Making Sense of Nursing Faculty Classroom Experiences they believe Supportive of National Council Licensing Exam-Registered Nurse (NCLEX-RN) Success:
An Interpretative Phenomenological Analysis

A Doctoral Thesis presented

by

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Abstract

As a result of an aging population, aging baby boomer nurses, and an increased demand for baccalaureate prepared nurses, the demand for future nurses is expected to reach epic proportions. These major changes in the health care system will require profound changes in nursing education as faculty aim to improve teaching approaches in preparing student nurses for practice. In addition, the accrediting body for BSN programs has set minimum required pass rates for first time NCLEX-RN test takers. Inadequate and declining pass rates have the potential to impact nursing programs, stakeholders, and the health care system as a whole. The purpose of this study was to explore nursing faculty sense-making of classroom experiences they believe supportive of NCLEX-RN success. A qualitative approach was used for this study, which followed the research tradition of Interpretative Phenomenological Analysis. This approach allowed the researcher to explore, analyze, and interpret nursing faculty sense-making of lived experiences in the classroom. Data was gathered from participants through use of semi-structured interviews. Super-ordinate themes emerging from the data included; responsibility for student success, affected by application of teaching practices, and motivated by the NCLEX-RN. Findings revealed faculty reliance on student participation in learning as well as a strong faculty desire for student success. Faculty were responsive to diverse teaching practices, energized by integration of knowledge, and experienced uncertainty around NCLEX-RN preparation. In addition, faculty were encouraged by their dedication to NCLEX-RN style questioning and energized to align course content with the NCLEX-RN test plan. Findings from this study add to the current literature around the NCLEX-RN, and may provide nursing faculty, administrators, accrediting bodies, and other stakeholders with insight into valued teaching practices supportive of NCLEX-RN success. Several recommendations for practice and further research are included in the report of findings.
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Chapter One: The Research Problem

Introduction

This interpretative phenomenological analysis will explore classroom experiences nursing faculty believe supportive of National Council Licensing Exam-Registered Nurse (NCLEX-RN) success. Knowledge generated from this study is expected to inform nursing programs, nursing faculty, and numerous nursing education stakeholders. This chapter begins with an overview of the context and background of the problem, followed by the statement of problem, purpose and research question, significance of the study, and positionality. The chapter concludes with a discussion of Schon’s Reflective Practitioner theoretical framework which provided the lens through which this study was conducted.

Context and Background

People are living longer, millions have access to the health care system, and aging baby boomer nurses are remaining in the workforce longer, all factors contributing to the uncertainty that there will be enough nurses to meet future health care demands (Buerhaus, 2014). Registered Nurse (RN) currently ranks fifth among occupations with the largest number of job openings (Bureau of Labor Statistics (BLS), 2013). With a projected growth increase of 19.4% by 2022, the RN workforce will experience one of the highest percentages of growth in job openings within this ranking (Bureau of Labor Statistics, 2013). Due to growth and replacement needs, the openings for RNs in the workforce are expected to reach 1.05 million by 2022 (BLS, 2013; AACN, 2014; RWJF, 2014).

In addition to shortages created by growth and replacement, the Future of Nursing initiative, guided by the Institute of Medicine (IOM), has called for 80% of practicing nurses to be baccalaureate prepared by 2020 (Initiative on the Future of Nursing, 2011). The educational pathway for the nurse with a Bachelor of Science in Nursing (BSN) provides numerous academic
advantages for nurses, including preparation for a more extensive scope of practice (Rosseter, 2012). The occurrence of these major changes in the health care system will require profound changes in nursing education (Initiative on the Future of Nursing, 2011). Research in the field of nursing education will assist in understanding how students learn nursing, and ways faculty can improve teaching approaches (ACCN, 2014).

While nursing programs are held accountable for outcomes appropriate to prepare students to meet their role as new entry-level nurses (AACN, 2014), they are being challenged by an increase in the passing standard on the NCLEX-RN (Roa, Shipman, Hooten, & Carter, 2011). Programs that fail to meet the minimum pass rate percentage may jeopardize program accreditation and survival, (CCNE, 2013) while adding to the decrease in the number of nurses entering the healthcare system (Jurascheck, Zhang, Ranganathan, & Lin, 2012).

Practice as an RN in the United States (US) requires that students pass the mandatory NCLEX-RN which measures entry level safe and effective nurse competencies (NYSED, 2014; NCSBN, 2013). The likelihood of a nursing shortage finds nursing schools struggling to meet the demand to expand capacity while ensuring qualified students pass the NCLEX-RN (AACN, 2013).

Statement of Problem

The accrediting body for BSN programs, the Commission on Collegiate Nursing Education (CCNE), requires that accredited schools of nursing achieve a minimum 80% NCLEX-RN pass rate for their first time test takers (CCNE, 2013). The NCLEX-RN pass rate percentage is calculated annually to provide national, state, and individual school pass rates using the number of students who have taken the exam in a given year, and the number of students who pass on their first try (NCSBN, 2013). In January 2013, the passing standard for
the NCLEX-RN was increased due to changes in practice that reflect the need for a higher level of knowledge, skills, and abilities (Kappel, 2013).

The nursing program under study for this research project has had a wide-range of NCLEX-RN pass rates with a considerable decline in their 2013 NCLEX-RN pass rate. The nursing program is part of a small four year private Catholic college located in NYS with a total enrollment of 1,998 students. Undergraduate nursing enrollment varies annually, with a total program student body of approximately 200. Approximately 80-83 of the 200 students are senior nursing students qualified to sit for the NCLEX-RN.

Over the last several years, the NCLEX-RN pass rate for the program in this NCLEX-RN study declined 15.3 percentage points from 82.4% in 2012 to 67.1% in 2013. Likewise, the 2013 NCLEX-RN pass rate percentages posted by New York State Department of Education (NYSED, 2014) show a substantial decrease in the number of students passing the NCLEX both state and nationwide, during the same time period. New York State’s NCLEX-RN pass rate declined 9.4 percentage points from 87.5% in 2012 to 78.1% in 2013 (NYSED, 2014).

These statistics reflect a national total of 26,292 nursing students who although were qualified to sit for the exam did not pass on their first attempt, adding to a decrease in the number of new nurses entering the healthcare system. Studies show that subsequent attempts at passing the NCLEX-RN often do not result in additional nurses in the workforce, as there is a noted decrease in NCLEX-RN success in relation to the number of attempts (Woo, Wendt and Weiwei, 2009; Texas State Board of Nursing, n.d).

Student success on the NCLEX-RN often has an assumed relationship with faculty and program effectiveness (Carrick, 2011). Fitzpatrick (2004) explains that teachers frequently have difficulty describing what they do and how they do it, leading to attempts at quantifying
effectiveness through student course evaluations. Many teachers describe teaching as an art that integrates learning, engagement, and personal and professional life transforming (Fitzpatrick, 2004). Additionally, the importance of curriculum design and teaching strategies in relation to NCLEX-RN pass rates has been noted in the literature (Carr, 2011).

The demands of NCLEX-RN pass rates on program accreditation and survival create a need for nursing faculty to explore practices supportive of student success. Numerous variables considered influential to NCLEX-RN success have previously been explored, yet none have been conclusive in determining why students fail the NCLEX-RN, and none have looked at nursing faculty perspectives around classroom teaching experiences supportive of NCLEX-RN success. The purpose of this study is to explore how nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success.

**Research Question**

The one overarching research question that has guided this study is: How do nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success?

**Significance**

The importance of this study is demonstrated by the effect declining NCLEX-RN pass rates have on nursing programs, stakeholders, and the health care system as a whole. The study aims to help nursing faculty and nursing programs explore the relationship between classroom teaching experiences and NCLEX-RN success. An increased demand for nurses and the current nursing shortage together with declining NCLEX-RN pass rates provide sound basis for exploring nursing faculty classroom teaching experiences they believe supportive of NCLEX-RN success. Sufficient and appropriate nursing education programs are needed to address global
health issues, and the global nursing shortage, and to achieve consistency in nursing role standards (Daly, 2008).

Standards for entry-level nursing practice include passing the NCLEX-RN, an exam designed to measure entry-level competencies necessary for safe and effective care (NCSBN, 2013). The NCLEX-RN utilizes Bloom’s Taxonomy of cognitive domain for item writing and coding, and focuses on client needs in all settings (NCSNB, 2013). Selection of content included in the NCLEX-RN exam is guided by the NCLEX-RN test plan (NCSBN, 2013). Hence, it is imperative that nursing classroom content include competencies measured on the NCLEX-RN prepare students for entry-level nursing practice. The exam is organized into four major categories; safe and effective care management, health promotion and maintenance, psychosocial integrity, and physiological integrity (NCSBN, 2013).

In part, student success on the NCLEX-RN assists nursing programs and faculty to determine their effectiveness; however, there are no conclusive answers as to why students fail the NCLEX-RN (Carrick, 2011). Gaps exist in content relevance and the process of teaching, and faculty faced with student NCLEX-RN failure often question what they could have done better (Carrick, 2011). By exploring nursing faculty classroom experiences, this study helps identify gaps in teaching practice as well as effective methods supportive of NCLEX-RN success. Successful teaching approaches identified through this study may be integrated throughout the curriculum while unsuccessful approaches may be eliminated or adjusted.

Recently, nurse educators have started to look more closely at how content is being taught (Herinckx, Munkvold, Winter, and Tanner, 2014). Through reflective professional inquiry into teaching and learning challenges, positive changes in educational practice can be created, (Coggshall, Rasmussen, Colton, Milton & Jacques, 2012) which lead to positive effects
on student learning outcomes (Josephson, 2013). Reflecting on nursing faculty classroom experiences will guide discussion of faculty sense-making around teaching approaches, assist faculty in restructuring strategies, and give rise to testing new actions supportive of success.

Recent studies have explored numerous variables and their relatedness to student performance, including:

- psychosocial factors
- family problems
- self-esteem issues
- test taking skills
- reading and language skills
- faculty facilitation of academic progress
- Science grades, and

Exploring nursing faculty classroom experiences will add to the current literature, and provide a springboard for future research supportive of student NCLEX-RN success.

The Robert Wood Johnson Foundation (RWJF) (2012) notes a surge in innovation among nurse educators across the nation, who are rethinking teaching methods to better support the success of health care students. The high stakes testing associated with NCLEX-RN success can impact nursing programs and students on numerous levels including but not limited to; state funding, grants, and private donations (Giddens, 2009). On an individual level, Roa, Shipman, Hooten and Carter (2010) acknowledge the impact program and/or NCLEX-RN failure has on the psychosocial and financial well-being of students and families.
The National League for Nursing (NLN) (2012) highlights the serious ramifications resulting from the use of high stakes testing in nursing education (NLN, 2012). Students who fail the NCLEX-RN experience feelings of, "...inadequacy, guilt and loss..." and suffer financial hardships related to salary reduction, cost of remediation material, and need to repay student loans (Roa, Shipman, Hooten & Carter, 2010). Additionally, an institution’s nursing program performance has a direct effect on state and local health care organizations that rely on graduate nursing students to fill vacant nursing positions. Exploring faculty sense-making around nursing faculty classroom experiences provides rich understanding of the phenomenon and allows this researcher to link findings to the broader understanding of the issues related to NCLEX-RN success. The following section of this chapter will present the researcher’s positionality statement and discussion of researcher bias.

**Positionality and Researcher Bias**

*Positionality.* As a registered nurse for over 35 years, I have gained experience in numerous areas of nursing with a main concentration on Medical-Surgical nursing, Obstetrical nursing, and Newborn care. I understand what it takes to be successful in nursing practice as it relates to the need to maintain a wealth of knowledge, think critically, and skillfully apply knowledge at the bedside. I have been in the field of nursing education for the last 10 years, and the coordinator of a traditional baccalaureate nursing program for the last 6 years. My responsibilities as coordinator and educator have enabled me to look more closely at the connection between classroom teaching and nursing student success. In my position as a nurse educator, I believe that a classroom learning environment that is warm, relaxed, fun, and open to a constant exchange of ideas best facilitates student learning. I believe that my approach to
teaching is best for creating experiences around NCLEX-RN content and knowledge that may often be difficult for students to grasp.

As a member of the nursing faculty, and as a program coordinator, it is my responsibility to remain current in the scope of knowledge expected of students for entry-level safe and effective nursing care, and to affirm that current, detailed NCLEX-RN content is addressed in each course throughout the curriculum. Although content is continually reviewed and updated in our division, there are few opportunities for nursing faculty to observe each other’s approaches to delivering content in the classroom. Gaining an understanding of how others deliver content in the classroom usually happens through personal discussions with other nursing faculty or during curriculum meetings. Knowing there is no one specific way for exchange of ideas around classroom teaching approaches in my division made me interested in exploring this phenomenon. My beliefs and interests have shaped who I am as a nurse educator, nursing faculty member, and program coordinator and have driven me to explore through other nursing faculty, teaching approaches that seem most supportive of student NCLEX-RN success.

Searching for an understanding of the program’s last several years of lower NCLEX-RN pass rates, and having exhausted numerous program changes, led me to question how nursing faculty make sense of classroom teaching experiences they believe supportive of student success on the NCLEX-RN. In conversations with faculty at my institution, strategies to increase NCLEX-RN success are frequently discussed and faculty have voiced concern for identifying approaches they believe enhance NCLEX-RN success, sparking my interest to further explore this issue.

Researcher bias. Machi and McEvoy (2009) suggest that researcher bias can bring both positive and negative views to a research study. My determination to positively affect the
outcomes of our nursing program, mainly NCLEX-RN success, has made me an advocate for identifying classroom teaching approaches supportive of student success. Recognizing this bias is an important first step in remaining objective during this research study. Machi and McEvoy (2009) suggest the researcher maintain an open mind and champion…”no favorites”… and have, “… no predetermined conclusions…no agenda…” (p.7).

One bias that may potentially affect the interview and data analysis process is my personal teaching experiences that I may believe are more supportive of NCLEX-RN success than others. I will need to keep an open mind about this throughout the study, and keep Research Memos that allow me to record my feelings around this bias or preconception. Smith, Flowers and Larkin (2009/2012) assert that in addition to researcher preconceptions, the interpretative process may find the researcher becoming aware of additional preconceptions in the process of the study (p.35). As I interview faculty or analyze data, any new awareness will also need to be recorded in Research Memos.

Another bias that I will need to remain aware of throughout the study, is my personal relationship and familiarity with faculty and their approaches to teaching. Working together with nursing faculty on curricular changes and course design has brought me close to faculty personalities and has given me insight into individual faculty approaches to teaching. I will need to make sure I do not attach the personal knowledge I have about faculty and their teaching approaches to faculty shared experiences during the data collection and analysis process. As I make sense of nursing faculty sense-making, I will remain attentive and focused on the uniqueness of shared experiences, and mindful of my positionality, careful to keep Research Memos that reflect any influences. The following section of this chapter provides a description
and discussion of Schon’s Reflective Practitioner Theory which serves as the theoretical framework for this study.

**Theoretical Framework**

Schon’s (1983) Reflective Practitioner Theory was chosen as the framework for this study. Schon’s (1983) model focuses on the concept of what one does in professional practice. Schon (1983) argues that this concept is excluded from the more dominant epistemology of practice, technical rationality. Schon (1983) recognized limitations of technical rationality as it focuses on problem solving and fixed ends, and excludes the uncertainty of the process of making decisions in problem solving. Additionally, Schon (1983) finds technical rationality incomplete as it fails to include artistic and intuitive practices while adhering to the knowledge based elements of a profession: specialized, firmly bound, scientific, and standardized. According to Schon (1989) an epistemology of practice should allow one to think about what one does. Through reflection, the practitioner can make new sense of unique situations often missed in the repetitive actions of professional practice (Schon, 1983). Reflection allows the practitioner to think about and critique what one is doing while doing it, and after it has been done (Schon, 1989).

**Critics of Schon’s reflective practice.** Schon’s work has not been without criticism. Munby (1989) noting several critics of Schon’s theory and confusion around reflection-in-action and reflection-on-action. Munby (1989) asserts that the area of reflective practice is complex and understandably may lead to various interpretations of Schon’s work. Most recently, Rolfe (2014) attempts to clarify reflection-in-action as it relates to nursing practice and argues that much of the reason Schon’s theory has been less useful in the health care field is based on
misinterpretation of his work. Rolfe (2014) argues that nursing is strongly evidence-based which limits the value of reflective knowledge.

**Rationale for use of Schon’s reflective practitioner theory.** The concepts from Schon’s model that have framed this study include; knowledge-in-action, knowing-in-practice, reflection-in-action and reflection-on-action. Schon (1983) in discussing “rigor or relevance” (p.42), artfully describes two differing approaches to professional practice: one using theory based solutions for existing problems and the other, using experience and intuition as methods of inquiry. For this study, exploring experience and intuition in teaching and learning using Schon’s concepts help explain nursing faculty reflection and sense-making of experiences and intuitive knowledge that influence instructional practices and student performance, and aid in uncovering new knowledge. The process of learning new knowledge through experiences was explained by Bamberger & Schon (1989) by citing from Meno’s Discovery Learning:

> …we shall be better, braver and more active men if we believe it right to look for what we don’t know than if we believe there is no point in looking because what we don’t know we can never discover (Meno, 86C, in Bamberger & Schon, 1989).

The following sections outline the concepts of Schon’s Reflective Practitioner Theory.

**Knowledge-in-action.** The term knowledge-in-action, formerly knowing-in-action, is used Schon (1989) to explain the fluid and unstable process of learning and change. It is further clarified as a means by which one creates rational reasoning about experiences (Bamberger & Schon, 1989). The concept is not limited to what one is able to verbally express but is also considered that which one knows how to do in a given situation but is unable to put into words (Bamberger & Schon, 1983). Schon (1995) argues that the practitioners’ knowledge is revealed in their actions through the use of professional skills and judgment (Schon, 1995). Knowledge-
in-action is further defined as spontaneous activities that encompass recognition, decision, and adjustment without having to think about it (Schon, 1987).

**Knowing-in-practice.** This concept differs from knowledge-in-action as practitioners reflect upon routine experiences as a way to uncover implied understandings and make new sense of any uncertainty related to their experience (Schon, 1989). Highlighting the ambiguous concept of “practice” (p. 60), Schon (1983) describes it in terms of the professional experiencing repetitive situations from which the practitioner develops an implied specialty, or knowing-in-practice. Schon (1983) posits that knowing-in-practice combines the practitioners’ role, intuitive judgment and skills, relevant knowledge, actions and interactions with others as a system that is self-reinforcing. Schon (1983) cautions that knowing-in-practice may find practitioners becoming “overlearned” (p.62) which may lead to missed opportunities for reflection and self-correction. Schon (1995) implores scholars to understand professional practice as the backdrop for both generating and applying knowledge where professionals use both research and intuition to understand experiences. Schon (1983) asserts that knowing-in-practice may have a limiting effect on practitioners’ reflection-in-action.

**Reflection-in-action.** Schon’s model acknowledges that reflection becomes an opportunity for professional practitioners to criticize, correct, and make new sense of unique experiences and may occur in the midst of an experience and/or after the experience has occurred (Schon, 1983). Reflection-in-action is a concept central to Schon’s reflective model influenced by John Dewey’s theory of inquiry (Smith, 2001/2011). Smith (2001/2011) posits that using reflection-in-action allows the practitioner to explore and question their actions. Schon (1983) asserts that practitioners obtain a familiarity in practice from repetitive action. Reflection-in-action allows the practitioner to connect new, unique situations with familiar ones thereby
providing a reference from which to respond to the new situation and experiment with a new action (Schon, 1983). Schon (1987) best describes reflection-in-action as the moment in time when our thinking begins to restructure what we are doing while we are in the process of doing it. Schon (1987) argues that the process of reflection-in-action starts with an unexpected outcome during knowing-in-action which leads to reflection and questioning of the knowing-in-action experience. Reflection-in-action elicits a response from the practitioner to “…restructure strategies of action, understanding of phenomena, or ways of framing problems…” or “…call for further reflection…” (Schon, 1987, p.28, 29).

**Reflection-on-action.** Reflection-on-action does not appear as central to Schon’s theory as the concept of reflection-in-action. Schon (1983) describes the concept of reflection-on-action as professional practitioners thinking about what they are doing. Reflection elicits assessment of the practitioner’s knowing-in-action which assists in their trying to make sense of a situation (Schon, 1983). Schon (1983) argues that reflection-on-action can occur after practitioners have finished what they have done. Clandinin and Connelly in Munby (1989) explain that reflection-in-action and reflection-on-action are differentiated by one thinking during practice and thinking after or before action. Munby (1989) asserts that reflection-on-action is Schon’s phrase to describe the deliberate review and assessment of one’s actions.

**Theoretical Framework Summary**

Schon’s Reflective Practitioner Theory is an appropriate lens through which faculty reflect and make of classroom experiences. It guided construction of the interview questions and helped the researcher explore the research question by steering nursing faculty toward reflection and sense-making of the classroom experiences they believed supportive of student NCLEX-RN success. Faculty reflected on their experiences as the researcher gathered a richer understanding
of their professional skills and judgment in action. Exploring faculty experiences allowed the 
researcher to look into how new knowledge is generated from reflection and self-correction. 
Reflection-in-action and reflection-on-action provided opportunity for the researcher to explore 
how faculty think about their teaching both during and after practice. Schon’s Reflective 
Practitioner Theory provided a framework for the deep, rich understandings that emerged from 
the Interpretative Phenomenological Analysis (IPA) approach. The following literature review 
chapter will discuss the five strands of literature reviewed for this study.
Chapter Two: Literature Review

The following review examines literature related to nursing faculty’s instructional classroom practices they believe supportive of NCLEX-RN success. With a predictive nursing shortage of 1.05 million nurses by the year 2020, it is imperative that nurse educators explore practices related to student success. It is well understood that an integration of both classroom and clinical instruction is essential to appropriately educate the nursing student (Commission on Collegiate Nursing Education, (CCNE), 2014). Literature for this review was explored around existing research supportive of the problem of practice for this study.

This literature review is organized into 5 strands of literature that focus on specific areas of concern around the research topic. The first strand of literature explores the concepts of sense-making. The second strand of literature explores and highlights the importance of the use of reflective practice in nursing education as a way of identifying classroom practices supportive of success and to identify areas needing improvement or change. The third strand of literature addresses the NCLEX-RN, its impact on the nursing shortage, and its relationship to nursing education and student success. The third strand of literature also includes a subsection on nursing program accountability and its relationship to NCLEX-RN pass rates. The fourth strand of literature provides several current approaches to teaching in the nursing classroom and is divided into six subsections focusing on: lecture, Bloom’s Taxonomy, external testing systems, problem-based learning, case-study learning, and technology, social media, and the millennial learner. The fifth strand of literature explores teaching effectiveness, and measures of teaching effectiveness. Background information is presented to provide the reader with an understanding of sense-making, reflective practice, and NCLEX-RN standards and performance as they relate to this study. A summary of the literature is provided at the end of the literature review.
**Sense-Making**

Making sense of something connects the abstract with the concrete through awareness, interpretation, identification, presumption, retrospection, action, and communication around an event (Weick, Sutcliffe & Obstfeld, 2006). Frost and Morgan explain that making sense of something is a way of giving meaning to the environment in which one exists (as cited in Weick, 1995, p.14). Weick, Sutcliffe & Obstfeld (2006) argue that sense-making is an engaging process that highlights action and activity. According to Weick (1995) when one engages in sense-making they create an interpretation of their “world” in an attempt to provide more concrete meaning to subjective events. This literature search found sense-making most often used as a framework for organizational leadership, decision-making, and educational research. Numerous authors provide the definition of sense-making as a way of assigning meaning to the unknown (Ancona, 2011; Weick, 1995; Khosrow-Pour, 2003; Klein, Moon & Hoffman, 2006).

Making sense of an event begins from some point of view and uses creativity, curiosity, comprehension, mental modeling, and situation awareness to help determine alternative explanations of an event (Klein, Moon & Hoffman, 2006). Klein, Moon & Hoffman (2006) highlight the many functions of sense-making noting its use: to provide comprehension, improve credibility of explanations, for retrospection and clarification of past events, to anticipate future events, and guide the exploration of information. Sense-making promotes the emergence of discussions, actions and ideas around an event (Ancona, 2011). Weick (2006) does not make a connection between sense-making and the practice of reflection except to infer that sense-making may occur prior to reflection (Weick, Sutcliffe & Obstfeld, 2006). Research examining nursing faculty sense-making requires reflection that allows faculty to explore and explain this phenomenon from their own perspective.
Reflective Practice in Nursing Education

Literature exploring the reflective practice of the educator in general is abundant, however few studies focused on the reflective practice of the nurse educator. As well, most literature found focused on reflection from the student perspective and experiences in the clinical area.

Barbour (2013), in a study on the use of reflective practice for RN-BSN students, discusses the historical roots of reflective practice, and highlights Florence Nightingale’s contribution to reflective thinking in nursing practice. Barbour (2013) posits that reflection allows for the exploration of knowledge, skills, values, beliefs, experiences, myths and needs that results in increased self awareness and clear conceptual meanings. Barbour (2013) suggests that reflection is a form of self-assessment. Although Barbour’s (2013) study focused on nursing students’ reflective practices, one would assume that similarities exist in the process of reflection for nurse educators. One theme emerging from the study was “nurses reflecting-in-action/thinking on the fly” (p.9) in which students described situations that found them reflecting while working in the clinical area (Barbour, 2013).

These reflections influenced the nursing student’s decision-making, and directed changes in current situations (Barbour, 2013). Similarly, one would expect that nursing faculty decisions and changes could be influenced by reflection-in-action which will allow faculty to also think on the fly, a concept Barbour (2013) notes happens in the process of doing (p.9). Echoing the concept of reflection-in-action as one that happens during the process of doing, Rolfe (2014) argues that reflective practice means reflection in practice or reflection-in-action similar to Schon’s theory.
Rolfe (2014) recognizes the similarity between educators and nurses in that as practitioners, they both deal with multifaceted problems. According to Rolfe (2014), reflective educators need to form partnerships with students as a way of identifying learning needs and meeting those needs through a mutual resolution. Rolfe (2014) notes the role of the educator as facilitator of learning where students are encouraged to explore new ideas; something the author notes is becoming more difficult as increasing emphasis is placed on outcomes. On the other hand Rolfe (2014) did not fully agree with Schon’s notion that reflective practice can only occur while in practice, as he notes that there is more to learning a practice than simply being there.

