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# Nursing Candidates' Perceptions of the Greatest Challenges to Becoming a Professional Nurse

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# Walden University

College of Education

This is to certify that the doctoral study by

Lee Ann Williams

has been found to be complete and satisfactory in all respects,  
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Walden University

2018

Abstract

Nursing Candidates' Perceptions of the Greatest Challenges to  
Becoming a Professional Nurse

by

Lee Ann Williams

MS, Walden University, 2009

AS, Chattanooga State Community College, 1991

Project Study Submitted in Partial Fulfillment  
Of the Requirements for the Degree of  
Doctor of Education

Walden University

December 2018

## Abstract

Nursing candidates' overall goal is to become a professional nurse. To reach this goal, the student must graduate from an associate or baccalaureate nursing program and pass the state board, National Council Licensure Examination (NCLEX). Student retention in nursing programs and passing the NCLEX continue to be a problem for educational institutions throughout the United States. The purpose of this study was to examine nursing candidates' perceptions of their greatest challenges in becoming a professional nurse. Wenger's social learning systems and the community of practice comprised the conceptual framework that guided this study. The research questions pertained to nursing students' perceptions regarding the greatest challenges of becoming a professional nurse, strategies that could have helped the students, and the challenges that could be addressed by the nursing program. For this qualitative case study, nursing students from a second year Associate Degree in Nursing (ADN) program and nursing students in their last semester of a License Practical Nurse (LPN) program in North Georgia were asked to participate by attending focus group interviews. Twelve of the second year ADN program students volunteered to participate and 5 of the students in the last semester of the LPN program volunteered to participate. The data was collected from focus group interviews, and an inductive process was done for the data analysis. The findings revealed four challenges to becoming a professional nurse: family/relationship, lack of time, curriculum, and prior knowledge or skill. Insights from the analysis may enhance the institutions' understanding of the barriers faced by nursing students in North Georgia, the nursing program, the nursing profession, and help develop strategies to identify and support at-risk students.

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## Dedication

This project is dedicated to my late mother Katricia Thomas, RN.

## Acknowledgements

I would like to thank my loving husband Mark Williams, my loving daughters Rachel and Madison Williams for their support through this process. Thank you for understanding the activities that I missed or the times that I was tired and may not have been very pleasant. I would also like to thank my coworkers for their support, advice, encouragement, and the extra time to work on my project.

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## Section 1: The Problem

### **Introduction**

Nursing candidates' overall goal is to become a professional nurse. To achieve this goal, students must graduate from an associate or baccalaureate nursing program and pass the National Council Licensure Examination (NCLEX) (NCLEX, n.d.). Student retention in nursing programs and students passing the NCLEX continues to be a problem for many educational institutions and for students who seek professional nursing careers throughout the United States (Deurksen, 2013; Igbo et al., 2011; Melillo, Dowling, Abdallah, Findesien, & Knight, 2013). Based on the NCLEX passing rates from the Georgia Board of Nursing (GBN, 2016), institutions in northwest Georgia have not escaped the national problem of nursing students failing to pass the examination. One way to gain insight into how nursing programs can improve student retention and the NCLEX passing rate is to better understand the overall struggles that nursing candidates have in becoming a nurse.

### **The Local Problem**

An internal report in 2014 indicated that Northwest Georgia Community College (a pseudonym) began to experience a decline in student retention in the ADN program (NWGCC, 2014). Of those who completed the program, the NCLEX passing rate for students ranged from 65–78% (GBN, 2016) and student retention averaged 85%. The LPN program at the same institution had a successful NCLEX passing rate from 87.5–96% (2016), but student retention for the program averaged 73% (DSC, 2016).

The GBN 's regulations state that nursing programs must maintain acceptable performance. A minimum acceptable performance is an NCLEX passing rate of at least 80% for first-time test takers in any given calendar year (GBN, 2016). If a program is not successful, GBN may conduct an onsite evaluation and place the program on conditional approval or on probation (GBN, 2016). If a program is placed on conditional approval or probation, it must notify the students currently in the nursing program. The passing rates, student retention, and program evaluation from GBN are then made available to future nursing students (GBN, 2016). This information may be a deciding factor a student's decision not to enroll in a specific nursing program or institution.

Providing quality education and employment allows Northwest Georgia Community College (NWGCC) to be a major contributor to the health of the community and to the north Georgia area. The nursing programs work very closely with the local hospital, physician offices, nursing homes, and health department. The passing rates and decline in student retention may impact the nursing program's reputation and relationship with the local health facilities. A decline in nursing students may also lead to a decline in student enrollment in core classes or general education courses in the institution and in nurses in the community. The intent of this study was to examine the nursing candidates' perceptions of the challenges that could prevent them from attaining their goal of becoming a professional nurse. At NWGCC, these perceived challenges could have led to a decline in student retention in the nursing programs and to a lower NCLEX passing rate.

The process of examining the struggles that nursing students may have in attaining their goal of becoming a professional nurse began by interviewing nursing students at NWGCC: second-year Associate Degree in Nursing (ADN) students and students in the last semester of the License Practical Nursing (LPN) program. Interviewing nursing students in the ADN and LPN programs provided a greater understanding of their perception of being a nursing student. Information from this qualitative study is expected to increase nursing educators understanding of nursing students' perception of their struggles, of student success, and of issues of becoming a professional nurse. This could help NWGCC provide new or improved support programs to help future nursing students be successful in becoming a professional nurse.

### **Rationale**

#### **Evidence of the Problem at the Local Level**

Information retrieved from the ADN program at NWGCC indicated that the retention rate for nursing students declined from 100% to 84% in the last 4 years (NWGCC, 2014, 2015, 2016). The NCLEX passing rate from the GBN indicated that even if the students are successful in this nursing program, they still have difficulty passing the NCLEX. Although the LPN program at NWGCC has a NCLEX passing rate, the student retention rate averages 73% (LPN; MWGCC, 2016). Table 1 provides the retention rates and NCLEX passing rate for 4 years for each nursing program at NWGCC (GBN, 2016), (NWGCC, 2016).

Table 1

*NCLEX Passing Rate and Retention Rates for NWGCC*

Program	2013(%)	2014(%)	2015(%)	2016(%)
AND	65	69	75	78%
LPN	96	95	87	95
<u>Retention Rates</u>				
ADN	100	84	86	92
LPN	52	60	100	83

The ADN program implemented strategies in 2014 to improve NCLEX passing rates and student retention (ADN; NWGCC, 2014), including enhancing student participation by using a flipped classroom lecture approach and Assessment Technologies Institute (ATI). ATI Nursing Education provides technology-based educational, assessment, testing, and certification solutions for healthcare fields (ATI, 2016). After evaluating different educational programs, ATI Nursing Education was selected by the department chair and nursing faculty of the ADN program. Adjustments to the strategies were made throughout the year based on students' verbal complaints from those (a) who did not respond well to activities, such as more student participation in the classroom, (b) who had too much homework, and (c) who sensed no consistency among nursing courses and the instructors (ATI, 2014).

In the fall of 2015, the ADN faculty was instructed to be more consistent in how members wrote the syllabi, test questions, and lectures (NWGCC, 2015). Even though overall student evaluations were in the acceptable range for the institution, students continued to complain about classroom instruction and instructors' ability to teach (ADN;

NWGCC, 2015). The passing rate continued to be low while the retention rate was maintained in the 80th percentile (GBN, 2015; NWGCC, 2015). It is not known which strategies may have been beneficial, as the overall goal of improving student retention and the necessary NCLEX passing rate was not achieved.

The LPN program implemented similar strategies using the ATI Nursing Education program and established strict grade point average guidelines to enhance the NCLEX passing rate. Although the LPN passing rate for NCLEX in 2016 is satisfactory, the average student retention of 73% (LPN; NWGCC, 2016) is unsatisfactory.

### **Evidence of the Problem from the Professional Literature**

Student retention in nursing programs and students passing the NCLEX are problems for institutions throughout the United States (Deurksen, 2013; Igbo et al., 2011; Melillo, Dowling, Abdallah, Findesien, & Knight, 2013). The literature available for the southern region of the United States was minimal, therefore, most of the literature review is from other areas of the United States. The review indicated that attrition was due to students (a) coming from disadvantaged backgrounds (Igbo et al., 2011; Melillo et al., 2013), (b) facing financial insecurity, (c) experiencing a lack of family support physically, emotionally and financially, and English being a second language (Deurksen, 2013). Attrition was also due to lack of faculty and collegiate support in remediating the student's needs (Igbo et al., 2011). To combat the attrition rates, the government provided grants to educational institutions and nursing programs to develop interventions and strategies to improve nursing student retention and graduation rates (Melillo et al., 2013).



Examples of the interventions and strategies include programs to assist with courses before entering the nursing program, retention, student scholarships, and stipends (Melillo et al., 2013).

Nursing programs need to determine what will improve their ability to retain students, pass the NCLEX, and move their students into a career of nursing. Interviewing these nursing students for a qualitative study may help the ADN and LPN programs at NGCC with some approaches to finding solutions. Nursing students' perceptions of the greatest challenges of becoming a professional nurse may identify new strategies that can be implemented in the programs and provide rationale for change.

### **Definitions of Terms**

The following concepts and operational terms were used in this study:

1. *Associate Degree Nurse (ADN)*: A nurse who has completed a two-year program, designed to prepare the student to pass the national licensure exam and be qualified as a registered nurse (ANA, 2014).
2. *Bachelor of Science (BS)*: A baccalaureate degree typically completing four-year program (ANA, 2014).
3. *Community of Practice (COP)*: A situational learning based on teamwork and cooperation among peers which makes human beings capable of meaningful knowledge (Wenger, 2000)
4. *Doctor of Nursing Practice (DNP)*: A doctorate degree in nursing that focus on clinical practice or leadership roles (ANA, 2014).

5. *Flipped classroom* is an approach to teaching where the traditional or face to face lecture is removed from the classroom and replaced with active collaborative tasks (Abeysekera & Dawson, 2015).
6. *Licensed Practical Nurse (LPN)*: An LPN is an entry-level nurse who works under the supervision of registered nurses (RNs) and doctors (LPN, 2010).
7. *Master of Science Nurse (MSN)*: A master's degree prepared nurse that may be an Advanced Practice Nurse, nurse administrator, or nurse educator (ANA, 2014).
8. *National Council Licensor Examination (NCLEX)*: The process by which boards of nursing grant permission to an individual to engage in nursing practice after determining that the applicant has attained the competency necessary to perform a unique scope of practice (NCLEX, n.d.).
9. *Social Learning System (SLS)*: An adult learning theory where learning is a social process of competence and personal experiences (Wenger, 2000).

### **Significance of the Study**

This study is expected to help fill the gap on the students' perceived challenges of becoming a professional nurse, student retention in nursing programs, and passing rates for NCLEX in northwest Georgia. To begin to gain an understanding about nursing students, this study conducted qualitative focus group interviews with them. The results of this study may provide insight into the perceived greatest challenges faced by nursing students in northwest Georgia, which may assist in recognizing why students are not

successful in nursing programs or obtaining licensure. The results of the study may give educators a greater understanding of how the nursing programs and NCLEX passing rates can be improved.

Insights from the study should (a) enhance the institutions' knowledge of the barriers faced by nursing students in northwest Georgia, the nursing program, the nursing profession, and (b) help develop strategies to identify and then support at-risk students. These strategies should improve nursing students' success rate in the program and in obtaining licensure. Any improvement in the number of successful nursing students, especially racial and ethnic minority students, will help to increase and maintain baccalaureate-prepared nurses (Melillo et al., 2013). In 2011, the Institute of Medicine (IOM) reported that one of the key components in the future of nursing should be a seamless transition into higher degree programs, including the nursing ladder of LPN, ADN, BSN, MSN, and DNP. The report also emphasized the need for more diversity in nursing, especially in areas of gender and ethnicity (2011).

### **Research Questions**

This qualitative study of nursing students in the ADN and LPN programs at NWCC should provide a greater understanding of the nursing candidates' perception of the greatest challenges of becoming a professional nurse and gain insight of how to improve the student retention and NCLEX passing rates. Asking nursing students from multiple classes to talk about their challenges during the nursing program revealed? a variety of characteristics and will achieve a broader and more comprehensive

understanding of the issue being explored (Then, Rankin, & Ali, 2014). Any insight on how to improve the nursing program from the perceptions of the students as to the challenges should improve student retention and students passing the licensure exam.

The three research questions for this study were as follows:

1. What do nursing candidates perceive as the greatest challenges of becoming a professional nurse?
2. What perceptions do the nursing candidates have of strategies that could help them with the perceived challenges of being a nursing student or becoming a professional nurse?
3. Can the challenges of being a successful nursing candidate, as perceived by the students, be addressed by the structure and design of the nursing program?

### **Review of the Literature**

The goal of the literature review was to (a) provide the theoretical framework that would guide this study, (b) provide the history and research of student retention and attrition in nursing programs and describe the factors that contribute to student retention, (c) explore the strategies that have been implemented in nursing programs to improve student retention and NCLEX passing rates, and (d) and discuss curriculum development.

The literature review was conducted using these databases: CINAHL, ProQuest Nursing, and ERIC. Two government databases proved useful: Health Resources and Services Administration and the Institute of Medicine. The initial search included literature from 2010-2015. To provide a greater understanding of the history of student

retention in nursing programs, the search was expanded to 1978-2016. The phrases used to identify the peer-reviewed articles were *student retention in nursing programs*, *attrition and nursing students*, *passing NCLEX*, *nursing students passing licensure*, and *learning theories with nursing students*.

### **Conceptual Framework**

The conceptual framework that was used to guide this study is Wenger's SLS and CoP. The concept of this adult learning theory is that learning is a social process of competence and personal experiences (Wenger, 2000). This includes three modes of belonging through which we participate; engagement, imagination and alignment. Socially-defined competence is always interacting in our experiences. It is in this interplay where Wegner suggests learning takes place (2000). One of the structures of learning is CoP which is both an enabler of deep learning and instrumental in system-wide processes of knowledge, production, exchange, and transformation (2000).

Wenger's adult learning theory has been used in organizations and recently began to be employed into nursing (Andrew, Toson, & Ferguson, 2008). Research established that Wenger's framework can allow practitioners and academics to collaborate, challenge, and change practice (2008). In 2009 Grealish and Rance, studied a program that used Wenger's SLS and CoP. The study focused on how first year undergraduate nursing students learn in clinical placements. The themes that emerged were participation, having to personally be involved and responsible for the work or high

challenge, and meeting nurses who contribute to the development of an image of what the student wants to be as a nurse (2009).

### **Research in Student Retention and Attrition in Nursing Programs**

The articles presented for student retention range in dates from the 1970s to 2015. This time frame was used to demonstrate that student retention in nursing programs has been an issue for decades as well as to establish the progression of research. The first literature discovered for student retention in nursing programs and passing licensure was in the 1970s. Nash (1977) conducted a study to identify factors that contributed to successful recruitment, selection, and retention of students by nursing schools. Nash's recommendations included combining resources with local schools, expand the geographic scope of recruitment coverage, find methods of dealing with insufficient funding, develop recruitment of minority students, search the community for alternative sources of financial assistance for students and redirect applicants to other programs (1977).

Research in the 1980s demonstrated grave concern for the nursing shortage, health professions, and higher education (The Health Resource and Services Administration Bureau of Health Professions (DHHS/PHS), 1988). The DHHS/PHS provided workshops to address concerns of the nursing shortage, retention strategies in nursing education, and student retention in nursing education. Research by Dowell (1996) demonstrated a lack of research on minority students regarding the issues of recruitment and retention in schools of nursing. He further reflected that nursing programs will need

to be flexible, employ more diverse faculty and administrators, and the curricula must reflect the growing awareness of culturally sensitive care (1996).

As the nursing profession moves into the 21<sup>st</sup> century, student retention in nursing programs continues to be an issue for higher education. In 2003, Wells found that the demographic factors of age and race influenced undergraduate attrition rates among the new population of nursing students and suggested that factors of age and race needed to be explored more so programs could be developed to improve student retention. Prior to Wells' work, academic variables like academic performance, SAT and ACT scores influenced student attrition rates, but she argued that nonacademic variables like traditional and nontraditional students, and relationships with faculty may have more influence on the new population of students (2003). Information gleaned from the proposed study may assist in determining which variables affect the nursing students at NWGCC.

Moving forward to a study in 2011, The Institute of Medicine (IOM) stated that to improve quality of care, emphasis must be placed on more diversity in the field of nursing specifically in area of gender and ethnicity. Johnson, Johnson, Kim, and Mckee (2009) and the National League of Nursing (2012) addressed the attrition rates for at-risk students and underrepresented minority students. Due to the disparities among vulnerable populations, Bond and Cason (2014) found the need to recruit and retain Hispanic nursing students. While recruitment of diverse nursing students has increased, so has their rates of attrition (2014). Therefore, programs need to enhance retention by reducing

barriers and adding more supporting activities (Cantwell, Napeirkowski, Gundersen, and Naqvi, 2015).

