2010) reported similar findings. They indicated that students were often discouraged when they first learned that they must take a remedial course, and they were frustrated at times when they did not improve as quickly as they thought they should. However, by the end of the course the students in that study reported a more positive experience when they realized that test scores were improving and that they were even performing better in other nursing courses (Poorman et al., 2010).

Some students in this dissertation study described how they had learned to restructure negative thoughts into more positive ones, thus decreasing anxiety and helping them to stay focused, while taking exams. Poorman et al. (2010) referred to those processes as thought stopping and cognitive restructuring. Thought stopping involved consciously making a decision to stop thinking negatively and cognitive restructuring involved replacing negative thoughts with more positive cognitions. So, it appears that while the content is important, *how* the course is taught also plays an important role in the ability of students to learn. The use of these various strategies seemed beneficial to the students. As noted by Poorman et al. (2010), no single variable has been identified as the only factor for promoting NCLEX-RN[®] success. Therefore, using a multifaceted approach may be best when assisting struggling students.

English and Gordon (2004) also reported positive results when implementing similar strategies. The researchers noted that when remediation to improve clinical reasoning and test taking skills was developed and implemented, all nine at-risk students participating in that study were able to achieve the highest score possible on a HESI exam, and were able to progress in the program. Similarly, Frith (2005) reported that

when a course was implemented that included addressing test anxiety and “negative self talk,” along with content review, test-taking strategies, practice questions, case studies, and thinking out loud, HESI exit exam pass-rates improved (p. 325).

According to Ironside (2003), “*How* nursing practice is being learned is as important as *what* is being learned (p. 510).” In this study, students reported that they learned about test taking issues, but more importantly, they learned what to do about those issues. Their problems had been *uncovered*, so they were able to work on finding solutions and becoming better test-takers. This implies that educators should consider how information is taught in all courses, but, particularly in remediation type courses. It appears that it is beneficial to students, not only to hear what the correct answers are, but to discover errors in test-taking, and learn to restructure their thinking during exams. Nurse educators should dialogue about how to incorporate these types of learning strategies into the curriculum so that students can improve thinking and reasoning skills and become better test-takers.

Several students told the story of *discovering possibility* while taking the remediation course. They had all struggled to succeed in nursing school and many reported feeling anxious about taking tests and about what the future might bring. However, once they entered the class and began to uncover their testing issues and learn strategies to overcome them, they became hopeful about the future. Several reported that they were already seeing results when taking exams. Some indicated that they still had trepidation about taking the licensure exam but they believed that if they continued along the same path that they would be successful. They seemed to have gained a renewed sense of confidence and hope about the future and their ability to pass the NCLEX-RN®.

They also told stories of discovering what NCLEX-RN[®] was really like. Many had stated that they knew very little about the NCLEX-RN[®] before taking these courses. It was somewhat mysterious to them. Unfortunately, what little they had heard was often negative and even “scary.” They felt a lot of pressure to succeed. One student stated, “This is a huge test and it’s going to determine my life.” Much of their information had come from instructors who would say that “you need to know this for NCLEX-RN[®].” While the instructors most likely intended to help the students by telling them that that content was information that they needed to know, in reality they may have created further barriers to the students’ learning. It seemed to some students that they had to know so much for NCLEX-RN[®] that it was overwhelming and a near impossible feat. It is unfortunate that students may perceive these barriers to learning in some classes since they will likely use knowledge obtained from each course when completing the NCLEX-RN[®] (McGahee, Gramling, & Reid, 2010).

Several students held misperceptions about the exam. For example, they believed that if they missed more than one or two questions they would not pass. One student believed that you could not miss any and this was putting an enormous amount of pressure on her to answer every question correctly. One even described the experience of taking the NCLEX-RN[®] as being similar to going to jail. What the students envisioned often made them feel overwhelmed and fearful.