Reflection and reflective practice by nurse educators began with the theoretical works of Dewey, Kolb and Schon (Murphy & Timmins, 2008). Reflection became a popular method for professional development in the 1980s and Murphy and Timmins (2008) particularly credit Schon for influencing the use of reflection in nursing practice. According to Murphy and Timmins (2008), Schon encouraged learning from reflection in and on practice and de-emphasized traditional forms of inquiry. The authors posit that the individual and the learning community can benefit from knowledge obtained through reflection which can then be passed on to others. To make certain that students experience ongoing knowledge development and skill improvement, nursing education needs to foster individual faculty reflection as well as reflection together as a division (Murphy & Timmons, 2008). Indeed reflecting-in action and reflecting-on-action can provide nursing faculty the opportunity to identify effective instructional practices that support student learning in preparation for the NCLEX-RN.

NCLEX-RN and the Nursing Shortage

Buerhaus (2014) identified numerous variables related to the current nursing shortage and uncertainty of meeting future nursing demands including; people living longer, millions having
health care access, and aging nurses remaining in the workforce longer. The occupation of
Registered Nurse (RN) currently ranks fifth among occupations with the largest number of job
openings and is predicted to increase by 19.4% reaching 1.5 million RN job openings by 2022
(Bureau of Labor Statistics (BLS), 2013; CCNE, 2014; Robert Wood Johnson Foundation
(RWJF), 2014). Additionally, the Future of Nursing Initiative (2011) guided by the Institute of
Medicine (IOM) called for an increased number of baccalaureate prepared nurses from 50% to
80% by 2020 (Initiative on the Future of Nursing, 2011).

suggest a body of research exits linking patient outcomes to level of nurse education (p.579),
highlighting a correlation between an increase in the percentage of baccalaureate degree RNs and
a reduction in patient deaths. Increasing the percentage of baccalaureate prepared RNs would
create an additional 760,000 baccalaureate prepared nurses by 2020 (Robert Wood Johnson
Foundation, 2011).

Although this change provides many academic advantages for nurses (Rosseter, 2012),
when combined with the uncertainty of a nursing shortage it creates a challenge for nursing
schools struggling to meet the demand to expand capacity while ensuring qualified students
complete their education and pass the NCLEX-RN (CCNE, 2014).

Educating future nurses goes beyond degree completion in that it also requires nurse
educators to academically prepare students for the NCLEX-RN (New York State Education
Department (NYSED), 2014). In order to practice as an RN in the United States (US) graduate
nursing students must take and pass the NCLEX-RN which measures entry level safe and
effective nurse competency (NYSED, 2014; NCSBN, 2013). The passing standard for the
NCLEX-RN provides a measure of test taker ability on item difficulty and answering questions
correctly and is modified every three (Lavin & Rosaria-Sim, 2013). Lavin and Rosaria-Sim (2013) warn faculty of the importance of understanding the structure of the NCLEX-RN and the significance of student preparation necessary to pass the licensure exam.

In January 2013, the passing standard for the NCLEX-RN was increased reflecting the need for nurses to have greater levels of knowledge, skills, and abilities to meet the demands of healthcare advances and patient safety (Kappel, 2013; Carrick, 2011). This change in the passing standard resulted in a substantial decrease in the number of students passing the NCLEX-RN (NYSED, 2014) and subsequently effecting nursing program NCLEX-RN pass rates.

For each program in a given year, the National Council of State Boards of Nursing (NCSBN) publishes annual national, state, and individual school NCLEX-RN pass rates. The pass rates are calculated using the number of students who have taken the exam in the given year and the number of students who pass on their first try (NCSBN, 2013). The Commission on Collegiate Nursing Education (CCNE, 2014), the accrediting body for BSN programs, requires written explanation from accredited schools of nursing that fail to achieve an 80% or higher NCLEX-RN pass rate for first time test takers (CCNE, 2014). One example of the impact of NCLEX-RN pass rate changes was found in Pennsylvania where the state went from requiring nursing programs to achieve a 40% pass rate for accreditation to requiring an 80% pass rate in 2010 (Carrick, 2011). Carrick (2011) suggests there is an assumed relationship between student performance on the NCLEX-RN and program effectiveness and NCLEX-RN pass rates can be indicators of a program’s need for improvement and more favorable student outcomes.

Nursing program accountability. Nursing programs are held accountable for outcomes appropriate to prepare students to meet their role as new entry-level nurses (AACN, 2013) and continue to be challenged by an increase in the passing standard on the NCLEX-RN (Roa,
Programs that fail to meet the minimum NCLEX-RN pass rate percentage jeopardize program accreditation and survival (CCNE, 2014) while adding to the decrease in the number of nurses currently entering the healthcare system (Jurascheck, Zhang, Ranganathan, & Lin, 2012; Roa, Shipman, Hooten and Carter, 2010). Interestingly, the literature search revealed studies noting that high attrition rates in nursing programs are not unique to programs in the United States suggesting an issue that is global in nature (Newton, Kelly, Kremser, Jolly & Billet, 2008; Pryjmachuk, Easton & Littlewood; Boyd & McHendry, 2010).

Performance accountability in higher education has become a vital means for institutions to demonstrate educational effectiveness (American Council on Education (ACE), 2014). Central to its mission and purpose as an accrediting body the CCNE (2015) has affirmed holding nursing programs accountable to numerous stakeholders based on program goals and outcomes. Among key elements guiding the CCNE’s (2013) assessment of student achievement and demonstrating program effectiveness is an institution’s NCLEX-RN pass rate.

Current literature suggesting a relationship between NCLEX-RN pass rates and program effectiveness is abundant (Carr, 2011; Carrick, 2011; DeLima, London & Manieri, 2011; Geist & Catlette, 2014; March & Ambrose, 2010; Trofino, 2013). Literature questioning the use of first time test taker NCLEX-RN pass rates as indicators of program effectiveness was limited and the literature that does exist suggests numerous variables that affect pass rates; differing programs, number of students, statistical calculation, student challenges (Bernier, Helfert, Teich & Viterito, 2005; Fitzpatrick, 2004; Giddens, 2009; Taylor, Loftin & Reyes, 2014).

Taylor, Loftin and Reyes (2014) suggest several indicators of nursing program quality; graduation rates, stakeholder satisfaction, gender, ethnicity, and the school’s history of time between program completion and NCLEX-RN testing. Admission and progression policies have
been noted as one intervention strategy for faltering NCLEX-RN pass rates (Taylor, Loften & Reyes, 2014). Taylor, et al. (2014) suggest, however, that the use of NCLEX-RN pass rates as indicators of program quality needs re-evaluation. Oermann reports that 82% of faculty participants in the researcher’s study identified NCLEX-RN pass rates as being the most valuable end of program evaluator of student learning (as cited by Taylor et al., 2014).

Taylor et al., (2014) assert that there is a more complex relationship between student NCLEX-RN performance and program quality and suggest studies that examine NCLEX-RN performance and test-taker characteristics should be undertaken. The authors argue that using the NCLEX-RN as an indicator of program quality is an incomplete measure of a student’s knowledge, skills and ability (Taylor et al., 2014). The authors suggest that evidence is lacking in relation to what NCLEX-RN pass rates actually measure other than the students’ ability to take the test and assert that other contributing factors to NCLEX-RN performance need to be ruled out (Taylor, et al., 2014). Taylor, et al., (2014) highlight the importance of exploring student NCLEX-RN 2nd attempt performance and assert that teaching and curricula are contributing factors to students succeeding on their 2nd NCLEX-RN attempt. Despite the research around factors affecting student success on the NCLEX-RN, NCLEX-RN pass rates remain the major benchmark for assessing program effectiveness and can sometimes have lasting negative effects on all program stakeholders (Bernier, Helfert, Teich & Viterito, 2005).

In summary, meeting future nursing shortage demands in part will depend on graduate nursing students passing the NCLEX-RN. Nursing programs need to remain focused on meeting accreditation standards that include but are not limited to NCLEX-RN pass rates and demonstrate educational effectiveness to all program stakeholders. Although NCLEX-RN pass rates remain the gold standard for evaluating program effectiveness, studies suggest exploring
NCLEX-RN test taker 2nd attempt performance. Finding ways to help students increase the chance of passing the NCLEX-RN on their first attempt makes it essential to explore nursing faculty classroom experiences believed supportive of student NCLEX-RN success.

**Current Approaches to Teaching in the Nursing Classroom**

Literature demonstrating several reasons for exploring classroom experiences believed supportive of NCLEX-RN success includes; the push for more baccalaureate prepared nurses, declining NCLEX-RN pass rates, resulting negative effects of NCLEX-RN failures on students, families and other stakeholders. This literature strand will examine four commonly used approaches to teaching in the nursing classroom. A literature search around the lecture form of teaching uncovered an abundance of research recognizing the lecture as one of the most widely used methods of teaching.

**Lecture.** Despite current controversy surrounding the lecture as an effective teaching technique, there is little question among researchers that the lecture remains the most common approach to teaching in all areas of education including nursing (Gerkin, Taylor & Weatherby 2009; Russell, Comello & Wright, 2007; Chaudhury, 2011; Bligh, 2000; Bradshaw & Lowenstein, 2014). Discussing reasons why the lecture has remained the most commonly used teaching technique, Woodring and Woodring argue that it is the method by which most educators were taught and provides the teacher with the most classroom control (as cited in Bradshaw & Lowenstein, 2014, p.109). Friesen (2011) suggests that the lecture persists as a form of teaching because of its flexibility and adaptability in response to changes, including technological changes. Friesen (2011) asserts that for the lecture, text remains the authority yet is “complemented, augmented, and reconfigured” through changes in technologies (p.101). Friesen (2011) provides an historical analysis of the lecture to explain its survival as a teaching form.
Friesen (2011) suggests current scholars have branded the lecture style of teaching as outdated “chalk talk” used simply for information transmission (p.95). Even with more effective ways of achieving transmission of knowledge, the lecture remains widely in use today (Freisen, 2011). Friesen (2011) argues that the importance of the lecture is highlighted in its presence in many current technological forms such as Technology Entertainment Design (TED) talks and video and audio talks and lectures.

Friesen (2011) argues that similar to the lecture of eight hundred years ago, lecture today continues to be grounded in the knowledge and authority of written text and has survived due to its ability to adjust to change and remain flexible. Historical changes to the lecture have evolved to include stimulating the “spirit” which Friesen (2011) argues is emphasized in hermeneutic epistemology (p.98) that brings life to knowledge and thought expressed in the speech of the lecturer (p.98). Goffman describes the lecturer as having multiple senses: the textual self, the physical self, and the self as animator (as cited in Friesen, 2011, p.99). The self as animator is responsible for enacting a lecture that is responsive to current situations (Goffman in Friesen, 2011, p.99). This brings to mind Schon’s (1987) knowing-in-practice where practitioners reflect as a way to make sense of related experiences. Although the lecture has been used for well over 800 years as an approach to teaching, advantages and disadvantages of its use have been studied.

Russell, Comello and Wright (2007) identify numerous advantages to the use of lecture as a teaching form; providing information to large numbers of students, covering a large amount of material quickly, and cost effective use of class time. Russel, et al. (2007) recognize the value of the lecture as a way to introduce new material, continue discussion of a topic, and present complex content. The authors also point out the disadvantages of the lecture: early loss of student interest, less opportunity to process information, and less opportunity to develop problem
solving skills (Russell, et. al, 2007). Russell, et al. (2007) view the lecture form of teaching as an impediment to self-directed learning where students are passive learners who depend on faculty to teach them. Likewise, Bligh (2000) found that students spent 36.8% of their time during lecture inactively engaged in thinking about the subject, compared to only 20.3% inactively engaged in thinking during discussion periods.

Bligh (2000) argues that the lecture is as effective as other methods but warns the reader it is no more effective than other teaching methods (p.3). Bligh (2000) emphasizes that this fact should not justify the significance of the use of the lecture method for teaching. Bligh (2000) found little difference between acquiring information from lectures and other teaching methods except for use of the personalized system of instruction methods (PSI) which at minimum includes; early feedback on performance, individual support, and conditional progress (Bligh, 2000). According to Bligh (2000), one largely negative aspect of the lecture as a teaching form is that students are not required to learn to think. Like Bligh (2000), Billings and Halstead (2012) assert that learning through lecture is passive and presents little opportunity for involvement by students. If students are to learn they must be provided the environment to practice doing what they are learning; provide problems for problem solving, criticism to develop critical skills, and allow opportunities for analysis (Bligh, 2000). Learning to think requires more than the information delivered through lecture as learning to think is not about absorbing information (Bligh, 2000). Noting that lecture is neither good nor bad, Woodring and Woodring suggest it is not well suited for higher order thinking and has both advantages and disadvantages as a teaching form (as cited in Bradshaw & Lowenstein, 2014, p.112).

Woodring and Woodring suggest the current trend of “lecture bashing” has caused the lecture to lose its place as the “gold standard” in education, finding it labeled as an old fashioned,
forbidden pedagogy (as cited in Bradshaw & Lowenstein, 2014, p.109; Carnegie Mellon, 2015). The authors argue that lecture supports higher order thinking and reinforces professional role modeling, however 80% of lecture information is forgotten one day later, and 80% of the remainder is forgotten within one month (Woodring & Woodring as cited in Bradshaw & Lowenstein, 2014, p.111).

In summary, the lecture remains the most common approach to teaching. Its flexibility and adaptability integrate well with current technology use in the classroom setting. Historically, lectures have been grounded in text and used to bring life to knowledge. The lecture has the ability to be responsive to current situations where practitioners reflect to make sense of related experiences. Advantages to the use of lecture include cost effectiveness, and the ability to deliver a large amount of content to a large number of students. Disadvantages were highlighted as early loss of student interest, less opportunity to process information and develop problem solving skills, and students not being required to think. Exploring literature related to higher order thinking is crucial to identifying teaching methods that align with the NCLEX-RN style questioning and is explored in the following strand of literature.

**Bloom’s taxonomy questioning.** In 1956, Benjamin Bloom created a taxonomy as a means of classifying student actions on several knowledge levels; cognitive, affective, and psychomotor (Carnegie Mellon, 2015). Current literature related to the use of Bloom’s Taxonomy as a questioning strategy for student nurse learning as limited despite its use in NCLEX-RN test question development. The NCSBN identifies the use of items written at Bloom’s and Revised Bloom’s cognitive level of application and higher (NCSBN, 2015). In discussion of the Bloom’s Revised Taxonomy, Billings and Halstead (2012) assert that the cognitive domain of knowledge remains the lowest level of learning in where the learner
acquires and recalls facts, concepts and principles. Designing multiple choice questions to assess higher order thinking in nursing programs remains challenging for faculty (Clifton & Schriner, 2010). However, aligning questions with Bloom’s Taxonomy will help faculty assess nursing student higher order cognitive levels of analysis and synthesis and align with NCLEX-RN style questioning (Clifton & Schriner, 2010).

Questioning strategies have long been used in education to assess student learning and knowledge and enhance understanding of subject content (Tofade, Elsner & Haines, 2013). Lower order questioning strategies do not elicit the critical thinking that promotes learning, and may often times stifle student learning (Tofade, Elsner & Haines, 2013; Russell, Comello & Wright, 2007). Higher order thinking questions are more effective than lower-level questions in developing student critical thinking, decision-making, and problem solving, however faculty tend to ask more lower level questions (Russel, Comello & Wright, 2007; Tofade, Elsner & Haines, 2013). In their study on best practices for effective questions, Tofade, Elsner and Haines (2013) suggest that teachers most often ask questions that are lower-order and rely on recall instead of knowledge. The study conducted on 91 faculty members asking 3,407 questions found that 68.9% were developed as lower-level questions. Citing an earlier study, Tofade, Elsner and Haines (2013) assert that clinical faculty asked lower level questions 91.2% of the time. Of particular importance for nursing programs that tend to require a large number of science foundation courses was a study highlighting the fact that few college science courses teach or assess higher-order thinking skills.

Lemons and Lemons (2012) conducted a qualitative study on the conversation of nine biologists responsible for creating a 40 higher-order question exam for an intro to biology course. Development of higher-order questions were guided by Bloom’s Taxonomy that would
be used on personal response system, clicker, case studies. Lemons and Lemons (2012) acknowledge that Bloom’s has long been used in guiding science item writing because it provides the descriptive terminology for higher-order learning objectives. The authors suggest that despite the availability of item writing tools faculty continue to struggle with developing higher-order thinking questions (Lemons & Lemons, 2012).

One interesting theme emerging from the study was “it’s not just Bloom’s” (Lemons & Lemons, 2012, p.50) which discussed the biologist’s development of higher-order thinking questions that suggested biologists were referencing other ideas about higher-order thinking, other than Bloom’s, that guided their question development. Recognizing the need for higher-order questioning in science courses, Lemons and Lemons (2012) suggest faculty professional development for item writing and that students be provided numerous opportunities to practice higher-order questions. The NCSBN (2015) notes that Bloom’s Taxonomy is used in the development of NCLEX-RN exam questions.

Using Bloom’s Taxonomy for question development throughout the nursing program will assist faculty in assessing nursing student higher order thinking ability, provide enhancement of student learning for future nurse practice, and provide students with an understanding of NCLEX-RN style questioning to support exam success.

External standardized testing systems. A review of the literature around the use of external standardized testing systems to enhance nursing student learning uncovered several sources currently in use in nursing programs. This literature review will examine two commonly used testing programs; Health Education Systems Inc. (HESI) and Assessment Technologies Institute (ATI).
The HESI is designed to challenge student critical thinking using exams that provide students with questions similar to those asked on the NCLEX-RN (HESI, 2015). HESI standardized exams are more frequently used for pre-entry testing of nursing students, preparation and testing on subject content throughout the nursing program, and for comprehensive exit testing used as a predictor of NCLEX-RN success (HESI, 2015). HESI (2015) states the comprehensive exit exam is 99% predictive of NCLEX-RN success. Exploring the effectiveness of standardized testing on predicting student progression through the nursing program and on the NCLEX-RN will help nursing faculty to understand how best to integrate these standardized testing strategies in the classroom and throughout the nursing curriculum in order to positively affect NCLEX-RN outcomes. Several studies have explored the effectiveness of using HESI exams to predict student success throughout the nursing program and on the NCLEX-RN.

In a quantitative retrospective study exploring the usefulness of HESI exit exams in predicting NCLEX-RN success, Spurlock and Hunt (2008) questioned the reason for discrepancies in expected and observed outcomes on the NCLEX-RN. Utilizing a final sample size of 179 nursing students from a mid-western college of nursing, the researchers examined student HESI exam results and NCLEX-RN results to identify a correlation between student outcome performances between the two. The authors found that the HESI exit exam was not reliable as a sole predictor of NCLEX-RN outcomes; however, they found a strong correlation was found between the students’ first HESI exit score and NCLEX-RN passage (Spurlock & Hunt, 2008). Nursing schools often allow students to retest after their first attempt on the HESI exit in order to achieve a minimum score. This strategy was not empirically supported, suggesting a weak relationship between HESI exit scores and NCLEX-RN performance.
(Spurlock & Hunt 2008). Little evidence was provided to support the use of progression policies as being effective in augmenting NCLEX-RN pass rates, especially those policies that utilize HESI exit exams (Spurlock & Hunt, 2008). The researchers suggest that HESI exit exams waste student time during end-of-program learning as students become stressed over trying to pass the exam. Additionally, the researchers question the effectiveness of the use of high stakes standardized testing as a means of supporting program progression and enhancing student learning.

Similarly, Schooley and Kuhn (2013) examined the relationship between HESI test results, course grades, and NCLEX-RN outcomes. In a quantitative study conducted on 306 associate degree nursing students in a small mid-western university the researchers examined NCLEX-RN outcomes from 2007-2010 and HESI exams to assess student learning used throughout the program in the following courses; Fundamentals, Maternity, Pathophysiology, Medical-Surgical nursing, Pediatrics, Psychiatric mental-health nursing, and exit exams (Schooley & Kuhn, 2013). Several standardized tests emerged from the study as being significantly predictive of NCLEX-RN success on the first attempt. Fundamentals HESI exam was the most statistically significant predictor of NCLEX-RN success followed by the HESI exit exam and the HESI Maternity exam (Schooley & Kuhn, 2013). In regard to course grades, the researchers found that course grades of A, B, and C in Maternity, Pediatrics, Psych/mental health nursing, and Medical-Surgical nursing were most predictive of their corresponding specialty HESI test scores (Schooley & Kuhn, 2013). Interestingly, although Fundamentals was the most predictive of NCLEX-RN success, Fundamentals course grades were less predictive of HESI test scores (Schooley & Kuhn, 2013). This study highlighted the importance of identifying factors
that help programs target problem areas and influence NCLEX-RN success (Schooley & Kuhn, 2013) through the use of standardized testing.

Another standardized testing system in use in nursing programs is the Assessment Technologies Institute (ATI) testing system. Similar to HESI this external standardized testing system provides a comprehensive assessment and review program (CARP) that utilizes content that supports and enhances student learning and provides exams that evaluate student performance throughout the nursing program (ATI, 2015). The literature search uncovered studies available from ATI regarding the use of ATI standardized testing throughout the nursing program; however other literature on ATI was limited.

One retrospective quantitative study was conducted on predictors of NCLEX-RN success and examined the use of ATI standardized testing pre-program and in-program and their relationship to NCLEX-RN success (McCarthy, Harris & Tracz, 2014). The researchers found a significant correlation between ATI standardized test performance on Fundamentals, Medical Surgical, Nursing Care of Children, Mental Health and Maternal Newborn. The measurement of nursing aptitude using ATI testing throughout the nursing program was found to be helpful in predicting NCLEX-RN success on first attempt (McCarthy, Harris and Tracz, 2014). Similarly, Ukpabi (2008), aiming to identify predictors of NCLEX-RN success, also found ATI in-program test scores in Fundamentals and Psych-Mental Health, among scores on other subject content, highly correlated with NCLEX-RN success.

Similar findings in regard to predicting NCLEX-RN success on the student’s first attempt were found in a study conducted by Yeom (2013) investigating effective predictors among ATI standardized tests of NCLEX-RN performance of first time test takers. This quantitative study examined 118 students who passed the NCLEX-RN and 33 students who failed the NCLEX-RN.
The study found that participants who were successful on the NCLEX-RN had higher mean scores on all standardized tests they completed, than those who failed the NCLEX-RN (Yeom, 2013).

Interestingly, individual adjusted scores on the Fundamentals and Maternity Child standardized tests in Yeom’s (2013) study indicated that there were no significant differences in performance on these exams between participants that passed the NCLEX-RN and those that failed (Yeom, 2013). Participants receiving higher scores on the ATI standardized tests were more likely to succeed on the NCLEX-RN on their first attempt (Yeom, 2013). The researcher warns, however that although there is a recognized correlation between ATI standardized scores and NCLEX-RN outcomes, this does not mean that these tests can predict NCLEX-RN outcomes (Yeom, 2013). For Yeom’s (2013) study, adult Medical-Surgical, Pharmacology, and Community Health ATI standardized tests were powerfully effective in predicting NCLEX-RN success. Yeom (2013) suggests that for Medical-Surgical and Pharmacology, this may be due to the large amount of NCLEX-RN questions around these subjects. Yeom (2013) notes that the ATI standardized tests were not accurate in predicting failures which the researcher found in previous studies. Yeom (2013) acknowledges that there are different variables that could affect NCLEX-RN outcomes and suggests that using standardized tests as predictors could help identify students at risk prior to taking the ATI comprehensive exit exam.

Use of external standardized testing systems such as HESI and ATI aim to enhance student learning, challenge critical thinking and prepare students for the NCLEX-RN. Their use and value as predictors of NCLEX-RN success have been the focus of numerous studies with varying results related to their predictive ability and ability to identify the content standardized tests most highly correlated with NCLEX-RN success. Although standardized testing is found in
the literature to be effective in predicting NCLEX-RN success, researchers warn that there are numerous variables that may affect NCLEX-RN performance. This makes exploring nursing faculty classroom experiences they believe supportive of NCLEX-RN success particularly valuable, as it will assist faculty in understanding which standardized testing strategies are most effective in optimizing student performance. Nursing faculty may also benefit from exploring and understanding the effects of problem-based learning on student performance.

**Problem-based learning.** A current search for the use of problem-based learning (PBL) in nursing education returned an abundant amount of literature discussing PBL in nursing classroom and clinical teaching. Badeau (2010) acknowledges that PBL was created as an interdisciplinary curriculum that introduced “real-life” problems into medical education (p.244). Badeau (2010) notes that PBL uses self-directed learning within small faculty facilitated groups. Students are given real-life scenarios and through group collaboration guided by faculty they work to identify their current knowledge related to the issue and any existing gaps in knowledge as they work toward problem resolution (Badeau, 2010).

Shin and Kim (2013) assert that PBL is a widely effective method of teaching nursing students and aims to enhance theory application, problem solving skills, and application in practice. The authors assert that PBL involves learners identifying and applying knowledge through active participation and use of problem solving and critical thinking, all skills essential to nursing practice (Shin & Kim, 2013). Because students have been found to be disinterested in the PBL learning format, nursing programs significantly use more traditional instructor-led lectures, assignments and learning objectives (Shin & Kim, 2013) despite studies indicating the effectiveness of PBL (Zhang, 2014). Zhang (2014) argues that the PBL method of content delivery in comparison to lecture based learning is much richer. This point is echoed in a
systematic review and meta-analysis of randomized controlled trials comparing PBL with traditional lectures on developing nursing students’ critical thinking skills and abilities conducted by Kong, Qin, Zhou, Mou, & Gao, 2012, p.458). The analysis of these 8 studies supported the finding that PBL was a superior form of teaching over traditional lectures in regard to fostering critical thinking (Kong, et al., 2012).

Zhang (2014) studied the effectiveness of PBL versus traditional didactic methods on senior student test performance in a BSN program. Zhang (2014) asserts that using PBL in student-centered nursing education requires a combination of old and innovative teaching methods. Zhang (2014) warns that PBL may not be suitable for all content and that lecture, seminar, and case studies might still be better methods for teaching more difficult subjects (Zhang, 2014). Findings from this study were inconclusive regarding PBL benefits related to student test performance, and Zhang (2014) points out that effectiveness of PBL has yet to be reported in the literature. An interesting finding in the study was the positive relationship between PBL and medical licensing performance (Zhang, 2014) which is supportive evidence for the use of PBL in nursing education where nursing students are required to pass the NCLEX-RN.