The need for early identification of nursing students at-risk for attrition was identified by Johnson et al. (2009) as well as Walker et.al. (2011), and Donnell (2015). Systemic review and program evaluations indicate that attrition was due to students coming from disadvantaged backgrounds, facing financial insecurity, experiencing lack of family support, being academically unprepared, and English as a second language (Deurksen, 2013; Igbo et al., 2011; Melillo et al., 2013; Rouse & Rooda, 2010). White and Fulton (2015) took the approach of an integrative review and synthesized research about African American nursing students' experiences in nursing programs where the students are predominately Caucasian. The review identified that African American nursing students struggle with isolation, the importance of faculty interaction, and the need for academic and interpersonal support (2015). The proposed study may assist the nursing programs at NWGCC in identifying at-risk students for attrition in a timely manner to improve student outcomes.

In 2009, the American Association of Colleges of Nursing (AACN) confirmed that too few nurses were entering the health field due to a shortage of nursing faculty, limited classroom space, insufficient numbers of clinical preceptors, and budget cuts. The AACN encouraged schools of nursing to expand student capacity and find innovative ways to accept and maintain qualified students into their programs. The ADN program at NWGCC was accepting a larger number of nursing students, specifically 80, but as



retention and passing rates began to decline, the program decreased the number of nursing students to 60. The change had minimal impact on student retention and passing NCLEX. Additionally, data obtained from nursing instructors by Donnelly, Mckiel, and Hwang (2009) suggested that the challenges experienced by English as an Additional Language students and instructors' dwell in a lack of awareness and support at the collegiate level. This knowledge led to the identification of supportive activities for nurse educators and education sector decision makers (2009).

### **Strategies to Improve Student Retention**

The research from the literature review began to shift to evaluating retention strategies for nursing students. These strategies included direct interaction of nurse faculty and students (Baker, 2010), nurturing a sense of belonging (Mckendry, Wright, & Stevenson, 2014), mentoring (Robinson & Niemer, 2010) motivation, and demographics (Pence, 2011). Other strategies included intensive, comprehensive, and mandatory programs (Fontaine, 2014). In 2010, Baker investigated the types of retention strategies and their effectiveness used by undergraduate nursing programs for improving attrition rates of minorities. The participants of the study consisted of faculty from nursing programs within a 16-state area of the southeastern United States. Baker discovered that the highest rated strategy was direct interaction of nursing faculty and students. Direct interaction included faculty availability for tutoring in the lab, clinical, nursing theory, and math skills as well as providing timely feedback for clinical and test performance.

Mckendry, Wright, and Stevenson (2014) in the United Kingdom interviewed nursing students and collected qualitative data regarding retention strategies that were available in their first year and helped make the students feel part of their program. These strategies included having staff and faculty that are recognized as role models, professional, and approachable, having academic tutors for support, and encouragement of fellow students or peer support. An additional retention strategy was ensuring that the students knew the expectations of the program and being a nurse. The conclusion was nurturing a sense of belonging was beneficial in promoting retention. Fontaine (2014) discovered that intensive, comprehensive, and mandatory programs can improve retention, but more research is needed to determine if and how nursing programs can structure selected retention activities to achieve the greatest impact.

Researchers also provided a different approach to improving student retention. Robinson and Niemer (2010) examined a peer mentor tutor program and found that nursing students in the intervention group scored higher in their summative and final grades. Pence (2011) explored the relationship between emotional intelligence, motivation, demographic variable, and retention. The study indicated that a relationship existed between demographics, motivation, and retention, but emotional intelligence was not predictive of retention (2011). Other researchers who studied why students persist and are successful in nursing programs include Williams (2010) who studied the persistence in beginning nursing student and Shelton (2012) who explored a nursing

student retention model indicated that perceived faculty support was related to both persistence and academic performance in nursing programs.

The researchers Veal, Bull, and Miller (2012), and Duerksen (2013) explored ethnically diverse nursing students (2012) and culturally diverse nursing students (2013). Veal, Bull, and Miller identified that the process of learning to balance stressors with moderators, or available resources was the key to academic persistence and retention (2012). The participants reported the need to improve and utilize skills that assisted with academics, work, and family cultures such as identifying campus resources, participating in socialization activities, approaching faculty, and using the services of a diversity advisor (2012). Duerksen (2013) systematic review described the barriers for culturally diverse nursing students and the best practices to reduce the barriers and assist in retention and student success. The best practices included caring behaviors of faculty, student's own personal strengths, peer support, and multicultural training for faculty and students (2013).

Exploring the nursing candidates' perception of the greatest challenges of becoming a professional nurse at NWGCC may provide insight into the barriers faced by nursing students in northwest GA. The study will allow the students at NWGCC to be compared to the students in the professional literature. This information may assist in developing or enhancing strategies to improve student retention.

## **Passing NCLEX**

One barrier to solving the nursing shortage is the failure of nursing program graduates to achieve a successful passing score on the NCLEX (Lavandera, et al., 2011). The overall nursing candidate's goal is to become a professional registered nurse by successfully obtaining an associate or bachelorette degree and passing NCLEX. The common factor that contributed to nursing students passing NCLEX and gaining licensure was early identification of at-risk students (Lavandera et al, 2011; Carrick, 2011). Sosa and Sethares (2015) evaluated the examination tool Health Education Systems Incorporated (HESI) which predicts if a nursing student will pass NCLEX. The evaluation resulted in a wide variation in the use and outcomes of HESI exams and despite demonstrated validity and reliability, there were many gaps in the evidence regarding the use of these exams (2015). Lavandera (2011) also studied the HESI system and found that using both academic performance and HESI to identify at-risk students is a best practice approach for nursing students to successfully pass NCLEX and gain licensure.

Carrick (2011) used systems theory to analyze the interdependency of the nursing education system and the nursing student learning system to obtain a greater understanding of at-risk students and NCLEX failure and identify effective interventions to assist at-risk students. Carrick concluded combining interventions is necessary to influence students' learning outcomes and correct persistent problems of student achievement and passing the NCLEX. Therefore, more research of students' learning

environment, learning ability, as well as new teaching strategies, and NCLEX assessment products is needed to improve nursing student retention and passing licensure (2011).

### **Curriculum Development**

Koestler's (2015) study involved creating a curriculum to improve NCLEX first time pass rates. In a school of nursing located in the Mississippi Delta, the passing rate fell to 72% which challenged the faculty to evaluate the program to identify the strengths and weaknesses. Changes that were implemented included increasing the preadmission score, aligning the course content and evaluation tools with NCLEX test blueprint, changing the self-study capstone course to a mandatory attendance course, introducing simulations into the curriculum, and purchasing a standardized testing program (ATI) (2015). All students were monitored for progression and, in 2010, an enhancement interventionist was hired to further assist students with areas of difficulty (2015). The interventionist provides an array of services including personal tutoring, organizing classes, and identifying learning needs. For 2011, these changes led to a first-time pass rate of 96.4% (2015).

### **Summary of the Literature Review**

From the literature review, I discovered that student retention and passing licensure has been a problem for nursing programs and educational institutions for decades. In 1977, Nash conducted a study to identify factors that contributed to the successful recruitment, selection, and retention of students by nursing programs. Recommendations from Nash's study included combining resources of local schools,

expanding the geographic scope of recruitment, finding methods of dealing with insufficient funds, recruiting minority students, and searching the community for alternative sources of financial assistance for students, and redirecting applicants to other programs (1977).

Concern for the nursing shortage escalated in the 1980s and 1990s. Workshops were provided to address the nursing shortage and retention strategies (DHS/PHS1988). In 1996, Dowell's study demonstrated a lack of research on minority nursing students and recommended that nursing programs needed to be more flexible, employ more diverse faculty, and the curricula needed to reflect the growing awareness of culturally sensitive care.

The 21<sup>st</sup> century did not find any relief for student retention in nursing programs. One study found that the demographic factors of age and race influence undergraduate attrition rates and suggested these factors needed to be explored more to develop and improve student retention (Wells, 2003). Johnson, Johnson, Kim, and Mckee (2009) and the National League of Nursing (2012) continued to explore at risk students and underrepresented minority students. In 2011, the Institute of Medicine (IOM) stated to improve quality of care, emphasis must be placed on greater diversity in the nursing workforce. Bond and Cason (2014) found the need to recruit and retain Hispanic nursing students. While recruitment of diverse nursing students has increased, so has their rates of attrition (2014).

The need for early identification of nursing students at-risk for attrition was identified by Johnson, Johnson, Kim and Mckee as well as Walker et.al. (2011), and Donnell (2015). Systemic review and program evaluations indicated that attrition was due to students coming from disadvantaged backgrounds, facing financial insecurity, experiencing lack of family support, being academically unprepared, and English as a second language (Deurksen, 2013; Igbo et al., 2011; Melillo et al., 2013; Rouse & Rooda, 2010). Research from Cantwell, Napeirkowski, Gundersen, and Naqvi (2015) indicated that programs need to enhance retention by reducing barriers and adding more supporting activities.

The literature review provided strategies to improve student retention. These strategies included direct interaction of nursing faculty and students (Baker, 2010), nurturing a sense of belonging (Mckendry, Wright, & Stenenson, 2014), mentoring (Robinson & Niemer, 2010) motivation, and demographics (Pence, 2011). The researchers Veal, Bull, and Miller (2012) provided evidence that the process of learning to balance stressors with moderatos or available resources was the key to academic success. Lastly, Duerksen (2013) identified caring behaviors of faculty, student's own personal strengths, peer support, and multicultural train for faculty and students as the best practices for student retention.

Strategies for passing NCLEX were also discovered in the literature review. These strategies included early identification of at-risk students (Lavandera, et al., 2011) and utilizing an examination tool such as Health Education Systems Incorporated which

predicts if the student will pass NCLEX (Sosa and Sethares, 2015). Carrick's research (2011) indicated that several interventions may be necessary to influence students' learning outcomes and improve students passing NCLEX.

The literature review concluded with curriculum development. In 2015, Koestler created a curriculum to improve NCLEX passing rates. Koestler's curriculum included increasing the preadmission score, aligning the courses and evaluation of students with the NCLEX blueprint, changing the self-study capstone course to a mandatory attendance course, implementing simulations into the curriculum, and purchasing a standardized testing program. An interventionist was hired to assist students with areas of difficulty, personal tutoring, organizing classes, and identifying learning needs (2015). The new curriculum led to a 96.4% NCLEX passing rate (2015).

The literature review provided the theoretical framework to guide this study, the history, and research concerning student retention and attrition in nursing programs. The literature review explored strategies that have been implemented in nursing programs to improve student retention and NCLEX passage rates and concluded with curriculum that was developed to improve NCLEX first time pass rates.

### **Implications**

NWGCC has implemented strategies that are similar to many of those stated in the literature, but the strategies were not successful. For example, as of 2016, the college's NCLEX passing rate was still only 78% and the retention rate was 92% for the ADN. Conducting a qualitative study to obtain the nursing candidates' perception of the



greatest challenges in becoming a nurse is expected to help the faculty and administration determine what changes to the curriculum need to be made to improve NCLEX passing rates. The findings of the study should help develop a program change or an intervention that will assist nursing students at NWGCC and throughout northwest Georgia in completing their degree and obtaining their nursing licensure.

### **Summary**

This study addressed NWGCC nursing candidates' perceived challenges in becoming a professional nurse. These challenges may be part of the reason for a decrease in student retention and failure to pass NCLEX. The information obtained from the study may provide insight of how nursing programs can improve student retention and NCLEX passing rates. Lower retention rates and NCLEX passing rates have continued since the 1970s. The latest research explored the effectiveness of the strategies and interventions that have evolved from past research. Recent NCLEX passing rates and a decline in student retention at NWGCC indicated a need for further research. Interviewing the nursing students in the ADN and LPN programs at NWGCC provided an increased understanding of the student's perception of being a nursing candidate and becoming a professional nurse. This knowledge may help determine why students are not successful in nursing programs or at obtaining licensure.

The literature suggests factors that contribute to student attrition in nursing programs: disadvantaged backgrounds (Igbo et al., 2011; Melillo et al., 2013), financial insecurity, lack of family support (Deurksen, 2013), having to learn in English a second

language (Deurksen, 2013), and lack of institutional support to remediate student needs. (Igbo et al., 2011). These factors kept showing up in the literature. There was, however, a lack of literature on nursing students in northwest Georgia. It will be important to see if the nursing students at NWGCC are facing challenges similar to nursing students in other areas of the United States.

The next section, methodology, will describe how the qualitative research design derived from the problem and research question.

## Section 2: Methodology

### **Introduction**

The purpose of this qualitative study was to gain insight into the nursing candidates perceived challenges of becoming a professional nurse and to help improve student retention and the NCLEX passing rate. This section includes a description of qualitative research, the justification of the research design, and an explanation of why other likely choices would be less effective. Describing the criteria for selecting participant for the study, the procedures for gaining access to participants, and explaining methods of establishing a researcher-participant working relationship are also provided. The section will cover participant's rights, including confidentiality, informed consent, and protection from harm. The process of data collection, data analysis, and limitations of the study are presented last.

### **Research Design and Approach**

A qualitative, case study research design was employed for this study. Qualitative research allows the researcher to gain a greater understanding of how people make sense of their world and their experiences (Merriam, 2009). Using the case study approach in qualitative research allows the researcher to discover meaning, to investigate processes, and to gain insight into and in-depth understanding of an individual, group, or situation (Lidico, Spaulding, & Voegtle, 2010). The criteria for using a qualitative study are as follows: using a natural or familiar setting, using a broad research question, collecting data from small groups of participants, analyzing the data, writing the report using

emerging themes and evaluative criteria, and including the researcher's knowledge and biases (Creswell, 2012).

A case study is an in-depth description and analysis of a bounded system (Merriam, 2009). If it is not bounded like a program or a particular learner, it is not a case study. A qualitative case study was appropriate for this study because I wanted to answer questions of how or why (Merriam, 2009). In order to obtain an in-depth picture of the nursing candidates' perceptions of becoming a professional nurse, I focused on 17 students in two professional nursing programs at NWGCC (Lodico, Sapulding, & Voegtle, 2010). Data for the case study were collected from focus group interviews, consisting of a small number of participants.

Other qualitative approaches would not have been as effective as the case study approach. For example, the narrative approach is used when the researcher wants to explore the experiences of individuals, the chronology of the experiences, life stories, and to retell the story (Creswell, 2012). The phenomenological approach is used to explore the experience as well, but it depicts the essence or basic structure of the experience usually used in studies exploring love, anger, and betrayal (Merriam, 2009). Ethnography refers to beliefs, values, and attitudes of a specific group of people (2009). Grounded theory could be used to derive meaning from the data, but rich description is not the focus of this type of approach (2009). Therefore, to gain a greater understanding of the challenges of being a nursing student, a qualitative case study approach was used.

## **Participants**

As the researcher, I purposefully selected participants who could best answer the research questions (Creswell, 2012; Doody, Slevin, & Taggart, 2013). For this study, purposeful sampling was used because the participants possess a similar trait or characteristic. For homogeneous sampling the researcher purposely, samples individuals based on membership in a subgroup (Creswell, 2012). The participants for this study were nursing candidates that were in their second and final year of the Associate of Science in Nursing (ASN) program and nursing students that were in their last semester of the licensed practical nursing (LPN) program at NWGCC. Focus groups were composed of 2-5 participants. The study had multiple dates for the focus group interviews. From those dates three focus group interviews were conducted for the ADN program and two focus group interviews for the LPN program.

### **Gaining Access to Participants**

Prior to accessing the students, approval from the Institutional Review Board (IRB) of NWGCC and Walden University was obtained. The approval number from Walden University IRB for this study is 09-26-17-0046399. After receiving the Letter of Cooperation from the Dean of Health Professions at NWGCC, I met with the chairs of the ADN and LPN program and the course coordinators in person to explain the study, its purpose, and its benefits to the nursing programs.

Next, with permission of the respective relevant faculty, I scheduled an appointment to visit the second year ADN class and the senior LPN class to discuss the

study and provide dates and times for the focus group interviews. The students who wished to participate were able to select the focus group interview that was best for them. My email and phone number were provided in case the students wanted to contact me with any questions. or concerns. This process allowed for privacy for those who wish to participate and those students who did not wish to participate in the study.

The chair of the programs, the course coordinator, and the candidates were given my contact information for any questions or concerns before, during, and after the focus group interviews. The process of the researcher distributing the letter of invitation to the students helped to eliminate the chair, course coordinator, and instructor of potentially being viewed in the position as an influencer or authority figure. Although the participants may have recognized the researcher as a faculty member in the nursing program at the NWGCC, the researcher was not an instructor of these students.

### **Participants' Protection**

Protecting the participants for this study began by obtaining approval from the IRB of NWGCC and Walden University to conduct the research, presenting a letter of intent to the Dean of Health Professions and meeting with the chairs of the ADN and LPN programs. I met with the course coordinators and scheduled an appointment to talk to the students as presented in the section gaining access to participants. The script that I used to describe the research study to the class included an introduction, background information, how the study was voluntary, the risk and benefits of the study,

compensation, and confidentiality. At the end of the script I asked if there were any questions.

The students participating in the study signed an informed consent when they arrived for the focus interview. The informed consent included a description of the study, its purpose, potential risk and benefits, and the data collection procedure for the study. The participants were given a name tag labelled with a number for identification.