Fortunately, once they entered the remediation courses, the students discovered what taking the NCLEX-RN[®] was really like and the types of questions they could expect to see on it. They learned that the number of questions could vary and that they could miss some and still pass. They found out how much time they had to take the exam. As

one student indicated, the teacher “put it into perspective.” They discovered things that they could do and things that they could not do during the exam; they could write on a white board and use a calculator but they could not go back and review or change answers. Each reported feeling more prepared than before and they identified strategies to help them to be successful. As one student stated, “I’m still nervous about it, but I feel like I know what I’m walking into. I know what I need to do to prepare myself.”

Learning about the students’ perspectives in regard to the NCLEX-RN® before and after participating in the remediation course has major implications for nurse educators. Findings of this study indicate that it is not enough to tell students that they need to know information for the licensure exam. While educators may feel that they are helping students by emphasizing that, repeatedly stating it only adds to students’ anxiety. It does not help them to prepare for the test. What is clear, is that it is more important to make sure that students understand the content so that they will be prepared. It is also important that they develop a clear understanding of what it is like to take the exam, and what they must do to be successful. They also need to recognize the importance of studying before they graduate. When students in this study gained a better perspective of the reality of taking the exam, they reported feeling less anxious and overwhelmed. Even though they may still have felt some trepidation, they reported that they felt better prepared, had developed a plan for studying, and knew what they needed to do in order to increase their chances of being successful.

The third theme identified in this study was that of *engendering a community*. Diekelmann identified *caring: engendering community* as one of the Concernful Practices of Schooling Learning Teaching (Diekelmann & Ironside, 1998; Diekelmann &

Diekelmann, 2009; Ironside, 2003). The term ‘concernful practices’ refers to the common and shared experiences that mean the most to educators and students in nursing education (Diekelmann, 2001, p. 57). According to Diekelmann and Diekelmann (2009), *engendering community* necessitates being open to what matters. It involves teachers and students working and thinking together about ways to solve problems (Ironside, 2003). By incorporating small practices, teachers can improve the classroom environment and engender a community of learning. Teachers can work together with students “toward conversations of possibilities (Diekelmann, 2002),” rather than being judgmental.

Students in this study described the classroom as an “open environment” and “caring atmosphere” in which they felt “connected” with the educators and their peers. Although they identified previous situations in which they had felt judged by their teachers and peers, they described educators in the remediation courses who had “invested” in them and cared about their success. They admitted feeling anxious and embarrassed at first, but they eventually became a cohesive group where they felt supported by the teachers, and the other students, and believed that they were “in there together.” They became a community of learners. That sense of being in that situation “together” is similar to the “being alongside” or “being with” that Heidegger (1962) described.

Caring has been recognized as an essential component of nursing education for quite some time (Campinha-Bacote, 2002; Eriksson, 2007; Leininger, 1980; Wikberg & Eriksson, 2008; Watson, 2007). Many studies have focused on the importance of nurse educators creating a climate of caring and connecting with students (Bankert & Kozel, 2005; Beck, 2001; Bevis & Watson, 1989; Gillespie, 2005; Magnussen & Amundson,

2003). Campinha-Bacote (1999, 2002) suggested that caring is something that people experience when others listen or show an interest in them. Throughout the stories of the participants in this study, teachers were described as supportive and authentic. The students believed that they took the time to actively listen to them. The educators worked *with* them, to determine their thinking and test-taking errors and find ways to improve, rather than just judge them as poor students who would likely fail. These are all characteristics of caring as described by Watson (2000).

It was clear from the students' stories that they felt a connection with the educators, and even the other students. Rogers (2010) noted that students who were successful collaborated with other students and with faculty. When the participants were able to connect with teachers, whom they believed cared about their success, the students became empowered to succeed and developed a sense of possibility about the future. The students in this study indicated that they developed a desire to do well because they wanted to succeed, not only for themselves, but also for those educators who cared about their well-being. By showing that they cared, the educators had engendered a community where students could focus on learning.

