Secrets of Success for High NCLEX-RN Pass Rates for BSN Nursing Programs

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Introduction

Nursing school graduates are expected to pass the National Council Licensing Exam for Registered Nurses (NCLEX-RN) on their first attempt. Failure to do so contributes to an already distressing nursing shortage. Furthermore, such failures count unfavorably toward the nursing program from which the student graduated. In 2009, the American Association for Colleges of Nursing (AACN) reported only 66% of qualified applicants to registered nursing programs were admitted, mainly because of clinical facility limitations and faculty shortage (Guetter, February 27, 2009). Students who are accepted into a program of study are expected to graduate and successfully complete the NCLEX-RN before being eligible to practice nursing.

Nursing schools who find themselves with pass rates below the national average on the NCLEX-RN are often puzzled as to why their graduates do not pass on the first attempt. The literature indicates that many schools facing low pass rates are using various methods to try to boost the pass rates of their graduates. Admission requirements have been studied in attempts to find a correlation between grade point average (GPA), preadmission testing and NCLEX-RN (Roehrig, 1985; Ellis, 2006; Sayles, et al., 2003; Yates, 2007; Schmidt, 2000; Nibert & Young, 2005; Daley et al., 2003; Marsh, 2004; Yocum & Sherubel, 1985; Wacks, 2005; Yin & Burger, 2003; Abbott et al., 2008). Further reports in the literature identified mentoring programs as a way to enhance the pass rates on NCLEX-RN (Morrison, et al., 2002). Progression and exit testing have also been used by some schools to predict and improve pass rates (Morrison, Adamson, Nibert, & Hsia, 2006; Bentley, 2006; Davenport, 2007). Unfortunately, most reports are anecdotal. This is the first study to specifically examine the practices of BSN nursing programs that have achieved equal or higher pass rates than the national average on the NCLEX-RN.

Purpose of the Study

The intent of this study was to compose a report of the practices used by successful BSN programs that met or exceeded the national pass rate on the NCLEX-RN in 2006-2008. The national pass rate for all BSN graduates in 2006 was 88.3 percent. In 2007, the national pass rate was 86.4 percent and in 2008 it was 87.5 percent. Specifically, the participants were asked to describe their programs regarding 1) admission practices including preadmission testing and ranking of applicants; 2) program progression policies; 3) end of program testing; 4) remediation strategies; and 5) other practices they felt contributed to the success of their graduates.

Methodology

Baccalaureate nursing (BSN) programs in the SREB meeting or exceeding the national pass rate on NCLEX-RN for three consecutive years beginning in 2006 were included in the study. A pilot study of schools outside the SREB was conducted following approval from the university’s Institutional Review Board (IRB). Data for the study were collected through telephone focus interviews with the chief nursing officer of the BSN programs. Focus interviews began with broad questions and progressed to semi-structured questions. These were followed up with more focused questions. The process allowed flow from a wide topic of discussion to more specific issues. Interviews provided the researcher an opportunity to gather more in depth information through further questioning than with a written survey (Krathwohl, 2009). All interviews except one were audio taped with permission and coded for patterns and themes. The one interview not recorded was due to recorder failure. Detailed notes were taken during each interview.
Results

Fifty programs met inclusion criteria. Thirty schools representing nine states in the SREB responded to the invitation to participate. Twenty-four of the schools are public institutions with an average student body population of 17,863 (range 847 - 51,000). All nursing schools in the study are accredited. Most of the programs in the study were considered upper division requiring four semesters of nursing courses once accepted into the professional program (67%, n = 20).

Admission criteria to obtain quality students for programs varied. All programs in the study utilize cumulative GPA as admission criteria. Preadmission testing (eg. TEAS, HESI A2, and HOBET) is utilized by 14 (46.7%) schools. A consistent pattern of admission criteria could not be determined. All respondents indicate a grade of “C” or better is needed to progress through the program. However, the percentage required to attain a “C” varies among the programs, but most require a 75% or better. Participants whose schools use 75% cut-off explained their own data showed students earning 75% or better were more likely to have success within the program as well as on NCLEX-RN than those earning below 75%.

End-of-course testing is used by many schools to determine progression to the next level. More often the end-of-course comprehensive exams are used to determine areas for improvement by the student. One-on-one counseling, referral to disability services, and movement to an “alternate study path” or part-time study are all possible outcomes for students who do not score at or above the benchmark on the end-of-course exams. A unique approach used by one program is a private meeting between the student scoring below benchmark and the chair of the department. The respondent stressed the intent of the meeting was to show a commitment to the student’s success rather than to be punitive. End-of-program testing is used by 70% (n=21) of the programs. Three different vendors provide the end-of-program exams for the schools in this study: ATI (30%, n = 9); HESI E2(36.7%, n = 11); and Kaplan (3.3%, n = 1). Similar to progression testing, end-of-program testing is used differently among the schools. For some in the study, a failure to achieve a benchmark score, which is sometimes higher than the vendor recommends, may result in a student having to repeat the course to which the exam was tied. In some instances, a student may sit out one year before retaking the course. Other programs use the end-of-program exams as diagnostic tools to show students areas they need to prepare more intently before sitting for the NCLEX-RN. Some programs require a remediation plan for the students scoring below benchmark to be approved prior to the school releasing the student to take the NCLEX-RN. Peer tutoring was identified as a practice schools utilize; however, no formal mentoring programs were identified. Faculty with “open door” policy were thought to facilitate a student’s success. The caring attitude of both full-time and adjunct or part-time faculty were also deemed important. Additionally, use of computer based testing during the program was also thought by some to in the study to prepare students for the NCLEX-RN format. Additionally, a shift to case based learning from traditional lecture was reported to be a contributing factor in the students’ success on the NCLEX-RN.

Discussion

There is no magic formula for success. Rather individual programs have the responsibility to determine the criteria best suited for them to attract and enroll quality students. Caring faculty implementing a quality curriculum is necessary to promote success. Progression and end-of-program testing may also prove helpful. Programs can utilize the information presented and tailor it to their own programs.

A limitation to using a telephone interview is that non-verbal communication cannot be assessed. Telephone service may be disrupted. Participants may not give full attention to the interview due to interruptions if responding while in their office. Additionally, results are limited to the schools with greater than 60 candidates sitting for NCLEX-RN annually from the SREB. Thus, future studies should include programs outside the SREB with various numbers of graduates. Faculty credentials and admission formulas are also potential areas for future studies relates to NCLEX-RN success. Additionally, studies with more consecutive numbers of NCLEX-RN success years is suggested.
References


References