The data was collected through focus group interviews. The participants were identified by their name tag, for example, Participant 1. The risks of participating in this study were minimal. The information will not be used as an evaluation tool for student status at NWGCC ADN or LPN program. The benefits of this study will be to discover the nursing candidates perceived greatest issues of becoming a professional nurse.

A statement of confidentiality was stressed in the script introducing the study and was included in the informed consent. The statement of confidentiality explained how the participant's rights to privacy will be upheld. The need for confidentiality among the participants were explained. The participants will be asked to keep what is said in the group private. Since this was a qualitative study and interviewing was used to obtain study data, the interview transcripts were without identification and a participant letter was used. I will not use any information for any purposes outside of this research study, and I did not include the name or anything else that could identify the student in any reports or presentations.

At the beginning of the focus group interview, any questions regarding the study and confidentiality were answered before the consent form was signed. The participants were reminded that at any time they wish to decide not to participate or to leave the focus group after the session begins, they may do so without judgement or harm. The participants were assured that this interview was voluntary, and their instructors or chair of the program will not know of their participation in the study.

The participants were informed that I would conduct the focus group interviews. The interviews were audio recorded, converted to text by a paid transcriptionist, and then stored in a password-protected software program on the researcher's office computer. The audio recordings, transcripts, and notes were kept in a binder locked in the researcher's desk, accessible only to me. The participants were informed that I cannot control whether others participating in the group will share the information but were asked to please respect the confidentiality of the individual members of the focus group.

### **Data Collection**

Data collection for qualitative research may include observations, interviews and document analysis (Lodico, Spaulding, & Voegtle, 2010). For this study I chose to use focus group interviews to try to gain insight in to the nursing candidates' perceptions of the challenges of becoming a professional nurse. I believed that the focus group format would help the participants feel more comfortable sharing their experiences or point of view. This allowed me to establish a group consensus and provide rich, in-depth descriptions of the student's perceptions and experiences of being in the nursing program.



The purpose of conducting a focus group is to gain a greater understanding of how people feel or think about an issue, idea, product, or service (Krueger, & Casey, 2015). Focus groups can assist with decision making, guide program, policy and service development (2015). Therefore, this format may assist the nursing programs at NWGCC in making changes to their curriculum or other aspects of the nursing program as well as the institution to improve student retention and passing NCLEX.

The interview questions were provided in a semi structured format. Qualitative data collected through focus group interviews may serve as summative data if the questions are designed to elicit participant responses that summarize their perceptions of outcomes or experiences (Lodico, Spaulding, & Voegtle, 2010). The prepared questions were devised to invite group discussion and interaction among the participants as well as elicit information that may answer the research questions. The interviews were audio recorded. The average length of time for the interviews was approximately 60 minutes. The interviews did not exceed 60 minutes as presented in the informed consent. During the interviews I observed and recorded the participants' facial expressions and body language.

After each session was completed, the participants and researcher debriefed or examined the researchers' hand-written notes for accuracy. The length of debriefing was approximately 15 minutes. This process gave the researcher and participants a chance to review notes and consider what was observed and heard (Krueger, & Casey, 2015). Any discrepancy would be corrected at that time. There was no discrepancy. After the

participants left, I reviewed the hand-written field notes and converted them to text. I included my thoughts and feelings during the interview.

The focus group interviews were conducted in a private conference room on campus on assigned dates and times. The nursing students that were asked to participate in the study were the students from the second year ADN program and the students in the last semester of the LPN program. The dates and times for the interviews were pre-determined by the researcher and the participants chose which interview they wanted to attend. Twelve out of 50 (24%) of the second year ADN program volunteered to participate in the study and five out of 17 (29%) of the students in the last semester of the LPN program volunteered to participate.

The focus group interviews began with me introducing myself. Next the participants reviewed and signed the informed consent to participate in the study. A copy of the consent form was given to each participant. During the interviews the conference room was locked, and signs were posted to keep anyone from interrupting. The participants and I sat at a table in a semicircle. Rules to follow during the interviews were posted and reviewed (Appendix B). Ground rules are presented at the beginning of each session to help set expectations of the interview. The list of prepared questions used to guide the interviews were also posted for the participants to see (Appendix C).

The audio recordings of the focus group interviews were uploaded to a private password-protected computer drive folder and shared with the paid transcriptionist. The transcriptionist converted the audio recordings to a word text and returned it to the

researcher. I compared the converted text, the field notes, and audio recordings multiple times. The audio recordings, printed text, and field notes have been stored in a locked file in the researcher's office. The converted text was stored in a password-protected computer file and software program available only to me. The software program MAXQDA, which allows the data to be coded, and weighted to give a measure of the significance of the coding (Creswell, 2012), was used to store, organize data, and assist in identifying feedback themes. The data collected will be kept for 5 years. At that time the written documents will be shredded by an authorized company.

### **Role of the Researcher**

I am currently an assistant professor of nursing of an Associate Degree in Nursing program at a state college in northwest Georgia. I have taught at this institution for four years. This location was used as the site for the study. Before instructing in the ADN program, I taught in the LPN program for 5 years at a technical institution elsewhere. I earned a Master of Nursing degree (MSN) in 2009.

The study was conducted at the institution where the researcher was currently instructing first-year nursing students. The students that were asked to consider participating in the study were second year ADN students and students in the last semester of the LPN program. I was not an instructor of these students, and it was reiterated that no benefits or harm would occur to the participants because of their participation in the focus group study.

My role for this study was to conduct the research. During the interviews, I began the discussion, let the participants talk to one another, interacted as needed, observed, and recorded my observation and thoughts.

### **Data Analysis**

Data analysis is an inductive process that takes pieces of collected data and combines it to form a broader more general description and conclusion (Lodico, Spaulding, & Voegtle, 2010). The process has multiple steps beginning with preparing and organizing the data, reviewing the data, and coding the data into categories (2010). The next steps include constructing descriptions, building themes, and concluding with reporting and interpreting the data (2010). For this study, MAXQDA, a qualitative software program was used to assist in the analysis process. Software programs can store and organize data, assist the researcher to assign labels or codes to the data, and simplifies searching through the data and locating specific text or words (Creswell, 2012).

Data analysis began after the focus interviews were completed and the data was reviewed and organized. In the beginning I used the MAXQDA program and obtained the most frequently used words, but eventually began coding by hand. Conducting the analysis by hand allowed me to become more emerged in the data and closer the participants' experiences. The program was still used to store the data.

As I reviewed the converted text, field notes, and audio recordings multiple times, I began the coding process. Coding is the process of identifying and labeling different

segments of the data that are related (Lodico, Spaulding, & Voegtle, 2010). I reviewed the data for repetitive words, phrases, and context. The codes were written in the margins of the data. Highlighting the data allowed me to combine it into more detail and eventually construct a description of the participants' perceptions. I created charts to help organize and facilitate the process. The codes, chart, and descriptions led me to the next step in analysis which was identifying common themes. In the data analysis process, the researcher may rename the themes or make original themes subthemes (Merriam, 2009). The findings revealed four themes which were family and relationships, lack of time, curriculum, and prior knowledge or skill. In addition, three subthemes which were difficulty fitting in, need time for work or finances, and long-distance drive, emerged from the findings. The subtheme difficulty fitting correlated with the theme family and relationship. The subthemes need time for work or finance and long-distance drive correlated with the theme lack of time.

### **Validity**

Validating findings of a study means that the researcher determined the accuracy and credibility of the findings through triangulation and asking others such as peers to examine the data (Creswell & Clark, 2011). Triangulation is the process of corroborating evidence from different sources and several individuals (2011). For this study, the data was collected using focus group interviews of several participants and observation. The participants interviewed were from two different nursing programs. The participants were encouraged to review the written observation notes to consider what was observed and

heard. To improve validity, I asked a former nursing instructor to examine data for alignment of the themes and transcripts.

When I conducted the interviews, I tried to remain objective throughout the study to limit any bias. I conducted each interview in the same manner, beginning with signing the informed consent, using a break the ice question to begin the interview, using a prepared list of questions to facilitate the conversation, limiting my input, allowing the participants to talk freely, and letting the participants review my field notes for accuracy.

### **Limitations**

Limitations are potential weaknesses or problems with the study that are identified by the researcher (Creswell, 2012). Limitations for this study were that the researcher is a nursing instructor and the study was conducted at the researcher's institution of employment. Even though, as researcher, I was not the instructor of the participants. It was reiterated that no benefits or harm would occur to the participants because of their participation in the focus group study.

The other limitations included using a case study research design. Merriam (2009) states that qualitative case studies are limited to the sensitivity and integrity of the researcher. The investigator is left to his or her own abilities throughout the research process. This was my first research study and my abilities may have been limited. To decrease the limitations, I used the prepared list of questions to guide the interview, only wrote what I saw in the field notes, and limited my conversation or input with the participants.

## **Data Analysis Results**

A prepared list of questions (Appendix C) were used to conduct the interview. These semi-structured questions were developed to stimulate conversation among the participants and to elicit information to answer the following research questions:

1. What do nursing candidates perceive as the greatest challenges of becoming a professional nurse?
2. What perceptions do the nursing candidates have of strategies that could help them with the perceived challenges of being a nursing student or becoming a professional nurse?
3. Can the challenges of being a successful nursing candidate, as perceived by the students, be addressed by the structure and design of the nursing program?

The data analysis results for this study include restating the purpose of the study, the research questions, and the participants. A discussion of the data analysis, researcher's role, validity, and limitations will be included. Section 2, The Methodology will conclude with a summarization of the study's findings and describe a deliverable project as an outcome of the results.

### **Data Analysis**

Data analysis began after the focus interviews were completed and the data were reviewed and organized as presented in the section data collection. In the beginning, I used the MAXQDA program and obtained the most frequently used words. After that, I stopped using the program and began coding and looking for themes by hand. I believe

that working with the data by hand allowed me to become more familiar with, and closer to, the participants' responses. The program was, however, used to store the data.

As I reviewed the converted text, field notes, and audio recordings multiple times, I found myself beginning the coding process. Coding is the process of identifying and labeling different segments of the data that are related (Lodico, Spaulding, & Voegtler, 2010). Conducting the analysis by hand allowed me to become more emerged in the data and closer the participants' experiences. I reviewed the data for repetitive words, phrases, and context. The codes were written in the margins of the data. Highlighting the data allowed me to combine it into more detail and eventually construct a description of the participants' perceptions. I created charts to help organize and facilitate the process. The codes, chart, and descriptions led me to the next step in analysis which was identifying common themes. Eventually I recognized that the themes were reflective of the participants' experiences of being a nursing candidate. The themes that were revealed included family and relationships, lack of time, curriculum, and prior knowledge or skill.

### **Theme Development**

The first interview question was designed to gather general knowledge about the participants. This process is one of the six general procedures in conducting an interview (Lidico, Spaulding, & Voegtler, 2010). In addition, Merriam (2009) indicates that all interviews should contain questions to elicit background information of the participant. The next three interview questions were designed to elicit more detail of the participant's experiences and opinions. The extensive process and multiple steps of analysis of the data



received from the participants led to the development of four themes and three subthemes. The four themes were (a) family/relationships; (b) lack of time; (c) curriculum; and (d) prior knowledge or skill. The subthemes were (e) difficulty fitting in; (f) need time for work or finances; and (g) long-distance drive. Table 2 reflects the themes and subthemes.

Table 2

*Themes and subthemes*

Themes	Subthemes
Family/Relationships	Difficulty fitting in
Lack of Time	Need time for work/finances Long distance drive
Curriculum	
Prior Knowledge or skill	

The data collected for the first interview question will be presented first followed by the themes associated with the research questions. As stated earlier, the first interview question, “Would you share with each other your information and experience in making your decision to choose nursing as a career?”, was designed to obtain background information of the participants. The theme family/relationship emerged from the participants’ responses. Seven participants (41%) stated that either they had been very sick and hospitalized, or a family member had a critical illness, hospitalization and the student had to take care of them. Nine of the participants (52%) responded that they always knew that they wanted to be a nurse or had a caring personality, and seven

participants (41%) stated that they or someone they knew had training in the medical field.

As an example, Participant 2 from Group C of the ADN had multiple experiences that influenced her decision in choosing nursing as a career. The participant stated: “There are multiple reasons for me. The main one is that my mom is a nurse and major role model. When I was young my parents divorced, I had to stay at the hospital in a vacant room. So, I literally grew up in the hospital setting.” She went on to say: “I was also very close to my grandmother and when she had cancer, in her last days, I was actually taking care of her.”

Participant 2 from Group B of the LPN also shared more than one reason for choosing nursing as a career. That participant stated that “I have been in college for several years and was actually going for RN. When I did not get in the RN program the first time, my advisor said LPNs get more hands-on and pushed me in that direction.” She added: “I’m in the LPN program now and I think it was a better decision. I also have a bunch of family members that are firefighters and EMTs.” In this statement, the participant used the phrase get more “hands-on” which is a common statement among health professionals meaning more direct personal care of patients.

Additional examples from the interview transcripts concerning becoming a nurse includes one participant, from Group A of the ADN program stating: “Long story short, I always wanted to be the healthcare profession. I decided to be a nurse because I had a traumatic experience as a teenager and the thing I remember most about being in ICU is

the nurses who took care of me.” A participant from Group B of the ADN commented: “My heart was really pulled towards missions and so I tried to find something that could be used in a mission field and that is a nurse.” See table 3 for a breakdown of the ADN and LPN responses, and please note that a sample transcript has been provided (Appendix D).

Table 3

*Interview Question 1*

Would you share with each other your information and experience in making your decision to choose nursing as a career?		
ADN	LPN	Response
4	3	In the past their family or themselves had been sick, in hospital, and received a lot of care.
7	2	They want to help people, caring personality, moral, and ethical
5	2	Family or friend was in medical field or previous training in a different health field

*Note.* Total number of participants in focus group interviews: ADN 12, LPN 5

This section includes themes that emerged from the data and aligns with the research questions.

**Themes and Research Question 1**

Research question number 1 asked: What do nursing candidates perceive as the greatest challenges of becoming a professional nurse? The interview question that I used for this research question was: Would you share any challenges that you may have had that made it difficult for you to learn while taking nursing courses? This may include any on-campus or off-campus challenges as well as challenges in the nursing program. See Table 4 for a breakdown of the ADN and LPN responses.

**Theme 1: Family and relationships.** The theme family and relationships continued to develop in the interviews. Twelve out of 17 participants (70%) responded that family, friends, or relationships outside of the program or in the program as the greatest challenges of becoming a professional nurse. Additionally, the subtheme difficulty fitting in, also developed from the responses.

For example, Participant 1 from Group A of the ADNs stated: “In my own experience and what I heard from other people one of the biggest things off-campus is the other people outside of the nursing program wasn't familiar with it don't really understand how much time is involved in being in a nursing program.” Participant 2 agreed stating: “especially my family in particular. My mom, grandma, and cousin don't know what college is. They don't really understand the time and effort. I deal with them getting mad at me or say I'm not around or a horrible granddaughter.”

Examples from the LPN focus groups include Participant 1 from Group A of LPN stating: “My challenge is children. I have to keep both all of them satisfied and I have to you know try to balance that with school and it is kind of hard to balance that with school.” Participant 2 from Group B of the LPNs stated: “For me I was in a long relationship and as soon I was in program my boyfriend and I broke up, so I got over that learned how to cope quickly and then my father also had a heart attack and had triple bypass while I was in the program”

*Subtheme: Difficulty fitting in.* Two of the participants acknowledged being a minority was a challenge. For example, Participant 1 from Group A of the LPNs stated:

“I’m going to say this, and I don’t want to offend or say anything bad about anybody I’m a minority. I feel like it’s a challenge being a minority in a class of other people and if I feel like it’s challenging to try to fit in.” Participant 2 added: “And I feel like it’s one of the biggest challenges also. I’m a minority too. It is my race and gender especially right now since we are learning OB. OB really, it’s not my thing. I really I don’t relate as much to it.”

**Theme 2: Lack of time.** Eleven out of 17 participants (64%) responded that the time required to be in the program, too much to do in the program limits time to study, or rest as the greatest challenge to becoming a professional nurse. Additionally, the subthemes need to work and long-distance drive developed from the participants’ responses.

For example, Participant 1 from Group A of the ADN program stated, “for me trying to find the time, and not trying to be too exhausted to find time, to study.” From Group C of the ADNs Participant 1 stated: “one other obstacle that I see, and I probably touched on this was like about the having enough time to sleep and get things done especially like the night before.” Participant 2 added: “I don’t have any time I just have to make the best of it so it’s definitely all challenge and trying to find enough time for everything.”

One of the participants from the LPN program began discussing time as a challenge, but at the end thought it was normal for a nursing program. For example, Participant 1 from the Group B of the LPN stated:

but it has been a very fast paced program. I have worried. It has been stressful, but I think that's just sort of normal for nursing. I don't think it says anything negative about the program I think it's just sort of what to expect when you become a nurse, so it's been very good.