Based on the findings of this study, it is important for educators, especially those teaching at-risk students, to engender a community where students feel safe discussing their concerns regarding learning and testing issues, and believe that the educators truly care about their success. It has been reported that when students perceive that educators believe in their ability to succeed, it provides them with the encouragement that they need to do so (Poorman et al., 2002). By displaying care and concern for students, educators

can offer encouragement and suggestions for improvement, and empower students to succeed.

Implications and Relevance of the Study

This study has several implications for nurse educators and nursing students. In addition to the implications already identified, it is important for educators to participate in a dialogue about remediation courses. How can educators do a better job of portraying these courses in a more positive light so that students will feel less ashamed and defeated, and enter with a more positive outlook? What are the benefits of having open enrollment in these courses, in which all students can decide to participate? Would this provide anonymity for at-risk students and relieve some of the shame associated with being required to participate? Some might argue that those same at-risk students might feel intimidated by having students who are more knowledgeable in the same classroom. It is also important to consider the number of students enrolled in each remediation course. This is particularly important as we attempt to establish student-teacher bonds and a sense of community within the classroom. Can we really provide the individualized attention needed by at-risk learners when we have large numbers of students in the classroom? These are all important points that need to be addressed through further discussion and research.

It is clear from the students' stories that educators often put a great emphasis on the licensure exam. After all, student success is important and licensure is necessary for employment. But, most likely, part of the emphasis on NCLEX-RN[®] is due to concerns about how nursing programs are viewed by accrediting agencies, colleges or universities, hiring agencies, and the community at large. First time NCLEX-RN[®] pass-rates have

become a symbol of student and program success. When the first time NCLEX-RN[®] pass-rates are high, educators, program leaders, accrediting bodies, and even State Boards of Nursing characterize it as a sign that a program is successful. Educators may also believe that high first time pass-rates indicate that they are doing everything right. However, there are many more factors that need to be considered. For example, if a program has an extremely high attrition rate and only the students who are good test-takers remain, and therefore pass NCLEX-RN[®], does that indicate success?

Do we have an obligation to help at-risk students to succeed? How can educators portray the importance of successful completion of the licensure exam without making students feel overwhelmed by the process and the amount of information that they need to know? Based on the results of this study, it appears that students who are informed about the exam feel less overwhelmed and are capable of developing a plan for success. Offering remediation courses over an entire semester may have benefits in that students are able to learn more content over an extended period than they would in one day, or even a few days. Students who had completed just 4 weeks of the remediation course were reporting that they were beginning to note changes, however students nearing the end of the course reported feeling well informed and much more prepared. Uyehara et al. (2007) suggested that although many schools require students to participate in an NCLEX-RN[®] review course, offering a course, such as these remediation courses, over an entire semester may be more beneficial for just that reason.

Additionally, educators should consider the benefits of engendering a community where all students believe that the educators care about their success -- not just those who are expected to do well, but also (and maybe more importantly), for those who are at-risk

of failing. In general, educators need to discuss ways to provide support to at-risk students and show that they care about their success. Ideas could be shared for modifying the classroom atmosphere in ways that would positively impact the ability of all students to learn and succeed in nursing and on the licensure exam.

When determining who will teach a remediation course, it appears that it does matter *who* takes on that responsibility. The participants in this study indicated that it is important to involve educators who have a vested interest in assisting at-risk students. The accounts given by the students indicate that they can tell when instructors are authentic and have an enthusiasm for helping them to succeed. Some educators may not have the passion for assisting at-risk students that was portrayed by the teachers described in this study. Some may not be willing, or may not have the time and energy required, to invest in engendering a community where at-risk students feel comfortable enough to be honest about their issues, and where everyone can work together to find and implement solutions. Others may not have a good understanding of how to help high-risk students to succeed. Poorman et al. (2011) reported that educators often want to show concern and connect with students but they are not clear how involved they should become. They strive to provide an environment that is supportive but sometimes struggle with knowing what the right level of involvement is with students (p. 371). The educators in the remediation courses described in this study were willing to take the time to question the students, through the use of meta-cognitive strategies, and help them determine what their testing issues were. They then offered guidance on how to address those problems. That takes time, energy, an understanding of meta-cognitive processes,

supportive presencing (Poorman et al., 2011), and a desire to help at-risk students to succeed.