Problem-based learning has been suggested in the literature as an effective teaching form for nursing education. Self-directed learning using real-life case scenarios has been used to enhance theory application, problem solving skills, and application of knowledge in practice. Researchers have found PBL to be a richer form of content delivery, however have also identified student disinterest in using this form of learning and limited studies identifying its effectiveness. Exploring nursing faculty classroom teaching experiences supportive of NCLEX-RN success will add to the literature related to its effectiveness as a teaching form. Looking at
the case-study method of learning will provide additional information for nursing faculty reflecting on classroom instructional practices.

Case-study method. Carnegie Mellon (2015) describes the case-study method of teaching and learning as stories that present students with real-life scenarios that require the student and instructor to work through to resolve (Carnegie Mellon, 2015). Barkley, Cross, and Howell-Major (2005) suggest that case-study methods are used to bridge the gap between theory and practice. The noted difference between PBL and case-based learning (CBL) is that PBL is an open inquiry approach to learning that is not guided by a facilitator (Srinivasan, Wilkes, Sevenson, Nguyen & Slavin, 2010). CBL is a teaching and learning method where students and facilitators share responsibilities related to resolving a problem (Srinivasan, Wilkes, Sevenson, Nguyen & Slavin, 2010).

Case-based learning (CBL) is closely related to PBL as an approach to teaching and learning. Williams (2005) notes a main difference between PBL and CBL is that PBL is andragogical in that it is used for the adult teaching/learning experiences (Williams, 2005). CBL provides an opportunity for students to experience a team approach to learning (Williams, 2005). Benefits derived from CBL include but are not limited to; collaborative experience, hypothesis generation, self-evaluation and reflection, and integration of knowledge and practice (Williams, 2005). Williams (2005) posits that PBL requires no prior experience or understanding of the subject matter which is contrary to studies suggesting that PBL requires students assess their current knowledge related to the issue (Badeau, 2010; Shin & Kim, 2013).

Recognizing CBL as a form of PBL, Forsgren, Christensen and Hedemalm (2013) suggest that it closes the gap between classroom learning and clinical practice by promoting learning that fosters autonomy, critical thinking and self-directed learning. It provides an
environment that promotes opportunities for problem solving and prioritization of care while enhancing student independence and knowledge seeking skills (Forsgren, Christensen & Hedemalm, 2013). Case-study learning requires that students reflect on real-life problems and through use of higher-order thinking generate solutions, a process that enhances critical thinking and student understanding (Forsgren, et al., 2013). Forsgren et al. (2013) conducted a qualitative study that looked at 103 course evaluations from 2 courses where nursing students from a University in Sweden worked on case studies first individually, then in small groups, then in a cluster of small groups in a class setting with a facilitator. Students were assigned a real-life context case to be resolved that required the students to; deepen their knowledge around the case issue, meet with group members, discuss, brainstorm and critically reflect (Forsgren, et al., 2013). Two main themes emerged from analysis; the experience of case content and the experience of case seminars where students worked in the classroom with a facilitator (Forsgren, et al., 2013). The experience of case content resulted in seemingly positive responses from students about case-study learning as students shared that; it was educational, combined theory with practice, they gained experience of future nursing role, they learned to think and act as a nurse instead of a student, and were provided an opportunity to test knowledge (Forsgren, et al., 2013, p.158).

Although student responses to the case seminar analysis in this study elicited seemingly positive response around increased knowledge, other responses seemed less positive about other experiences related to the case seminar; too long, disorganized and unstructured, little sharing opportunities, increased feelings of insecurity, instructor led rather than open discussion, some medical diagnoses better suited to case-study than others (Forsgren, et al., 2013, p.158). The authors concluded that both individual and group case-study methods were beneficial to student
learning (Forsgren, et al., 2013). In depth learning provided students with a richer knowledge that stimulated their own thinking and reflection and provided opportunities for communication, debate and teamwork (Forsgren, et al., 2013). Through use of case base learning, students found that theoretical knowledge became more realistic, and using reflection stimulated the learning process providing them with opportunities to apply clinical skills (Forsgren, et al., 2013). Nursing faculty should be aware of how well knowledge gained from CBL experiences is transferred and applied in the hospital setting.

Sprang (2010) conducted a review of the literature related to the use of case-study as effective teaching and learning method with the aim of incorporating case-study methods into hospital-based education. Sprang (2010), notes that case studies provide the learner with scenarios that are comparable to clinical practice. Although Sprang (2010) found little evidence that supports the use of CBL for staff development, benefits supporting the use of case-study as a teaching method were reported; teachers are able to influence student thought and behavior, tools are provided for critical and reflective thinking, decision-making and problem solving, and understanding of the disease process (Sprang, 2010). Case base learning affords the student the opportunity for student-centered learning and enhances student-student and student-faculty collaboration (Sprang, 2010).

As a form of PBL, CBL provides the learner an opportunity to use collaborative decision-making and problem solving for integrating knowledge into practice. Using higher-order thinking to generate solutions through case-study learning, students have voiced experiencing being able to think and act like a nurse with the opportunity to test their knowledge. Case based learning has been identified in the literature as a method that bridges the gap between theory and practice, and classroom and clinical. Understanding the effectiveness of this teaching method on
student success in the nursing classroom will provide valuable knowledge for nursing faculty in relation to its influence on NCLEX-RN performance. Looking at emerging technology trends in the nursing classroom will also provide valuable information for nursing faculty seeking to effect student success.

**Technology, Social Media, and the Millennial Learner**

Faculty need to be mindful of the impact of the student’s intellectual, social and emotional dimensions on their ability to learn (Carnegie Mellon, 2015). Although there are numerous types of learners, this strand of literature will only explore the more recently identified millennial learner and the impact of their need for technologies and social media on teaching and learning. Literature related to Blackboard Learn, PowerPoints, and Smart Board use in the classroom was abundant and will be minimally explored in this literature review. A search around the use of technology in nursing education uncovered a moderate amount of literature related to simulation. Simulation technology is more suited to delivery in a clinical skills lab setting and will not be examined for this literature review as the focus will remain on current classroom technology and the millennial learner.

Although there is still debate around the boundaries for identifying the millennial learner, Novotny (2010) contends it is the student born between 1984-2004. Previous research has considered millennial learners as the next greatest generation where emphasis is on self-esteem, optimism and civic duty (Novotney, 2010). Bauerlein in Novotney (2010) notes however, that the millennial learner will be the most illiterate generation as a result of the use of search engines and texting. Mangold (2007) suggests that the generational differences between millennial learners and baby boomer faculty influence teaching and learning.
Recognizing the influence of the faculty-student relationship on successful academic outcomes, Mangold (2007) explored the impact of generational differences on the faculty-student relationship of baby boomer faculty and millennial student learners. The generational gap between faculty and students presents an issue of differing values, beliefs, attitudes, behaviors and perceptions (Mangold, 2007). Generational differences regarding technology find millennial learners more reliant on technology and more tech savvy than baby boomer faculty (Mangold, 2007). According to Mangold (2007) millennial learners prefer doing, are adept at multitasking, and prefer an environment enhanced by multiple forms of media. Mangold (2007) warns that the ability of millennial learners to assimilate technology surpasses the ability of faculty to engage the learner with technology enhanced education.

A recent study uncovered in the literature examined a new method of engaging millennial learners. Hunter-Revell and McCurry (2010) examined the effectiveness of personal response system (PRS) technology with nursing students in both small and large classroom settings. The finding that millennial learners’ preference for classrooms that use technology and provide peer interaction and individual feedback should motivate nursing faculty to explore using technologies that will stimulate this style of learner (Hunter-Revell & McCurry, 2010). Using PRS technology in the nursing classroom was found to improve learning outcomes while fostering critical thinking (Hunter-Revell et al., 2010), an essential skill required for NCLEX-RN success (NCSBN, 2013; Barbour, 2007; CCNE, 2014). Hunter-Revell et al (2010) suggest that use of PRS resulted in increased student engagement in both small and large classroom settings, enhanced understanding of lecture material and NCLEX-RN style questions. Faculty reported an increase in student participation and student ability to identify concepts that could then be reinforced during lecture (Hunter-Revell et al., 2010). Engaging students in the classroom has
become more challenging for faculty now facing an increase in student use of social media such as Facebook and Twitter (Booth, 2014).

In an interesting social media qualitative study exploring how nursing students describe elements of their nursing education using Twitter, Booth (2010) examined 189 Tweets about nursing courses, classes, and clinical. An interesting point highlighted in this study was that the use of social media by nursing students is a non-controllable activity that muddies the water between public and private information and the personal and professional self (Booth, 2010). Booth (2010) suggests that nursing faculty should become more aware of how students utilize social media in order to assist in developing better learning and networking opportunities for students.

Negative tweets emerging from this study in relation to nursing education included; too much work, difficult assignments, general frustration and stress related to testing. More positive tweets were reported as; happiness related to success in testing and course completion, clinical placement, and classroom and lab events (Booth, 2010). The study also uncovered the use of vulgarity and humor in numerous tweets regarding class work, classmates and faculty (Booth, 2010). Tweets were also found to be used for information seeking and information clarification as well as for making comments, however more commonly for discussing important events around the students’ nursing education (Booth, 2010). Interestingly students did not use the Twitter platform to discuss patients or consumers in the tweets reviewed for this study (Booth, 2010). Booth (2010) concludes that the use of Twitter was found to be used mostly as a supplemental communication method and suggests faculty become more familiar with its use in order to guide students on integrating new technology communication tools safely into practice (Booth, 2010).
In summary, current approaches to teaching were explored in this literature review which included the use of lecture, Bloom’s Taxonomy questioning strategies, external testing systems, PBL, CBL, and technology and social media use by the millennial learner. Despite emerging new technologies such as TED talks, the lecture remains one of the main forms of teaching evolving from a purely text reading method to an integration of other teaching methods and technologies. Exploring current approaches to teaching and learning assists nurse educators to identify supportive instructional classroom practices, as well as areas in need of improvement or change. Effecting student success will require that faculty additionally explore teaching effectiveness and ways of measuring teaching effectiveness.

**Teaching Effectiveness and Measuring Teaching Effectiveness**

Teaching effectiveness encompasses many characteristics; teacher performance, knowledge and skills, and influential and other behaviors (Calaguas, 2012; Gardner, 2014). Gardner (2014) argues that effective teaching in any discipline encompasses knowledge of the discipline, teaching and pedagogic skills, personal characteristics and relationships with students. A literature search around measures of teaching effectiveness in education was abundant; however a search for teaching effectiveness in nursing education returned limited results with many studies that were outdated and many that focused primarily on measuring effectiveness of clinical teaching, curricula, and online teaching.

Berk (2005) critically reviewed multiple tools and sources for measuring teaching effectiveness. Of particular interest were findings related to the potential sources of evidence of teaching effectiveness around student ratings, self-evaluation, and learning outcome measures due to their relationship to classroom practices. Over the last 30 years student evaluations have been the main measure of teaching effectiveness (Berk, 2005). Berk (2005) suggests that this
has seen changes toward including other sources of data to provide deeper evidence of teaching quality; however student ratings of faculty remain the primary measure. Student ratings are necessary measures of teaching effectiveness for formative and summative academic decision-making, however Berk (2005) argues that alone they are not a sufficient measure and that other sources of measuring should be utilized.

Self-evaluation was identified as another source of measuring teaching effectiveness which Berk (2005) calls the “brag sheet” (p.51). Similar to student evaluations the self-evaluation is valuable when used in conjunction with other measures of teaching effectiveness (Berk, 2005). Berk (2005) posits that learning outcome measures infer teaching effectiveness based on student performance. One could find this similar to the NCLEX-RN pass rates that infer teaching and program effectiveness. Berk (2005) highlights the point that it is difficult to identify a single reason for student learning and many other variables can affect student outcomes. Berk (2005) warns that learning outcomes for measuring teaching effectiveness should be used prudently. Suggesting the use of multiple measures be used to evaluate teaching effectiveness, Berk (2005) recognizes the challenges of selecting the best methods.

One method used to explore teaching effectiveness was used by Gardner (2014) who conducted a phenomenological study investigating lived experiences of nurse educators nominated as effective teachers by peers and also explored characteristics, traits, practices and experiences that influenced their development and competence. The eight participants were selected based on criteria that included being recognized by peers as effective teachers (Gardner, 2014). Themes emerging from the study encompassed; becoming a nurse educator, finding support, developing teaching style, gaining confidence and competence, teaching and learning as a partnership, being part of a bigger picture, best and worst experiences, and looking toward the
future (Gardner, 2014). Findings around effective mentoring highlighted the importance of colleague support that allowed new faculty to communicate with faculty mentors without judgment (Gardner, 2014). Participants identified reflecting on how they learned and being able to observe experienced instructors as beneficial to their effectiveness as teachers (Gardner, 2014).

The three most common expectations for effective teachers emerging from the study were personality and personal attributes, intellectual ability and knowledge, and teaching methods and activities (Gardner, 2014). This study was limited in the number of participants, however provided a basis for understanding the characteristics associated with effective teaching.

Literature was abundant with studies debating the issue of measuring teaching effectiveness. In another study looking at measures of teaching effectiveness, Kantar (2013) used a mixed methods study to analyze curriculum documents of three baccalaureate nursing programs in Lebanon to describe the possible impact instruction and assessment have on thinking skills in nursing education. Using content analysis, Kantar (2013) collected data on assessments and instruction and categorized them into student-centered and teacher-centered data. Kantar (2013) posits that there is startling evidence illustrating incompatibility between assessment practices in nursing education and what nurses actually experience in the workplace. This is despite assessments being accepted as indicators of certain program effectiveness. Additionally, Kantar (2013) asserts that teaching to the test impedes teaching and learning and hinders higher order thinking skills.

Noting that faculty rely on teaching subject content and assessing knowledge, Kantar (2013) suggests that instead, current education would benefit from integration of higher-order thinking skills throughout the nursing program. The author claims that literature currently
focuses on teaching methods and accountability-driven assessments rather than focusing on student thinking skills. Content, instruction, and assessment are highlighted as the three supporting components of curriculum, however Kantar (2013) notes that instruction and assessment are highly affected by faculty beliefs. The use of tests emerged in this study as assessment forms most frequently used to assess student learning.

Kantar (2013) asserts that although other learner-centered assessments were used they were not given as much weight as test assessments. Kantar (2013) suggests that this is due to the educator’s knowledge deficit in nurturing higher order thinking skills, beliefs regarding content diffusion, best grading practices, and varying methods of teaching and learning (p.792). Assessment strategies using reflective practice and simulation were found to be lacking in clinical courses in this study and assessments were mostly teacher-led and test-driven (Kantar, 2013). Assessments for accredited nursing programs are guided by accrediting bodies and emphasize several different forms of teaching effectiveness evaluation.

Emerging from the literature and specific to nursing faculty and nursing program assessment is the use of CCNE (2014) accreditation expectation standards and the use of student evaluations to gauge teacher effectiveness. CCNE (2014) emphasizes its role in accrediting nursing programs using standards to assess program compliance. The CCNE (2014) requires institutions to conduct a self-study that highlights program quality and effectiveness and provides evidence of meeting accreditation standards. The most current CCNE (2014) program quality standard for curriculum and teaching-learning practice emphasizes several basic expectations; teaching-learning environments must support achievement of student outcomes identified in course objectives, student performance must be consistent with student outcomes, clinical practices must be provided, and curriculum and teaching-learning practices should be appropriate
to the student population. The CCNE (2014) lists student evaluations of the course, the faculty, and the clinical sites as supporting documentation for meeting the program quality standard for assessment of curriculum and teaching-learning practices.

In summary, the literature search around teaching effectiveness uncovered various characteristics that include but are not limited to knowledge, skills and personal characteristics. Emerging from the literature review was the importance of colleague support in the process of learning how to teach and the never ending debate on measures of teacher effectiveness. For nursing, teaching effectiveness measures are guided by accreditation expectation standards that include student evaluations of the course, the faculty and clinical sites. Understanding that teaching effectiveness measures for faculty and nursing programs are guided by CCNE accreditation standards, faculty need to remain focused on developing successful classroom teaching methods that meet accrediting expectations.

**Summary of Literature Review**

The researcher reviewed and analyzed literature that provided a foundational understanding of the importance of exploring nursing faculty sense-making and reflective practice related to classroom experiences they believe supportive of NCLEX-RN success. Evidence was presented in this literature review around the impact of NCLEX-RN failure on the nursing shortage as well as its impact on all nursing program stakeholders. The literature reviewed nursing program accountability in relation to nursing faculty responsibilities and challenges to meeting NCLEX-RN pass rate accreditation standards. Considering the focus on instructional classroom practices for this study, literature related to current approaches to teaching in the nursing classroom were explored around; lecture, Bloom’s Taxonomy
questioning strategy, external standardized testing systems, problem-based learning, case-study learning, and millennial learners using technology and social media.

Faculty reflection in and on practices inclusive of but not limited to these teaching methods will help identify areas of concern for the delivery of subject content. Literature was reviewed to provide an understanding of teaching effectiveness in nursing education and measures used to evaluate teaching effectiveness. Current literature continues to debate successful ways of evaluating teaching effectiveness, however nursing programs need to remain focused on meeting educational effectiveness guided by accreditation standards. Examining the literature around these issues was found to be relevant to the problem of practice and supports the need for exploring sense-making of classroom experiences nursing faculty believe supportive of NCLEX-RN success. The following chapter will discuss the methodology utilized for this study.
Chapter Three: Methodology

The goal of this research was to investigate nursing faculty classroom experiences they believe supportive of NCLEX-RN success. The research focus was supported by a comprehensive review of the literature that indicated a need to investigate this problem of practice. A qualitative methodology was chosen to provide the flexibility necessary for exploring experiences and perceptions of nursing faculty related to classroom experiences.

The purpose of this chapter is to provide an overview of the general research approach and will include details regarding the research methodology, research paradigm, research tradition, participants, data collection, storage, and analysis process. The chapter will also provide discussions on ethical considerations, trustworthiness, and protection of human subjects. Study limitations are highlighted and a summary of the methodology section is provided at the end of the chapter. The researcher applied the following overarching research question for the study:

1. How do nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success?

Research Methodology

A qualitative approach provides the opportunity for researchers to explore and make sense of phenomena through those experiencing the problem (Creswell, 2013). Qualitative research is a powerful way for people to share experiences without the constraint that comes with structured writing (Creswell, 2013, p.48). For this study, a qualitative approach provided an opportunity for nursing faculty to attach meaning to instructional classroom practices they find influential of NCLEX-RN success. Creswell (2013) discusses the presence of interpretation in all qualitative research and points out that interpretation is informed by personal experiences,
history, culture and background, thereby shaping one’s view and description of an experience (Creswell, 2013). Creswell (2013) reminds the reader that participants, researchers, and readers each approach a study with their own interpretation, which for the researcher results in conclusions that may continually change. Aiming to understand the lived experiences of others falls within the interpretivist/constructivist paradigm.

**Research Paradigm**

The interpretivist/constructivist paradigm in qualitative research aims to understand the lived experiences of people through their own constructed realities which are studied holistically and within context (Tuli, 2010; Lauckner, Paterson & Krupa, 2012). The Robert Wood Johnson Foundation (2008a) asserts that an individual’s constructed meaning of their lived experience is developed in a social and experiential context. Within the interpretivist/constructivist paradigm, researchers utilize an inductive approach to the study, working from the “bottom-up” to develop patterns, theories and generalizations derived from the views of participants (Creswell, 2007, p. 38). Fitting within the interpretivist/constructivist paradigm is the research tradition of interpretative phenomenological analysis (IPA), an approach aimed at understanding lived experiences.

**Research Tradition**

Smith, Flowers and Larkin (2009/2012) describe IPA as the philosophical study of experience that provides a way for thinking about and gaining an understanding of the lived human experience. Utilizing IPA for this study allowed the researcher to explore, analyze, and interpret nursing faculty experiences obtained through their reflection and description of occurrences in the natural setting of the classroom. IPA was first suggested by Jonathan Smith
in 1996 as a research approach that would provide a way to accurately express lived experiences in the field of psychology (Smith, Flowers & Larkin, 2009/2012).

Although the use of IPA has its roots in psychology, it is used as a research method in other disciplines as well, with the aim of exploring, “…people engaging with the world” (Smith et al., 2009/2012, p.5). Smith and Osborn (2007) assert that a main focus of IPA is the detailed personal perception of participants. IPA is an exploratory research method unconcerned with hypothesis testing and instead focuses on exploring and gaining an understanding of how individuals make sense of their “world” (Smith & Osborn, 2007, p. 55). Larkin, Watts and Clifton (2006) highlight the importance of recognizing and understanding IPA as an approach that requires emphasis on both descriptive and interpretive analysis. IPA aims to examine the lived experiences of individuals, and analysis results in the researcher making sense of participant’s making sense of their lived experience (Smith, et al., 2009/2012).

Moustakas (1994) asserts that the description of an experience occurs through the researcher’s reflective interpretation and analysis of the interview and should include any “…underlying conditions…” that may account for the experience (p.10). According to Smith et al. (2009/2012), the primary value of phenomenology is the abundant source of ideas it provides for studying and coming to understand the lived experiences of others.

Considering that IPA is dedicated to exploring people making sense of and reflecting on significant experiences (Smith et al., 2009/2012), it is an appropriate research tradition to use for studying nursing faculty sense-making in the classroom environment. Key concepts of IPA have been attributed to three particular areas of the philosophy of knowledge; phenomenology, hermeneutics and idiography (Smith et al., 2009/2012). These three theoretical underpinnings of IPA provide a sound explanation for why IPA is appropriate for this study.
Phenomenology. The literal definition of phenomenology is described by The Stanford Encyclopedia of Philosophy (2013) as the study of phenomena or things, or ways we experience things, and resulting in the meanings things have in our experience (para 3). As noted previously, phenomenology is a philosophical approach to studying the human experience and aims to “…capture particular experiences as experienced by particular people…” (Smith et al., 2009/2012, p.16). Phenomenological studies focus on the conscious experience from the first person point of view of the participants (Stanford Encyclopedia of Philosophy, 2013, para 3).

Edmund Husserl (1859-1938) is considered the principal founder of phenomenology (Stanford Encyclopedia of Philosophy, 2013) and was the first to argue that phenomenology should focus on examining the human experience, “…in the way that it occurs, and in its own terms” (Smith, Flowers & Larkin, 2009/2012, p.12). Mottern (2013) notes that Husserl’s phenomenology is descriptive, and suggests it is concerned with the knowledge of truth based in human experience. Smith et al. (2009/2012) point out that Husserl was a philosopher and therefore was more focused on his own behaviors in the phenomenological inquiry of his own personal experiences rather than the psychological focus on analysis of the experience. Husserl argued that being phenomenological required one to disengage from an activity and consciously reflect on the experience (Smith et al., 2009/2012).

Heidegger (1889-1976), a student of Husserl, took a more psychological approach to phenomenology, focusing on perception, awareness, and consciousness (Smith et al., 2009/2012). Heidegger was concerned with the essence of “being” as well as how people make meaning of their “world” (Smith et al., 2009/2012, p. 17). According to Larkin et al. (2009/2012), Heidegger argues that individuals are always in an engaged relationship with the world, a concept Heidegger terms intersubjectivity (Smith et al., 2009/2012). Remaining
focused on the concept of “being”, Heidegger asserts that phenomenology is hermeneutic in that it aims for interpretation of “being” (Stanford Encyclopedia of Philosophy, 2011). For this study, nursing faculty will be phenomenological as they reflect on, assign meaning to, and interpret their instructional experiences in the classroom. Interpretation in IPA is defined in the theoretical orientation of hermeneutics.

Hermeneutics. Smith et al. (2009/2012) define hermeneutics as the theory of interpretation. Stanford Encyclopedia of Philosophy (2005) notes that *hermeneutics* is the Latin version of the Greek word *hermeneutice*, meaning the knowledge of what has been said (para 3). Hermeneutics is described as having emerged during the Middle Ages as a means of interpreting the bible (Stanford Encyclopedia of Philosophy, 2005). Smith et al. (2009/2012) highlight Heidegger’s assertion that access to one’s lived experiences and engagement with the world always occurs through interpretation. For Heidegger, hermeneutics, or interpretation, will always involve preconceptions, assumptions, and prior experiences of the interpreter while having the potential to impede interpretation (Smith et al., 2009/2012). Husserl addressed this potential threat to interpretation with the development of the method of *epoche*, or the bracketing of existing assumptions (Stanford Encyclopedia of Philosophy, 2005). Husserl provided two versions of the *epoche*, the universal *epoche* concerned with bracketing all assumptions, and the local *epoche* where the researcher brackets only particular assumptions (Stanford Encyclopedia of Philosophy, 2005). Banister et al. (2011) note that the bracketing off, or the positionality of one’s assumptions in IPA, is not without criticism, however the authors highlight the importance of researchers needing to be clear about their position within the research as a way of identifying and acknowledging any possible influences on their research. Acknowledging one’s
Positionality highlights the closeness the researcher has to the subject matter, which can be explained by the concept of double hermeneutics.

Giddens (1993) asserts the existence of a double hermeneutic in the social sciences and social theory noting elements that are both logical and an empirical and suggests that all social science is hermeneutic since it logically involves being able to describe what one is doing in a given context (p. 13). The author argues that in addition to being able to describe what others are doing, the researcher has a fundamental, inseparable relationship to the subject matter which Pringle, Drummond, McLafferty, and Hendry (2011) suggest finds the researcher attempting interpretation of the participant’s sense-making of the experience. Pietkiewicz and Smith (2012) likewise describe the double hermeneutic as a “dual interpretation process” where researchers attempt to make sense of participant sense-making (p. 8). Despite the step by step interpretation process required for IPA research, Smith et al. (2009/2012) note that IPA employs a non-linear style of thinking referred to as the hermeneutic circle, which is grounded in a systems perspective of the relationship between the whole and the part.

In IPA, identification of differing relationships and interpretations emerge from an iterative analysis process (Smith et al., 2009/2012). Pietkiewicz and Smith (2012) suggest each case be explored and analyzed, focusing on specifics before determining any general interpretations, and refer to this approach as idiography.

Idiography. Idiography refers to the commitment to the “particular” in research studies (Smith et al., 2009/2012). IPA results in generalizations through commitment to the particular in two ways; use of detail, and by understanding particular phenomena from particular participants in a particular context (Smith et al., 2009/2012, p. 28). Smith and Osborn (2007) assert that the idiographic approach to inquiry utilized in IPA studies aims to provide a detailed analysis of the
individual participant’s experience rather than to generalize findings. Contrary to the belief that IPA study findings are not generalizable, Pringle et al. (2011) assert that commonalities that may emerge across IPA participant experiences might possibly lead to insights that are useful on a broader scale.