***Subtheme: Need to work.*** Seven out of 17 participants (41%) stated that they needed time for work, finances, or had to stop working to pass class. For example, one ADN participant stated: “The work is an issue. I know I've had to shift my schedule to work third shift hours before just to be able to financially support myself to be able to afford to come to college.” Participant 1 from group A of the LPN stated, “I was working when I started the program and that kind of I had to quit my job because to make that sacrifice or whatever because I could not study and be at work at the same time.”

***Subtheme: Long distance drive.*** Four out of 17 participants (23%) stated that the long-distance drive to campus, clinical caused limited time for study and sleep. The long-distance drive was only indicated as a challenge for the ADN participants. For example, Participant 1 from Group C of the ADNs stated: “It's hard especially for some participants and students when we have to drive almost an hour and a half to clinical and back and then the next morning we have to get up and be at class.” This issue was not mentioned in the LPNs focus group interviews.

**Theme 3: Curriculum.** Fourteen out of 17 participants (82%) stated that the curriculum or part of the curriculum was the greatest challenge to becoming a professional nurse. These statements included the material, type of test, difficulty of

applying, lab and simulation, and too many different books. Participant 1 from Group B of the ADN program stated: “Another challenge in the program itself is learning how to think like a nurse. Looking back on a year ago, that's what I didn't understand was how to take the information from the book and then apply it the way a nurse should.”

Participant 5 added: “For me the biggest challenge was getting used to this intensity of studying. Before this I had never been expected to study this much material - it's kind of difficult material to learn in the first place.” A participant from Group C of the ADNs stated: “As far as the nursing program itself the only issue that made it kind of difficult for learning was just a different teaching styles between professors that makes little difficult to know what to expect on exams.”

When Group A was discussing interview question 3, one of the participants stated  
Going back to the last question I want to add I was like thinking about more of why I couldn't focus more on ATI testing. It is just because we do have like a lot of assignments. They give a lot of assignments for example, in lab very useful in a good way to look at what to go over and be prepared for the next day, but it's a lot of things they ask us to do. And I do not know what everyone's schedule is. Like clinical, simlab then test the next day, or I've heard like different stories of just having to work around their clinical day. How they did I don't know. The care plans and the SBAR, EHR don't know. I heard someone had good clinical course and could take that into the practice. It's just extra work like I got a grip on it. I

understand what to do what's right and I understand other people are struggling with it. But that will be an example like extra work.

Examples of curriculum challenges from the LPN program include Participant 1 from Group A stating,

It is kind of a challenge to study for a final when we've been going over a different book each time and you have to pass that final in order to pass that class. It makes it a kind of a deal breaker. It is the fact the final whether you have a bad day or not just that one hour to two hours that determines your whole class like everything you sacrificed.

Participant 2 added: "Another challenge is that our big final is not our final that we go over. We're studying for our final out of a completely different book." On the topic of curriculum change, he continued saying that "it's really hard to try to study two different finals because we do ATI out of this whole other book and then we do our classroom book."

Participant 1 from Group B of the LPNs indicated that changes within the program were challenging. For example, she commented, "In the program we had a lot of changes; instructors, directors, changes that were a challenge just learning, you know, how the new people what they were to expect and things like that their schedules all that stuff."

**Theme 4: Prior Knowledge or Skill.** There were moments in the focus group interviews that the participants would discuss the challenges of the curriculum itself or if



they had prior knowledge of what to expect before they started the program that the curriculum may have been easier. For example, Participant 3 from Group C of the ADN's stated: "Some of us, especially me, I've never been in before and coming into the program. I literally had no idea what I was doing like I didn't even know what a clinical day was like what are we going to do there." Indicating that clinical was challenging, but perhaps prior knowledge would have made it less of an issue.

Participant 2 from group B of the ADN's commented "I'm the first one on my mom's side to go to college and so it was all a brand-new experience. I had to figure out how to study, how to think, and how to balance home life with school." The literature review indicated that one of the barriers for nursing students is being a first generation to attend college. This was the only participant that mentioned being first generation to attend college.

Table 4

*Interview Question 2*

Would you share any challenges that you may have had that made it difficult for you to learn while taking nursing courses? This may include any on-campus or off-campus challenges as well as challenges in the nursing program.

ADN	LPN	Response
7	3	Family and friends do not understand or realize how difficult program is and how much time is involved. Family and friends are upset with participant.
9	2	Time involved being in the program. Too much to do in the program limits time to study, work, rest, sleep deprived
6	1	Need to work, finances. Had to stop working to pass classes
4	0	Long distance drive to campus and clinical caused limited study and sleep
10	4	Hard to get used to the material, type of test, difficult applying it, need to learn how to think, not sure what to expect clinical, lab and simulation, too many different books
0	2	Minority difficult to fit in
1	0	First generation to attend college. Figure out how to study, how to think

*Note.* Total number of participants in focus group interviews: ADN 12, LPN 5

**Themes and Research Question 2**

Research question number 2 asked: What perceptions do the nursing candidates have of strategies that could help them with the perceived challenges of being a nursing student or becoming a professional nurse? The interview questions that I used for this research question were: As a group what do think would have helped you to progress through the nursing program, and as a group, what do you think could help you and future nursing students to pass NCLEX? See table 5 and table 6 for a breakdown of the ADN and LPN responses.

**Theme 1: Family and Relationship.** Eleven out of 17 participants (64%) responded that either more social interaction among peers earlier, being able to fit in, or a pre-nursing class before the program would be beneficial. For example, Participant 1 from Group A of the LPN program stated: “Being able to feel like I fit in and that I will be a good nurse having those people to back me up and like everybody working together. I feel like I could have been a better student and I think that would have helped me with the nursing program.” Participant 1 from Group B of the ADNs stated: “I didn't know who was in the second year and I didn't know anybody when I first came into the program. I'm really shy at first and it takes a long time to start making friends.”

Additional examples include participant 1 from Group A of the ADN program stating, “Other things that could possibly help is having more of a social interaction promoter at the beginning.” Participant 2 continued by saying “like first semester we were in groups of people who lived close together that's how I met a girl, so we ride together and that helps a lot.” Participant 1 stated: “There was actually a past graduate that, when we were both representatives we wanted to possibly push an idea of having an icebreaker party at the beginning of the year between the senior and the freshmen students so that some form of connection can start.”

At one of the debriefings (Appendix E), participant 1 from Group A of the ADN program suggested “maybe do an orientation for nursing student's family. That way the family could see how being a nursing student is.” The other participants in the group agreed.

These interactions may assist in building relationships among the students, strengthen their communication skills, increase their knowledge of what to expect and increase their confidence. In addition, these suggestions align with Wenger's theoretical framework SLS and CoP (2000). The interventions would need structure or guidance. For example, Participant 1 from Group B of the ADNs stated:

In the first semester I actually was having anxiety problems to have to start taking anxiety medication. I don't take it anymore. I think it was due to second year telling us it was going to be bad. You hear people who have been in the program and you walk in like I'm going to fail. Like they kind of got into my mindset this is extremely hard no matter how hard I try. Looking back, it wasn't necessarily super hard... You just have to adjust to a different kind of teaching and learning and application."

The social interaction should be presented in a positive environment. Negativity should be identified to discuss and evaluate the issue to possibly correct or improve the situation.

**Theme 3: Curriculum.** The responses from interview questions number three and number four, that aligned with the curriculum, ranged from NCLEX test questions to decreasing resources. The ADNs included more lab and simulation, more clinical, and more case studies. The LPNs included adding an additional course and new technology for resources. See table 5 and table 6 for a breakdown in the ADN and LPN responses.

All the participants stated in some manner that more NCLEX practice questions and how to work the questions would help them progress in the nursing program and

increase their chance of passing NCLEX. Everyone also stated in some manner that decreasing the number of resources or busy work would assist them as well.

For example, Participant 3 of Group A of the ADNs stated: “What could have helped were more NCLEX practice test. It would benefit getting used to the question format. Even if not graded it would be beneficial just to see more to see the stem and the answers how they are supposed to be answered.” Participant 1 added: “I will go with that. We don’t need more test just more exposure to NCLEX style questions quizzes even in class just five questions for class grade or participation grade.”

Group B of ADNs had similar statements but wanted an NCLEX book with just questions and replace practice test from ATI. For example, participant 2 stated: “what could have helped are more practice problems.” Participant 1 added: “Maybe so you just don’t know the material so much as just learning the mindset of the people who make the questions and how to answer them properly the priorities and everything.” Participant 5 continued with “More clicker questions would definitely because I feel like a lot of times sometimes I know what they are asking and sometimes had no idea.” Participant 3 added: “I don’t want another book but if we had one that was just questions that I could carry around with me in my car.” Participant 2 replied: “For me replacing the ATI practice probably help and actually easier.” On the topic practice test, she went on to say that “I think about this test because those need to be realistic. Here we make 100 on the practice test. Then people that take picture of questions and retake the practice test to just to make a 100 let me just say yeah to meet the timeline.”

Group C of the ADN responses were little different than the other ADN groups.

Participant 2 stated: “Maybe little more early focus on treatment because I think those are helpful and actually look at your pediatric ATI book.” Participant 3 added: “Maybe have somebody say hey you need to look in this maybe just little more focus on ATI like how important it is to help you pass NCLEX.” Later in the conversation, participant 1 stated: “We don’t have enough time to learn all those skills maybe little focus on the videos because I know we are told to do them but emphasize how important those modules are.” Participant 2 added:

The delegation book that we went over that is more in depth and we had questions for us to look at and I mean that opened my eyes a lot. You know just maybe that book should be a book that we should get and start you know first year just so that we have a better understanding.

The examples from the LPN program were like the ADNs. For example, participant 2 from Group A stated: “I think it would help using phone apps. I like doing it because everyone has a phone. I mean there’s no excuse. It has quizzes on it. One that you can download like NCLEX PN or NCLEX RN, like just NCLEX questions.” Participant 1 stated: “Someone introduced me to that PN ATI mentor that has helped.” Participant 2 continued by saying “Yeah but I feel like if there was one book that way we went to class, and it was ATI. The ATI is really actually really good. I’ve learned a lot from ATI actually.” From Group B of LPNs Participant 1 stated: “We like the ATI. It says

your chance passing the program. Also, helpful because you think if I pass then I'm going to pass the NCLEX."

Some of the examples of decreasing the number of resources and busy work include Participant 2 from Group A of the ADNs stating:

the ATI website some of it was useful and a lot of it felt like busy work. For some reason some of it was confusing and at times I would get it. I think what made it confusing is more like the skill modules. I would spend like an hour or two on it, really actually look at the video but when it came to the test, I never did really well, and I would have to retake them.

Participant 1 added: "I couldn't focus on ATI testing because we do have like a lot of assignments. It's just extra work. But I'm going to focus on what you need now instead of actually be able to focus on ATI test."

Examples of decreasing the number of resources and busy work from the LPN program included Participant 1 from Group A stating, "It is really hard to study to try to study two different finals from different books." Participant 2 from Group B of the LPNs stated: "there was a lot of work that took away from study time because we would have sometimes three to five workbooks in a day when we really needed to study." Participant 1 added: "especially right now we have a third book that maybe one material to focus on and not bounce back between material in different products."

There were two topics that only the ADN participants discussed. Those topics were case studies, and more lab and simulation time with fewer students. Six out of 12

ADN participants stated that more case studies would be beneficial in their success. While seven out of 12 participants stated that smaller clinical groups with more rotation among the groups and facility sites. For example, Participant 1 from Group A of the ADNs stated: “More case studies. Not just a case study and then one or two answers, but when you get a case study and do a longer period of treatment, like you would do day one and maybe have a few questions about that and then continue that treatment until the discharge of a patient, to see the entire situation.”

Participant 2 from Group B of the ADNs stated that “what really helped me this semester was when one instructor would do a case study at the end of her lecture and do as a group practice helped so much.” Participant 1 replied: “I will add personally for clinical it would probably be a good idea from the get-go to try to make the groups smaller. For example, in the nursing home it was like a big blob of students for a group.”

For the last topic lab and simulation, three out of 12 ADN participants stated more lab and simulation time with fewer students would help them to be successful in the nursing program and possibly pass the NCLEX exam. For example, Participant 3 from Group C stated:

Skills lab is beneficial because we're learning stuff in different sections and stuff like that I feel like simulation has been so much better because it is that safe learning environment where we can make those mistakes and we were and we have no idea we leave I feel like I've learned so much more, so I would be willing to do more.



The topics that the LPN participants discussed were the theory final and clinical final exams. Three out of 5 LPN participants had a response that involved the unit test final, practicum, or how test should be calculated. Participant 1 from Group B of the LPNs stated: “I don't know the reason for it, but we can have an A in the class and make a 74 on our final and we failed the whole class that is so you know that we have several chances to fail and then the one in there and we had talked about it that you know if you just had a really bad day at bad test day which I have had those you could fail the whole class.” Participant 2 added: “It seems like it would be beneficial if there was some way that all finals were calculated rather than just pass or fail.” Participant 3 went on to say: “where you wouldn't have two failures even because two failures will bring your grade point average down so far. And it may have been your final, but you still passed.”

**Theme 4: Prior Knowledge and Skill.** In some manner, all the participants responded that learning or knowing what to expect, how to prioritize early, and the skills prior to the nursing program and how to apply that knowledge would be beneficial. For example, one of the participants from Group B of the ADN stated: “Yeah it took me a while to be comfortable. Now I enter a patient's room and it's like, Okay, we've been doing this for a while, but at first it was really daunting.” Participant 3 added: “And it's a really personal job. You get all up in their business. If you're any sort of normal you don't typically do that before you get into the nursing home, so if you have to change somebody's briefs it's like oh my god.” Later in the discussion Participant 3 continued by saying:

There are some classmates that have never done a bed bath and have the mentality of “I don't do briefs, I don't do bed baths, someone else can do that.” It's like, hmm. I think that needs to be explained up front. When I first started I didn't think that was part of an RN's job. So then whenever I got into it, we really still do change and give bed baths.

On the topic of prior skill and knowledge, Participant 3 of Group C of the ADN stated: “Some of us especially me I've never been in before and coming into the program I literally had no idea what I was doing like I didn't even know what a clinical day was like what are we going to do there and I think it's important that may be in first year we learn a little bit more.”

From the LPN program Participant 1 from Group A stated, “I think maybe like if the school offers like a little something like split programs or pre- program class or something like that did you introduce to the nursing classes.” Participant 2 added: “I feel like there's probably should be a class like that you take before you got in the program that helps you understand like I guess like what to expect and do you know how or show how to treat a patient.” See Table 5 and Table 6 for the breakdown of the ADN and LPN response.

### **Themes and Research Question 3**

Research Question 3 asked: Can the challenges of being a successful nursing candidate, as perceived by the students, be addressed by the structure and design of the

nursing program? The questions from the interview, as a group what do think would have helped you to progress through the nursing program, and as a group, what do you think could help you and future nursing students to pass NCLEX, assisted in providing information for this research question.

**Theme 3: Curriculum.** The response to this theme coincides with the results for the Research Question 2. There were 72 responses that related to curriculum change. Twenty-eight (38%) of responses related to NCLEX questions, practice test questions, or more review and explaining rationale of the question. Seventeen (23%) of the responses related to decreasing the resource or busy work. Twenty-five (34%) of the responses regarding clinical, lab, and simulation were from the ADNs, and 2 of the responses regarding adding a course and new resource technology were from the LPNs. See table 5 and table 6 for a breakdown in the ADN and LPN responses.

For clinical, Participant 3 from Group B of the ADNs stated: “what would help is maybe more clinical time. Participant 2 replied “less time is needed at the daycare maybe one week”. Participant 3 added:

make a week where you just start clinical earlier something like that and Skills lab we are doing the same stuff as the reading practices yet if we can take in everything that an actual clinical is, not just taking blood pressure but a lot of it is just not being comfortable in the patient room.

Participant 4 replied “On the daycare I think that the clinical isn’t relevant too. I think this year the one thing I like is the cardiac floor. Participant 3 added: “but one thing I

intensely dislike is that we do not rotate through different floors because I'm thinking long-term like we need to rotate people, just different sites to decide what I like.”

For additional courses, Participant 1 from Group A stated: “We did not have a pharmacology class. We had a medical math but learned very little meds. I feel that like we should really have a pharmacology class maybe online.” For new technology and resources, Participant 2 stated,

If you don't want to have your book around you just you like to read something, do you have text books that have the electronic book? If you did I think I think if you log into an e- reader with all the books and you don't have to carry books around all the time. I wonder if either one of the books can provide something like that. We can get it tied into either buying the textbook or something to get the app. I would pay for it because I wouldn't mind having it. That's how I learn.

**Theme 4: Prior knowledge and skill.** The response to this theme coincides with the results for the Research Question 2. There were 24 responses that related to prior knowledge or skill. The responses included more social interaction early, learning how to apply knowledge and delegate earlier in the program, and having a pre-nursing class before the program and have family and friends interact. See Table 5 and Table 6 for a breakdown in the ADN and LPN responses. For example, Participant 1 from Group A of the ADNs mentioned: “I just think more exposure would help I think at least early on.” Participant 3 added: “that and maybe some hands-on activity early”. Participant 4 added: “maybe early on as a group may help feel less guarded.”