Anecdotally, educators sometimes ask how much of their limited time and energy should be expended to help at-risk students, particularly those who are not likely to be successful in the program and on NCLEX-RN®? Is it better to use that time and energy helping those students who will likely be successful to reach their full capacity and become better nurses? With the current nursing shortage, should we strive to help every student be successful so that we can meet the needs of patients? Do we have a moral obligation to help all of our students to reach their fullest potential? If so, how do we do this in light of the faculty shortage and the ever increasing demands on faculty? This is an area that educators will likely to continue to struggle with, so it is important to continue the dialogue about this subject. Many of the students in this study felt alone and defeated. They believed that their teachers had ‘written them off’ as failures or did not care about helping them. Yet, when just one educator appeared to care about the students’ success, they gradually began to feel empowered to succeed. This was corroborated by Magnussen and Amundson (2003) who found that educators played a pivotal role in students’ learning experiences. A major theme that arose from that study was that students sought the respect and support of faculty in order to persevere and complete the nursing program. Uyehara et al. (2007) stated that if faculty care about students and provide the necessary knowledge and guidance to them, including those who are at-risk and may withdraw from the program, the number of students who remain in the program and graduate will be maximized. This may also increase the number of students who are able to successfully complete the NCLEX-RN® on the first attempt.

Strengths and Limitations

A strength of this study is the relevance to nursing and nursing education. Approximately 13-18% of graduate nurses who completed studies within the United States in the years 2009 and 2010 were unsuccessful on the first attempt of the NCLEX-RN® (NCSBN, 2010b). Failure of the exam may have negative effects on the graduate, the potential employer, and the nursing program, and may exacerbate the nursing shortage.

Another strength is that this study provided an opportunity to validate nursing students' experiences. This researcher made it clear to the participants that their stories were important. In turn, they openly shared their stories with the understanding that the information provided might benefit future students who are in a similar position.

The rich data provided by the student participants sheds light on their beliefs about being required to participate in remediation and how they viewed themselves and the instructors. They provided information about how students who struggle perceive comments by nurse educators. They also shed light on students' perceptions of the NCLEX-RN®. All of this information is useful to educators who teach similar courses, and to those who discuss remediation courses, and the NCLEX-RN® with students.

A limitation of this study was the use of a convenience sample which restricted the participation to students in two nursing schools in western Pennsylvania. The study did include both ASN and BSN students, however, diploma nursing students were not included, as a matter of convenience.

One of the expected challenges of using this method was maintaining large amounts of data. At times, the data seemed cumbersome but the researcher found it helpful to manage this by reviewing smaller sections at one time. The researcher expected to return

to participants for clarification of any information that was not clear. Fortunately, that was not necessary and may have proved to be a challenge as students had graduated and may have moved from the area. The researcher also recognized that if it became necessary to return to students after a significant period of time, their insight and perceptions may have changed, making it difficult to clarify information obtained at an earlier time.

Rigor

According to Munhall (2007), it is important to maintain rigor when completing qualitative research. To that end, several steps were taken to enhance the credibility, transferability, and trustworthiness of this study. The researcher maintained an audit trail including field notes, transcripts, notes on working hypotheses, and drafts of the final report that could be reviewed by the chair of the dissertation committee. At the time of analysis of the data, the researcher completed a review of the literature in order to substantiate or refute findings of the study. In an effort to enhance transferability the researcher participated in peer debriefing sessions with the chair and other members of the dissertation team (Polit & Beck, 2008; Trochim, 2006). During these sessions, written and oral summaries of the data, including my interpretations, were presented for review and suggestions. All of the members of the dissertation team are experienced qualitative researchers and/or have extensive experience working with at-risk nursing students.