An IPA approach to this study provided an opportunity for the researcher to explore, analyze, and interpret findings related to how nursing faculty make sense of classroom experiences they believe supportive of NCLEX-RN success. It is an appropriate approach to this study as it guided the researcher in exploring how nursing faculty engage with their world of teaching and learning in the classroom. Using an IPA approach required the researcher to develop open-ended, semi-structured interview questions, which fostered engagement with participants (Smith et al., 2009/2012), and allowed detailed, personal perceptions to emerge from the interview process. Through reflective interpretation of participant experiences this study provides a deeper, richer understanding of the problem of practice from the perspective of nursing faculty.

Participants

This study was conducted within the Division of Nursing, at a small, private, suburban New York college. Participants for this study were required to meet the criteria of being full-time Masters or Doctoral prepared nursing faculty working within the Division of Nursing at the college under study, and with at least 5-10 years of nursing education experience. Smith et al. (2009/2012) suggest there is no correct number of participants in the sample size for IPA and assert that as IPA studies are becoming more published, smaller sample sizes are being utilized, allowing for more detailed description and interpretation of experiences. Although the authors suggest a sample size of 3-6 participants, this study utilized a sample size of 8 participants, listed
below in table 1. All participants were female nursing faculty as there were no male nursing faculty who met the inclusion criteria. All eight participants for this study were over the age of 18, and possessed a wide-range of teaching experience. Participants were assigned a pseudonym for use throughout the study.

*Table 1: Participant Information*

<table>
<thead>
<tr>
<th>Participants</th>
<th>Recruited from Research Site using Purposive Sampling</th>
<th>Full-time Masters or Doctoral Prepared Nursing Faculty</th>
<th>Numbers of Years Teaching</th>
<th>Participant over the Age of 18</th>
<th>Participant Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara</td>
<td>Yes</td>
<td>FT/Masters</td>
<td>Over 30 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Deena</td>
<td>Yes</td>
<td>FT/Masters</td>
<td>Over 30 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>Yes</td>
<td>FT/Doctoral</td>
<td>Over 20 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Heather</td>
<td>Yes</td>
<td>FT/Doctoral</td>
<td>9 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Jackie</td>
<td>Yes</td>
<td>FT/Masters</td>
<td>7 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Lisa</td>
<td>Yes</td>
<td>FT/Masters</td>
<td>Over 15 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Marjorie</td>
<td>Yes</td>
<td>FT/Doctoral</td>
<td>37 years</td>
<td>Yes</td>
<td>Female</td>
</tr>
<tr>
<td>Sophia</td>
<td>Yes</td>
<td>FT/Doctoral</td>
<td>10 ½ years</td>
<td>Yes</td>
<td>Female</td>
</tr>
</tbody>
</table>

*Recruitment*

Purposive sampling was used to select a homogenous sample of nursing faculty who might best help answer the research question. Although nursing faculty were readily accessible to the researcher, the researcher followed the research site protocol for approval of access to faculty. Nursing faculty will be provided a $10 gift card as a thank you, after participating in the study. Once faculty agreed to participate through informed consent, they were provided a schedule from which to select dates to begin the interview process. The informed consent is attached to this document as Appendix B.
Access

The IRB policies and protocol of Northeastern University as well as for the research site were followed, and approval was obtained from both institutions. Once approval from both IRBs was obtained and access to faculty was approved, nursing faculty were contacted via email to request their participation in the study. At that time, nursing faculty were provided information related to the topic of the study, participant criteria and expectations, and a detailed informed consent. The email/phone script for this study is provided as Appendix A.

Ethical considerations. Smith et al. (2009/2012) assert that when conducting research, the most important ethical consideration is the avoidance of harm (p.53). As noted previously, IRB approval was necessary prior to beginning research and participants were provided an informed consent that included the participants’ right to withdraw from the study. Participants were informed that they were allowed to withdraw at any time during the study, without penalty. The informed consent acknowledged the potential use of verbatims in the publication of this study, which emerged during the process of data collection. Adherence to ethical practice occurred throughout the research process and participants were assured of anonymity. Risks and benefits of the study were discussed with the participants.

Risks for this study included the possibility of participants experiencing emotional discomfort related to research questions and published analysis, possible breach of anonymity, possible inaccurate representation and possible misinterpretation of data not identified during member checking, and email or computer breaches. Participants were provided the name and number of a counselor within the college for support of any potential issues experienced during the research process. The benefits for the study are related to findings that add to the existing body of knowledge, as well as individual knowledge gained from findings by nursing faculty and
other stakeholders. Benefits also included faculty being given a voice regarding the research topic, and a sense of purpose gained from their participation in the study.

Protection of human subjects. Amdur and Bankert (2011) report that research of normal educational practices within accepted educational settings may, in fact, be exempt from IRB review. However, this researcher adhered to the regulations for protection of human research subjects throughout the research process as well as IRB policies and protocol for both the research site and Northeastern University. As noted previously, all data was safeguarded and anonymity protected. Smith, Flowers and Larkin (2009/2012) assert that participants should be given the opportunity to choose data extracts from their interviews that they are comfortable using in regard to publication of the research study. Participants were provided the opportunity to review their transcripts for the purpose of identifying any extracts they were uncomfortable with the researcher using in regard to the study. No participants objected to the use of any of the data collected or analyzed at the time of the study.

Procedures

Data collection. According to Smith et al. (2009/2012), data collection for IPA is aimed at eliciting detailed stories, ideas, and concerns of participants, which is best achieved through the one-on-one, face-to-face, semi-structured interview. Prior to the start of the interview process, participants were informed of the researcher’s use of audio-recording and note taking throughout the process. Participants signed an informed consent acknowledging these procedures and explaining the right to discontinue participation at any time. Seidman (2006) presents guidelines created by Dolbeare and Schuman for use in conducting a series of three separate interviews with each research participant (as cited in Seidman, 2006). For this study,
the researcher utilized aspects of Seidman’s (2006) three series interview process combined with Smith, Flowers, and Larkin’s (2009/2012) suggestions for constructing an interview schedule.

Seidman (2006) suggests the first interview provide the opportunity for participants to place lived experiences in context. Considering the first interview for this study was preliminary, questions were focused on obtaining nursing faculty background and experiences, as the researcher attempted to enter the participant’s world (Smith & Osborn, 2007). This interview lasted approximately 20-30 minutes, and occurred by email, and/or face-to-face. For the second interview, the researcher focused on the details of the participant’s experiences related to the research topic which lasted approximately 60-90 minutes.

In the third and final interview the researcher asked participants to reflect on the meaning of their experiences, explore past events that contributed to their current situation, and to share details of present experiences (Seidman, 2006). The third interview was handled via email and served as member-checking, where participants reviewed their transcripts for accuracy and provided feedback and/or questions for the researcher.

The interviews were conducted in a safe, quite, comfortable, convenient setting agreed upon by both participant and researcher. The semi-structured interview method allowed the researcher to engage in a conversation relevant to the research question, attentive to the role of the interviewer as listener, and participant as speaker. The semi-structured interview process began with questions aimed at promoting a comfortable interaction between the participant and the researcher, encouraging the participant to respond at length (Smith et al., 2009/2012). The researcher developed an interview schedule of 10 open-ended questions that were asked of the participants, in order to elicit responses relevant to the research question. Utilizing a semi-
structured interview schedule allowed the researcher more flexibility to probe interesting concerns, and assisted in producing richer data (Smith & Osborn, 2007).

The semi-structured interview questions were provided to the participants several days prior to the start of the interview process which allowed the participant to reflect on experiences relevant to the study. This interview schedule is attached to the study as Appendix C. Immediately following the interview with each participant, the researcher reflected, and created a Research Memo on each particular interview which was used for future reference. Participants were also encouraged to reflect on the interview and to keep a journal of any thoughts or questions that may arise afterwards. Participants were given an opportunity to review and revise their interview material during the member-checking process.

Data storage. According to the United States Department of Health and Human Services Office of Research Integrity (ORI) (2015) data must be properly safeguarded to protect participants and researchers. Suggestions for safeguarding data include protection from physical damage, tampering, loss, theft, and hacking, by limiting access to the data (ORI, 2015). To ensure privacy and anonymity pseudonyms were assigned to the interview participants (ORI, 2015). Considering this study collected physical data such as field notes and audiotapes of confidential participant interviews, it is necessary to ensure they are properly destroyed at the conclusion of the study (ORI, 2015). During this study, audiotapes, transcripts, and field notes, were kept in a locked file cabinet in the home of the researcher, and the researcher was the only person with access to the cabinet during the process of the research study. All signed consent documents will be retained for three years following the end of the study and will be kept in a locked cabinet in the student researcher’s home.
The use of computer word programs for this study required protected passwords, and access to the computer was limited to the researcher. In addition any computer files used for the study were backed up on an external hard drive which is kept in the locked cabinet along with the audiotapes, transcripts, and field notes.

Data analysis. Analysis for IPA studies is an iterative, inductive cycle which involves gaining an understanding of the participants’ perspectives and making sense of the research problem (Smith et al., 2009/2012). IPA analysis requires that each line of transcribed text for each participant be analyzed for emergent themes for single cases and across cases (Smith et al., 2009/2012). There are six prescribed steps provided by Smith et al. (2009/2012) that were utilized for this study and that guided the IPA researcher in the data analysis process.

The first step in the IPA data analysis process is reading and re-reading. This step required the researcher to listen to the recorded interviews while reading the transcript to ensure that the participants remained the focus of the analysis (Smith et al., 2009/2012). The 2\textsuperscript{nd} step in IPA data analysis examines semantic content and language with the researcher noting points of interest in the transcript and compiling detailed notes and comments on the data (Smith et al., 2009/2012). The researcher recorded descriptive, linguistic, and conceptual comments that aimed to best describe the participant’s meaning and context of the experience, highlighting those things which mattered most to the participant (Smith et al., 2009/2012). A comprehensive, detailed set of notes and exploratory comments were compiled during this part of the data analysis process (Smith, et al., 2009/2012). While reading and re-reading the transcripts, the researcher developed descriptive comments to assist in explaining the participant’s meaning of shared lived experiences (Smith, et al., 2009/2012).
In the 3rd step of IPA data analysis the researcher began to map patterns and connections between notes created from the initial noting of the transcripts, and identified emerging themes (Smith et al., 2009/2012). The aim of this step in the analysis process was to reduce the volume of initial notes and in the process, identify connections and patterns between exploratory notes (Smith et al., 2009/2012).

Interviews were broken up into parts so that the researcher was able to focus on particular pieces of the transcript which were then organized and interpreted (Smith et al., 2009/2012). Themes that emerged from this process aimed to capture the essence of the participant’s lived experiences while including the interpretation of the researcher. Through this interaction with the data the researcher began to experience an inclusion of self, resulting in a collaboration of the participant’s lived experience and the researcher’s interpretation (Smith et al., 2009/2012). In this step of the analysis process, the researcher analyzed exploratory notes in a process that involved the hermeneutic circle, and developed phrases that captured the essence of the participant’s words and thoughts (Smith et al., 2009/2012). Emergent themes are presented in chronological order, in table format, providing reference to the original transcript as well as reference to the exploratory comments.

Once themes were developed, the 4th step in the analysis process guided the researcher in identifying connectedness between themes (Smith et al., 2012). Previously created themes were re-evaluated for importance and connectedness as they related to the research question (Smith et al., 2009/2012). Clustering occurred as the researcher reviewed the chronological list of themes and rearranged themes based on their relatedness. The researcher followed suggestions by Smith et al (2009/2012) to identify connectedness, and listed each theme separately on a piece of
paper, followed by placing the themes on a large enough space that allowed the researcher to move the themes around to form patterns.

The researcher positioned like themes together as “super-ordinate” or higher level themes (Smith et al., 2009/2012, p. 96). Additionally, identifying oppositional relationships among themes added to the higher level of data analysis (Smith et al., 2009/2012). Smith et al., (2009/2012) suggest clustering themes using the strategies of contextualization, numeration, and function. Contextualization of data required the researcher to examine the data for connectedness between themes by identifying the participant’s narrative around key lived experiences (Smith et al., 2009/2012). Smith et al., (2009/2012) suggest that numeration, or the frequency of emergent themes is another indication of importance to the participant, however, the authors warn that numeration should not be “overemphasized” (p. 98.). Frequency of emergent themes was observed and noted during analysis, and assisted the researcher in identifying connections across transcripts.

Another way that the researcher interacts with and performs a deeper analysis of the data, is in the attention given to examining the function of the participant’s language use to identify positive and negative meaning (Smith et al., 2009/2012). Smith et al (2009/2012) suggest creating word document files to collect and organize transcript extracts relevant to identified themes. Transcript extracts and document files for this study were organized and stored on the researcher’s hard drive, and provided convenient access for constant reference. The remaining steps in the data analysis process involved repeating the process for each participant’s transcript, and identifying patterns across cases in the study (Smith et al, 2009/2012).
Trustworthiness

Smith et al. (2009/2012) suggest Yardley’s principles and Yin’s independent audit as two approaches to assessing the quality of qualitative research studies. Yardley provides the researcher with guidelines for validation, utilizing the four principles; sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance (Smith et al., 2009/2012).

Sensitivity to context. Sensitivity to context for this study was demonstrated by a focus on understanding particular instructional classroom practices of selected nursing faculty in the context of a particular undergraduate baccalaureate nursing program. Sensitivity to context was also exhibited in the use of an interview schedule for data collection, as this created an opportunity for collecting valuable data through effective interaction between researcher and participants (Smith, et al., 2009/2012). The data analysis process supported sensitivity to context, as the researcher aimed to make sense of the participants’ sense-making (Smith et al., 2009/2012). Sensitivity to context was also expressed by providing verbatims supportive of each participant’s voice, and discussion around existing literature related to the topic (Smith et al., 2009/2012).

Commitment and rigour. IPA requires the researcher to have a personal commitment that is attentive to participant interview responses during data collection, and demonstrates concern for each case during the data analysis process (Smith et al., 2009/2012), which was adhered to throughout this study. In regard to rigour, Smith et al (2009/2012) suggest that it is demonstrated by use of appropriate samples for the study, interview quality, and a thorough and systematic interpretive data analysis. Smith et al. (2009/2012) note the importance of confirming with the participant, that information shared for the study has been correctly understood.
Transparency and coherence. To develop transparency of the research process for this study, the researcher included tables that provide detailed information about participants, the interview schedule, and data analysis procedures (Smith et al., 2009/2012). Smith et al. (2009/2012) additionally highlight the importance of clarity in describing the research process to the reader. Considering that coherency is determined by the reader, the researcher adhered to the interpretive process of IPA, and read and reviewed the research write-up for clarity.

Impact and importance. Smith et al (2009/2012) suggest that Yardley’s final principle for testing validity is determined by whether the research study has provided the reader with interesting, important or useful information (p. 183). Findings from this study provided support for previous studies and allowed findings unique to nursing faculty participants to emerge. Additionally, using an IPA approach allowed findings unique to nursing faculty participants to emerge, and thereby inform various stakeholders, and be useful as a spring board for future research.

Independent audit. According to Smith et al. (2009/2012), validity may also be achieved utilizing the independent audit. The independent audit allows for the possibility of several credible accounts of the research write-up, aided by the organization of data in a manner that allows others to easily follow the research process (Smith et al., 2009/2012). Smith et al. (2009/2012) suggest a “paper trail”, which for this study, included; initial notes, the research proposal, interview schedule, audio tapes, transcripts, table of themes, drafts, and the final report.

Limitations of the Study

For this study, the small number of participants may be viewed as a limitation despite the deeper analysis that accompanies the IPA approach (Pringle et al, 2011). Interestingly, Pringle et al. (2011) posit that IPA studies may be constrained by theoretical roots despite the ability
theoretical foundations have to add depth and purpose to the analysis (Pringle et al., 2011). Utilizing a homogenous group of nursing faculty makes the sample group too specific and may limit the ability for findings to be transferable to other situations in the broader sense (Pringle et al., 2011). Additionally, interpretation being conducted by only one reader may raise doubts regarding the significance of the findings (Pringle et al., 2011). Pringle et al. (2011) also suggest that because IPA is grounded in psychology it may limit the application to other disciplines.

Summary

The goal of this research investigation as presented in chapters 1-3, was to explore how nursing faculty make sense of classroom experiences they believe supportive of NCLEX-RN success. An interpretivist/constructivist qualitative approach using the IPA allowed the researcher to explore the lived experiences and constructed realities of nursing faculty in the classroom setting. The IPA approach also included a combination of Seidman’s (2006) 3 interview series and Smith, Flowers and Larkin’s (2009/2012) suggestions for constructing an interview schedule, utilizing open-ended, semi-structured interview questions for the data collection process. Additionally, the researcher emphasized the importance of utilizing an iterative, detailed analysis process when using an IPA approach.

Key concepts were presented around phenomenology, hermeneutics, and idiography highlighting the importance of studying human behavior, engagement with the world, and interpretation of lived experiences. Participants, recruitment, and the research setting were discussed, as were data collection, storage, and analysis procedures. Ethical considerations related to IRB approval, informed consents, and risks and benefits of the study, highlighted the importance of protecting human subjects, safeguarding data, and protecting participant anonymity. Validation strategies were identified related to Yardley’s criteria and Yin’s
independent audit, as well as the use of member checking for data accuracy. Potential threats to internal validity were discussed as well as the threat to external validity in that the findings may not be generalizable. Limitations of the study included a small homogenous sample of nursing faculty, familiarity with faculty and the research setting, and transferability of findings to other settings. In the subsequent chapters, the researcher will provide the data analysis and the study’s findings.
Chapter Four: Data Analysis

The purpose of this Interpretative Phenomenological Analysis (IPA) study was to explore how nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success. For this study, data collection was guided by the following research question: How do nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success?

Eight female nursing faculty members were recruited for the study. The eight participants are Masters or Doctoral prepared full-time faculty at the college under study, have a wide-range of teaching experiences, are over the age of 18, and have been teaching for at least 5-10 years. Each participant was assigned a pseudonym for use throughout the study. Information about the eight participants in this study is provided in Chapter 3 as Table 1.

Through analysis of patterns and connections identified between emergent themes of all eight participants, three super-ordinate themes and seven sub-themes emerged, highlighting participant sense-making of nursing faculty classroom experiences they believe supportive of NCLEX-RN success. The super-ordinate themes and nested subthemes that surfaced from examining patterns across cases are displayed in Table 2.

Table 2. Super-ordinate themes and sub-themes emerging from patterns across all 8 cases

<table>
<thead>
<tr>
<th>Super-ordinate Themes</th>
<th>Sub-Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responsibility for Student Success</td>
<td>1.1 Reliance on student participation</td>
</tr>
<tr>
<td></td>
<td>• Reliance on participatory behaviors, maturity. Frustrated by lack of</td>
</tr>
<tr>
<td></td>
<td>student accountability and engagement</td>
</tr>
<tr>
<td></td>
<td>1.2 Faculty desire for student success</td>
</tr>
<tr>
<td></td>
<td>• Sense of shared responsibility, sense of duty, pride, accomplishment, and</td>
</tr>
<tr>
<td></td>
<td>satisfaction. Frustrated and discouraged by negative feedback and poor</td>
</tr>
<tr>
<td></td>
<td>NCLEX-RN outcomes.</td>
</tr>
</tbody>
</table>
Super-ordinate Themes (continued) | Sub-Themes (continued)
---|---
### 2. Affected by application of teaching practices

2.1 Responsive to diverse teaching practices
- Concern for student engagement, pertinent information, collaborative learning, critical thinking

2.2 Energized by integration of knowledge
- Pride from integration of classroom and clinical knowledge,
- Frustrated by lack of control over clinical experiences, clinical inconsistencies, and opportunities for knowledge application

2.3 Uncertainty about NCLEX-RN preparation
- Concern for test-taking practice, skills and strategies, effectiveness of standardized assessment testing, and NCLEX-RN success
- Satisfaction and accomplishment
- Stress and frustration with student test performance

### 3. Motivated by the NCLEX-RN

3.1 Energized to align NCLEX-RN content
- Reliance on NCLEX-RN test plan, evidence-based research and current nursing education trends

3.2 Encouraged by NCLEX-RN questioning
- Dedication to NCLEX-RN style questioning and practice throughout courses within the curriculum

Discussion of each super-ordinate theme presented in the study begins with an introduction to the theme, a narrative account of participants lived experiences related to the research interest, and quotations supportive of participant experiences shared during the interview process. Each thematic section will conclude with a summary of each super-ordinate theme. A conclusion will follow the summary of super-ordinate theme 3.
Super-ordinate Theme 1: Responsibility for Student Success

Super-ordinate themes related to responsibility for student success emerged for seven of eight participants on initial individual analysis. For the eighth participant, the experience of responsibility was not prominent in her discussion. Most participants experienced student success as being highly dependent on a combination of student responsibility for learning and faculty concern for student success. While the majority of participants relied on student involvement in their own success, many experienced more favorable teaching/learning experiences when there was an integration of faculty concern for students. Many participants spoke fervently about positive and negative student behaviors that influenced success, and shared experiences around their responsibility to, and concern for students. Two sub-themes were identified within this super-ordinate theme: 1.1) Reliance on student participation and, 1.2) Faculty concern for student success.

Sub-theme 1.1: Reliance on student participation. Most faculty expressed feeling reliant on student participation in learning, and shared experiences most dependent on influence of student characteristics and behaviors on participation. They were grateful and glad for their experience with degreed students who were goal-driven and eager to participate in their own learning experience. Barbara shared:

I’m fortunate that they are second degree students, so that they want this…it’s not your undergraduate who’s still trying to find themselves as a person…they are more goal driven, they have to make a living…they really want the career change…they want to embrace it…they’re goal oriented which I think is a big difference (Barbara, personal communication, October 26, 2015).
Barbara valued her experience with the degreed student, and found their eagerness to participate in their education as paramount to their success. Additionally, Barbara shared how she benefited from students who were more participatory in their learning, as she found they contributed favorably to her own success as a teacher.

Like Barbara, Deena was also reliant on the influence of student behaviors. Her experience differed from Barbara’s, as she shared how she was frustrated with poor student participation which she found to be a contributing factor to poor learning results throughout the program. Deena was discouraged by the inconsistency she perceived existed in regard to student motivation. She found that for each cohort of students, success was often influenced by, “…the type of students you have and how motivated they are to study or understand…” (Deena, personal communication, October 14, 2015). Likewise, Jackie was disappointed to find students were less happy with their learning experience when they were, “…not putting in the time [to learn]…” (Jackie, personal communication, October 14, 2015). Deena was equally discouraged by student inconsistency in accountability for learning, and shared how some years students would say, “…you didn’t teach it to us well…” (Deena, personal communication, October 14, 2015). Deena’s frustration was intensified by the gap she found to exist between the technology centered learning behaviors of today’s learner, and the challenge she faced teaching the technology savvy student. She was disappointed with how easily students are bored and distracted because they want to, “…text and go on Facebook…” (Deena, personal communication, October 14, 2015), which Deena found often negatively impacts student participation as well as her satisfaction with her own teaching effectiveness.

While most faculty experienced reliance on a combination of student and faculty responsibility, Lisa was most reliant on student participation. Like Barbara, Lisa was grateful for
the behaviors of goal-driven, degreeed students, which she depended on to motivate their participation in the clinical setting. Lisa found that paying attention was essential in the process of student participation, and recounted how during the first week of clinical, students were often, “…overwhelmed and flustered and scared which is perfect…if they’re scared…they pay attention…and then by the end of the week they’re able to jump in there and start doing…” (Lisa, personal communication, October 15, 2015). Lisa was confident that her unwavering reliance on providing these opportunities was bringing students out of their “comfort zone” (Lisa, personal communication, October 15, 2015), as a best approach to fostering student participation and success.

Faculty experienced pride when they were able to positively influence student participation in learning. Marjorie was passionate about students taking responsibility for their own learning, and was proud that her classroom was most aligned with a flipped classroom where emphasis was placed on student responsibility for preparation prior to class. Marjorie was proud of her efforts to foster student participation and shared her experience metaphorically in terms of mothering, as she noted, “…by the time they get to the classroom it’s not mother bird teaching baby bird, it’s all interacting together…I’m interested in their asking their own questions, answering their own questions” (Marjorie, personal communication, October 13, 2015). Marjorie enthusiastically shared how she influenced students to create their own “tapestry of knowledge,” by fostering active engagement in learning. Despite Marjorie’s confidence in her approaches to student engagement, and strong reliance on student accountability, her frequent reflections on her own responsibilities indicated an awareness of shared student/faculty responsibility for learning and success.
Several participants shared how lack of student participation negatively impacted their own feelings of effectiveness and own engagement with students. Barbara experienced frustration with time constraints which she found to be a barrier to student participation, and was further frustrated by students who were, “…passive… makes it [teaching and learning] harder and difficult” (Barbara, personal communication, October 26, 2015). Sophia shared how teaching the mature student who was motivated, dedicated, and comfortable speaking in class, was a fun experience. She found teaching the less mature student unpleasant, and shared how the less mature, pre-nursing students were less involved in their learning experience and, “…sometimes came to class, and sometimes didn’t, sometimes did their projects, sometimes didn’t” (Sophia, personal communication, October 14, 2015). Sophia was disappointed by the lack of student accountability of the less mature student, which influenced her decision to discontinue teaching this particular course.

Student lack of participation was motivating for some faculty, and inspired them to reflect on and evaluate their own teaching approaches. Heather was motivated by her experience with student disengagement, and recounted, “…if they’re on their iPhones or excusing themselves to go to the bathroom…not engaged in the activity…then I feel like I need to tweak it a little bit…” (Heather, personal communication, October 13, 2015). Likewise, Jackie was invigorated by student lack of participation, and shared how this motivated her to, “…make a note….focus on…keep an eye on…if that student needs…extra help or remediation…” (Jackie, personal communication, October 14, 2015). While she was motivated by lack of participation, Jackie was also frustrated by the distraction she experienced from student cell phone use. She found cell phones interfered with her teaching and strongly stated, “…they [cell phones] should be banned…” (Jackie, personal communication, October 14, 2015).
The value of student responsibility for own success was underscored by faculty reliance on student participation for successful learning experiences. Faculty experiences centered on student characteristics and behaviors that strongly contributed to student participation. Faculty responses to student participatory behaviors elicited positive and negative emotions and often motivated faculty reflection on teaching effectiveness and change in teaching approaches. Reliance on student participation was not interpreted as disregard for faculty responsibilities, and was instead perceived as a valued strength in the foundation for successful learning.