Participant 2 from Group C of the ADNs stated: “I think before we start nursing school, it would be beneficial for kind of have an idea of what we are coming into because we were talking about what made our decision to come into nursing and then need to know how we get through it?” Later in the conversation, participant 3 added: “something to help prepare you, if you want to start practicing skills something to implement so we are a little more prepared.”

The examples from the LPNs included participant 2 of Group A stating, “I think working in the environment like working as a CNA would help.” Participant 1 added: “sometimes CNAs don’t know how to respect and treat a patient. So, if there was a class that actually taught you that it would help.”

Table 5

*Interview Question 3*

As a group what do you think would have helped you to progress through the nursing program?		
ADN	LPN	Response
7	3	More NCLEX questions for practice get used to format, may or may not go towards grades.
2	0	Guidance on how to read NCLEX questions give participation grade for practice
7	3	More social interaction among peers early before doing lab and vital signs, possibly a pre-nursing class before program and have family or friends interact
7	0	More clinical time—never have done this before, rotate sites, smaller groups
0	4	Decrease number of resource text books
2	0	Review rationale for test questions the right and wrong answers
3	2	Learn skills before nursing program what to expect, how to apply knowledge
2	0	ATI is busy work and confusing
2	0	More Case studies
0	1	Being able to fit in, work as a team
0	1	Resources for childcare

*Note.* Total number of participants in focus group interviews: ADN 12, LPN 5

Table 6

*Interview Question 4*

As a group what do you think could help you and future nursing students to pass NCLEX?		
ADN	LPN	Response
4	0	Case studies with in-depth questions maybe do in lab, do more in first year
7	0	Smaller clinical groups rotate people more within the group and rotate site
2	0	Learn more about applying to take the NCLEX exam earlier in program not last semester
5	3	More NCLEX questions
0	1	Technology or apps and electronic books combined with text book
1	0	Replace practice test with something else that will increase NCLEX knowledge
3	0	Learn how to prioritize and delegate early in first semester or before
5	0	Simulation is good but a lot of work for the assignments
3	0	More lab and simulation smaller groups. Learn to apply knowledge, focus on the skill
3	3	Decrease number of resources text books, decrease busy work, do just what is important less wasted time like talking in lecture
0	3	Combine clinical and lecture final
2	2	Knowledge of what to expect, course before the program would help to understand

*Note.* Total number of participants in focus group interviews: ADN 12, LPN 5

### **Researcher's Role**

My role for this study was to conduct the research and data gathering, including moderating the focus group interviews. During the interviews, my responsibility was to stimulate the discussion, let the participants talk to one another, interact as needed, observe, and record my observations. I am currently an assistant professor of nursing at a state college in northwest Georgia. I have been a nurse instructor for nine years. I began my nursing career in the 1990's with an Associate degree and continued my education to

obtain the MSN. I am currently in the process of obtaining a Doctorate in Education. I wanted to include my history because I believe my nursing, education, and teaching experience allowed me to have a greater understanding of the participants' conversation and interact with a probing question to obtain more details. For example, when the participants were discussing more clinical time or more test questions, I knew the subject and asked do you have a suggestion on how to schedule it or incorporate it into the curriculum?

### **Validity**

Validation for this research study began by letting the participants debrief the handwritten field notes that I had taken during the interviews. One participant took this opportunity to add a suggestion or more detail to the content of the interview. For each interview, all the participants agreed with the hand-written field notes. Data were collected using focus group interviews and observation of the interviews. The participants of the study were from two different nursing programs. The focus group interviews were conducted at different times of the day and different days of the week. To increase validity, a former nursing instructor compared my themes with the transcriptions for alignment and with the literature review.

When I conducted the interviews, I attempted to remain objective throughout the study. I conducted each focus group interview in the same manner, beginning with discussing and signing the informed consent, using a break-the-ice question to begin the interview, a prepared list of questions to facilitate the conversation, limiting my input,



and allowing the participants to talk freely. The recognition of my bias is presented in the limitations.

### **Limitations**

The limitations to this study were the researcher was a nursing instructor and the study was conducted at the researcher's institution of employment. This may or may not have affected the number of participants that volunteered for the study. Case studies focus on small groups or individuals within a group (Lodico, Sapulding, & Voegtle, 2010). For focus group interviews, the groups usually will be composed of 5-8 people, but may range from 4 to as many as 12 (Calsen & Glenton, 2011; Krueger & Casey, 2015). Merriam (2009) stated that there are no hard-fast rules about how many to include in a group but suggest between six and ten participants. For this study, three out of five focus group interviews had less than 4 participants. Fewer participants may have limited the group's conversation and responses to the interview questions.

There are additional limitations when using a case study research design. Merriam (2009) states that qualitative case studies are limited to the sensitivity and integrity of the researcher, and the investigator is left to his or her own abilities throughout the research process. This was my first research study and my abilities may have been limited. For example, the first group interview which was Group A of the ADN program, may have strayed from the topic because they began to focus their conversation on their last test and in-depth writing assignment. The group realized this

and quickly returned to the topic of the question. Lastly, it is up to the researcher to decide the amount of description, analysis or summary to report (2009).

When working with case studies, the researcher must be aware of and explain their bias regarding the research topic to allow a greater understanding of how the researcher interpreted the data (Merriam, 2009). My profession as a nursing instructor influenced me to explore the nursing candidate's perceived challenges of becoming a professional nurse. Even though my experience of being a nursing student, a registered nurse, and nursing instructor allowed me to understand the topics of participants' conversations, it may have influenced my assumptions of the research study.

To decrease the limitations, I conducted a literature review and tried to set aside the assumptions that I had or may have heard from other nursing instructors. I wanted to gain a greater understanding of the nursing candidate and their perceived challenges to see how their challenges compared to the literature review and how I and my institution could assist with those perceived challenges and possibly increase their chances of becoming a professional nurse. For the focus group interviews, I used a prepared list of questions to guide the interviews, only wrote what I saw in the field notes, and limited my conversation or input with the participants. If I asked additional questions, it was to probe or seek more details about the topic.

### **Summary**

The purpose of this qualitative study was to gain insight of the nursing candidates perceived challenges of becoming a professional nurse and to assist in improving student

retention and NCLEX passing. The conceptual framework of Wenger's SLS and CoP helped identify the perceived challenges of nursing candidates and possible strategies to assist with or overcome the perceived challenges. Conducting the study with focus group interviews allowed the participants to socially interact. Participants usually feel more at ease in a group and may share and interact more with each other (Polit & Beck, 2012). Wenger's (2000) adult learning theory is that learning is a social process of competence and personal experiences. One of the structures of learning is CoP which is both an enabler of deep learning and instrumental in system-wide processes of knowledge, production, exchange, and transformation. The qualitative case study approach and collecting the data through focus group interviews, utilized the social component and allowed the study to learn the personal experiences of nursing candidates.

The data from the interviews provided information on the participant's background, their challenges of being a nursing candidate, and suggestions that may have helped them with those challenges. The study found that most the participants perceived greatest challenges in becoming a professional nurse and the participants' perception of the strategies that could have helped them with the challenges included one or more of the following: (a) family/relationships; (b) lack of time; (c) curriculum; and (d) prior knowledge or skill.

This study contributes to filling the gap of a lack of knowledge about the students' perceived challenges of becoming a professional nurse, student retention in nursing programs, and passing rates for NCLEX in northwest Georgia. The literature that

was obtained for the study yielded minimal results for the southern region of the United States. With most of the reviews from other areas of the United States, we could not assume that the students at NWGCC were like the students in the literature.

This study was able to contribute to filling a gap in the lack knowledge of students at NWGCC. The literature review indicated the reasons that nursing students were not completing nursing programs and therefore not taking the NCLEX was due to students coming from disadvantaged backgrounds (Igbo et al., 2011; Melillo et al., 2013), facing financial insecurity and experiencing lack of family support in terms of physically, emotionally, and financially (Deurksen, 2013), having English as a second language (Deurksen, 2013), and a lack of collegiate support to remediate student's needs (Igbo et al., 201). The study found that most of the findings were like the literature review. However, only two participants indicated that being a minority was a challenge and zero participants indicated that English as a second language was a challenge.

The challenges of being a successful nursing candidate, as perceived by the students, can be addressed by the structure and design of the nursing program. Reporting the results of this study including the topics increasing NCLEX questions, case studies, decreasing the number or resources, arranging smaller groups for clinical, lab, simulation, and prior knowledge or skill, to the appropriate personnel of the nursing programs may provide rationale that the structure and design of the nursing program needs to incorporate change that may increase student retention and NCLEX passing rate thereby increasing the number of nursing candidates successfully becoming a professional nurse.

Any improvement in the number of successful nursing students, especially racial and ethnic minority students, will have a positive impact on the goal to increase and maintain baccalaureate-prepared nurses (Melillo et al., 2013), in terms of the regional nursing shortage, the preparing institutions, and the community.

The literature review for this study indicated that student retention in nursing and passing NCLEX continues to be a viscous cycle. In 2011, the Institute of Medicine (IOM) reported that one of the key components in the future of nursing should be a seamless transition into higher degree programs including the nursing ladder of LPN, ADN, BSN, MSN, and DNP. The report also emphasized the need for greater diversity in the nursing work force in areas of gender and race or ethnicity. The American Nurses Association (2017) projected that the shortage of Registered Nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. To meet the goals of the IOM and the rising demand for care, we will need to continue research in the field of nursing beginning with potential nursing candidates to the retention of the veteran professional nurse.

### **Proposed Project**

The purpose of this qualitative study was to gain insight of the nursing candidates perceived challenges of becoming a professional nurse and to assist in improving student retention and NCLEX passing. The nursing candidates that were asked to participate in the study were students from a second year ADN program and students in the last semester of the LPN program. The data from the focus group interviews revealed four

themes that were either a challenge for the nursing candidate or a strategy that would have helped them in the nursing program and may help the nursing candidate to pass NCLEX.

The last step of the research process is reporting and disseminating the results of the study (Merriam, 2009). I will report the results of this study to the dean, director, and faculty of the Department of Nursing at NWGCC through a PowerPoint presentation. The presentation will include a suggestion for a curriculum plan that may improve student retention and NCLEX passing rates. Future meetings will be established to encourage input from all nursing faculty for a curriculum plan and to set a timeline for the implementing the curriculum plan.

Based on the data from this qualitative case study, the curriculum plan that I will propose is a 9-week course that may assist the nursing candidate with the challenges of becoming a professional nurse. This curriculum plan will focus on the pre-nursing candidate and will provide the student with the knowledge to assist them in their decision to continue in nursing, a related health occupation, or change their career pathway.

The next section, the project, will describe the 9-week curriculum plan in greater detail. Rationale for the project as well as a literature review that was used to assist in developing the curriculum plan will also be provided. Section 3 will describe the evaluation and implications for the proposed 9-week curriculum plan.

### Section 3: The Project

#### **Introduction**

The purpose of this qualitative study was to explore nursing candidates' perceptions of the greatest challenges of becoming a professional nurse and provide insight that could improve student retention and passing NCLEX. The challenges of being a successful nursing candidate, as perceived by the students, can be addressed by the structure and design of the nursing program. Providing the results of this study with a proposed plan to address the challenges to the appropriate personnel of nursing programs, may provide the rationale for evaluating and incorporating change in the design of the nursing program. The proposed change could increase student retention and the NCLEX passing rate, thereby increasing the number of nursing candidates successfully becoming a professional nurse.

For this study, focus group interviews of nursing candidates were conducted to gain an in-depth understanding of being a nursing student and becoming a professional nurse. The nursing candidates who were asked to participate in the study were the students from the second year ADN program and the students in the last semester of the LPN program. The findings of the study revealed four themes that were either a challenge for the nursing candidate or a strategy that would have helped them in the nursing program and may help the nursing candidate to pass NCLEX.

Based on this data, a project for a curriculum plan was developed to assist with family and relationships, lack of time, curriculum, and prior knowledge or skill of the

nursing candidate. The project focused on a course designed for the nursing candidate to take before entering the nursing program. In this section, I present a 9-week curriculum plan (Appendix A) that will incorporate critical thinking skills and application of learned knowledge. The student will learn about the nursing program and what to expect after graduation as well as basic nursing skills.

The curriculum plan will begin with introducing and developing critical thinking skills, and continue with nursing skills such as vital signs, assisting with activities of daily living, preventing infection and injuries, and basic assessment of patients. The students will be able to practice and develop the skills in the lab, which includes simulation and scenarios of patient care. The students will learn how to work as a team and develop trust and respect for each other. The curriculum plan will conclude with guest speakers who will discuss nursing and provide encouragement for the students. The speakers will include registered nurses, student nurses, and the director of the nursing program. An overview of the nursing program will be provided as well. Family and friends of the students will be encouraged to attend the presentations and visit the lab to see what the student will be doing in the future.

This curriculum plan will provide the student with the knowledge to assist them in their decision to continue in nursing or related health occupation or to change their career path. The course will include social interaction among the pre-nursing students, nursing students, professional nurses, and family and friends. Section 3 will continue with the



rationale for the project, review of the literature, project description, and the project evaluation plan. Section 3 will conclude by providing the implications of the project.

### **Rationale**

Based on the results of the study, interviewing nursing candidates to gain an understanding of their perception of the greatest challenges of becoming a professional nurse, a curriculum plan was the best plan for this project. The challenges of becoming a professional nurse may be addressed by implementing a new course or plan to the curriculum of the nursing program. This curriculum plan may allow the nursing program to address the nursing candidate's challenges early and possibly reduce or eliminate the challenge before it is an issue.

The findings of the research indicated that most of the nursing candidates stated that the challenges of becoming a professional nurse may have been decreased or resolved if they had prior nursing skills or knowledge before entering the program. This curriculum plan was designed to focus on the nursing candidate's challenges and to address the challenges before the candidate entered the nursing program. In the next section, a review of the literature will be presented to support the project.

### **Review of the Literature**

The literature review was conducted using the data bases CINAHL, ProQuest Nursing, and ERIC. The key words used to generate the review were curriculum, nursing programs and change, certified nurse assistant, critical thinking, teaching strategies, and application in nursing. The search began by with literature from 2013-2018. However,

two peer reviewed sources dating 2011 and 2012 that provided valuable information for the plan were included in the review.

The curriculum plan was developed based on the findings of interviewing nursing candidates to gain an understanding of their perception of the greatest challenges of becoming a professional nurse. The focus of the literature review was pre-nursing courses in nursing program curriculum and related health profession curriculum as well as developing skills that will assist the student in the nursing program and to become a professional nurse. The articles for nursing program curriculums were harder to locate than the articles for developing skills to assist the student in the nursing program.

### **Implementing Pre-Nursing Course in a Nursing Program Curriculum**

Nursing educational programs have a vigorous set of rules and regulations that must be followed to achieve and maintain program approval which will allow their nursing students to take the licensing examination or NCLEX. One of the specific rules is the curriculum, how it should be established and maintained to be current with issues in nursing, health care, and society (GBN, 2018).

Within the last decade issues in healthcare and society have been rapidly changing. For example, in 2011, the Institute of Medicine (IOM) reported that one of the key components in the future of nursing should be a seamless transition into higher degree programs and the need for greater diversity in the nursing work force in areas of gender and race or ethnicity. Other changes in healthcare are technology, informatics, and the globalization of society (Faison, & Montague, 2013). In 2017, the ANA projected that

the shortage of Registered Nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. To stay abreast of the changes, nursing programs should evaluate their curriculum annually and adjust as needed in order to comply with the rules and regulations set forth by the board of nursing (GBN, 2018).

Dalrymple, Auerbach, and Schussler (2017) implemented a community of faculty, postdocs, graduate students, and undergraduates to design the discussion curricula for a new introductory biology sequence. A case study approach was used to describe how the community created the new curriculum and how they perceived the outcomes of the process (2017). The findings indicated that this curriculum design approach was accepted by the community as a valuable process and produced a set of courses with a satisfying and shared vision for student learning (2017).

My plans are to reach out to the nursing faculty in a similar fashion. I will convey the results of interviewing nursing candidates to gain an understanding of their perception of the greatest challenges of becoming a professional nurse to the dean, director, and faculty of the Department of Nursing at NWGCC. Through a PowerPoint presentation, I will share my recommendations for a curriculum plan that may improve student retention and NCLEX passing rates. Future meetings will be established to encourage input from all nursing faculty for a curriculum plan and to set a timeline for implementing the curriculum plan. Working together as a team will stimulate conversation, allow concerns

to be voiced, and help guide the nursing program through the process of curriculum change.

In 2013, Valdez, Pangariban, and Alday conducted a research study to evaluate a medical health program that recently implemented changes to the curriculum. The study indicated that a need for change in education has been a role of the changing needs of people and society (2013). The curriculum changes included combining science courses, adding core courses, and changing the clinical format (2013). The evaluation demonstrated improvement in performance and in entry level competences such as professional responsibility, professional laboratory skills and safe work practices. Valdez et al. indicated that the improvement was more likely to be from the added courses (2013). Improvement was still needed on the other competencies such as critical thinking, problem solving and decision-making, communication, teamwork and interactive skills, instrumentation and computer skills, leadership and management and teaching and training responsibilities (2013). Changes in curriculum may be warranted based the performance and success rate of the students in the program. I believe a curriculum plan to implement a pre-nursing course will be beneficial. If implemented, it would need to be evaluated for effectiveness and overall performance of the nursing student.