Munhall (1994, p. 192; 2007, p. 562) stated that “One P” and “Ten Rs” are important for establishing rigor and merit in phenomenological studies. These include the Phenomenological Nod, resonancy, reasonableness, representativeness, recognizability, raised consciousness,

readability, relevance, revelations, and responsibility. This researcher attempted to ensure that each of these characteristics of rigor and merit were obtained when completing this study.

The *Phenomenological Nod* is achieved when others nod in agreement when reading the study findings. In order to establish *resonancy*, the findings “sound correct” (Mackey, 2007, p. 562). With *reasonableness*, the researcher provides “carefully reasoned” rationale for all parts of the study (Mackey, 2007, p. 562). This researcher shared verbal and written summaries and copies of transcripts with members of the research team, achieving confirmation of rigor and merit by noting the phenomenological nod, and receiving confirmation that the information sounded appropriate and correct. Reasonableness was also established by considering the rationale for each part of the study and discussing the importance with members of the research team who are experienced in working with at-risk nursing students.

In order to gain *representativeness*, multiple data sources are examined. In this study data sources included the informants, the transcripts, field notes, and identification of participants in remedial courses by nurse educators or administrators. When determining *recognizability*, the person reading the study recognizes some aspects of the experience and that helps the reader gain new insight into the topic. The reader develops a *raised consciousness*. In order to establish recognizability and raised consciousness, other nurse educators and experts in helping at-risk students, who were members of the research team, reviewed portions of the summaries and commented on whether they recognized any aspects, and if it provided any new insight. The educators indicated that they did recognize specific aspects of what was included in the summaries and that they also felt that rich data had been obtained which included new insight into this phenomenon. That process also helped to establish relevance and revealed revelations about the findings that this novice researcher may not have noted. When the findings are able to

guide the reader either personally or professionally, the study is determined to have *relevance* (Munhall, 1994, p. 192; Munhall, 2007). *Revelations* occur when the reader develops a deeper understanding of what is “revealed” and what is not revealed, or what remains “concealed” (Mackey, 2007, p. 562).

In order to establish *readability*, the writing should be understandable and interesting. Every effort was made to write in a way that was understandable and interesting. The researcher demonstrated *responsibility* by considering the ethical considerations. This involved obtaining consent to conduct this dissertation from the Institutional Review Board of Indiana University and the members of the dissertation team, before beginning the study. Responsibility was also maintained by being sensitive to the content of discussions, and by working to represent the meanings of the informants authentically (Mackey, 2007, p. 563).

As a researcher using hermeneutic phenomenology as a methodology for this study, it was necessary to be patient with this process and open to all of the possibilities that the participants brought forth. It also required time to contemplate each participants’ story.

Recommendation for Further Research

As noted in Chapter two of this dissertation study, the literature is noticeably lacking in studies that seek to understand students’ experiences and the meaning of being required to complete a remediation course for those at-risk for failing the NCLEX-RN®. The intent of this research was to begin to develop a dialogue regarding this phenomenon. More research is needed in this area. It would be beneficial to learn more about nurse educators’ perspectives about at-risk students and how they portray remedial courses. Are their perceptions different than those of the students? It would also be helpful to learn more about students’ perspectives, particularly those who are at high-risk

of failure, in regard to NCLEX-RN[®] preparation. This may lead to a better understanding of ways in which educators can help them to be better prepared.

Summary

By asking students about the meaning and perceptions of their experiences, important areas for concern and reflection have been highlighted. As educators, we can learn from students' stories about their perceptions regarding being required to participate in remediation courses and how we portray courses to them. We can also make changes in how we depict the NCLEX-RN[®]. Rather than using negative statements, it appears that students would benefit from a better understanding of what is offered in the courses and what the NCLEX-RN[®] assesses, and the process for completing the test.

It is also important for educators to review how they interact with struggling students and look for ways to encourage them, rather than building further barriers to their success. According to reports in the literature (Heroff, 2009; Morton, 2006), students are not likely to voluntarily seek support services or participate in developing study plans unless they are required. Therefore, it seems that requiring participation in remediation courses may be essential. It is not clear why some at-risk students are hesitant to use resources available to them, but it appears that the way faculty portray remediation courses may be an important indicator of how students view them.