Sub-theme 1.2: Faculty desire for student success. Faculty desire for student success was highlighted throughout discussions, as faculty shared a perceived duty to students, attentiveness to student success, and the responsibility of nursing education as a whole. Faculty experienced a sense of commitment to their involvement in the student experience, and they relied on their concern for students and student participation as a means of fostering success. Faculty desire for student success contributed to the overall theme of responsibility for student success.

Lisa’s desire for student success was more heavily reliant on student responsibility. In contrast to her focus on student responsibility, Lisa’s teaching approaches were more teacher led, and underscored her experience of responsibility and desire for student success. Lisa felt rewarded by her efforts to provide students with successful learning experiences and shared that she loved, “…seeing the little light bulb go off [on] and they run over and say…I think I heard this…it’s a [heart] murmur…I think it’s here…so that’s kind of like my…yes you got it!” (Lisa, personal communication, October 15, 2015). Lisa was pleased that her desire for student success had motivated students to take responsibility for their own learning experience. She shared how
her approach to fostering student success was stern, and she was confident that her reliance on high expectations for student performance in the clinical setting made her an effective teacher.

Jackie’s desire for student success was underscored by her commitment to fulfill what she considers a duty to students. For Jackie, any failure in her responsibilities as an educator was perceived as an act of negligence. Her demeanor was serious when she shared her experience that when faculty do not do their job, “…we’re causing damage…” (Jackie, personal communication, October 14, 2015). Jackie’s strong sense of duty influenced her commitment to student centered teaching and learning, and emphasized her desire for successful student experiences.

Desire for student success was highlighted by faculty expressions of attentiveness to their responsibility and contributions to the student learning experience. Faculty expressed a desire to see students engaged in learning, and satisfaction and accomplishment from their own participation in the teaching/learning experience. Marjorie was pleased with her actions and shared:

I have their best interest in mind…I’m not interested in beating them. That’s not my goal. I’m not interested in failing them. My greatest pleasure is when I see that light bulb go on and they walk out of the classroom and their chit-chatting, and they’re talking, and they’re energized (Marjorie, personal communication, October 13, 2015).

Marjorie was energized by positive student reactions to her attentiveness to their success, which she found motivated her to work harder. Marjorie sensed that students were aware of her dedication to their learning and took pride in her own caring behaviors which she frequently shared throughout the interview. Marjorie’s demeanor was warm and lighthearted, and she was proud that her relationship with students was caring. Contrary to her desire to be caring,
Marjorie shared how students view her as, “…hard…but…fair…I want to be hard, I don’t want them to think this is a candy course…” (Marjorie, personal communication, October 13, 2015). Marjorie was excited to share thoughts on her ability to “read” student emotions which she found enhanced her classroom teaching/learning experiences. She recounted, “…when I read them, and I see that they’re really alive and they’ve got a lot of energy going on, I’ll really sock it to them” (Marjorie, personal communication, October 13, 2015). Marjorie seemed to equate being a hard teacher with being an effective one and was confident that her behaviors were most supportive of student success.

Faculty were energized by their discussions around their desire for student success. Heather’s desire for student success was emphasized by her passion for creative freedom, flexibility, and decision-making to foster student success. She was frustrated, however, by the lack of opportunities for creative teaching, and shared that course content often dictated her teaching approaches. Heather reflected on her desire for student NCLEX-RN success, and how her concerns motivated and guided her and a colleague through course revisions. She shared how through discussions at divisional meetings, she had identified a gap in her course content related to delegation and prioritization of client care, and this motivated her and her colleague to introduce more case studies related to these concepts. Heather shared how she, “…added that content and by the end of the semester they were getting those questions right…by the end of the class…they were doing much better…” (Heather, personal communication, October 13, 2015). Heather was serious about her responsibilities, motivated by her positive contributions, and confident she was fostering student success.
While Deena experienced great enjoyment in building personal connections with students as a way of fostering success, she was discouraged by negative student feedback and poor NCLEX-RN outcomes. Deena commented:

I think they affect my moods more than my methods. It does hurt your morale…and then if we hear the NCLEX-RN scores aren’t good…it’s kind of put on the teachers, it’s very, very demoralizing because you feel like you’re working so hard and you’re giving that extra everything…not just a little bit. Most of us give our all to this profession and to the teaching of it (Deena, personal communication, October 14, 2015).

Recognition was important to Deena as she shared her experience of frustration around teaching, something she considered a huge responsibility. She was bothered by her perception that other teaching professionals may not realize the efforts that go into educating professional practitioners who are, “…going to care for our lives and our health and the whole nation and world…and you feel such a responsibility” (Deena, personal communication, October 14, 2015). For Deena, this experience accentuated her overwhelming sense of concern for students and motivated her to remain focused on student success.

Barbara’s caring demeanor was evident as she shared her experience with faculty responsibility for student success on a more global plane. Her desire for success was reliant on her focus of providing students with current knowledge, and she used analogy to describe her feelings about nursing education as a whole when she shared, “…as an educator, I feel that I’m here for the future, not for today…if we kept for today, we’d still be bringing in the coal and cleaning the floors for Florence Nightingale “(Barbara, personal communication, October 26, 2015). Barbara spoke passionately about the responsibility of nursing education to explore best ways of teaching, testing, and providing knowledge better aligned with current trends in
healthcare practices. Her global focus underscored her serious concern for student success and motivated her to remain attentive to her own responsibilities in educating future nurses.

While classroom environment and class size did not emerge frequently in the course of participant interviews, or as a super-ordinate theme, the tone of participant voices and experiences shared by those for whom it did matter, implied this was a strong concern in regard to supporting student success. Participants experienced a sense of frustration and disappointment with lack of student engagement and poor learning outcomes, related to perceived inadequacies in the current learning environment. Deena and Sophia spoke passionately about negative effects on student participation and teaching effectiveness created by poor seating arrangements and large class size. Deena highlighted how this hindered her ability to conduct interactive classes, which she most preferred for student engagement. She shared how a classroom with fewer students would allow her to have different seating arrangements, and she would be more able to, “…read their faces and watch their activities and make sure they’re not distracted…” (Deena, personal communication, October 14, 2015). For Sophia, frustration with the current classroom environment emerged from sharing her feelings around a future perfect classroom, “…no more than six students…comfortable, well lit, comfortable temperatures, nice chairs, good tables, enough electrical outlets…” (Sophia, personal communication, October, 14, 2015). Heather echoed similar concerns and shared how classroom environment related to space and seating, as well as class size was sometimes a barrier to teaching and learning, and had influenced her to revise her teaching approaches to be better aligned with the current learning environment.

**Summary**

Participant experiences related to responsibility for success, centered on a combination of faculty reliance on student participation and faculty desire for student success. Faculty
experienced a wide-range of emotions related to their reliance on student behaviors and characteristics they found influential of student success. They were grateful for the goal-driven student and frustrated by the less mature student who was unwilling to take accountability for their learning experience. Faculty experienced discouragement from poor participation and lack of motivation, and disappointment with today’s learner who is easily bored, and more reliant on technology to stimulate learning. Experiences of pride, passion, confidence and enthusiasm were shared by many faculty in regard to student accountability and faculty commitment to student success. Teaching experiences were fun, rewarding, and pleasurable for many, and stressful, frustrating, bothersome, and unpleasant for others. Lack of appropriate learning environments were experienced as barriers to teaching and learning. Through reflection, faculty shared how they were motivated to revise teaching approaches to best support student success. For most participants, responsibility for student success was perceived as an endeavor where together, students and faculty create a foundation for successful learning experiences.

Super-Ordinate Theme 2: Affected by Application of Teaching Practices

Participant experiences related to the super-ordinate theme of affected by application of teaching practice emerged as a super-ordinate theme for all eight participants on initial individual analysis. Participants experienced reliance on a wide range of teaching practices, which they experienced to be supportive of student learning throughout the curriculum and on the NCLEX-RN. Most faculty experienced a sense of pride in relation to their application of teaching practices, which they found provided students with pertinent course content, engaged the student in learning, provided opportunities for knowledge application, and readied the student for the NCLEX-RN. Their concern for providing focused learning experiences underscored the connection they made between student success in the program and success on the NCLEX-RN.
Faculty shared favorable and unfavorable classroom experiences, as well as their frustration and discouragement around teaching practices. While faculty experienced a sense of gratification that students were receiving opportunities to apply knowledge to practice, they shared uncertainty about NCLEX-RN preparation. Three sub-themes were identified within this super-ordinate theme; 2.1) Responsive to diverse teaching practices, 2.2) Energized by integration of knowledge, and 2.3) Uncertainty about NCLEX-RN preparation

Sub-theme 2.1: Responsive to diverse teaching practices. While faculty shared how they felt committed to providing students with meaningful learning experiences, they experienced a sense of concern that their approaches were engaging and effective. While many participants shared favorable experiences with collaborative and case-study approaches to learning, others relied on technology to enhance student understanding of concepts, and/or valued an integration of several approaches. Sophia relied on Microsoft PowerPoint slide presentations, which she found allowed her to highlight pertinent information from the course text, as they, “…follow the textbook chapters pretty clearly…” (Sophia, personal communication, October 14, 2015). Her attentiveness and focus on presenting chapter content was evidence of Sophia’s concern for student learning. Sophia was passionate about engaging students in critical thinking and knowledge application opportunities. She relied on study guides, and clinical pre and post conference discussions to stimulate student interest, and eagerly shared how this approach helped students understand, “…what they need to really come away with from that chapter…” and “…in clinical…I present the patient to them, then…the students need to present the patient back to me…” (Sophia, personal communication, October 14, 2015). Sophia was satisfied when students were more engaged as a result of her efforts, and was frustrated from “wasting time” with poorly prepared, disengaged students. Her frustration
motivated her to explore alternative ways of increasing student interest, attention, and participation.

Many participants experienced a sense of dedication to using various resources to foster success. Deena was proud of student benefits that occurred as a result of the various resources and teaching methods she included in her lessons throughout her courses. She spoke passionately about her preference for an interactive classroom that provided students numerous opportunities for participation and highly valued group discussions. Deena recalled, “…we’re actually able to stop and do questions together as lecture goes along…good reinforcement for NCLEX-RN…material just taught and test-taking strategies in general…it gets the students speaking and participating…I want them to have a broad perspective…” (Deena, personal communication, October 14, 2015). Deena valued her group time and discussions with students as great opportunities for reinforcing NCLEX-RN material and test-taking strategies, yet was disappointed that these opportunities were becoming less attainable. Deena’s experience highlighted her attentiveness to providing valuable learning experiences, and underscored her desire for student success.

Faculty concern for student success was experienced through the dedication faculty had to using various teaching methodologies. Some faculty shared their experience with being specifically reliant on concept-based learning as a best method for getting students to think critically. Barbara lightheartedly shared why she valued higher-order critical thinking, when she commented, “I want a good person taking care of me, not someone who can list the five signs of hemorrhage as I bleed out…” (Barbara, personal communication, October 26, 2015). She exhibited a sense of accomplishment and confidence that students were benefiting from her commitment to providing meaningful learning experiences. While Barbara remained dedicated
to fostering critical thinking, she was frustrated by students who often did not take the initiative for their own experiences. She used the analogy of mothering to describe her frustration with and commitment to, getting students engaged, and shared how, “…it’s just like being a mother…you have to tell the children, I’m sorry…spinach is good for you, now I can make it creamed, I can make it chopped…I can make it…but by gosh you better eat your spinach” (Barbara, personal communication, October 26, 2015). Barbara’s experience with student engagement emphasized her commitment to student learning. She was happy that she was able to engage students in learning and her sense of pride and achievement reinforced her continued use of these teaching approaches.

Faculty also talked about their reliance on collaborative teaching approaches and learning experiences to foster student participation and success. Like Barbara, Marjorie was emphatic about her avoidance of lecture, and displayed a sense of pride that this allowed her to be a more effective teacher. Marjorie’s experience was positively reinforced by her strong reliance on group work and discussion, an approach she found central to student learning, critical thinking, and success. Marjorie was committed to providing students collaborative learning opportunities which was underscored by her strong desire to purposefully and meaningfully involve students in study groups. Marjorie shared, “…I am absolutely vehement about study groups…” and “…I do not let those first class of students ever leave until they tell me, physically, who is in your study group” (Marjorie, personal communication, October 13, 2015). Marjorie shared how she was also heavily reliant on think-pair-share, where students think prior to class, pair up in groups during class, and share their knowledge and observations. Marjorie was very satisfied with her commitment to these approaches, and felt a strong sense of accomplishment that students were benefiting from her teaching efforts.
The case-study approach to learning emerged as a valued teaching approach to stimulating critical thinking and fostering meaningful learning experiences. Heather was satisfied that her use of case studies helped students with critical analysis and knowledge application, and relied on this approach to provide opportunities to, “…understand the concepts rather than just memorizing…” (Heather, personal communication, October 13, 2015). However, Heather was frustrated by poor student performance, which motivated her to reflect on the effectiveness of her current teaching approaches, make revisions where needed, and explore new approaches. She introduced NCLEX-RN style case studies and questioning into her courses, and was delighted by a resulting increase of student performance on exam questions. She was pleased and confident that her efforts to introduce this approach fostered a, “…deeper understanding of delegating and prioritizing [client care]…” (Heather, personal communication, October 13, 2015), two concepts she found most supportive of student success. Heather also spoke enthusiastically about addressing different learning styles in her efforts to engage all students. She was committed to using YouTube videos for concept illustration, and was glad she had a tool to support the visual learner. Additionally, Heather relied on standardized assessment testing, as she found this assisted her in identifying, evaluating, and revising her teaching approaches. When discussing the assessment testing program she shared how it helps, “…support our teaching, so it helps give us an idea where students are…we can see where they’re going, if they’re improving or if they’re not improving, what needs to be done to enhance their critical thinking skills” (Heather, personal communication, October 13, 2015).

Many faculty shared positive experiences around their reliance on various forms of technology as a supportive interactive approach to enhancing critical thinking, and supporting student success. Most faculty experienced pleasure with how YouTube videos helped them
enhance learning experiences, supplement course content, and provide content illustration for NCLEX-RN test plan content around knowledge, skills and abilities necessary for entry-level nursing.

Elizabeth and Barbara shared how simulation technology helped them connect theory to practice through scenarios. Barbara relied on Virtual Clinical Excursions (VCEs) technology to engage her students, and had a sense of accomplishment that the use of VCEs helped engage students in critical thinking, assessment, and application of knowledge. Likewise, Elizabeth was excited that simulation had been integrated into each clinically supported course. She enthusiastically shared her experiences with the simulation mannequin “Suzie”, and how students were able to use “Suzie” to, “…assess and …prioritize…their…nursing intervention based on that assessment, and then…care for Suzie based on whatever signs and symptoms she’s presenting” (Elizabeth, personal communication, October 13, 2015). Elizabeth relied on “Suzie” to provide a valued link between classroom knowledge and clinical practice, and to foster engagement and critical thinking.

Like Elizabeth, Lisa and Jackie valued opportunities for simulation, however were more reliant on Blackboard Learn technology to engage students in collaborative learning opportunities. Lisa’s concern for student learning experiences was expressed by her value for Blackboard Learn group discussions which she found provided opportunities for students to share, “…their thoughts about this[a] topic…they just have to really dig into it [Blackboard Learn discussion]…” (Lisa, personal communication, October 15, 2015). Many faculty shared how they were pleased that guest lectures, presentations, and innovative, creative gaming had positively influenced student learning experiences, which in turn encouraged faculty to continue using these approaches.
Sub-theme 2.2: Energized by integration of knowledge. Across transcripts, participants were committed to providing students with meaningful clinical experiences that linked classroom knowledge to the clinical setting. Faculty were excited to share their perception of student success often being supported by effective knowledge application. Most participants’ attentiveness to integrating classroom knowledge with clinical practice was experienced as a successful, supportive approach to student program and NCLEX-RN success.

Heather found clinical experiences most valuable, yet was troubled by unknown variables that effected clinical placements and experiences. Heather’s concern for effective clinical experiences inspired her to rely more frequently on simulation as a way of identifying student strengths and weaknesses. Heather experienced a strong sense of connection between clinical learning experiences and student success on the NCLEX-RN, and was frustrated by what she perceived as lack of control over clinical learning opportunities, as well as clinical adjunct faculty performance. Heather felt a great sense of responsibility for effectively connecting classroom knowledge to clinical practice, and was discouraged by a lack of clinical oversight. She expressed, “The only thing we don’t have control of is once they walk through that door and go to clinical…we all can’t be in clinical…maybe we can make sure that whatever they’re getting in clinical…further cement it by doing simulations” (Heather, personal communication, October 13, 2015). Heather’s frustration with inconsistencies in the clinical setting motivated her to rely more heavily on simulation, and to reflect on additional ways to effectively connect classroom with clinical practice. Her attentiveness to this issue underscored her commitment to purposefully providing students with meaningful learning experiences.

Jackie and Lisa shared similar experiences in regard to linking classroom to clinical experiences. Jackie shared her perspective on the flow of knowledge that she experiences from
classroom to clinical and clinical to classroom. She warmly reflected on positive past experiences where students were able to, “…understand the concept…and…apply it not only in practice, but they’re able to use their knowledge on comprehensive examinations” (Jackie, personal communication, October 14, 2015). Jackie remained attentive to integrating classroom knowledge into clinical experiences and felt a great sense of pride that her approaches were supporting student learning. Elizabeth was eager to share her reliance on students sharing clinical experiences in the classroom. Elizabeth was encouraged by allotting time for students to share their clinical week during classroom time, as she experienced how this helped students, “…remember things better…” (Elizabeth, personal communication, October 13, 2015). She was also encouraged by her approach to connecting clinical experiences with classroom knowledge as she found this helped students feel more comfortable with uncertainty around understanding content, and recounted how this helped students feel they, “…weren’t the only person out there that didn’t understand this…” (Elizabeth, personal communication, October, 13, 2015).

Like Jackie, Lisa’s experience with student success was based on student ability for knowledge application in the clinical setting. Lisa was unwavering in her approach to connecting classroom knowledge to clinical experiences, and relied heavily on clinical performance as an indicator of future career success. Lisa’s steadfast approach to educating students as future nurses who will be required to effectively apply knowledge at the bedside, was experienced as a sense of giving back to the nursing profession. Lisa’s own personal clinical experiences motivated her attentiveness to student experiences. She recounted:

I specifically tell them what to key in on and at the end of the day they have to present their patient. Just the way I did when I was working as a staff nurse giving report …I think it’s real life…realistic…what they will expect to know when they’re out on the
clinical floor…what they have to know when they’re walking in the door…getting a job (Lisa, personal communication, October 15, 2015)

Lisa felt a sense of accomplishment when student engagement in the clinical setting increased as a result of her approaches, and she was confident that her attentiveness to the integration of knowledge was providing students with a valued experience for their future.

Barbara’s experiences engaging students in the clinical setting underscored the value she placed on linking classroom knowledge with clinical practice. She was proud of the time she put into student clinical experiences and pleased with the conscious effort she made to connect classroom lessons with what students were seeing in the clinical area. She experienced a great sense of responsibility for student learning and was committed to the integration of knowledge. Barbara recounted, “…I’ll go with them to the [dry erase] board and say…what’s that mean? …why would you worry about this? Why are they giving that?…let’s…look at the…monitor…which one of these…is a concern for you?…constantly reinforcing” (Barbara, personal communication, October 26, 2015). Barbara was motivated by her desire to see students succeed, which reinforced her commitment to her teaching approaches.

Sophia had a different experience than most, and shared her uncertainty about the effectiveness of current clinical experiences in regard to their ability to support or influence NCLEX-RN success. Although she was attentive to integrating classroom content and clinical practice, it was a somewhat discouraging experience for her. Sophia experienced discouragement as she recounted, “…students stand at the nurses’ station and …they don’t try to take on any extra assignments, they just do what they need to do, I don’t think that’s a good teaching approach for helping with preparation for the NCLEX” (Sophia, personal communication, October 14, 2015). Despite her dissatisfaction with current clinical experiences, Sophia was
surprised by student disappointment in the lack of connection between her lecture and their clinical experiences. As a result, Sophia was motivated to make a concerted effort to more meaningfully integrate classroom and clinical, however remained uncertain of the effect of clinical experiences on NCLEX-RN success.

Most participants felt motivated to integrate classroom content and clinical practice, and valued the opportunity to reinforce skills and knowledge. Faculty shared a wide-range of emotions that emerged from experiences around linking classroom to clinical. Faculty shared experiences of frustration, concern for future access to clinical experiences, lack of control over current experiences, and disappointment with a perceived limited oversight of clinical experiences and clinical adjunct faculty.

**Sub-theme 2.3: Uncertainty about NCLEX-RN test preparation.** Across transcripts, participants experienced concern for familiarizing students with NCLEX-RN style test-taking throughout the program, and highlighted their approaches to promoting test-taking practice, skills and strategies. While some participants shared positive experiences with standardized assessment testing for preparing and predicting student NCLEX-RN success, many were frustrated, and uncertain of its effectiveness.

Despite Sophia’s reservations about the effectiveness of the assessment program, she continued to rely on it as an approach to promoting test-taking skills and practice, mostly because she felt her options were limited. Her doubt was underscored by her observation that students take more time to complete an exam for which they are receiving a percentage of their overall grade. Sophia was disappointed that while standardized assessment testing provided students with much needed testing practice, student disinterest and lack of initiative was
preventing the assessment program from being an effective approach to promoting testing skills that foster NCLEX-RN success.

Sophia was attentive to NCLEX-RN preparation and shared her desire to explore alternative testing strategies. She was discouraged that standardized assessment testing did not count for anything in current courses, and was encouraged about the possibility of an alternative testing program for NCLEX-RN testing practice. She was excited to share: “... some colleges actually don’t allow students to progress from one course to the next until they pass [alternative test], and if they don’t pass…they have to take a remediation course in order to go forward” (Sophia, personal communication, October 14, 2015). Although student lack of engagement in standardized assessment testing was a source of frustration for Sophia, her concern with providing students NCLEX-RN style testing practice emphasized her commitment to student learning and success.

Unlike Sophia, Elizabeth and Lisa shared how they were reliant on the standardized assessment testing program despite their dissatisfaction and frustration with limitations that existed for computer access for online testing. This experience motivated Elizabeth and Lisa to explore ways of providing students with computer access that would allow testing of NCLEX-RN style questions in the online NCLEX-RN format known as Computer Adaptive Testing (CAT). Elizabeth shared her frustration and concern for student NCLEX-RN testing preparation and recounted, “……there’s no longer paper and pencil exams available, it’s online… if a student spends four years in a college… testing 90% of the time by pencil and paper…computer based testing can be very overwhelming to them… I think that it’s a method of training the student to look at an exam a different way… (Elizabeth, personal communication, October 13, 2015).
Jackie’s experience diverged somewhat from Lisa and Elizabeth’s in regard to students testing in a fully online format. Despite the fact that Jackie teaches several online courses, she was less reliant on online NCLEX-RN question practice. Jackie highlighted how she used NCLEX-RN style questioning for informal testing of students in the clinical setting. She was confident that her approach in the clinical setting supported student success on classroom exams. Jackie recounted how she found this approach helped students, “…really think about what it is [NCLEX-RN style questions] that they’re asking you…it was effective because they did a lot better on their second exam” (Jackie, personal communication, October 14, 2015). Jackie was satisfied with her approach to NCLEX-RN testing preparation and was delighted with the resulting increase in student performance she observed on her exams. Jackie’s sense of accomplishment motivated her to continue to use this strategy as one method of preparation for NCLEX-RN testing.

Most participants concern for student test-taking and test-taking preparation was experienced as a source of frustration and stress related to the high stakes perceived to be associated with student and program success. This perception was reinforced by the concerns faculty shared with utilizing test performance as an indicator of teaching effectiveness. Elizabeth’s experience with the test-taking process was less frustrating than others. She relied on test scores to help her identify student ability to analyze and synthesize information, and to determine the effectiveness of her teaching approaches. Elizabeth was motivated by her strong focus on promoting student test-taking skills and strategies, as preparation for the NCLEX-RN. She shared how test grades based on what she considered, true NCLEX-RN style questioning, were a good way to evaluate student learning, “…not only content, but...are they learning how to prioritize, how to assess, how to delegate, how to manage” (Elizabeth, personal communication,
Elizabeth was committed to preparing students for the NCLEX-RN and displayed a sense of accomplishment from her influence on student success and her efforts to help students focus on reading test questions carefully, understanding what is being asked, and picking out key words that are embedded within the question.

In contrast to Elizabeth’s sense of accomplishment, Deena, Heather, and Barbara experienced a sense of stress and frustration associated with testing. They shared how for them, student test performance was also an indicator of teaching effectiveness, and poor NCLEX-RN performance added to their level of stress and frustration. When sharing her experience with NCLEX-RN performance, Barbara noted, “…when my class was 100% I was very happy…but…my class that got a 60%, I got hysterical…” (Barbara, personal communication, October 26, 2015). Despite the resulting stress Barbara experienced from poor NCLEX-RN performance, her emotional reaction to student performance indicated her commitment to successful approaches to NCLEX-RN preparation. Likewise, Deena was emotionally affected by NCLEX-RN success and recounted, “… if we hear the NCLEX-RN scores aren’t good…it’s kind of put on the teachers…it’s very, very demoralizing…” (Deena, personal communication, October 14, 2015). Deena’s sense of discouragement strongly indicated her commitment to effective NCLEX-RN preparation. Heather’s stress centered on her concern for effectively aligning student learning experiences with the NCLEX-RN test plan. She relied on the NCLEX-RN test plan to help her focus on relevant course content, as this provided her with an outline of NCLEX-RN content consistent with current nursing practice. Despite experiencing discouragement, stress, and concern, participants’ commitment to student NCLEX-RN preparation and performance underscored their dedication to student program and NCLEX-RN success.
Summary

Most participants experienced a sense of passion and commitment to their teaching approaches. They shared favorable and unfavorable experiences yet remained dedicated to student program and NCLEX-RN success. Participants were delighted when teaching approaches produced positive results and frustrated and stressed by limited resources, lack of student engagement and poor NCLEX-RN performance. Most participants experienced satisfaction with positive responses to their teaching approaches, while negative student feedback motivated faculty to explore new approaches. Commitment to supportive teaching approaches was highlighted by faculty concern for meaningful learning experiences. Faculty experienced ownership of their approaches to teaching, yet remained reflective in practice, flexible in approach, and open to change. Concern for learning was underscored by the diversity of approaches faculty were passionate about throughout their courses. Concern for providing collaborative learning experiences and opportunities for critical thinking were threaded throughout faculty experiences. Faculty experienced a sense of satisfaction from integration of classroom knowledge and clinical practice, and felt their practice was influential to student engagement and critical thinking. Concern for NCLEX-RN testing preparation was highlighted by faculty expressions of attentiveness to student feedback, reliance on supportive teaching approaches, and frustration with student engagement, high stakes testing, and poor NCLEX-RN performance.