Rutt (2017) explored curriculum change in the approach to delivering clinical skills. Newly qualified nurses must be ready to practice as soon as they register and pass boards (2017). Pre-registration clinical skills need to be developed to meet the changes of health care. The philosophy of the program, graduate attributes, resources and learning

strategies contribute to the students' preparation of these skills (2017). Implementing a curriculum plan that incorporates a pre-nursing course before the program would be a positive approach to developing clinical skills.

Research has been conducted to gain a greater understanding of why nursing students would withdraw from the program and of the students who would be successful. For example, the study from Wilson, Chun-Han, Marshall, and Air (2011) which explored the students' reasons for withdrawing from an undergraduate nursing program, provided evidence that students were more likely to continue the program if they had previous nursing experience or knew someone that was a nurse. The study from Wray, Barrett, Aspland, and Gardiner (2012) indicated students with previous care experience or dependents were more likely to progress in the nursing program.

The results of the research, interviewing nursing candidates to gain an understanding of their perception of the greatest challenges of becoming professional nurse, are similar. These challenges can be addressed by implementing a pre-nursing course in the nursing program's curriculum. The pre-nursing course would allow the nursing students to gain knowledge and basic nursing skills before entering the nursing program.

Gerrard and Billington (2014) implemented a qualitative study to explore nursing students in a pre-registration nursing course. The study focused on the benefits of belonging to an extracurricular group within the pre-nursing course. The findings indicated positive benefits such as being more aware of career development, able to

develop skills, gained support, established friends, and enabled them to successfully progress through the course. In 2015, Bormann evaluated a pre-nursing course to help students understand what to expect if they chose nursing as a profession and to improve factors thought to be related to success in the nursing program. The pre-nursing students reported an overwhelming satisfaction of the introductory course and reflected more positive scores in teaching effectiveness and course evaluations (2015). These studies provided a positive indication of what may occur with new curriculum plan that I am presenting.

A review of the relevant literature continues to indicate support for implementing pre-nursing courses. For example, Morris (2016) evaluation of a team-based approach in a pre-nursing course indicated an improvement of the students' test scores. In 2017 a descriptive qualitative study was conducted to explore how students studied prior to admission into a nursing program (Rhea et al). The findings suggested that the students did not study much or employed poor study strategies during their general education courses. Additionally, academic support was needed by the students prior to admittance into the program to learn effective study skills and modify their study habits for easier adaption to the rigors of nursing education (2017). The curriculum plan would teach effective study skills and encourage students to adapt their study habits. Adjusting to the skills and habits before the student was accepted into the nursing program may enhance the student's chances of being a successful student and nurse.

## **Developing Skills to Assist in the Student in the Nursing Program and in Becoming a Professional Nurse**

Several of the strategies that were evaluated in the literature review of pre-nursing courses will be part of the project that I am presenting. The curriculum plan will also incorporate the components of becoming a certified nurse assistant (CNA). At the end of the pre-nursing course, the student may be eligible to obtain certification as a nursing assistant. In addition, not only will providing quality care and improving critical thinking skills be stressed, but the interaction of caring or providing quality skills in a caring manner will be implemented as well.

The certified nurse assistant assists patients with a variety of health care needs. Those needs include helping patients with activities of daily living, listen to the patient's concerns, measuring vital signs, housekeeping, and tending to patient issues and problems (Certified Nursing Assistant, 2017). The changes in healthcare has affected certified nursing assistance as well. The complexity and acuity in the long-term care setting has increased the need for the certified nursing assistant to improve their ability to critically think (CNA, 2018). The certified nursing assistant who can go beyond simply assisting the resident will be able to report changes immediately to the nurse in charge (2018). The curriculum plan will include the components that will allow the student to become a critically thinking certified nurse assistant.

Adding a new course to a nursing program curriculum may seem overwhelming at first. Nursing courses that include a lab and clinical component, may struggle to find time

and space to provide the quality experience needed by the students. High fidelity simulation has been used to replicate the clinical component or patient situations, to allow students to practice, and development their nursing skills (Hayden et al., 2014). The use of simulation has increased over the last 10 years due to an increase of nursing programs, limited clinical sites, and faculty (2014). In a longitudinal study, Hayden et al. were able to provide evidence that up to 50% of simulation could effectively substitute for clinical practice. To ensure a high-quality simulation is provided, nursing programs must incorporate the best practices which include terminology, professional integrity of the participant, participant objectives, facilitation, facilitator, the debriefing process, and participant assessment and evaluation (2014). Simulation can be modified from teaching the fundamental care to the critical care of patients.

In 2014, Rudolph, Raemer, and Simon provided guidelines to assist instructors in creating a safe container for learning in simulation. This safe container is an environment where students face professionally meaningful challenges, are held to high standards but it is a safe area with no intimidation and no fear of making mistakes (2014). To begin this experience, the students, instructors, and facilitator engage in a pre-simulation briefing which includes setting clear boundaries, expectations, and goals (2014). The briefing continues by establishing a fiction contract, attending to logistic details and conveying respect for the student and interest in their perspective (2014).

At the end of simulation scenario, instructors and students come together and debrief or discuss what occurred in the scenario (Rudolph et al., 2013). Students are



encouraged to express their feelings, discuss with their peers what unfolded in the simulation, and the instructors provide feedback on performance without diminishing the student's self-esteem or relationship with the instructor (2013). Rudolph et al case study *Helping without Harming* studied the instructor's approach to debriefing and provided a learning pathway to assist the instructor to overcome the struggle of debriefing and give feedback in a rigorous yet empathic way to maintain or improve performance in the future (2013).

Simulation in the pre-nursing course is a valuable teaching strategy that would be available to the students. The students would be able to develop and practice nursing skills such as cognitive, motor, and critical thinking in a safe environment (Hayden et al., 2014). Introducing the simulation to the student in a pre-nursing course may assist the student in CNA certification and prepare them for more rigorous scenarios in the nursing program.

Developing the critical thinking skill for a CNA or a nurse may require different strategies. One strategy that could be employed is the Problem Based Learning Process (PBL). This process allows the student to engage or practice in real life situations with other students (Santiprasitkul, Sithivong, & Polnueangma, 2013). In their study, Santiprasitkul et al. found that students scored higher in critical thinking through PBL. This process allowed the students to gather knowledge, solve problems, and work together as a team (2013). Martyn, Terwijn, Kek, and Huijser (2014) studied PBL in a pre-nursing course and stated that PBL developed critical thinking skills. This approach

allowed the student to practice real world situations with peers and develop problem solving skills before entering the nursing program (2014).

Both studies used PBL as the method for teaching. I found this strategy similar to Wenger's (2000) adult learning theory and CoP. This project incorporated Wenger's theory learning theory which states that learning is a social process of competence and personal experiences. The CoP which is both an enabler of deep learning and instrumental in system-wide processes of knowledge, production, exchange, and transformation is also incorporated.

Another strategy that improves critical thinking is Kinesthetic Learning (Wagner, 2014). Kinesthetic Learning allows the student to move around during didactic sessions which improves motivation and interest (2014). Wagner used this approach to engage nursing student thinking, enhance retention, and improve critical thinking and found that kinesthetic activities can reinforce course content, provide the student with better knowledge and a greater understanding of patient care (2014).

Heath and Weege (2017) conducted a research study of incorporating case studies in lecture to promote critical thinking. Case studies take minimal time and effort to implement in class and it encourages active learning and develops problem solving, reasoning, and analytical skills (2017). Webster (2018) conducted research of the current practices used in healthcare professions to promote critical thinking. The result of the study indicated that using case studies was a common strategy in nursing programs. These studies encouraged active learning and developed problem solving, reasoning, and

analytical skills (2018). Both strategies kinesthetic and case studies are used in the nursing program and will be implemented in the pre-nursing course.

In 2017, Arli et al. conducted a study that examined critical thinking and caring in nursing students. The study reinforced the responsibilities of healthcare include physical, psychological, mental and spiritual care for patients. The study identified that nurses need to improve critical thinking skills as well as the caring aspects of nursing. Ensuring the optimal clinical practice can positively affect critical thinking and improve the component of the caring nurse. The pre-nursing course would allow students to observe nurses interacting with patients and start participating in clinical strategies and simulations that may stimulate the caring nurse and critical thinking skills.

Other strategies that would be used to enhance the pre-nursing students' skills is tutoring and mentoring. Guerra-Martin, Lima-Serrano, and Lim-Rodriguez (2017) developed a tutoring program to improve with academic performance of students who encountered multiple difficulties during their nursing program. The tutoring model supported students by acting as an assessor, a guide, and a coach. The students received continuous feedback to develop academic and emotional strategies for success (2017). Their study demonstrated that the tutoring program assisted the students in the learning process, their study progress, and to pass their courses.

Another research study for tutoring was conducted by White, Stainer, Cooper and Waight (2018). In this study, the students were assigned a personal tutor at the beginning of the program. The tutor supported the student in their personal, academic and

professional development throughout their course (2018). The article demonstrated how the personal tutor role was effective in helping student nurses to succeed not only in their undergraduate nursing program but also in their personal and professional journey to becoming a registered nurse (2018). The pre-nursing course for the curriculum plan would be able to provide tutoring. The class size would be a manageable size to tutor small groups of students or one on one if needed.

Felton-Busch et al (2013) conducted a study incorporating mentoring to foster the emotional and social growth of nursing students to improve the students' experience and retention rates. The results indicated that mentoring support enhanced the students' time management, communication skills, and self-awareness (2013). Instructors, students in the nursing program, and nurses will be available to mentor the pre-nursing students.

A teaching strategy like mentoring is peer facilitation (Davis & Richardson, 2017). In their study, Davis and Richardson implemented a peer facilitation scheme for pre-registration nursing students. Second-year nursing students were trained to be peer facilitators for the students. This strategy provided two benefits. The first benefit was students to enhance their knowledge and understanding of clinical skills, and the second benefit was that student's critical appraisal skills develop through observation of peer performance and the constructive feedback to colleagues (2017). Tutoring, mentoring or peer facilitation can be implemented in the pre-nursing course.

### **Summary of the Literature Review**

The focus of the literature review was to provide information for pre-nursing courses in nursing program curriculum and developing skills that will assist the student in the nursing program and become a professional nurse. The initial search included articles from 2013-2018. To provide greater knowledge, I expanded the search to include literature from 2011-2018. The key words used to generate the review were curriculum, nursing programs and change, certified nurse assistant, critical thinking, teaching strategies, and application in nursing.

The literature review assisted me in demonstrating the process of developing a course, introducing the curriculum plan to the faculty, and providing rationale for implementing teaching strategies in the plan. Before the pre-nursing course can be implemented, I will need to present the curriculum plan to the faculty, allow them to provide input, and vote on the plan. Most of the teaching strategies that are in the literature review, are being used in the nursing program now. This should allow an easy transition to implementing the strategies in the curriculum plan. The literature review began with introducing a pre-nursing course into the nursing program curriculum and concluded with skills to assist the student in the nursing program and to become professional nurse. The next section will provide a description of the project developing a curriculum plan.

### **Project Description**

The curriculum plan focuses on the pre-nursing candidate. The plan is designed for the student to take before acceptance into the nursing program. The curriculum plan will incorporate critical thinking skills, application of learned knowledge, what to expect in the nursing program and after graduation as well as basic nursing skills. Social interaction among the pre-nursing students, nursing students, professional nurses, and family or friends is a part of the plan as well. A required lab component where students will divide into groups to learn, practice, do simulations, and develop their nursing skills will be included in the plan.

With the successful completion of the plan, the student has the potential to become a certified nurse assistant. Obtaining certification may increase the student's chance of being accepted into the nursing program. In addition to the knowledge and basic nursing skills that the student will learn, the curriculum plan will provide the student with the experience and information to assist them in making the decision to continue in nursing or related health occupation or change their career pathway.

The resources needed for the project are faculty and assistants, classroom, skills lab, equipment and supplies for the lab. The potential barriers to the project are cost or budget for the nursing program, classroom and lab space, and limited lab equipment. Another barrier may be limited faculty available for the curriculum plan and obtaining academic approval from the dean and institution's administration.

Potential solutions to the barriers are reaching out to community hospitals and health facilities to donate supplies, for volunteers to teach or assist with instruction, provide space for the classroom, or donate funding to enhance the nursing program. Other health related programs in the institution may be able to participate as well. In return students from other health disciplines may benefit the curriculum plan as well. There may be existing support available for the project. For example, the equipment that has previously been purchased for the skills lab and simulation lab would be available for this plan. With creativity and time management, the existing classrooms and skills lab would also be an existing resource for the project. Advanced nursing students may also be available to teach or assist the instructor. In return the student may receive credit towards their advanced degree.

The proposal for this project will begin with disseminating the results of the study, *Nursing candidates' perceptions as the greatest challenges in becoming a professional nurse*, to the dean of health professions and director on nursing at NWGCC. With permission I will share the results with the nursing faculty and propose a plan for curriculum change. The low NCLEX passing rate, decreasing student retention and results of the study will be the driving factors for the urgency of time and need for curriculum change. A majority vote from the nursing faculty is required for any curriculum change. Therefore, future meetings will be established to allow input from all faculty members. Discussion for this project as well as other suggestions for curriculum

change will determine the number of meetings and time frame to obtain the majority vote for implementing the curriculum plan.

The roles and responsibilities of the students will be to register for the course, Basic Nursing Care, prior to applying for the nursing program. The students will be responsible for completing the assignments, successfully demonstrating the skills required for lab, and obtaining an average 75% or greater for the written test. The nursing program will be responsible for providing a qualified instructor to coordinate the course. The instructor will be responsible for providing syllabus or outline of the course, coordinating times and equipment needed with the skills lab as well as arranging faculty or assistance as needed in the lab. Other responsibilities of the instructor include being a role model, having knowledge of the content, being prepared for lecture, providing feedback in a timely manner, monitoring students that may need additional help, and being available for the students.

### **Project Evaluation Plan**

Evaluation for this project will begin by assessing the process of approving and implementing the curriculum plan. An evaluation (Appendix F) will be sent to the nursing faculty through the institution's email. A link will be provided to conduct an anonymous survey of the presentation and implementation of the curriculum plan.

The next evaluation will be of the students to see if they were able to master the content of the course. The assessments and activities in the plan are designed to monitor the student throughout the course and at the end. A summative evaluation of the student's



test exams will be used for the evaluation as well as the student accurately demonstrating assigned skills from the lab component of the course. This plan allows the instructor to test and evaluate student's knowledge during and at the end of the course.

To demonstrate that an understanding of the content has been obtained, the student will have a cumulative test average of at least 75% or greater. The cumulative test average level was selected because that is the requirement for the nursing program. This will allow the students to become familiar with the grading requirements in the program. In addition, the student will successfully complete the skill checkoff forms by satisfactory performing the skill in lab and will submit a completed observation form. The overall outcomes for the project are that students will:

1. successfully pass the course,
2. obtain certification as a nurse assistant,
3. that nursing student retention improves, and
4. NCLEX passing rate returns to the required percentage rate or greater.

Determining if the students are passing the course and obtaining certification can be evaluated with each course. Evaluating nursing student retention and NCLEX passing rate in relationship to the project will not be as quick due to the length of the nursing program and when the students take the NCLEX. The students will be able to complete an anonymous student evaluation through the institution's electronic survey. This will allow the faculty to review the student's opinion of the project and make changes as needed.

The key stakeholders of this project are the students who are planning to enter a nursing program and become a professional nurse. The other stakeholders are the nursing faculty, the nursing program, and the educational institution. The American Nurses Association (2017) projected that the shortage of Registered Nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. Therefore, future stakeholders will be the field of nursing, the healthcare facilities, and the community.

### **Project Implications**

The purpose of this project study was to gain insight of the nursing candidates perceived challenges of becoming a professional nurse and to assist in improving student retention and NCLEX passing. Based on the data from the research, four themes emerged that were either a challenge for the nursing candidate or a strategy that would have helped them in the nursing program and may help the nursing candidate to pass NCLEX. This project addresses the nursing candidate's challenges before the candidate begins the nursing program.

In 2011, the IOM reported that one of the key components in the future of nursing should be a seamless transition into higher degree programs including the nursing ladder of LPN, ADN, BSN, MSN, and DNP. This project will begin the seamless transition by giving the candidate the opportunity to become a certified nurse assistant. From that point if the candidate wishes to do so, they can transition into a higher degree

program. Other implications for this project are increasing the diversity and number of professional nurses.

The ANA (2017) projected that the shortage of registered nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. Implementing curriculum change that will address the nursing candidates perceived challenges of becoming a professional nurse will assist nursing programs in graduating more adequately prepared nursing students to NCLEX and become professional nurses.

The local stakeholders for this project are the students, nursing faculty, and the nursing program. Other stakeholders that will be affected are the institution, health facilities, the community, and the field of nursing. Melillo (2013) stated that any improvement in the number of successful nursing students, especially racial and ethnic minority students, will have a positive impact on the goal to increase and maintain baccalaureate-prepared nurses, in terms of the regional nursing shortage, the preparing institutions, and the community.