Kinzie (2005) asked, to what extent do faculty members share what works with colleagues (p. 4). Unfortunately, the answer is 'not often enough.' Faculty development activities in the form of discussion groups or workshops could provide a forum for educators to share ideas and techniques that could lead to more positive interactions with at-risk students. Poorman et al. (2010) suggested that being willing to talk about our

struggles may help us find new ways to assist students. Heidegger (1962) believed that “our past is always in front of us” (p. 41). As educators we have the opportunity to learn from our past and move forward in such a way as to create a positive learning environment, even for those students who are at-risk of failing NCLEX-RN®.

This researcher’s objective was to ‘enter the world’ of students who were required to complete remediation and to gain a better understanding of the meaning of the experience from their individual perspectives. This study resulted in a greater understanding of that phenomenon. The information gained can help nurse educators develop a successful plan for collaborating with nursing students who are required to participate in remediation in the future. The findings of this study are meant to be a starting point for further discussion and research about ways in which educators can improve the likelihood of active participation in remediation courses and enhance the learning of struggling students.

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(**USE IUP LETTERHEAD*)

Appendix A

Informed Consent Form

You are invited to participate in a research study, The Lived Experience of At-Risk Nursing Students Enrolled in a Required Course to Improve NCLEX-RN[®] Success. The following information is provided in order to help you to make an informed decision about whether or not to participate. If you have any questions please do not hesitate to ask. You are eligible to participate because you are currently a nursing student who is required to participate in a course based on predictor exam scores.

The purpose of this study is to learn about the meaning and experience of being required to complete a course based on NCLEX-RN[®] predictor examination scores (Evolve[®] Reach [HESI] or Assessment Technologies Incorporated [ATI] exit exams). Participation in this study will require approximately 1-2 hours of your time. First, you will be asked to participate in an interview related to your experience as a student. The initial interview may last about 60 - 90 minutes. You may be asked to participate in a shorter follow-up interview if additional information is needed.

I ask your permission to obtain information about your age, gender, type of nursing program attended, status as a student, and type of predictor exam completed. This information can be provided on a demographic questionnaire that the researcher will provide. You are not required to share any of this data. If you do share this information, it will remain confidential. No identifying information (such as your name) will be made available to anyone other than the researcher. You may feel uncomfortable when answering questions about your experiences as a nursing student who was required to complete remediation based on predictor exam scores, otherwise there are no known risks associated with this research. You reserve the right to refuse to answer any question or to withdraw from the study at any time.

The only compensation that you will receive for participation in this study is a \$20 gift card to cover expenses such as travel and caregiver services. An additional \$10 gift card will be provided if a follow-up interview is required. The information gained in this study may help nurse educators to better understand students' experiences when being required to take a remediation course based on results of predictor exams. The information may help educators to be better prepared to help students who are in similar situations.

Your participation in this study is strictly voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator or with Indiana University of Pennsylvania or any other institution which you attend. Your decision will not result in any loss of benefits to which

you are otherwise entitled. If you choose to participate, you may withdraw at any time by notifying the researcher or by informing the person conducting the interview. If you choose to participate, all information will be held in strict confidence and will have no bearing on your academic standing or services you may choose to receive from Indiana University or any other institution of higher education. The information obtained in the study may be published in a research dissertation and scientific journals, or presented at scientific meetings, but your identity will be kept strictly confidential.

If you are willing to participate in this study, please reply to this letter indicating your interest. The researcher will then contact you to arrange an interview time at your convenience. You will be asked to sign a consent form at the time of the first interview. If you choose not to participate, please reply to this letter and indicate that you do not wish to participate. Please feel free to contact the Project Director or Faculty Sponsor with any questions.