Super-ordinate Theme 3: Motivated by the NCLEX-RN

Super-ordinate themes related to faculty being motivated by the NCLEX-RN test plan and questioning style emerged for seven of eight participants on initial individual analysis, and was less prominent for the eighth participant. Most faculty shared how they were reliant on the
NCLEX-RN test plan to guide course content, while others were more reliant on evidence-based research, current nursing trends and various internal and external resources. Faculty shared a sense of confidence related to their attentiveness to the NCLEX-RN, and shared experiences of satisfaction, accomplishment, and frustration with student NCLEX-RN performance. Unwavering dedication to NCLEX-RN success motivated faculty to focus on aligning content outlined on the NCLEX-RN test plan, and integrating NCLEX-RN style questioning throughout their courses. Participants shared experiences around aligning the NCLEX-RN test plan with courses throughout the curriculum, as well as the integration of NCLEX-RN style questioning. Two sub-themes were identified within this super-ordinate theme, 3.1) Energized by aligning NCLEX-RN test plan content, 3.2) Encouraged by NCLEX-RN questioning.

Sub-Theme 3.1: Energized by aligning NCLEX-RN test plan content. Faculty were excited to share their dedication to aligning NCLEX-RN test plan content, evidence-based research, and/or current nursing education trends, with course construction throughout the curriculum as a means of providing students with entry-level nursing content required for nursing practice. Elizabeth spoke passionately about using the detailed NCLEX-RN test plan as a way to familiarize students with NCLEX-RN content and testing. Elizabeth eagerly shared how she found the NCLEX-RN test plan content essential for NCLEX-RN preparation as it is, “…woven throughout every …question that’s in the [an] NCLEX-RN test bank …I talk about strategies and skills that help students to learn how to answer questions when they don’t know…actual content” (Elizabeth, personal communication, October 13, 2015). For Elizabeth, aligning curriculum with three key areas of NCLEX-RN concepts; prioritization, delegation, and management of care, and was satisfied that this approach was supportive of student success. She shared how she also relied on current research, trends in nursing education, and NCLEX-RN
style questioning and testing practice, all strategies she experienced as being influential of student success.

Like Elizabeth, Marjorie expressed satisfaction with aligning NCLEX-RN test plan content with her courses throughout the curriculum, as she found it influential in student success. Marjorie strongly expressed how she found the curriculum to be the best approach to student readiness for the NCLEX-RN. For Marjorie, student performance in Maternal/Child and Medical/Surgical junior level courses was a good indicator of how students would perform on the NCLEX-RN. She was confident that after reviewing [alternative] assessment tests, and correlating questions to course content, her calculation of the percentage of content in the junior level courses represented on the NCLEX-RN was accurate. Marjorie was concerned and felt frustrated by advanced content currently being used in some courses which she found to be less effectively aligned with basic entry-level NCLEX-RN test plan content, and noted,

…85% of those two courses [Maternal/Child and Medical/Surgical junior level course] is on the [alternative test 1] and [alternative test 2]…85% which is …a big red flag to people who design curriculum….maybe [the] focus on acute care and critical care, may be pie in the sky and we’re doing nothing for the NCLEX success…the closer… basic course content [is] to the NCLEX-RN, I think the better chance they [students] have…

(Marjorie, personal communication, October 13, 2015).

Marjorie’s frustration with poorly aligned NCLEX-RN test plan content within the curriculum highlighted her concern for, and dedication to student success. Like Marjorie, Lisa was motivated by her experience with student performance in the Medical/Surgical junior level course within the curriculum, which she found was an indicator of student readiness for the NCLEX-RN. Lisa shared how she found, through literature, that students who perform poorly in
this course, “…are at highest risk for failing the boards…” (Lisa, personal communication, October 15, 2015).

Deena had similar concerns for a strongly aligned curriculum. She underscored her dedication to student success by synchronizing course objectives with clinical experiences to provide students with a more holistic view of patient care. Deena was proud of her participation in curriculum meetings where she interfaced with other faculty to share approaches, and assess the integration of content throughout the curriculum. For Deena, this reinforced her confidence that she was providing meaningful learning experiences that were appropriately aligned with content outlined on the NCLEX-RN test plan.

In contrast, Sophia was aware of the influence the NCLEX-RN test plan has on curriculum design and course material, but was less satisfied with using the test plan to align course content with nursing practice. She shared how she was most reliant on current trends and evidence-based research to guide the integration of NCLEX-RN information throughout her courses. Sophia experienced a sense of confidence that student success was highlighted by her dedication to content that was, “…relevant, appropriate, and updated to most current nursing practices…” (Sophia, personal communication, October 14, 2015). Like Sophia, Lisa was committed to multiple approaches to aligning her courses to current nursing practice, and in addition to the NCLEX-RN test plan, was confident in her use of evidence-based research and current nursing trends. Lisa shared her attentiveness to the NCLEX-RN and focus on alignment of course content, and commented how, “…the NCLEX has a blueprint that determines what needs to be covered…” (Lisa, personal communication, October 15, 2015).

Heather was passionate about aligning her course content with the NCLEX-RN test plan as this was a strategy that helped her determine the emphasis to be placed on particular course
material. She was eager to share how the NCLEX-RN test plan guided her search for other internal and external resources for content. Heather often relied on divisional meetings to help her better align her courses and recounted how this had motivated her to create a change in one of her courses. She recounted, “…through our division meetings that [NCLEX-RN practice questions] was lacking, so we added that last semester and I do think it’s going to have a positive effect” (Heather, personal communication, October, 13, 2015).

Despite Barbara’s disappointment with how the NCLEX-RN currently assesses student knowledge, she was reliant on content outlined on the NCLEX-RN test plan to guide course construction. Barbara shared her frustration with aligning the NCLEX-RN test plan content, in its entirety, was affected by time constraints and the abundance of information students are required to know. She shared how using the NCLEX-RN test plan was a way for her to highlight pertinent content, and recounted, “…I don’t have time to talk about every single congenital [issue]…but I can say…look at the concept first rather than list the five signs…“(Barbara, personal communication, October 26, 2015).

Jackie’s experience with aligning NCLEX-RN test plan content diverged from other participants’, as she was most inspired by her personal teaching philosophy when determining course content and design. She shared positive experiences around student centered teaching and learning and how she felt committed to focusing on the nursing process to provide NCLEX-RN test plan content. Jackie relied on the nursing process as the foundation for student learning, which she found was threaded throughout her courses within the curriculum. She expressed positive experiences with determining course content based on course objectives and the nursing process, “…because the nursing process I feel is entry…. once they have an understanding of the nursing process, then they’ll be able to apply that to all aspects of their nursing curriculum”
(Jackie, personal communication, October, 14, 2015). Although Jackie was less satisfied with using the test plan to help her align NCLEX-RN content, she displayed a sense of gratification that students were improving from her attentiveness to NCLEX-RN style questioning.

Most participants had a strong sense of responsibility for aligning course content with content outlined on the NCLEX-RN test plan as a means of providing pertinent, current, and meaningful learning experiences. For many participants, their focus on the NCLEX-RN test plan inspired them to align their course content, resulting in a sense of accomplishment. Others were less satisfied with aligning course content with the NCLEX-RN test plan and were content with focusing more on approaches that used evidence-based research, current nursing trends, or a combination of all. Faculty concern for student success was evident in faculty devotion to synchronizing course objectives, evaluating student performance, and revising course content. Faculty experienced a strong sense of accomplishment when course revisions produced favorable outcomes, and shared experiences of frustration from perceived barriers to content delivery. Despite their differing approaches to aligning course content with NCLEX-RN test plan content, all participants remained inspired by approaches they found supportive of student success.

**Sub-theme 3.2: Encouraged by NCLEX-RN questioning.** Most faculty conveyed a sense of being dedicated to integrating NCLEX-RN style questioning throughout their courses as an encouraging approach to familiarizing students with the NCLEX-RN and influencing student success both in the program, and on the NCLEX-RN. This differed from their uncertainty about test preparation and attention to test plan alignment, as faculty were more focused on their experience fostering student cognitive abilities through NCLEX-RN questioning style. Marjorie was eager to share her strategies for test construction, and was proud that she did not rely on test banks to obtain test questions, nor construct her own exam questions. She spoke openly about
her dedication to obtaining NCLEX-RN style questions from numerous review books, and was confident this approach was fostering critical thinking and application of knowledge. Marjorie’s dissatisfaction with the large amount of content in her current textbook motivated her to focus on course objectives, topic notes, and innovative questioning strategies. She shared how she selected, “…questions that they [students] are likely to have no access to, but are darn sure focused on the content that we covered” (Marjorie, personal communication, October 13, 2015). Marjorie exhibited a sense of accomplishment from positive student feedback on her approach to having students create their own NCLEX-RN style questioning. She proudly recounted how the questions, “…must be of the analysis and synthesis level of cognitive ability… selected from the NCLEX-RN review book… required in the course… the location in the textbook where the answer is found…[and]… the rationale for each answer, right or wrong” (Marjorie, personal communication, October 13, 2015).

Like Marjorie, Deena was passionate about using NCLEX-RN style questioning to test student knowledge of course content throughout the curriculum. She was confident that her reliance on these types of questions were supportive of student NCLEX-RN success, and this in turn, motivated her to explore ways that this strategy could additionally be incorporated into the clinical and skills lab settings from the start of the program. Deena eagerly shared how she wished, “…there were a way, in the clinical setting or in the skills lab, to integrate some kind of NCLEX…questioning format where the students can start to do this immediately [from start of the program]…” (Deena, personal communication, October 14, 2015).

Faculty shared a sense of accomplishment from their use of a wide range of sources from which students could access and practice NCLEX-RN style questioning, an approach they were pleased with as being beneficial to enhancing student knowledge. Heather enthusiastically shared
her satisfaction with incorporating assessment tests from the standardized assessment testing website into her courses to provide practice with NCLEX-RN style questions. She was motivated by this approach, as she found it provided students with opportunities to practice, “…independently outside of the classroom…” and “because that’s the format the NCLEX will be in…computer based…” (Heather, personal communication, October 13, 2015).

Faculty shared their inspiration to integrate NCLEX-RN style questioning throughout their courses as they found it an effective way to evaluate classroom and clinical knowledge, and test student higher-order thinking. Elizabeth was passionate about testing students by designing exams that, “…encourage the student to synthesize, analyze, prioritize, etc.” (Elizabeth, personal communication, October 13, 2015). She enthusiastically shared how her exams blended NCLEX-RN test plan content with clinical scenarios, and was satisfied that this helped her to evaluate the student’s ability to, “…take that information and synthesize it into a clinical scenario…” (Elizabeth, personal communication, October, 13, 2015).

Faculty were passionate about the quantity of NCLEX-RN practice questions as a strategy for student NCLEX-RN success. While most faculty shared how they felt committed to using NCLEX-RN practice questions, they also experienced uncertainty around the quantity of questions that was most effective. Jackie eagerly shared that for her, student practice should include, “…20 NCLEX-RN style questions every other night or every night…” (Jackie, personal communication, October 14, 2015). Lisa was passionate about students, “…doing 100 NCLEX-RN style exam questions per night” (Lisa, personal communication, October 15, 2015). Deena was concerned that students be exposed to NCLEX-RN style questioning throughout the curriculum, and shared, “…expose them to many, many questions, even hundreds by the time
they graduate, hundreds of…NCLEX type questions…” (Deena, personal communication, October, 14, 2015).

While faculty had differing experiences in regard to their approaches to using NCLEX-RN style questioning throughout the curriculum, for most, it was paramount to success. Barbara and Sophia acknowledged their use of the standardized assessment testing program to provide students with NCLEX-RN questioning, however they were less pleased with the approach than others. Sophia was unsure of the effectiveness of the assessment program and was more excited about students utilizing NCLEX-RN web applications. She reflected positively on a recent change she required of students to utilize NCLEX-RN style questions as review for her exams, and recounted, “…it’s in hopes that they will do well on the NCLEX-RN style questions for the exam…and …even though it’s a lot of work, they feel better prepared for the exams” (Sophia, personal communication, October 14, 2015). Despite Barbara’s reservations about the validity of the current NCLEX-RN predictor exams, she was highly encouraged by the remediation plans that provided her students with focused NCLEX-RN question practice.

Summary

Most faculty shared experiences with being motivated by the NCLEX-RN. They felt eager to align NCLEX-RN test plan content to course content, and were encouraged by their dedication to using NCLEX-RN questioning style throughout the curriculum. For most faculty, the NCLEX-RN test plan inspired course construction, while for others a focus on teaching philosophy, evidence-based research, and current trends in nursing education was more inspirational. Faculty felt a strong sense of responsibility for familiarizing students with NCLEX-RN test plan content and passionately shared a sense of pride, accomplishment, and frustration related to the effectiveness of this strategy. Faculty also shared feelings of
disappointment and uncertainty about the effectiveness of knowledge testing by the NCLEX-RN, the amount of material students were responsible for, and time constraints to aligning course content. Throughout the curriculum, faculty shared experiences of being dedicated to using a diversity of resources to obtain NCLEX-RN style questions for student practice, and to incorporate NCLEX-RN questions into the clinical setting. Faculty were passionate about using NCLEX-RN style questioning as a valued means of evaluating clinical knowledge, higher-order thinking, and overall student performance. Faculty experienced confidence that their approach to aligning content outlined on the NCLEX-RN test plan with course content, and using NCLEX-RN style questioning throughout the curriculum, was highly supportive of NCLEX-RN success.

Conclusion

This chapter reported findings from an Interpretative Phenomenological Analysis of nursing faculty sense-making of classroom experiences they believe supportive of NCLEX-RN success. Through analysis of patterns and connections identified between emergent themes, three super-ordinate, and seven subthemes emerged. Across transcripts, faculty experienced a sense of responsibility for student success, were affected by their application of teaching practices, and motivated by the NLCEX-RN. They relied on a combination of student participation in learning, and a faculty desire for student success, which they experienced as a strong foundation for success. Faculty also shared experiences with student characteristics and behaviors they found influential of student engagement and success. Experiences with a diversity of teaching approaches were shared, with most faculty expressing concerns for student learning experiences, and a sense of pride and accomplishment in their approach to integrating current and relevant knowledge into the curriculum. Collaborative learning and critical thinking, integration of knowledge with clinical experiences, and opportunities for NCLEX-RN test
preparation, were experienced as highly supportive of student success. Faculty expressed uncertainty about NCLEX-RN preparation, concern for test taking practice, skills, and strategies, and were satisfied with their use of NCLEX-RN style questioning throughout the curriculum. Most faculty were energized by aligning the NCLEX-RN test plan with course content, and frustrated by the quantity of information needed to be covered, time constraints, and the effect of course content perceived to be ill-aligned with the curriculum. They were encouraged by the use of NCLEX-RN style questioning throughout the curriculum, and expressed stress and frustration related to perceptions of the NCLEX-RN as high stakes testing. The subsequent chapter will provide a discussion of the findings.
Chapter Five: Discussion of Findings

The purpose of this study was to explore how nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success. The research question addressed in this study was: How do nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success? The research tradition of Interpretative Phenomenological Analysis (IPA) was used for this study, which allowed the researcher to explore, analyze, and interpret nursing faculty sense-making of lived experiences in the classroom. Schon’s (1983) Reflective Practitioner Theory provided the theoretical framework for this study, and guided construction of the interview schedule, data collection, and analysis. Through analysis of patterns and connections across cases, the following superordinate themes emerged: 1) responsibility for student success, 2) affected by application of teaching practices 3) motivated by the NCLEX-RN.

This chapter will provide a discussion of the findings related to each super-ordinate theme, the connection of the findings to the literature and theoretical framework, limitations of findings, recommendations for practice related to each super-ordinate theme, and recommendations for future research, followed by a conclusion. The results of this study will be referred to as the NCLEX-RN study so as to distinguish it from other studies that will be referenced.

Super-ordinate Theme 1: Responsibility for Student Success

Two nested subthemes emerged under the super-ordinate theme of responsibility for student success: reliance on student participation, and faculty desire for student success. While most participants relied heavily on student involvement in their own success, many shared more favorable learning experiences when there was an integration of faculty desire for student
success. Participants discussed their reliance on student participatory behaviors and shared frustration around the lack of students taking responsibility for learning. Across transcripts, participants fervently wanted students to take responsibility for their own learning both in the classroom and the clinical area, a notion that is abundantly discussed, and historically presented in the literature. Carpenter and Pease (2013) argued that taking responsibility for one’s own learning helps students acquire deeper knowledge and skills, a finding that is consistent with data from this NCLEX-RN study. Across cases, participants shared experiences of pride and accomplishment when students took the initiative to seek out knowledge, and frustration when students were disengaged in learning, and blamed faculty for lack of knowledge acquisition.

Sub-theme 1.1: Reliance on student participation. In regard to the sub-theme of faculty reliance on student participation, nursing faculty shared their experiences with flipped classrooms, engaging classroom activities, and enhancing knowledge application to foster student participation. Many participants shared experiences with student characteristics and behaviors that either supported or hindered student participation, and in turn affected faculty teaching experiences. Data from this study revealed a faculty sense of satisfaction with students who were motivated, dedicated, goal driven, and eager to learn. In contrast, some participants were frustrated and challenged by passive learners, and the less mature learner not as dedicated to learning, and frequently unprepared or even absent from class.

Studies related to student participation on academic success were abundant in the literature. In their qualitative study, Porter-Lewallen and Kayler-DeBrew (2012) discuss the characteristics that differentiate the successful and unsuccessful student in the clinical area. The study focused on nursing student clinical performance, and corroborated findings of successful and unsuccessful student behaviors that aligned with participants’ experiences in this NCLEX-RN
study. Porter-Lewallen and Kayler-DeBrew (2012) identified five characteristics of successful students in the clinical area:

- prepared for the experience
- able to think critically
- able to build relationships and communicate well
- positive and eager to learn, and
- showed progress, accepted feedback, and adapted to the clinical setting.

Behaviors related to these characteristics included, but were not limited to:

- prior preparation
- promptness
- attentiveness to experience
- critical thinker
- seeks learning opportunities
- eager to learn
- positive attitude

These behaviors were similar to many of the behaviors that influenced participant teaching experiences in this NCLEX-RN study in regard to student success in the classroom. Participants were encouraged by the behaviors of degreed students who were goal driven, eager to learn, self-motivated, dedicated and engaged, and were less pleased with students who they perceived as immature, passive learners, unprepared for class, distracted, and disengaged. Student behaviors were also highlighted in a study by Rogers (2009), who explored factors contributing to student success in an associate degree nursing program and on the NCLEX-RN. Rogers (2009)
interviewed faculty and students, and several student-related themes emerged that were aligned with student behaviors and success including; ability to manage life events, critical thinking, test-taking and study skills, organization, prioritization of roles and responsibilities, and motivation.

Rose (2011), in a study examining nursing student retention and recruitment, found that motivation factors are often not investigated despite the impact they may have on successful learning. Rose discussed intrinsic motivation in academic success as the drive to satisfy one’s own desire for knowledge, whereas the aim of extrinsic motivation was to satisfy others. While motivation significantly affected the quality of learning outcomes, Rose found the intrinsically-motivated student was more likely to successfully meet academic challenges. Rose reported positive correlations between intrinsically motivated students and grades and standardized test scores, while Rose reported that extrinsic motivation was unrelated or negatively correlated with positive academic success. This further supports findings in this NCLEX-RN study of participant experiences with both motivated and unmotivated students. Participants experienced pride, satisfaction, and a sense of accomplishment when students were more eager to participate, motivated to learn, and experienced frustration and disappointment with students less involved, less accountable, and less participatory in their learning experiences.

Findings from Rocca’s (2010) extended multidisciplinary literature review on student participation in the college classroom, echo similar experiences of participants in this NCLEX-RN study, who had more favorable teaching experiences when students were participatory. Rocca found student participation influenced higher levels of thinking, including interpretation, analysis, and synthesis, an area of concern emphasized by participants in this NCLEX-RN study. Rocca (2010) also noted that student participation contributes to a perceived positive teaching experience, a desire shared by many participants in this study. While some participants in this
NCLEX-RN study echoed findings in the literature that emphasize student participation as increasingly more prevalent with millennial learners who demand more interactive experiences (Rocca, 2010; Beland & Murphy, 2016), participants in this NCLEX-RN study also found technology-centered learning behaviors often distracted students from participation, which at times negatively affected their teaching experiences. Although most participants in this NCLEX-RN study were pleased with the use of technology, it was also a source of frustration for some who shared experiences with their limited ability to use technology, and the disruptions they found from student use of personal technology. This experience may be attributed to the gap that exists between aging faculty and millennial learners. Acknowledging a difference between millennial learners and baby boomer faculty has been addressed in the literature. Mangold (2007) uncovered how tech savvy millennial learners increasingly prefer learning environments enhanced by multiple forms of media, and that the generational gap between faculty and students presents issues in regard to differences in values, beliefs, attitudes and behaviors. While participant experiences with technology in this NCLEX-RN study were mostly expressed positively as enhancing, supportive, and/or supplemental to student learning, some participants shared experiences of frustration with students being distracted by personal technology, and being reliant on technology to stimulate learning.

Hunter-Revell & McCurry (2010) corroborate this finding, noting the millennial learners’ preference for classrooms that stimulate learning through the use of technology. Booth’s (2010) findings related to social media use by nursing students were also consistent with data that emerged from this NCLEX-RN study around technology. Booth (2010) posited that engaging students in the classroom has become more challenging, especially in regard to accessing social media such as Facebook and Twitter. Many participants in this NCLEX-RN study were
frustrated by student’s seemingly being bored and accessing their computers, iPhones, and/or Facebook during class. Participants were discouraged and frustrated by students who were apathetic and non participatory, and although they relied on student involvement for successful learning experiences, they were cognizant of their own responsibilities for student learning.

Sub-theme 1.2: Faculty desire for student success. Faculty desire for student success was centered on participant shared experiences of concern for student engagement and academic success. While participants acknowledged the need for student participation in learning, they experienced a strong sense of responsibility for their own contributions to student learning. Most participants were proud of, and satisfied with their commitment to students and their ability to engage the student in learning, yet some were frustrated and challenged by negative student feedback, poor NCLEX-RN performance, lack of opportunities for creative teaching, and perceived inadequate learning environments.

Faculty sharing responsibility for student success is well addressed in the literature. Parallels can be drawn from a study by Krause-Phelan et al. (2011), who explored how law faculty build student responsibility for learning. Although the study focused on student responsibility for learning, responsibilities implicit in the role of faculty were highlighted and aligned with experiences of participants in this NCLEX-RN study: faculty attentiveness to supporting the student, and engaging the student in active learning. Additionally, Bristol (2014) found that effective learning outcomes are better achieved through the partnership of student and faculty. Participants in this NCLEX-RN study echoed similar desires for student-faculty partnerships, in reflective discussions around integrating student accountability with faculty high expectations for success.
In addition to the strong sense of responsibility participants experienced, one participant experienced a sense of duty to students. Current studies related to faculty duty to students were sparse and conflicting in the literature and weakly supportive of the experience shared by the participant in this NCLEX-RN study. DeAngelis (2014) makes the distinction between faculty ethical responsibilities, and the fiduciary relationship between college administrators and their institution and explains a fiduciary relationship exists when one person places trust in another who has openly or legally accepted that relationship. The findings in this NCLEX-RN study, related to faculty sense of duty uncover an emerging perspective, which adds to the literature around faculty-student fiduciary relationships. Lee (2014) posits that although the application of fiduciary duty is fairly new to higher education, most court rulings have failed to find that a faculty-student fiduciary relationship exists. Although most participants in this NCLEX-RN study did not express a sense of duty, their awareness of responsibility for student learning was heightened.

Emerging from the findings in this study was an awareness of the responsibility for nursing education as a whole. Concerns were voiced about exploring best teaching, testing and knowledge aligned with current nursing trends. A report submitted by the Robert Wood Johnson Foundation (RWJF) (2012) highlighted the aim of many nurse educators and administrators to strengthen nursing education. Several changes were aligned with findings in this NCLEX-RN study and included integration of classroom and clinical, simulation technology, and the use of technology in the classroom. In line with participant experiences in this NCLEX-RN study around current nursing education trends, the RWJF (2012) report highlights technology changes in the classroom that includes eBooks, YouTube videos, and other simulated teaching scenarios,
many of the innovative tools that participants in this NCLEX-RN study relied on to support their teaching.

Additionally, Valiga (2012) describes current trends in nursing education where students are co-learners with the teacher and peers, and highlights the responsibility of faculty to guide, challenge and support student learning. Participant experiences emerging from this NCLEX-RN study relied on collaborative relationships between faculty and students, a value noted by Valiga (2012) whose findings highlighted the responsibility of nursing faculty to guide instead of control student learning experiences. Participants in this NCLEX-RN study expressed a great desire to foster student engagement, and shared feelings of pride, satisfaction, and accomplishment at achieving this goal. Participants felt rewarded by their efforts, as well as positive student feedback, while often being frustrated by negative student feedback.

Student evaluation of teaching is highly debated in the literature, and addresses concerns similar to those that emerged from participant experiences in this NCLEX-RN study. While participants were motivated by positive feedback, negative feedback was often a source of frustration and self-doubt in regard to teaching and program effectiveness. Research by Annan, Tratnack, Rubenstein, Metzler-Sawin and Hulton (2013) suggests that student evaluations are strong influences on administrative decision-making about faculty. This was corroborated by additional studies that also found student evaluations of faculty were influential measures of teaching effectiveness in higher education (Jimaa 2013; Liang, 2015; Keeley, English, Irons & Henslee, 2013).

Connecting faculty performance to administrative decision-making may have been a source of frustration for participants in this NCLEX-RN study, who shared experiences of discouragement from negative feedback as well as from poor NCLEX-RN pass rates. Participant
perceived self-efficacy, or confidence in one’s ability, shared in this NCLEX-RN study, is widely addressed in the literature, however literature on inefficacy specific to nursing faculty is sparse. In an article discussing burnout specific to nursing faculty, Shirey (2006) acknowledges three dimensions of burnout; exhaustion, cynicism, and inefficacy. The author posited that nursing faculty experience overwhelming demands, high job expectations and heavy workloads, contributing to burnout, and resulting in a perceived sense of inefficacy. This was in line with findings in this NCLEX-RN study which found one participant’s experience of stress related to a perceived enormity of job responsibility related to preparing future healthcare practitioners.