### **Summary**

This study explored the nursing candidate's perception of the greatest challenges of becoming a professional nurse. The data from the study indicated that the perceived challenges of being a successful nursing candidate can be addressed by the structure and design of the nursing program. Four themes, family and relationship, lack of time, curriculum, and prior knowledge or skill were revealed from the findings of the study.

From the themes a 9-week curriculum plan was developed to assist the nursing candidate with the challenges of becoming a professional nurse. The curriculum plan was designed to focus on the nursing candidates' challenges before the candidate entered the nursing program.

After the four themes were revealed, I began conducting my literature review. The GBON (2018) states that nursing programs should stay abreast of the changes in society and in the health field. Nursing programs should evaluate their curriculum annually and adjust as needed (2017). The literature review indicated that studies have evaluated curriculum change and found that changing the clinical format, combining science courses, and adding core course demonstrated improvement in performance and entry level competences (Valdez, Pangariban, & Alday, 2013). Implementing pre-nursing courses and clinical skills before entry into the nursing program is a positive contribution to the student's preparation for to be ready for the program and practice as soon as they pass NCLEX (Rutt, 2017). The study from Wilson, Chun-Han, Marshal, and Air (2011) and Wray, Barrett, Aspland, and Gariner (2012) indicated that students with previous care experience were more likely to progress in the nursing program.

The literature review provided evidence for developing critical thinking skills and implementing simulation early is beneficial for CNAs (Santiprasitkul et al., 2013). Other strategies such as mentoring and tutoring (Guerra-Martin et al., 2017) may be employed as well. The literature review provided steps to disseminate the information from my study and encourage faculty involvement in implementing curriculum change (Dalrymple

et al., 2017). This approach allows for valuable input and a satisfaction of sharing a vision for the nursing program (2017).

The 9-week curriculum description has been provided as well as my plan for presenting it to the dean of health professions and the director of nursing at NWGCC. With permission I will share it with the nursing faculty and set future appointments for further discussion and input. The low NCLEX passing rates, decreasing student retention, and results of the study will be factors for the urgency of time and need for curriculum change. A majority vote will be required for any curriculum change.

The overall outcomes for the project are that students will:

1. successfully pass the course,
2. obtain certification as a nurse assistant,
3. that nursing student retention improves, and
4. NCLEX passage rate returns to the required percentage rate or greater.

This project will begin the seamless transition of the nursing ladder from CNA and beyond into higher degree programs. Other implications for this project are increasing the diversity and number of professional nurses. The ANA (2017) has predicted a nursing shortage and that nursing schools will struggle to meet the demand for qualified nurses. Implementing curriculum change will address nursing candidates perceived challenges of becoming a professional nurse and will assist nursing programs in graduating more adequately prepared nursing students to pass NCLEX and become

professional nurses. My reflections and conclusions for the study and project will be provided in Section 4.

#### Section 4: Reflections and Conclusions

The purpose of this qualitative study was to explore the nursing candidates' perceptions of the greatest challenges of becoming a professional nurse and provide insight that could improve student retention and passing NCLEX. The purpose of the project is to allow pre-nursing students the opportunity to learn how to critically think, to apply the knowledge learned in theory and lab, how to work as a group or team, and gain a greater understanding of what to expect in the nursing program and as a professional nurse. This section will provide the project's strengths and limitations, recommendations for alternative approaches to the problem, and project development. Reflection on the importance of the work will be provided as well. Section 4 will conclude with the implications, applications, and directions for future research.

##### **Project Strengths and Limitations**

The project includes a 9-week curriculum plan for pre-nursing students. The strengths of the project include the objectives, the unit test, comprehensive final, observation form, and skills check -off to assess the student's knowledge and skill of basic nursing care. The project focuses on giving the students the opportunity to take those first steps of working in a health care environment and to start communicating and learning together. The project incorporates Wenger's (2000) adult learning theory that learning is a social process of competence and personal experiences. Wenger's CoP, which is both an enabler of deep learning and instrumental in system-wide processes of knowledge, production, exchange, and transformation, is also incorporated.

The 9-week curriculum that includes theory, lab, simulation, and clinical observation will allow the student to learn, practice, develop basic nursing skills, and how to apply the knowledge learned in theory and lab. The findings of Bormann's (2015) research indicated a greater satisfaction and more positive scores in teaching effectiveness and course evaluations from students who had taken a pre-nursing introductory course. The research of Wilson, Chur-Hun, Marshall, & Air (2011) stated that there was a significant difference between students continuing and withdrawing from nursing programs in whether the student had previous nursing related-experience. This project will allow the student to gain that experience, possibly obtain certification as a nurse assistant and seek employment in the health field.

Possible limitations for the project are budget, time, faculty, and lab space. The project will require time and space for lab. The 9-week curriculum will need to be coordinated with the skills lab coordinator. The skills lab will need to purchase more supplies for the additional students. Additional equipment may need to be purchased or more maintenance to the existing equipment may be required. Additional nursing faculty may be needed to facilitate the lab components as well. The nursing program will need to be flexible and creative in its allotted budget to finance additional purchases and fund faculty.

A possible limitation for the student is this would be an additional course that they would have to take before entering the nursing program. The curriculum plan would be given to students during their core courses before entering the nursing program.



However, taking the course before the student tries to enter the nursing program may assist the student in obtaining a higher score on their nursing entrance exam which may increase their chance of being accepted into the nursing program. The plan may also help the student gain employment in the health field and gain valuable experience before entering the nursing program.

### **Recommendations for Alternative Approaches**

The problem that prompted this research was a decrease in student retention in nursing programs and a decrease in the NCLEX passing rate. There were limited alternatives to address the problem. The alternatives included continuing to implement new strategies, interviewing nursing faculty, and comparing nursing programs. Time was of the essence. These alternatives may have prolonged the situation.

If the problem had recently occurred, then a program evaluation may have been warranted, but with the persistent decline, the nursing program was evaluated by the state nursing board and placed on probation. By interviewing the nursing students of the ADN and LPN programs, I was able to gain an understanding of the greatest challenges of becoming a professional nurse and develop a curriculum plan that should increase student retention and NCLEX passing rates.

### **Scholarship, Project Development, and Leadership and Change**

The knowledge I have gained through the process of learning how to conduct research, implementing the study, collecting and analyzing the data, and developing a project based on the findings of the study has been a valuable experience for me

personally and professionally. The doctoral courses have enhanced my ability as an employee and faculty of an institution of higher education. The knowledge I have gained has increased my confidence to articulate with my colleagues, staff, and administration at all levels.

There were several challenges that I had to overcome; one being my writing skills. Writing effectively has been one of my greatest issues in my education and career. The process of writing a prospectus, proposal, applying for two IRBs, presenting the results of the study, developing and proposing a project have made me develop my writing skills and grow as a scholar. Additional challenges included changing the research question and collection tool multiple times. Overall, I believe these challenges have made me grow as a person and as an instructor. I am fortunate that I had the opportunity to interview and gain a greater understanding of nursing students. I was able to see a glimpse of their life and their experiences through their eyes.

### **Reflection on the Importance of the Work**

Reflection on the importance of the work is noted from the beginning with introducing the problem to explaining the rationale for the project. I learned more about the lack of diversity in nursing, what the future may hold for nursing, and the crisis that we may be facing with the looming nursing shortage. Following protocol of conducting research, I provided evidence of a decrease in student retention in nursing programs and a decrease in NCLEX passing rates, the rationale for conducting research to gain a greater understanding of the problem and implemented the study of interviewing nursing

candidates to gain a greater understanding of their perception of the challenges of becoming a professional nurse. From the findings, I was able to develop a nine-week curriculum plan that should improve student retention in nursing programs and increase NCLEX passing rates. I believe that improving the student retention rate will also increase the minority representation of students in the nursing program. As I conducted the study and developed the project, my goal expanded from improving student retention and NCLEX passing rates to improving the quality of life of nursing students.

### **Implications, Applications, and Directions for Future Research**

The purpose of this qualitative study was to explore the nursing candidate's perception of the greatest challenges of becoming a professional nurse and provide insight that may improve student retention and NCLEX passing. The literature review provided a glimpse into the future of nursing and the crisis of a looming nursing shortage. My nursing program, the community, the health field, and institutions of higher education need the knowledge and the reassurance that qualified nursing candidates will successfully become professional nurses.

The findings of the study revealed that the challenges of being a successful nursing candidate, as perceived by the students, can be addressed by the structure and design of the nursing program. Any improvement in the number of successful nursing students, especially racial and ethnic minority students, will have a positive impact on the goal to increase and maintain baccalaureate-prepared nurses (Melillo et al., 2013), in terms of the regional nursing shortage, the preparing institutions, and the community.

The literature review for this study indicated that student retention in nursing and passing NCLEX continues to be a viscous cycle. In 2011, the IOM reported that one of the key components in the future of nursing should be a seamless transition into higher degree programs including the nursing ladder of LPN, ADN, BSN, MSN, and DNP. The report also emphasized the need for greater diversity in the nursing work force in areas of gender and race or ethnicity. The ANA (2017) projected that the shortage of registered nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. To meet the goals of the IOM and the rising demand for care, we will need to continue research in the field of nursing beginning with potential nursing candidates to the retention of the veteran professional nurse.

### **Summary and Conclusion**

Section 4, reflections and conclusions discussed the projects strengths and limitations. This section provided recommendations for alternative approaches, scholarship, project development, and leadership and change. A reflection on the importance of the work was discussed. Section 4 concluded by describing implications and applications of the project and directions for future research.

The nursing candidates' overall goal is to become a professional nurse. To obtain this goal, students must graduate from an associate or baccalaureate nursing program and successfully pass the National Council Licensure Examination (NCLEX) state board. An institution in northwest Georgia has had difficulty retaining nursing students and students successfully passing NCLEX (GBN, 2016). As I began to further explore the problem, it

was evident that student retention in nursing programs and students successfully passing NCLEX was a problem for many institutions and for students who seek professional nursing careers throughout the United States (Deurksen, 2013; Igbo et al., 2011; Melillo, Dowling, Abdallah, Findesien, & Knight, 2013). The purpose of this qualitative study was to explore the nursing candidate's perception of the greatest challenges of becoming a professional nurse and provide insight that may improve student retention and NCLEX passing.

Through focus group interviews of ADN and LPN students, this study was able to gain a greater understanding of the nursing candidates' perceptions of the greatest challenges of becoming a professional nurse. From the findings of the study, a nine-week curriculum plan was developed to assist nursing candidates to be successful in nursing programs and successfully pass NCLEX. The nine-week curriculum plan is an introductory nursing course designed for the pre-nursing student. The curriculum plan incorporated critical thinking skills, application of learned knowledge, what to expect in the nursing program and after graduation as well as basic nursing skills. At the end of the course the student has the potential to become a certified nurse assistant.

This curriculum plan will provide the student with the knowledge to assist them in their decision to continue in nursing or related health occupation or change their career pathway. Evidence from the literature indicates that pre-nursing courses increase the chance of nursing students continuing in the programs, improves scores and evaluations,

and overall satisfaction of the student (Wilson, Chur-Hun, Marshall, & Air, 201; Bormann, 2015).

The future of nursing is unknown. However, the ANA (2017) projected that the shortage of Registered Nurses in the United States will intensify and that nursing schools across the country will struggle to meet the rising demand for care. Institutions and nursing programs need the tools to address these struggles. We need to address the nursing candidates perceived greatest challenges of becoming a professional nurse. The nine-week curriculum plan that has been provided should be implemented and evaluated for efficiency. Research in the field of nursing will need to continue in order to increase the diversity and population of the professional nurse and to provide quality care to the community and beyond.

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Appendix A: The Project

**Basic Nursing Curriculum Plan**



Designer: Lee Ann Williams, MSN, RN

Implementation: Curriculum plan Pre-requisite course for the nursing program

Student Assessment: Grading rubric/Skills check off forms/Written Test

Course Assessment: Class Passage rate/Certification Passage rate

**Description:** This curriculum plan will focus on the pre-nursing candidate. The curriculum plan Basic Nursing Care is a course designed for the student to take before entering the nursing program. Throughout the nine weeks, students will learn and develop critical thinking skills, application of learned knowledge, what to expect in the nursing program and after graduation as well as basic nursing skills. The lab component will provide the students opportunity to practice and develop their nursing skills. Students must obtain a 75% passage rate on written exams, successfully complete skills check off, and submit the completed observation form to successfully complete this course. Students will be encouraged to take the National Nurse Aide Assessment Program (NNAAP) examination for certification.

**Required Textbooks:** Wilkinson, J. M., Treas, L. S., Barnett, K. L., & Smith, M. H. (2016). *Fundamentals of nursing Volume 1: Theory, concepts, and applications (3<sup>rd</sup> ed.)*. Philadelphia, PA: FA Davis.

Wilkinson, J. M., Treas, L. S., Barnett, K. L., & Smith, M. H. (2016). *Fundamentals of nursing Volume 2: Thinking, doing, and caring (3<sup>rd</sup> ed.)*. Philadelphia, PA: FA Davis.

**Objectives:** Students will learn body systems, disease and infection control, legal and ethical issues, nutrition, and personal care skills. Students will also learn how to assist with admissions, transfers, discharges, assessments and care planning, mental health and sub-acute care, and resident safety. Students will demonstrate basic nursing skills, wound care, restorative care, body mechanics, and measuring vital signs.

**Methods of Evaluation:** The students will be graded in two areas theory and lab.

1. Theoretical grades will be based on performance on the following requirements:

TESTS	
Unit tests - 3 tests @ 25 points each	75 points
Final Exam	50 points
 Total Test Points	 125 points

2. Lab grades will be based on the performance of skills check offs and clinical observation form.

Skill Check Off	
Vital Signs	5 points
Patient Hygiene	5 points
Perineum Care	5 points
Body Mechanics, Bed Change	5 points
 Observation Form	 30 points
 Total Lab Points	 50 points

To pass Basic Nursing Care, a cumulative test average of 75% or greater must first be achieved.

This percentage is determined by dividing the total test points possible into the number of test points achieved. After achieving a 75% test average, lab points will be added.

The Observation Form must be completed in full without any negative comments and total hours must equal to minimum 24 hours to successfully pass course and receive 30 points.

**Basic Nursing Care****Lecture-2 Hours/Twice a Week****Lab-3 Hours/Once a Week**

Day 1	Day 2
Week 1 Lecture: Critical Thinking	Lecture: Communication; Vital Signs Lab: Practice Communication, Vital Signs
Week 2 Lecture: Preventing Infection Safety	Lecture: Basic Head to Toe Assessment Lab: Practice V/S, Communication Safety, Hand Hygiene
Week 3 Test 1 Lecture: Lecture Body Mechanics	Lecture: Review Test1 and Testing Strategies and Critical Thinking Nutrition Lab: Practice V/S, Communication, Body Mechanics, Safety
Week 4 Lecture: Wound Healing and Prevention Activities of Daily Living	Continue Activities of Daily Living Lab: Vital Sign Check Off Hygiene, Oral Care, Bedpan, Brief Change Practice Body Mechanics Introduce Simulation-Scenario
Week 5 Test 2 Lecture: Pain Assessment	Lecture: Test 2 Review-apply critical thinking Working with IVs/ INT Lab: Body Mechanics Check Off Simulation-Scenario Nursing Home Client-Shower, Bathing, Brief Change-Perineum Care
Week 6 Lecture: Culture Wellness and Illness	Lecture- Applying to Pediatric patients Lab: Hygiene Check Off Simulation Scenario Nursing Home Client Feeding
Week 7 Test 3 Guest Speaker—Student Nurse	Lecture- Test 3 Review with Critical Strategies Lab: Perineum Care/Bed Change Check Off Simulation Scenario-Pediatric Client. Review
Week 8 Guest Speaker Registered Nurse Clinical Observation Form Due	Review for Final—Practice Test Questions, Case Studies Lab Simulation Scenario- Admitting Nursing Home Client
Week 9 Final Exam	Lecture and Lab Combined Family attend: Expectations, what they have learned in Lab. Social Event

### Observation Form for Basic Nursing Care

**Students Name:** \_\_\_\_\_

As part of the requirements for Basic Nursing Care

- Students are required to spend at least three days (24 hours) of observation time in a nursing home of their choice
- You are required to call a nursing home and make arrangements for a convenient day and time to spend with the nursing assistants and nursing staff
- Sixteen hours should be spent observing the nursing assistant; and 8 hours observing nursing staff that provides direct patient care
- Ask the facility if you should wear scrubs or semi casual attire with a laboratory coat or jacket.

The student will need to wear a leather type shoe that completely encloses the foot.

- Remember all patient information is confidential.

**This serves to verify that I have visited**

\_\_\_\_\_

**Nursing Assistant Treatments/Techniques Observed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nursing Staff Providing Direct Patient Care:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dates and Times of Observation:**

_____	Initials of Staff _____
_____	Initials of Staff _____
_____	Initials of Staff _____
_____	Initials of Staff _____
_____	Initials of Staff _____
_____	Initials of Staff _____

**Total Hours** \_\_\_\_\_

**Students Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nursing Staff Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nursing Staff \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your willingness to assist these students and the Nursing Program.