Project Director/Researcher: Ms. Shelly Moore

Rank/Position: PhD Candidate at Indiana University of
Pennsylvania

Department Affiliation: Nursing and Allied Health Professions

Campus Address: 210 Johnson Hall, 1010 Oakland Avenue,
Indiana, PA 15705

Phone: (814) 657-1451

Email: rndq@iup.edu

Faculty Sponsor: Dr. Susan Poorman

Rank/Position: Professor

Department Affiliation: Nursing and Allied Health Professions

Campus Address: 216 Johnson Hall, 1010 Oakland Avenue
Indiana, PA 15705

Phone: 724-357-3258

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730).

Appendix B

Interest in Participation Form

I have read the information on the Informed Consent form and I am interested in participating in this study entitled The Lived Experience of At-Risk Nursing Students Enrolled in a Required Course to Improve NCLEX-RN® success. I understand that my responses are completely confidential and that I have the right to withdraw at any time. The Principal Investigator may contact me to arrange for an interview at a mutually agreed upon site.

Name (PLEASE PRINT)_____

Signature_____

Date_____

School of Nursing Affiliation_____

Phone number and/or email address where I can be reached_____

Best days and times to reach me_____

Project Director/Researcher: Ms. Shelly Moore

Rank/Position: PhD Candidate at Indiana University of

Pennsylvania

Department Affiliation: Nursing and Allied Health Professions

Campus Address: 210 Johnson Hall, 1010 Oakland Avenue,
Indiana, PA 15705

Phone: (814) 657-1451

Email: rndq@iup.edu

Appendix C

VOLUNTARY CONSENT FORM

I have read and understand the information on the Informed Consent Form and I consent to volunteer to be a subject in this study. I understand that my responses are completely confidential and that I have the right to withdraw at any time. I have received an unsigned copy of this informed Consent Form to keep in my possession.

Name (PLEASE PRINT)_____

Signature_____

Date_____

Investigator's Statement:

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

I agree to be contacted again if further information or clarification is needed.

Signature_____

The best way to reach me is:

Phone number or email address _____

Project Director/Researcher: Ms. Shelly Moore

Pennsylvania

Rank/Position: PhD Candidate at Indiana University of

Department Affiliation: Nursing and Allied Health Professions
Campus Address: 210 Johnson Hall, 1010 Oakland Avenue,
Indiana, PA 15705

Phone: (814) 657-1451

Email: rndq@iup.edu

Appendix D

Demographic Questionnaire

You are asked to provide the following data for informational purposes. Individual information will not be shared with others. A summary of demographic data collected from all participants may be used in the dissertation study or other research reports. You may refuse to answer any or all questions.

1) Year of Birth _____

Please circle the letter that represents the appropriate response for each question:

2) Gender:

- a. Female
- b. Male

3) Ethnic background:

- a. White
- b. Hispanic or Latino
- c. African American
- d. Asian American
- e. American Indian
- f. Alaska Native
- g. Native Hawaiian or Other Pacific Islander
- h. Other (please specify)_____

4) Are you a current student in the final semester of a nursing program?

- a. Yes
- b. No

Continue on next page please

5) Which type of nursing program are you attending?

- a. ASN
- b. BSN

6) Which type of NCLEX-RN[®] predictor test did you take as a requirement of your nursing program?

- a. Evolve[®] Reach Exit Exam (HESI)
- b. Assessment Technologies Predictor Assessment[®] (ATI)
- c. Other (please specify) _____

7) Are you currently enrolled in a course to improve the likelihood of success on the NCLEX-RN[®]?

- a. Yes, I'm currently enrolled in this type of course
- b. No, I already completed this type of course
- c. Not applicable/I never participated in this type of course

8) What is the current week in the semester (e.g. week 7 of 15)?

If unknown/unsure please indicate today's date _____

For question 9, please fill in the blank with the appropriate answer:

9) What score did you receive on the first attempt of the NCLEX-RN[®] predictor test identified in question #7? _____

(Note: For the ATI exam, please provide the percentile. This number is smaller than the percentage.)