While negative feedback served as motivation for some participants in this NCLEX-RN study to adjust their classroom content and delivery, for others, desire for student success was evident in their shared experiences of being energized by positive student feedback. Participants were proud of their contributions to student learning, confident in their ability to foster student success, and confirmed of their responsibilities to student learning. In a quantitative study conducted by Skaalvik and Skaalvik (2014) perceived self-efficacy was predictive of engagement and job satisfaction, and shown to increase motivation. This finding aligned with participants in this NCLEX-RN study who were encouraged by student awareness of and appreciation for faculty dedication, and satisfied with their contributions to student learning and success. In contrast to participants who were satisfied, several participants were quite dissatisfied with teaching environments they found to be barriers to successful learning and teaching experiences.

Participants shared experiences of frustration and disappointment with perceived lack of adequate learning environments, which they felt impacted student engagement, student learning, and student satisfaction. Interactive classes occurred less frequently as a result, and large class
size, space and seating arrangements were experienced as negatively impacting student learning experiences. The impact of learning environments on student learning and teaching experiences has been historically and abundantly argued in the literature. A current study by Cheryan, Ziegler, Plaut and Meltzoff (2014), discusses the physical classroom and its influence on student comfort, interaction and achievement. Citing findings from the 2014 National Center for Education Statistics (NCES), Cheryan et al. (2014) posit that inadequacy of structural aspects of classrooms negatively impacts student learning. Of particular interest was their finding that corroborates the experiences of participants in this NCLEX-RN study, suggesting that seating arrangement impacts teaching experiences, and interaction in the classroom (Cheryan, et al., 2014).

Folkins, Friberg and Cesarini (2015) in a recent article about classroom design planning, highlight the perspective of today’s instructors who rely more heavily on active learning strategies. The findings suggest that for best teaching and learning experiences, seating design should center on learning outcomes, and facilitate innovative learning (Folkins et al., 2015). This echoes the concerns of participants in this NCLEX-RN study who shared negative teaching and learning experiences in relation to poor seating arrangements and inadequate accommodation of larger class sizes. While not a specific academic focus, participant frustration around the learning environment underscored their desire for student success.

Connection to theoretical framework. Schon (1983) acknowledged professional practitioners as experiencing particular situations repeatedly throughout their practice. He suggested that reflective practitioners think back on lived experiences, explore understandings of their experiences, and create new understandings. Reflective practice was threaded throughout each super-ordinate theme as participants shared their teaching experiences around NCLEX-RN
success. The super-ordinate theme of responsibility for student success found participants reflecting on student and faculty responsibilities for learning. Participant reflection-in-action was highlighted in experiences with disruptive student behaviors which sparked discussions about intuitive and creative ways in which participants dealt with the issue. This stimulated deeper reflection which emerged as participants assigned specific behaviors as either supportive or detrimental to student success. Reflection-on-action was apparent as participants shared frustrations with student participation, feedback, and performance. Student disengagement and disinterest stimulated participants to make immediate changes to garner student attention in the classroom, an action in line with reflection-in-action.

Participants reflected on their own responsibilities for student learning and emerging from this process was a sense of shared responsibility for student success. Participant reflection inspired evaluation of student benefits from faculty concern and involvement, effectiveness of teaching approaches, and uncovered one participant’s sense of duty to students. Desire for creative freedom, and flexibility in teaching and decision-making also emerged through reflection, and student feedback, and performance stimulated changes and/or adjustments to their approaches in the classroom. As a result of reflective practice, participants experienced a sense of awareness of the shared responsibility for success between students and faculty in the process of nursing education and in support of NCLEX-RN success.

Super-Ordinate Theme 2: Affected by Application of Teaching Practices

Three nested sub-themes emerged under the super-ordinate theme of affected by application of teaching practices; responsive to diverse teaching practices, energized by integration of knowledge, and uncertainty about NCLEX-RN preparation. Across cases, participants in this NCLEX-RN study shared experiences with a diversity of teaching practices
they found beneficial, engaging, and preparatory for the NCLEX-RN. While participants shared favorable classroom teaching experiences, they also shared unfavorable ones related to frustration and discouragement around their teaching practices. Participants in this NCLEX-RN study experienced a sense of gratification that students were receiving opportunities to apply knowledge to practice, and shared a sense of uncertainty about NCLEX-RN preparation.

**Sub-theme 2.1: Responsive to diverse teaching practices.** Faculty responsiveness to diverse teaching practices centered on participant experiences exploring and developing effective and engaging teaching practices. Participants in this NCLEX-RN study were flexible and diverse in their approaches, reflective, quick to adjust lessons, and willing to explore alternative approaches. While most participants were passionate about, reliant on, and proud of their approach to teaching, many were frustrated with student disengagement and poor performance. Participants in this NCLEX-RN study experienced a strong sense of commitment to student success, and nursing education as a whole, and were encouraged and motivated by student feedback and informative curriculum meetings. Fostering higher-order, critical thinking through teaching approaches was challenging yet at times invigorating for participants who relied on this approach to support student success.

Participants in this NCLEX-RN study experienced a sense of concern that their teaching approaches were engaging and effective and providing students with meaningful learning experiences. Most participants in this NCLEX-RN study highlighted their dedication to collaborative approaches to learning through the use of case studies, interactive, and Blackboard Learn group discussions, and innovative, creative gaming. Kuh (2012), and Kinzie (2012) reporting on high-impact educational practices (HIP), corroborate findings that emerged from participant experiences in this NCLEX-RN study around favorable outcomes related to a
perceived “flipped classroom”, collaborative assignments and group discussions. The flipped classroom is a student-centered learning experience that requires student preparation prior to class and the use of class time for knowledge application and analysis (Bristol, 2014). These were two areas of concern that surfaced from participant discussions in this NCLEX-RN study. Flipped classrooms were experienced by participants in this NCLEX-RN study as one approach to creating collaborative learning experiences to foster student engagement. This aligned with current studies acknowledging the influence of high-impact practice of collaborative activities on student engagement, and resulting contributions to positive student outcomes (Kuh, 2012; Kinzie, 2012).

Student engagement can be enhanced through use of study groups, team-based assignments and cooperative projects and research (Kuh, 2012; Kinzie, 2012). This supports experiences of several participants in this NCLEX-RN study who shared their experiences with group work, discussions, and presentations. Additionally, Kuh (2012), and Kinzie (2012) found positive correlations between high-impact educational practices and increases in critical thinking. Most participants in this NCLEX-RN study were reliant on some form of interactive group work, and were proud and satisfied with their approaches; confident they were fostering higher-order critical thinking, and committed to reinforcing NCLEX-RN material.

Fostering critical thinking was further experienced by participants in their reliance on, and dedication to, using case-study teaching approaches. Barkley, Cross, and Howell-Major (2005) posited that the case-study method helps to bridge the gap between theory and practice, an aim many participants in this NCLEX-RN study shared during their interviews. Forsgren, Christensen and Hedemalm (2013) found that the case-study method of learning is beneficial to student learning. Likewise, participants in this NCLEX-RN study shared positive experiences
related to increased student exam performance after integrating case studies into their course. Case-study learning fosters autonomy, self-directed learning, and critical thinking by providing opportunities for problem solving, student independence, and knowledge seeking (Forsgren et al., 2013). This supports findings of participants in this NCLEX-RN study who found case-study learning to be stimulating, engaging, and encouraging of student critical analysis, knowledge application, and concept understanding, and positively influenced participant teaching experiences.

Some participants relied on concept-based teaching approaches as a best method for encouraging student higher order critical thinking. Studies on concept-based learning are abundant in the literature, however limited for concept-based learning specific to nursing education. One recent study by Duncan and Schulz (2014) highlights lack of published data related to concept-based curricula and student outcomes. Duncan and Schulz (2014) compared program outcomes from a traditional nursing curriculum that had transitioned to a concept-based nursing curriculum, and reported few changes in student outcomes. In contrast, Getha-eb, Beery, Xu and O’Brien (2014) found concept-based learning aimed at identifying essential nursing concepts, helps faculty emphasize what students need to know. While participants in this NCLEX-RN study were excited and committed to using innovative approaches to teaching by integrating concept-based learning into the curriculum, this researcher sensed uncertainty around its use in the nursing classroom. Other innovative approaches to teaching were further shared by participants in this NCLEX-RN study as they expressed their satisfaction with several forms of technology used to enhance student engagement, concept illustration, and critical thinking.
While participants in this NCLEX-RN study shared differing experiences with use of Microsoft PowerPoint slides many relied on their use for content delivery. Literature on PowerPoint use for content delivery is sparse and conflicting in regard to its effectiveness. Berk (2011) suggests a less than engaging reputation of Microsoft PowerPoint presentations, yet supports its effectiveness based on positive findings in research around multimedia use in academia that introduces movement, music and video into the classroom to enhance student learning. Similar to experiences shared by participants in this NCLEX-RN study, the concept of “death by PowerPoint” finds Microsoft PowerPoint presentations as providing too much text and boring graphics (Berk, 2011). Berk (2011) posits that PowerPoints, if created correctly, can be engaging, improve attention, and enhance deep learning of content being presented. In contrast, and similar to experiences shared by some participants in this NCLEX-RN study, Hill Arford, Lubitow and Smollin (2012) suggest effects of PowerPoint presentations on student learning is ambivalent. The authors note that students found the strength of PowerPoint use was its ability to show pictures, video clips, and outline lecture notes and information, while weaknesses included faculty reading from slides, presenting content too quickly, and discouraging class discussions (Hill et al., 2012). Participants in this NCLEX-RN study were less than pleased with using Microsoft PowerPoint slides for similar reasons, however, remained reliant on Microsoft PowerPoint slides to present pertinent content aligned with their current textbooks.

Participants in this NCLEX-RN study expressed reliance on additional forms of technology to present pertinent content including; YouTube, Blackboard Learn, Simulation, VCEs, and standardized assessment testing. Participants in this NCLEX-RN study were pleased with the use of YouTube which they experienced as a way of enhancing student learning, supplementing course content, and providing concept illustration of NCLEX-RN test plan
content. YouTube in the classroom is minimally addressed in the literature. In a quantitative study conducted by Buzzetto-More (2014), undergraduate students were surveyed to examine their perceptions regarding YouTube in the teaching and learning process. Buzzetto-More (2014) found that YouTube enhances instruction and increases student interest. Video length was found to impact student decision to watch a video, and findings supported that students preferred YouTube videos that did not exceed 1.5-3 minutes (Buzzetto-More, 2014).

Using film in the classroom is not a new concept, but a form of content delivery that has evolved to the present day YouTube technology. Jones and Cutherall (2011) reported that the use of YouTube is an easily accessible way to enhance student attention, and noted that Berk found it to tap into the brain’s verbal, visual, and music intelligences (as cited in Jones & Cutherall, 2011, p.77). Supporting similar experiences shared by participants in this NCLEX-RN study, Jones and Cutherall (2011) suggested that YouTube assists in introducing new concepts and directly presenting course content. Simulation, Virtual Clinical Excursions (VCEs), Blackboard Learn discussion groups, and standardized assessment testing were alternative technologies further expressed by participants in this NCLEX-RN study as being influential of positive teaching experiences, and ways in which to increase student attention, interest and participation. Although highly valued by participants, these were technology enhanced teaching practices mostly in use in learning environments outside the classroom. In addition to reliance on these technologies to enhance critical thinking, participants shared positive experiences with the ability of these technologies to assist students in applying knowledge to practice.

Sub-theme 2.2: Energized by integration of knowledge. The sub-theme of energized by integration of knowledge emerged as participants, across transcripts, shared their enthusiasm
and commitment to providing students with meaningful clinical experiences that integrated classroom knowledge and clinical practice. The value of clinical experiences in nursing education is abundantly discussed in the literature. Participant experiences with student NCLEX-RN success in this NCLEX-RN study included student experiences with effective knowledge application at the bedside. Energized by the integration of knowledge between classroom and clinical was experienced for participants in this NCLEX-RN study, as a means of integrating and reinforcing both content and skills. While participants were proud of their commitment to integration of knowledge, some frustrations emerged around perceived barriers to clinical experiences including; uncertainty with securing clinical sites, oversight of student experiences in the clinical area and clinical adjunct faculty, and student disengagement in the clinical setting. Current studies identifying a gap between theory and practice in nursing education were broadly discussed in the literature.

Christensen (2011) highlights a common perception of knowledge transfer termed theory to practice, where teachers “give” knowledge and students then “take” that knowledge to their workplace. Hatlevik (2012) acknowledged a gap between knowledge acquired in nursing education and use of knowledge in their first year as nurses, and suggests this may, in part, be due to student lack of a perceived lack of connection between subject matter and practice. This echoes the concerns of participants in this NCLEX-RN study who shared positive experiences of commitment to purposefully and meaningfully linking classroom knowledge to clinical practice.

Knowledge application was of paramount importance to participants, who perceived student ability to apply knowledge at the bedside as an effective measure of NCLEX-RN success. This finding was supported in a qualitative study conducted by Porter-Lewallen and
Kayler-DeBrew (2012) of faculty perspectives on successful and unsuccessful clinical nursing student characteristics. Porter-Lewallen and Kayler-DeBrew (2012) found that faculty in their study expected students to have a strong knowledge base and the ability to apply that knowledge to the clinical experience. Faculty in their study were reliant on students to apply previous learned material to clinical practice and found successful students were able to think critically, and integrate classroom knowledge into clinical practice (Porter-Lewallen & Kaylor-DeBrew, 2012). These findings aligned with participant experiences in this NCLEX-RN study, who emphasized the need for critical thinking ability, and found students were less successful when they were unable to apply knowledge to practice in the clinical setting. While participants in this NCLEX-RN study were passionate about linking theory to practice, some were troubled by unknown variables impacting clinical placements and experiences, creating doubt around the effectiveness of clinical experiences in relation to student, program, and NCLEX-RN success.

Findings from this NCLEX-RN study add to current literature related to the supportive relationship of clinical learning experiences to student success. Participants in this NCLEX-RN study shared concerns over the perceived limitations on oversight of clinical sites, student experiences, and clinical adjuncts. These concerns were aligned with the challenges and barriers reported by Andresen and Levin (2014) in a study on clinical practice settings. The authors found clinical experiences were often challenged by limited capacity for student experiences, limited care opportunities, and lack of clinical educators. Participants in this NCLEX-RN study expressed similar concerns as they shared their desire to have better oversight of student clinical learning opportunities as well as the clinical adjunct faculty who provide students with these clinical experiences and are responsible for linking theory to practice.
Participant concerns in this NCLEX-RN study aligned with findings from Killam and Heerschap’s (2013) qualitative study examining student challenges in the clinical setting. Clinical experiences were found to be limited in supervision, effective evaluation, time to practice, placement location, and poor relationships with floor nurses and the clinical instructor (Killam and Heerschap, 2013). Negative experiences with clinical instructors were experienced as a sense of disconnection, negative attitudes towards students, a disinterest in student learning experiences, limited qualifications, knowledge and skills, and lack of involving students in learning opportunities (Killam and Heerschap, 2013).

Sub-theme 2.3: Uncertainty about NCLEX-RN preparation. Preparation for the NCLEX-RN throughout the program was a shared concern of participants in this NCLEX-RN study. Negative and positive experiences underscored the uncertainty participants experienced in relation to the effectiveness of their approaches to preparing students for the NCLEX-RN. Studies discussing approaches to predicting NCLEX-RN success were abundant in the literature; however literature addressing effective NCLEX-RN preparation was limited. Participant experiences in this NCLEX-RN study with preparing students through the use of standardized assessment testing, were aligned with findings in the literature in regard to the use of standardized assessment testing in promoting student familiarity with NCLEX-RN style testing. Standardized assessment testing has primarily been used in nursing programs to promote and predict student success on the NCLEX-RN (Hyland, 2012; Coons, 2014; McCarthy, Harris & Tracz, 2014). While one participant in this NCLEX-RN study shared positive experiences in regard to using standardized assessment testing to enhance test taking skills and provide focused remediation, others were uncertain about the effectiveness of this approach to student NCLEX-RN readiness and success.
Effectiveness of standardized assessment testing as preparation for and prediction of NCLEX-RN has been widely argued in the literature. Homard’s (2013) findings supported the importance of integrating standardized assessment testing throughout a nursing program. Comparing varied levels of student participation in standardized assessment testing programs, Homard (2013) found that students who did not utilize standardized assessment testing were less successful on the NCLEX-RN. Likewise, McCarthy, Harris and Tracz (2014) found a positive correlation between Assessment Testing Institute (ATI) standardized exams in Fundamentals, Medical Surgical, Nursing Care of Children, Mental Health, and Maternal Newborn, and NCLEX-RN passage. Yeom (2013) reported similar findings, correlating higher scores on standardized assessment testing with NCLEX-RN passage. Participants in this NCLEX-RN study also shared concerns with inability to offer standardized assessment testing in the Computer Adaptive Testing (CAT) format, the testing method used for the NCLEX-RN. The inability to offer students practice with CAT for NCLEX-RN preparation, was perceived by several participants in this NCLEX-RN study as a disadvantage and barrier to NCLEX-RN preparation.

CAT allows for individualized assessment of student knowledge. NCSBN (2015) utilizes CAT to synchronize the number of easy and difficult items with test taking expertise on the NCLEX-RN, reduce security risks, and standardize the measurement of nursing ability and competence. Literature addressing the use of CAT as an approach to NCLEX-RN preparation is extremely limited. Only one current study by Cox-Davenport and Phelan (2015) provided insight into this approach to student NCLEX-RN preparation. Cox-Davenport and Phelan (2015) conducted a descriptive correlational study to evaluate the impact of adaptive quizzing on NCLEX-RN predictor exams and NCLEX-RN success, and found it effective to increase content
mastery. Additionally, uncertainty about the effectiveness of standardized assessment testing experienced by participants in this NCLEX-RN study is widely debated in the literature. Findings in this NCLEX-RN study were supported by Cox-Davenport and Phelan’s (2015) findings that standardized assessment testing predictor exams were unable to indicate which students would fail the NCLEX-RN. Student factors beyond faculty control were found to contribute to NCLEX-RN failure. Faculty inspiring students to improve their test-taking skills and approaches to learning, was noted as a strategy supportive of NCLEX-RN success (Carrick, 2012).

When students performed poorly on the NCLEX-RN predictor and/or the NCLEX-RN, participants in this NCLEX-RN study were frustrated and discouraged, which resulted in their questioning of their teaching effectiveness. Teaching effectiveness is abundantly discussed in the literature with less literature focused the teaching effectiveness of nursing faculty. Findings in the literature suggest that faculty often examine their role in student failure, and question what they could have done better (Carrick, 2011; Ozder, 2011). Berk (2005) points out, however, that it is difficult to identify one particular reason for student learning, that on the contrary, many variables affect student outcomes.

Connection to theoretical framework. The super-ordinate theme of affected by application of teaching practices elicited participant reflection on diverse teaching practices, integration of knowledge, and uncertainty about NCLEX-RN test preparation. One concept discussed in Schon’s (1983) reflective practice is “tacit knowing” which participants often expressed in discussions during interviews, without offering deeper or concrete explanations of their experience. For instance, participants shared experiences of being able to “read” students, needing to be theater majors to grab student attention, seeing “eyeballs” stray, and general
statements about intuitively knowing when students are and are not interested or engaged. Reflection-in-action was experienced by participants as they shared attempts to effectively engage students in learning, evaluated teaching practice effectiveness, continued with successful approaches, and evaluated and revised approaches in need of change.

Schon (1983) highlighted the need for practitioners to be able to conduct “experimental research” in the classroom as a way of explaining and addressing what the student is experiencing. This was evident in the experiences of several participants who, in the moment of teaching, responded to student feedback by adjusting their teaching approaches to provide more successful learning experiences. Through classroom discussions new ideas and unexpected outcomes emerged, participants were stimulated to reflect-in-action, and opportunities arose for participants to restructure approaches.

Reflection-on-action allowed participants to examine their ways of doing over numerous years of teaching, explore new approaches, incorporate and evaluate changes. Past NCLEX-RN failures and negative student feedback motivated participants to question what went wrong, and to strategize change. Most participants reflected on approaches that were supportive of success, and were attentive and flexible in problem solving related to teaching practices. Reflection on the effect of their own behaviors on student learning prompted some participants in this NCLEX-RN study to change, while for others, positive feedback reinforced current practice. Schon (1983) explains how actions, as feedback, can create unexpected surprises which require different approaches or “reframing” by practitioners. In this study, student disengagement in the clinical area was shared as negative feedback and stimulated participants to explore other options to effectively engage the student. In early works by Argyris and Schon (1974), this type of learning was referred to as “single loop” learning (as cited in Schon, 1983). In addition to
exploring new ways to engage students in the clinical setting, reflection-on-action regarding poor NCLEX-RN performance allowed participants to create new ideas and strategies for success. Participant experiences in this NCLEX-RN study indicative of “double loop” learning where policies within the nursing division were changed as a result of participant reflection did not emerge from discussions, as participants were mainly focused on their individual experiences and were not questioned about this process.

Super-Ordinate Theme 3: Motivated by the NCLEX-RN

Two nested sub-themes emerged under the super-ordinate theme of being motivated by the NCLEX-RN; energized to align NCLEX-RN content, and encouraged by NCLEX-RN questioning. Participants were motivated to provide students with NCLEX-RN test plan content and to integrate NCLEX-RN style questioning within their courses throughout the nursing program. Participants also experienced a sense of accomplishment and satisfaction with their attentiveness to the NCLEX-RN, and were frustrated by poor NCLEX-RN performance and pass rates. Participants shared a strong sense of responsibility for providing pertinent, current, and meaningful learning experiences for students, and were inspired by approaches they found supportive of student success.

Sub-Theme 3.1: Energized to align NCLEX-RN content. Participants in this NCLEX-RN study were focused on and dedicated to aligning NCLEX-RN test plan content, evidence-based research, and/or current nursing trends with course content throughout the curriculum to provide students with entry-level nursing knowledge. Aligning course content with the NCLEX-RN test plan is essential to preparing candidates for the NCLEX-RN, as it guides content to be tested based on current entry-level practice (NCSBN, 2015). The detailed NCLEX-RN test plan serves several purposes including preparing candidates for the exam, provide thorough listing of
content assessed, and to guide nurse educators in writing NCLEX-RN style questions (NCSBN, 2015).

Most participants in this NCLEX-RN study were committed to using the NCLEX-RN test plan to familiarize students with NCLEX-RN content and testing style. While studies on teaching to the test are abundant in the literature, an important distinction must be drawn here between teaching to the test and using the NCLEX-RN test plan to guide inclusion of course content. Oermann and Gaberson (2014) point out how pressures often lead teachers to “teach to the test”; a practice that often involves using actual test items for practice, and using previous tests for practice. Acknowledging the pressures experienced by nursing programs to meet accrediting standards and NCLEX-RN pass rates, Oermann and Gaberson (2014), differentiate between direct preparation for the test and purposeful teaching of content and relevant test-taking skills. Participants in this NCLEX-RN study were attentive to including relevant content guided by the NCLEX-RN test plan; however none shared experiences of devoting time to direct preparation for the NCLEX-RN through use of actual test items. Oermann and Gaberson (2014) point out that nursing faculty who align course content with test plan content, are not teaching to the test.

Sharing experiences of frustration and concern regarding the current curriculum, some participants perceived the inclusion of advanced practice level content as being poorly aligned with entry-level practice. This is addressed in literature provided by the NCSBN (2014) knowledge, skills and ability study. The purpose of the NCSBN (2014) knowledge, skills, and ability survey conducted in 2014 was two-fold in its aim to validate current NCLEX-RN test plan content, and to identify current knowledge needed for entry-level nursing practice. The 2014 knowledge survey identified 253 knowledge statements important for entry-level RNs; a
focus that participants in this NCLEX-RN study shared they maintained throughout the curriculum. This highlights experiences by participants in this NCLEX-RN study who were frustrated and disappointed with the large amount of content perceived necessary for inclusion in the curriculum. The rising amount of content required for entry-level nursing is based on increasingly complicated diagnostic and treatment systems students will experience as entry-level nurses (Benner, Sutphen, Leonard & Day, 2009).

Several participants in this NCLEX-RN study shared their experiences with content in junior level courses in Maternal/Child and Medical/Surgical as being indicative of student program and NCLEX-RN success. Predictors of nursing program and NCLEX-RN success are abundantly addressed in the literature, and aim to provide schools of nursing with much needed measures for determining reasons for student performance. Participants in this NCLEX-RN study found Maternal/Child and Medical/Surgical junior level course performance to be a strong predictor of program and NCLEX-RN success. Although these courses are not the only predictors of success, their predictive value is aligned with findings in the literature (Schooley & Khun, 2013; Yeom, 2013; McCarthy, Harris & Tracz, 2014; Cox-Davenport & Phelan, 2015).

**Sub-theme 3.2: Encouraged by NCLEX-RN questioning.** Participants in this NCLEX-RN study were encouraged by their focus on, and dedication to utilizing NCLEX-RN style questioning throughout the nursing program as a way to foster student cognitive abilities. Nursing practice requires application of higher-order thinking nurses who were able to successfully synthesize, analyze and prioritize patient care, which is often discussed in terms of Bloom’s Taxonomy. Bloom’s emphasis on knowledge in the cognitive domain are hierarchical and increase in complexity through remembering, understanding, applying, analyzing, evaluating, and creating (Billings & Halstead, 2012). Like participants in this NCLEX-RN
study who emphasized the need for students to exercise higher order thinking, Billings and Halstead (2012) suggest that higher order thinking in nursing is necessary in order to effectively apply knowledge to patient care. Additionally, the NCSBN (2015) utilizes NCLEX-RN test items written at Bloom’s cognitive level of application and higher. This aligns with participant concerns in this NCLEX-RN study, that students be familiarized with NCLEX-RN style questioning throughout the program in order to assess student ability to synthesize, analyze, and apply knowledge, and to influence student and program success.