Each student will be expected to perform the following skills satisfactory in lab to pass:

Vital Signs  
 Perineum Care  
 Patient Hygiene Bathing Bed  
 Body Mechanics Ambulate 1-person Assist, Bed Change

If the student demonstrates unsatisfactory performance on a skill, the student may repeat demonstration of the skill to achieve satisfactory. The second attempt must be scheduled at least 24 hours after the first attempt. The maximum points the student will receive for repeating a skill successfully will be a 3.

Each skill may only be repeated once. A student may only repeat two of the four skills

### **Grading Rubric for Skills Check Off**

Point Value	Scale
5	Satisfactory performance of skill with no errors
4	Satisfactory performance of skill with one error
3	Satisfactory performance of skill with two errors
2	Unsatisfactory performance of skill with three errors
1	Unsatisfactory performance of skill with more than three errors
0	Did not perform competency

### **Competencies:**

All skills check off/competencies material is from, Wilkinson, J. M., Treas, L. S., Barnett, K. L., & Smith, M. H. (2016). *Fundamentals of nursing Volume 2: Thinking, doing, and caring (3<sup>rd</sup> ed.)*. Philadelphia, PA.

**PROCEDURE CHECKLIST**  
**Vital Signs**

PROCEDURE STEPS	Yes	No	COMMENTS
1. Identifies the patient with 2 identifiers			
2. Gathers all needed equipment.			
3. Performs hand hygiene.			
<i>Temperature</i>			
4. Cleans thermometer before and after use.			
5. Inserts the thermometer in a protective sheath.			
6. Places the thermometer tip under the tongue in the posterior sublingual pocket. Asks patient to keep lips closed.			
7. Leaves in electronic thermometer until it beeps.			
8. Reads the temperature and correctly records result.			
<i>Radial Pulse</i>			
9. Correctly locates and palpates the radial pulse site.			
10. Uses fingers (not thumb) to palpate.			
11. Counts for a full 60 seconds.			
12. Notes rate, rhythm, and quality.			
<i>Respiratory Rate</i>			
13. Keeping fingers on the patient's wrist, counts respirations.			
14. Observes rate, rhythm, and depth.			
15. Counts the number of breaths for 60 seconds.			
16. Correctly records radial pulse and respiratory rate.			
<i>Blood Pressure</i>			
17. If possible, positions patient sitting, feet on floor, legs uncrossed; alternatively, lying down.			
18. Exposes an arm (does not auscultate through clothing).			
19. Uses appropriately sized cuff. May demonstrate is needed			
20. Positions the cuff correctly; wraps snugly; ensures it is totally deflated.			



21. Places stethoscope earpieces in own ears.			
22. Places the stethoscope over the brachial artery, ensuring that:			
a. The stethoscope is not touching anything			
b. The diaphragm is not tucked under the edge of the blood pressure cuff.			
23. Inflates cuff rapidly to 180 mm Hg. If able to auscultate Korotkoff's sounds immediately, continue to inflate in 30 mm Hg increments until no longer able to auscultate sounds.			
24. Releases pressure at 2–3 mm Hg/second.			
25. Correctly records systolic and diastolic readings			
<b><i>Pain</i></b>			
26. Asks patient to rate pain on a 0-10 pain scale.			
27. If patient reports pain, asks appropriate details including site, character, onset, duration, alleviating factors, etc.			
28. Correctly records pain assessment results.			

Date: \_\_\_\_\_

Pass\_\_\_\_ Needs more Practice\_\_\_\_\_

Signature:

Instructor \_\_\_\_\_

Student \_\_\_\_\_

**PROCEDURE CHECKLIST**  
**Assisting with Ambulation (One Person)**

PROCEDURE STEPS	Yes	No	COMMENTS
Identifies the patient using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, and body mechanics.			
1. Puts nonskid footwear on patient.			
2. Places the bed in a low position and locks the wheels.			
3. Applies a transfer belt.			
4. Assists patient to dangle at the side of the bed.			
5. Faces patient. Braces feet and knees against patient's feet and knees, paying particular attention to any known weakness.			
6. Bends from the hips and knees and holds onto the transfer belt.			
7. Instructs patient to place her arms around the nurse between the shoulders and waist (the location depends on the nurse's height and the height of patient).			
8. Asks patient to stand as the nurse moves to an upright position by straightening the legs and hips.			
9. Allows patient to steady herself for a moment.			
10. Stands at patient's side, placing both hands on the transfer belt.			
11. If patient has weakness on one side, positions self on the weaker side.			
12. Slowly guides patient forward, observing for signs of fatigue or dizziness.			
13. If patient must transport an IV pole, allows patient to hold onto the pole on the side where the nurse is standing. Assists patient to advance the pole as patient ambulates.			

Date: \_\_\_\_\_

Pass \_\_\_\_\_ Needs more Practice \_\_\_\_\_

Signature: \_\_\_\_\_

Instructor \_\_\_\_\_

Student \_\_\_\_\_

**PROCEDURE CHECKLIST**  
**Making an Unoccupied Bed**

PROCEDURE STEPS	Yes	No	COMMENTS
Identifies the patient using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, body mechanics, and documentation.			
1. Assists patient to the chair; provides a robe/blanket if needed.			
2. Prepares the environment:			
a. Positions the bed flat, raises to working height, and lowers siderails.			
b. Moves furniture as needed.			
c. Places the linen hamper for convenient access.			
3. Dons procedure gloves and protective gear if necessary.			
4.. Loosens all bedding.			
5. Folds and places clean bedspread and/or blanket on clean area. Does not place clean linen on another patient's bed or furniture.			
6. Removes all sheets and pillowcases; places in a laundry bag or hamper without contaminating uniform.			
a. Does not shake or "fan" linens.			
b. Does not place linens on the floor.			
c. Removes and replaces linens on one side of the bed at a time, to save steps.			
d. Holds soiled linen away from uniform.			
7. Replaces clean linens. For a flat bottom sheet, allows at least 10 inches to hang over at top and sides for tuck-in.			
8. Smooths wrinkles from the bottom sheet.			
9. If there is a draw sheet, tucks it and draws it tight.			
10. Replaces the waterproof pad if one is being used.			
11. Places the top sheet and bedspread along one side of the mattress; unfolds.			
12. Makes a small pleat in the top sheet and bedspread, at the foot of the bed (toe pleat).			

13. Tucks the top sheet and bedspread in at the same time, using a mitered corner. Then moves to the opposite side of the bed.			
14. After making both sides of the bed, at the head of the bed, folds the sheet down over the bedspread.			
15. Fanfolds the top sheet and bedspread back to the foot of the bed.			
16. Changes pillowcases:			
a. Turns the pillowcase wrong side out.			
b. Grasps the middle of the closed end of the pillowcase.			
c. Reaches through the pillowcase and grasps the end of the pillow.			
d. Pulls the pillow back through the pillowcase.			
e. Does not hold the pillow under an arm or the chin.			
17. Assists patient back to bed.			
18. Places the call signal within reach; puts the bed in a low position.			
19. Places the bedside table and overbed table so they are accessible to patient.			

Date: \_\_\_\_\_

Pass \_\_\_\_ Needs more Practice \_\_\_\_

Signature:

Instructor \_\_\_\_\_

Student \_\_\_\_\_

**PROCEDURE CHECKLIST****Hygiene: Bathing Bed**

<b>PROCEDURE STEPS</b>	<b>Yes</b>	<b>No</b>	<b>COMMENTS</b>
Identifies the patient using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, body mechanics, and documentation.			
1. Fills a disposable basin with warm, not hot, water (approximately 105°F [41°C]). Checks water temperature with thermometer or hand.			
2. Adds rinse-free soap, if available.			
3. Pulls the privacy curtain and drapes patient to provide privacy and prevent chilling.			
4. Adjusts the bed to working height and lowers the siderail on which the nurse begins the bath.			
5. Always raises the siderail when leaving the bed or moving to the other side.			
6. Changes water before cleansing the perineum or whenever the water is dirty or cool.			
7. Dons nonsterile gloves if exposure to body fluids likely.			
8. Removes soiled linens without exposing patient or contaminating own clothing.			
9. Removes patient's gown without exposing patient; exposes just the part of the body being bathed.			
10. If patient has an IV, removes the gown first from the arm without the IV; replaces the gown on the affected arm first.			
11. Folds the washcloth around the hand to make a bath mitt.			
12. Uses one washcloth for each body area.			
13. Rinses washcloth and wrings dry often enough to keep it warm and clean.			
14. Rinses well if using soap.			

15. Bathes the patient's body in this order: Eyes, face, neck, and ears; Arms; Chest; Abdomen; Legs and feet; Back and buttocks; Rectal area; and Perineum			
16. Modifies procedure or stops temporarily if patient becomes tired.			
17. Follows principle of "head to toe."			
18. Follows principle of "clean to dirty."			
19. Washes extremities from distal to proximal.			
20. While bathing patient, keeps loose ends of the washcloth from dragging across the skin and wrings out excess water.			
21. Supports joints when bathing.			
22. Pats dry to protect the skin.			
23. Dries thoroughly between the toes.			
24. <u>When washing the rectal area:</u> a. Dons procedure gloves. b. Positions patient on his side or prone. c. Removes any fecal matter with tissues before using the washcloth. d. Removes gloves, performs hand hygiene, and dons clean gloves before proceeding with the rest of the procedure (i.e., backrub, perineal care)			
25. Applies deodorant, lotion, and/or powder as desired or as needed. Applies emollients.			
26. After washing the back, provides a back rub if not contraindicated.			
27. When finished, repositions and covers patient, and changes bed linen as needed.			
28. Bags soiled linens appropriately for laundering.			
29. Removes and discards gloves and performs hand hygiene.			

Date: \_\_\_\_\_

Pass\_\_\_\_ Needs more Practice\_\_\_\_

Signature:

Instructor \_\_\_\_\_

Student \_\_\_\_\_

**PROCEDURE CHECKLIST**  
**Perineal Care**

PROCEDURE STEPS	Yes	No	COMMENTS
Identifies the patient using two identifiers; attends appropriately to standard precautions, hand hygiene, safety, privacy, body mechanics, and documentation			
1. Adjusts room temperature; assists with elimination as needed.			
2. Warms the prepackaged wipes in the microwave for no longer than 1 minute.			
3. Positions patient supine.			
4. Places waterproof pads under patient.			
5. Wears procedure gloves and other protective gear as needed.			
6. Drapes patient for privacy: a. Female patient: Drapes legs and perineum using triangular-folded sheet or bath blanket.			
b. Male patient: Drapes chest with towel; drapes upper legs with another towel; leaves bed linens over lower legs. Exposes only the perineum.			
7. Removes any fecal material with toilet paper.			
8. If prepackaged wipes are not available, moistens a washcloth with water in the basin or sprays perineum with the perineal wash bottle.			
9. For females: a. Washes the perineum from front to back.			
b. Uses a clean portion of the wipe for each stroke.			
c. Cleanses the labial folds and around the urinary catheter if one is in place.			
10. For males: a. Retracts the foreskin, if present.			
b. Cleanses the head of the penis using a circular motion.			
c. Replaces foreskin and finishes washing the shaft of the penis, using firm strokes.			

d. Washes the scrotum, using a clean portion of the wipe with each stroke.			
e. Handles the scrotum gently to avoid discomfort.			
11. Cleanses skinfolds thoroughly and allows areas to air-dry. Does not rinse.			
12. Discards each wipe after use.			
13. If perineal care is not being done as part of the bath, also cleans the anal area by asking the patient to turn to the side and washing, rinsing, and drying the area as needed.			
14. Applies skin protectants as needed. Uses powder only if patient requests it.			
15. If patient has an indwelling catheter, provides special catheter care as prescribed by agency policy. Dons clean gloves before special catheter care.			
16. Repositions and covers patient.			
17. Removes and appropriately discards soiled gloves.			
18. Changes bed linens as needed.			

Date: \_\_\_\_\_

Pass\_\_\_\_ Needs more Practice\_\_\_\_\_

Signature:

Instructor \_\_\_\_\_

Student \_\_\_\_\_



### Appendix B: Ground Rules for Focus Group Interview

Ground rules are used at the beginning of the focus group session to help set expectations.

1. If you have a cell phone, please turn it off or to quiet mode.
2. There are no wrong answers.
3. We are recording the session because we don't want to miss any of your comments.
4. Don't feel like you have to respond to me all the time.
5. We will begin with a question designed to break the ice and then I will take the role of questioner, listener and guide.
6. Please be courteous of others participating in the group interview. If needed I may ask a person to allow others to participate.

### Appendix C: List of Prepared Questions

#### Nursing Candidate's Perceptions as the Greatest Challenges in Becoming a Professional Nurse

##### Data Collection Tool: Questions for focus group interview

1. Would you share with each other your information and experience in making your decision to choose nursing as a career?
2. Would you share any challenges that you may have had that made it difficult for you to learn while taking nursing courses? This may include any on-campus or off-campus challenges as well as challenges in the nursing program.
3. As a group what do think would have helped you to progress through the nursing program?
4. As a group what do you think could help you and future nursing students to pass NCLEX?

### Appendix D: Sample of Transcript

Transcription 03 Oct 2017 Group A LPN

I am Lee Ann Williams. I am with a focus group interview with participants from the LPN program. The participants are in their last semester of the LPN program. They have signed their consents and know that we are being recorded. I am going to do a break the ice question. What is your favorite color? I am participant one and my color is purple. Participant two and it is blue.

The first question is would you share with each other your information and experience in making your decision to choose nursing as a career? I would always see people and like that needed and wanted help and I would always like to try to help them and be there for them. I was like a hospitality personality and wanted to be there for people and I love I'm a people's person. I am participant two and my reason for choosing nursing as my career is ever since the third grade I wanted to work in the medical setting and I've always found it interesting and also involves like my family I've seen people real close to me nursing homes and I have seen the way they been treated some good nurses I've seen bad nurses I've never wanted to see a bad nurse so I would always try to be a good nurse and that is the reason why I want to be a nurse.

## Appendix E: Field Notes

Nursing candidates' perception of the greatest challenges in becoming a professional nurse

Research study conducted by Lee Ann Williams

## Notes /Reflection

Group A of the ADN program September 28, 2017. Began at 11:15 and ended 12:15. The focus group interview was conducted in a private conference room. The doors were closed, locked to the outside, and signs were posted that a private meeting was in session. The reservation for the conference room was posted as well. I, the researcher, and the participants sat in a semi-circle at a table. The room temperature was comfortable. The informed consent was discussed and signed. The audio recording was started. After the interview the audio recording was stopped, and the participants and I debriefed or reviewed the hand-written notes that I had taken during the interview.

This group had 4 participants

Participant	Question 1	Question 2	Question 3	Question 4
1	Smiling gesture	Serious gesture Time to study	Serious	Smiling then at the end serious look or gesture
2	Smiling	Agreed with other participant, needed time to work, finances, tired. Family doesn't know what college is like	Serious	More time to focus on ATI Smiling

Participant	Question 1	Question 2	Question 3	Question 4
3	Smiling	Agreed with other participants, time for family, dating, finances. Serious gesture	Serious	Looking around at other participants serious gesture
4	Smiling	Agreed with other participants, time for family, doesn't have to work, tired, drives a long way for school. Serious then smiling laughing	Serious	Laughed rolled eyes talking about NCLEX, serious and nodding headed in yes gesture.

Participant 1 wanted to add a last suggestion which was: "Maybe do an orientation for nursing students' family that way the family could see how being a nursing student is." The other participants agreed with participant one. All the participants agreed with the observation notes.

### **My thoughts as I reviewed and typed my handwritten notes.**

This was my first interview and the conversation may have strayed to their last test and writing assignment. They realized this and returned to the topic. This interview almost went over the stated time. I believed they were engaged in conversation. At times they would hesitate briefly as to collect their thoughts. For future interviews I would have to monitor the time little more closely.

## Appendix F: Evaluation of Curriculum Plan Presentation and Implementation

Evaluation of Presentation

Date \_\_\_\_\_

Presenter: Lee Ann Williams, MSN, RN

Curriculum Plan

Please indicate your responses below. Strongly Agree Agree Neutral Disagree Strongly Disagree

1. The presentation met my expectations.	SA	A	N	D	SD
2. The presentation objectives for the curriculum plan were clear and were presented well.	SA	A	N	D	SD
3. The content was well organized.	SA	A	N	D	SD
4. The materials distributed were relevant and useful.	SA	A	N	D	SD
5. The presenter was knowledgeable and professional.	SA	A	N	D	SD
6. The quality of the presentation was good.	SA	A	N	D	SD
7. The presenter met the presentation objectives.	SA	A	N	D	SD
8. Faculty participation and collaboration were encouraged	SA	A	N	D	SD
9. Adequate time was provided for questions and discussion.	SA	A	N	D	SD

1. Were you included in the curriculum plan to implement a pre-nursing course for the nursing program? If so, what were your opinions about the curriculum plan? If not, what reasons contributed to your exclusion?

2. When asked to implement a new curriculum, what are your initial thoughts, concerns, and actions connected to this change?