Construction of NCLEX-RN style questions that assess higher order levels of Bloom’s cognitive domain as a means to improving student success is widely discussed in the literature. Schroeder (2012) argued that questions written at or above the cognitive level require application of knowledge rather than memorization and regurgitation of facts. Test items that require critical thinking, such as those designed for the NCLEX-RN, should assess decision-making, and require synthesis of facts and concepts to solve problems (Schroeder, 2012). Like participants in this NCLEX-RN study who emphasized student access to rationales for right or wrong answers, Schroeder (2012) posited that providing rationales that explain why answers are correct or incorrect allows the testing process to become an opportunity for student learning. Participants in this NCLEX-RN study experienced more positive results from external standardized assessment testing that provided access to rationales, as well as opportunities for NCLEX-RN style questioning practice. Despite being uncertain of the effectiveness of standardized assessment testing, participants in this NCLEX-RN study were encouraged by the use of focused, individualized, student remediation plans provided by the standardized assessment testing program as practice in NCLEX-RN style questioning.
In addition to NCLEX-RN style questioning practice provided through the external standardized assessment testing program, participants relied on NCLEX-RN review books, websites, and web applications to provide students with practice questions. One participant was committed to using NCLEX-RN style questioning as a strategy for review for exams. This strategy is supported in the literature by Cox-Davenport and Phelan’s (2015) suggestion that active studying that involves answering practice questions is supportive of content retention. In addition to using NCLEX-RN style practice questions, participants in this NCLEX-RN study were already using or beginning to explore the use of NCLEX-RN style questioning in the clinical area.

In a discussion about flipped classrooms, Bristol (2014) suggested that the classroom can become a clinical learning environment where faculty can provide students the opportunity to acquire and understand knowledge prior to class, and then utilize class time for application and analysis. Bristol (2014) suggests that the flipped classroom can include students developing their own NCLEX-RN style questions; a method one participant in this NCLEX-RN study was enthusiastic about using to engage students in several courses. In line with participant enthusiasm in this NCLEX-RN study to use websites and web applications for questioning practice, Mauro, Hickey, McCabe and Emerson (2012) found value in integrating teaching strategies in the clinical area using innovative technology such as virtual patients, podcasting, simulation, and smart phone technology, to help the student with clinical decision-making. Use of innovative questioning strategies involving technology was highly valued by participants in this NCLEX-RN study; however the opportunity for students to experience questioning in the CAT style was lacking. Participants in this NCLEX-RN study were already motivated to explore
ways in which to provide students with these opportunities to increase exposure to NCLEX-RN style formatting and questioning.

One concern uncovered in this study was the question of effectiveness of the quantity of practice questions related to student success. While most participants in this NCLEX-RN study found NCLEX-RN style question practice paramount to success, there was no agreement as to the number of practice questions needed to effectively support NCLEX-RN success. No literature was found in regard to this topic, however, the NCSBN (2016) learning extension website discusses its online NCLEX-RN review course, and provides access to over 1,300 NCLEX-RN style practice questions, a number they used to encourage student participation in their course. Participant discussions in this NCLEX-RN study around quantity of NCLEX-RN practice questions will add to the sparse amount of literature currently available on the topic. Additional support in the literature for using NCLEX-RN style practice questions for success is the creation of the NCLEX-RN Khan Academy website. NCLEX-RN Khan Academy was developed under the direction of American Association of Colleges of Nursing (AACN) as a supplemental resource for nursing graduates in preparing for the NCLEX-RN.

**Connection to theoretical framework.** Most participant expressions in this NCLEX-RN study of being motivated to align NCLEX-RN content and NCLEX-RN questioning throughout the program were shared through experiences of reflection-on-action. Schon (1983) posited that questions in practice, although shared and discussed in the present, may not be answered until the future. In line with Schon’s (1983) notion that in the process of reflection, practitioners identify outcomes and means of achieving those outcomes, participants reflective discussions in this NCLEX-RN study, explored why they were committed to these approaches and their hopes that this would help them effectively impact student success.
Some participants in this NCLEX-RN study questioned ways in which they approached NCLEX-RN test plan alignment and whether it was beneficial. Participants were energized by their attentiveness to finding best approaches to supporting NCLEX-RN success. Reflecting on the time dedicated to ensuring entry-level content was included throughout the program both reinforced actions and created awareness of need for change in actions. Reflecting on their frustration with poor NCLEX-RN performance gave rise to participants questioning what was happening, and to reshaping their strategies and teaching practices. Reflection was an ongoing practice for most participants, along with evaluation of the effect of their restructured practices on student NCLEX-RN outcomes.

Participants in this NCLEX-RN study were responsive to reflective practice in that their actions or strategies either confirmed or stimulated participant approaches to restructuring teaching approaches aimed at student success. Flexibility to explore new approaches to engage students in NCLEX-RN style questioning was evident in participant experiences with the flipped classroom, as well as incorporating NCLEX-RN style questioning in the clinical area, to enhance student understanding of concepts. Participant changes to integration of NCLEX-RN style questioning in this NCLEX-RN study were also confirmed when participants reflected on the resulting improvement in student performance. Participants in this NCLEX-RN study were reflective practitioners, actively engaged in evaluating, criticizing, and making new sense of uncertain classroom experiences, as they remained focused on a constant awareness of successful teaching practices.

**Limitation of Findings**

Despite the deeper analysis that results from an IPA study, this study may be viewed as limited due to the small number of participants. Participants involved in this NCLEX-RN study
were a homogeneous group of nursing faculty working within the same nursing division, albeit in differing capacities. Gender representation was imbalanced, as all participants were female due to the absence of full-time male nursing faculty employed in the division.

Another limitation was in the process of interpretation, which provided only one reader’s analysis and interpretation of the data. Additionally, this researcher was a faculty member within the division and familiar with the participants in the study. While the researcher remained constantly aware of personal biases and familiarity with participants, it was necessary to maintain an awareness of the impact familiarity may have had on participant responses. Additionally, while findings in this NCLEX-RN study were connected to and supported by the literature, findings from IPA are not generalizable.

**Recommendations for Practice**

The nursing profession is currently challenged by an increasing nursing shortage which has created a demand for expanding nursing program capacity while ensuring qualified students pass the NCLEX-RN. Additionally, nursing program accrediting bodies expect programs to achieve a continually increasing NCLEX-RN passing standard. These issues in nursing education create a need for nursing faculty to be attentive to teaching practices supportive of student success. The qualitative approach of this IPA study allowed the researcher to explore nursing faculty classroom experiences they believed supportive of NCLEX-RN success, which uncovered several implications for practice.

Recommendations are intended to assist various stakeholders in decision-making related to teaching practices and curriculum design, the student learning experience, and the NCLEX-RN. Recommendations for practice are presented for each super-ordinate theme. Importance of
recommendations from most to least important in relation to each theme, and the difficulty of implementation are displayed below in Table 3.

Table 3: Importance of Recommendations and Difficulty of Implementation

<table>
<thead>
<tr>
<th>Super-ordinate and sub-themes</th>
<th>Importance of Recommendations (most to least important)</th>
<th>Difficulty of Implementation</th>
</tr>
</thead>
</table>
| **Super-ordinate Theme 1:** Responsibility for Student Success | Sub-Theme 1.1: Reliance on student participation  
1. Student success handbook  
2. Faculty-student mentoring program | Sub-Theme 1.1: Reliance on student participation  
1. Least difficult to implement. May take considerable time  
2. May be more difficult to implement due to time constraints |
| | Sub-Theme 1.2: Faculty desire for student success  
1. Informal, unstructured faculty meetings for sharing teaching strategies  
2. Informal peer observations  
3. Meet with facility planners to determine optimal learning environments | Sub-theme 1.2: Faculty desire for student success  
1. Less difficult to implement as faculty may be more willing  
2. May be most difficult to implement due time constraints and faculty willingness  
3. Least difficult to implement, however finding suitable arrangements may be challenging |
| **Super-ordinate Theme 2:** Affected by application of teaching practices | Sub-Theme 2.1 Responsive to diverse teaching practices  
1. Workshops focused on innovative technology  
2. Workshops centered on creating well designed, engaging Microsoft PowerPoint presentations  
3. Personal Response systems | Sub-Theme 2.1 Responsive to diverse teaching practices  
1. May be least difficult to implement  
2. May be more difficult because of time constraints  
3. May be most difficult due to cost and faculty training |
| | Sub-Theme 2.2 Energized by integration of knowledge  
1. Clinical Coordinator | Sub-Theme 2.2 Energized by integration of knowledge  
1. May be difficult to implement due to cost restraints |
<table>
<thead>
<tr>
<th>Super-ordinate and sub-themes (continued)</th>
<th>Importance of Recommendations (most to least important, continued)</th>
<th>Difficulty of Implementation (continued)</th>
</tr>
</thead>
</table>
| Sub-Theme 2.3 Uncertainty about NCLEX-RN preparation | 1. Progression policies based on standardized assessment testing  
2. Implementation of CAT style testing | Sub-Theme 2.3 Uncertainty about NCLEX-RN preparation  
1. May be difficult to implement due to misalignment with the institution’s mission and philosophy & legal implications  
2. May be equally difficult to implement due to computer availability and space limitations |
| Super-ordinate Theme 3: Motivated by the NCLEX-RN | Sub-theme 3.1 Energized to align NCLEX-RN content  
1. Curriculum meetings focused on NCLEX-RN test plan content alignment  
2. NCLEX-RN review course  
3. Use of NCLEX-RN predictor data to align course content | Sub-theme 3.1 Energized to align NCLEX-RN content  
1. May be more difficult to implement  
2. May be most difficult to implement due to time constraints  
3. May be least difficult to implement due to time constraints |
| Sub-Theme 3.2 Encouraged by NCLEX-RN questioning | 1. Exploring need for internal NCLEX-RN question data bank  
2. NCSBN item writing workshop  
3. Testing in NCLEX-RN style format from start of program  
4. Aligning standardized assessment testing to courses throughout the curriculum | Sub-Theme 3.2 Encouraged by NCLEX-RN questioning  
1. May be easily implemented through an ad-hoc research committee  
2. May be easily implemented  
3. May be easy to implement  
4. May be easily implemented through testing company |
Super-ordinate Theme 1: Responsibility for student success—Recommendations for practice:

Sub-theme 1.1: Recommendations related to reliance on student participation.

While exploring nursing faculty classroom experiences they believe supportive of NCLEX-RN success, the first super-ordinate theme to emerge was that of responsibility for student success. Participant experiences of frustration with poor student participation implied a need for approaches that highlight faculty expectations of student participation, involvement, and responsibility for learning. One implication for practice related to this issue would be for faculty to communicate consistent expectations for student participation in learning experiences. While participants shared experiences of student behaviors that were lacking in interest and engagement, participants spoke little about sharing those expectations to students beyond their individual syllabi. One implication for practice would be the use of a student success handbook that provides students with in-depth faculty expectations beyond academic policies and procedures. This is addressed in the literature (Jones & Pendergraft, 2012) and should include, along with expectations, strategies to enhance studying and test-taking skills, and may be customized to better highlight faculty expectations for student preparation for and participation in class, as well as acceptable and unacceptable classroom behaviors.

Providing students with consistent faculty expectations for participation and behavior through the use of technology such as the college website, Smartphones, Facebook and Twitter, would be additionally beneficial, as it aligns with the communication style of today’s technology savvy millennial learner. Student accountability could also be fostered through a faculty-student mentoring program that helps students understand their role and responsibility in the learning experience. This could occur in monthly student-faculty meetings that provide an opportunity for
students to discuss issues and concerns, and for faculty to encourage continued successful learning behaviors.

**Subtheme 1.2: Recommendations related to faculty desire for student success.** Desire for student success emerged as participants in this NCLEX-RN study shared experiences of their own contributions and responsibility for student learning. Through discussions, most participants reflected on their actions in teaching and shared ways in which they adjusted or changed their practices for more engaging, successful teaching/learning experiences. Many participants expressed an understanding of their responsibility in the student learning process, and desire for student success, however experienced uncertainty around teaching effectiveness. This uncertainty was prompted by what participants perceived as unfair negative student feedback. The deficiency of student evaluations for effective teaching is addressed in the literature (Davis, 2011; Pounder, Hung-Iam, & Groves, 2015; DiVall, Barr, Gonyeau, Matthews, Amburgh, Qualters & Trujillo, 2012). One implication for practice would be for faculty to have opportunities for informal peer observations that allow faculty to share successful and unsuccessful teaching practices that bolster faculty self-efficacy and guide changes to practice.

Peer observation is a valued way of adding another dimension to student evaluation of faculty and can have positive results for faculty experiences as well as student learning experiences (Davis, 2011; Pounder et al., 2015; DiVall et al., 2012). Another approach to bolster self-efficacy would be through informal, unstructured meetings, outside the institution, void of punitive measures, conducted at the end of each semester, and aimed to create a relaxed atmosphere for sharing strategies that support and enhance faculty desire and attentiveness to student success. In addition, desire for student success found some participants concerned with perceived inadequacies in the learning environment related to poor seating arrangements and
class size. These results imply the need for faculty and students to meet with facility planners who together can best address the needs of the students in creating alternative, optimal learning environments.

**Super-ordinate Theme 2: Application of teaching practices-Recommendations for practice:**

**Subtheme 2.1: Recommendations related to responsive to diverse teaching practices.**

The second super-ordinate theme of affected by application of teaching practices emerged from participant dedication to diverse teaching practices, integration of knowledge, and uncertainty about NCLEX-RN preparation. It was the interpretation of this researcher that while most were dedicated to using successful teaching practices, few were certain of which changes to practice might best support NCLEX-RN success.

One barrier to determining effective practice was centered on teaching today’s millennial learner, who requires more interactive, technology focused approaches to learning. Contrary to Rocca (2010), participants in this NCLEX-RN study experienced technology centered learning behaviors often distract students from participating in the college classroom, such as the student use of personal technology; iPhones, Laptops, Facebook, and Twitter. While participants shared experiences using collaborative group work, case studies, flipped classrooms, and concept-based learning, most had concerns about engaging the technology savvy student. With an existing gap between aging faculty and millennial learner’s, faculty and students, would benefit from workshops focused on integrating current, innovative technology into the classroom. Microsoft PowerPoint presentations emerged as an approach faculty relied on to deliver content in the classroom, however many participants questioned if use of Microsoft PowerPoint presentations was effective, or was disengaging for students. Workshops centered on creating well designed,
interactive, engaging Microsoft PowerPoint presentations should be provided for faculty and could incorporate the use of personal response systems (PRS), also known as “clickers”, in the classroom.

**Subtheme 2.2: Recommendations related to energized by integration of knowledge.**

Another concern that emerged for participants was related to integration of knowledge and connecting theory to practice. Concerns were voiced regarding lack of clinical adjunct faculty oversight as well as oversight of student clinical experiences. One implication for practice related to this issue would be for the creation of a clinical coordinator position that provides oversight for both instructors and agencies to assess alignment of the student clinical learning experience with classroom content. In addition to participant concern for integration of knowledge between clinical and classroom, participants also voiced concerns related to the current use of standardized assessment testing.

**Subtheme 2.3: Recommendations related to uncertainty about NCLEX-RN preparation.** While some participants valued standardized assessment testing for the focused remediation it provides, they were less satisfied with how standardized assessment testing was not figured into student grading. Some nursing programs utilize progression policies based on standardized assessment testing performance, an implication that may be valuable for this program. Current literature on nursing program progression policies tied to assessment and predictive testing was moderately addressed in the literature. A study conducted by Spurlock and Hunt (2008) noted that schools that use progression policies do so in an effort to keep those students who would most likely fail, from taking the NCLEX-RN. While progression policies aim to positively affect NCLEX-RN pass rates, adjustments to the curriculum provide a better approach to identifying students at risk for NCLEX-RN failure (Spurlock & Hunt, 2008).
Another option would be to provide a faculty workshop presented by the standardized assessment testing company, to assist faculty in carefully aligning the standardized assessment testing program to the current courses in the curriculum, aimed at optimal student benefit. Participants in this NCLEX-RN study also voiced concern with the inability to have students practice the CAT style of testing for the standardized assessment testing process. This implies that faculty and students could benefit from collaborating with the college’s Information Technology (IT) support personnel, to determine how this style of testing can be offered for students.

Super-ordinate Theme 3: Motivated by the NCLEX-RN-Recommendations for practice:

Subtheme 3.1: Recommendations related to energized to align NCLEX-RN content.

Participants in this NCLEX-RN study were motivated by several factors connected to the NCLEX-RN, as they shared experiences related to being energized to align NCLEX-RN content to student learning experiences, and encouraged by their dedication to integrating NCLEX-RN style questioning throughout courses in the curriculum. While most participants remained encouraged by their approaches to NCLEX-RN success, they were also frustrated by poor NCLEX-RN performance despite what they perceived as a considerable amount of time and energy dedicated to promoting and enhancing success.

Alignment of NCLEX-RN content, evidence-based research, and current trends, with course content was paramount to success for most participants. Participants focused on providing entry-level nursing practice knowledge, and shared some concerns that knowledge beyond entry-level, might be being integrated into courses. One implication for practice in regard to effectively aligning entry-level content with courses throughout the curriculum would
be to spend several curriculum meetings matching course content to the most current NCSBN (2014) Knowledge Survey, which informs NCLEX-RN test plan developers and item writers of knowledge required for entry-level practice. While the curriculum was seen as the best approach to readiness for NCLEX-RN, one area that is lacking is direct NCLEX-RN preparation through a review course. It would be beneficial to incorporate an NCLEX-RN review course in the last semester of the senior year to assist students in reviewing content and applying skills and strategies for high-stakes testing. Additionally, although standardized assessment testing was utilized throughout the curriculum, participants in this NCLEX-RN study did not share experiences about utilizing NCLEX-RN predictor data to adjust and better align course content. This implies that faculty and students would benefit from using the NCLEX-RN predictor results to determine gaps or overlaps in content to best integrate NCLEX-RN content.

**Subtheme 3.2: Recommendations related to encouraged by NCLEX-RN questioning.**

NCLEX-RN questioning was utilized by most participants as an approach to fostering higher-order, critical thinking. Participants utilized various resources to obtain NCLEX-RN style questioning; however, one implication for practice would be to explore the need for an internal NCLEX-RN style question data bank specific to the needs of the program, in an effort to standardize questions for consistency throughout courses. Faculty may also benefit from an item writing workshop provided by the NCSBN, NCLEX-RN item writers. Additionally, faculty might explore testing in NCLEX-RN style format from the start of the program, the use of Khan Academy NCLEX-RN style questioning, aligning standardized assessment testing with each course throughout the program, and developing a database of questions from which a consistent, number of questions be required for testing practice by the close of each semester. As well,
NCLEX-RN questioning might be fully integrated into the clinical setting in order to provide students with opportunities to meaningfully connect theory to practice.

**Recommendations for Future Research**

This study added to the wide array of literature on NCLEX-RN performance, while providing a unique perspective from faculty classroom experiences related to NCLEX-RN success. This NCLEX-RN study could be further supported by similar studies conducted on faculty in other institutions to compare and contrast teaching experiences. Considering the unique perspective male faculty bring to nursing education, duplicating this study with only male nursing faculty participants could explore similarities and differences in nurse educator experiences with NCLEX-RN success in regard to gender. As well, studying the same topic from the student perspective within the same nursing division could provide valuable information regarding how perceived successful teaching practices influence student performance and success. Other studies might explore the relationship between individual teaching approaches such as collaborative learning, and NCLEX-RN success.

Participants in this NCLEX-RN study experienced uncertainty regarding effectiveness of their approaches to supporting NCLEX-RN success, and perceived NCLEX-RN pass rates as unfair indicators of program quality. As well, participant frustration and stress associated with the NCLEX-RN resulted in experiences of demoralization and questioning of self-efficacy. This would be an insightful area for future research, with the possible aim of collaborating with accrediting bodies to broaden and customize the standard for each program’s NCLEX-RN pass rate. Exploring variables perceived to influence program NCLEX-RN pass rates could include: geographical location, institutional characteristics and financial resources, admission criteria, curriculum, clinical access and oversight, use of progression policies, and availability of
academic resources. Future research exploring the relationship between these variables and NCLEX-RN program pass rates could help expand the support for tailoring NCLEX-RN pass rates to the distinctiveness of each nursing program.

Conclusion

This Interpretative Phenomenological Analysis was guided by the research question: How do nursing faculty make sense of classroom teaching experiences they believe supportive of NCLEX-RN success? Using a qualitative approach allowed nursing faculty to share experiences without constraints that often come with quantitative studies, and provided the researcher with rich data for analysis. As nursing faculty made sense of their experiences, data was analyzed for patterns and connections, and three super-ordinate themes emerged from across cases; responsibility for student success, affected by integration of knowledge, and motivated by the NCLEX-RN.

Responsibility for student success emerged from experiences with student participation in learning as well as the shared responsibility faculty experienced with successful student learning experiences. Participant experiences uncovered how they were affected by the application of their teaching practices related to varied student responses to diverse teaching methods, being energized by integrating classroom knowledge and clinical practice, and uncertainty about NCLEX-RN preparation. Motivated by the NCLEX-RN emerged as participants shared experiences with aligning NCLEX-RN content, and use of NCLEX-RN style questioning, throughout their courses. Findings from this study were well supported in the literature in regard to higher-education; however literature specific to nursing education was more limited. While most findings were well addressed in the literature, one finding emerging from this study that
was not found in the literature and of concern, was the quantity of NCLEX-RN style questioning required for effective NCLEX-RN practice.

The theoretical framework for this study was Reflective Practice. Most participants in this NCLEX-RN study engaged in reflective practice, which was interpreted by the researcher as being beneficial in guiding and adjusting teaching practices. Reflective practice guided participant problem solving, course revisions, and exploration of new ways of engaging the student in learning. Among other experiences that emerged through reflection-on-action, participants highlighted their experiences with NCLEX-RN test plan alignment and questioning style. Across transcripts, participants were found to be reflective practitioners, engaged in making new sense of uncertain circumstances.

Findings from this study elicited several recommendations for practice related to each super-ordinate theme. Recommendations related to responsibility for student success included: a student success handbook highlighting consistent faculty expectations for student participation and acceptable classroom behaviors, a faculty-student mentoring program, opportunities for faculty peer observations, informal faculty meetings to bolster self-efficacy, and meetings with facility planners to address inadequate learning environments. Recommendations related to application of teaching included: workshops on integrating innovative technology into the classroom, developing engaging, interactive Microsoft PowerPoint slides, use of personal response systems, creating a clinical coordinator position, progression policies tied to standardized assessment testing, and use of CAT assessment practice. Recommendations related to being motivated by the NCLEX-RN included: curriculum meetings focused on NCLEX-RN test plan alignment and workshops on NCLEX-RN item writing.
Additionally, recommendations for future research included studies on faculty outside the current institution, studies on male faculty, and student sense-making around NCLEX-RN success within the same institution. Further studies around faculty stress related to NCLEX-RN outcomes and high-stakes testing in nursing could uncover valuable findings for nursing education as well as for nursing program accrediting bodies.

The uncertainty of having enough nurses to meet current and future nursing shortages has created a need for nurse educators to examine their approaches to preparing students to be successful on the NCLEX-RN. As the number of nurses required being baccalaureate prepared for practice increases, so does the need for successful teaching practices. The findings from this study aim to provide nursing faculty, administrators, accrediting bodies, and other stakeholders insight into faculty experiences with teaching practices they believe supportive of NCLEX-RN success. Additionally, this study provides a unique perspective for future studies to build upon.
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Appendix A-Email and Phone Script

Date

Dear __________

My name is Margaret DeLorenzo. I am a student at Northeastern University, College of Professional Studies, where I am completing requirements for a Doctor of Education degree. I am seeking participants for my qualitative study of Masters or Doctoral prepared nursing faculty who teach baccalaureate nursing students. The purpose of my research is to explore how nursing faculty make sense of classroom experience they believe to be supportive of student success on the National Council Licensure Exam-Registered Nurse (NCLEX-RN). My interest in this topic comes from my own background as a nurse educator in the baccalaureate level traditional nursing program at ____________. Therefore, this topic is of personal and professional interest to me.

You are a potential participant because you are Masters or Doctoral prepared full-time nursing faculty member at ____________. Your participation in this interpretive phenomenological analysis will be in the form of three separate interviews which will be audio taped.

- The first interview is preliminary and, is approximately 20-30 minutes in duration, and conducted in person. This will be our opportunity to get to know each other briefly and to establish your understanding about participation. I will answer any questions you might have and ask for some general information. For example, how long have you been a nurse educator?
- The second interview will be longer and be in person, conducted face-to-face. This second interview will last between 45-60 minutes in duration and will consist of additional questions regarding your classroom experiences.
- The third and final interview will be brief, 20-30 minutes in duration. Its purpose is for you to verify what you have shared in the second interview. You will also have the opportunity to offer any additional reflective thoughts. This communication will be conducted via email and you will be given the opportunity to provide feedback.

Participation is voluntary, confidential, and there will be no personally identifying information about you in the study. If you agree, you will be assigned a pseudonym that will be utilized throughout the research process. Even if you agree to participate, you may withdraw at any time. If you decide to participate (and I hope you do!) please send an email to me at delorenzo.m@husky.neu.edu. If you have any questions about my study, or would like further information, please do not hesitate to contact me. I look forward to hearing from you,

Sincerely,

Margaret DeLorenzo, Doctoral Candidate
Northeastern University, Boston, MA  Email: delorenzo.m@husky.neu.edu
Appendix B-Informed Consent

Northeastern University, College of Professional Studies
Principal Investigator: Dr. Shannon Alpert, NU Faculty, College of Professional Studies
Student Investigator: Margaret DeLorenzo, Doctoral Student, College of Professional Studies
Title: Making Sense of Nursing Faculty Classroom Experiences believed to be Supportive of National Council Licensing Exam-Registered Nurse (NCLEX-RN): An Interpretative Phenomenological Analysis

Informed Consent to Participate in a Research Study
You are being invited to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this informed consent and you will be provided a copy.

Why am I being asked to take part in this research study?
You are being asked to take part in this study because you are a full-time nursing faculty member at ______________, hold a Masters or Doctoral degree, and have been in nursing education for at least 5 years.

Why is this research study being done?
The purpose of this study is to explore nursing faculty classroom experiences believed to be supportive of success on the nursing student licensing exam.

What will I be asked to do?
If you decide to take part in this study, you will be asked to participate in 3 face-to-face interviews. The interviews will be audio taped. You will be provided a list of the 10 interview questions several days before the start of the interview process so that you have time to reflect on experiences that relate to the study.

- The first interview will ask you questions about past and present experiences in regard to how you came to be where you are today. The interview will last about 20-30 minutes. At that time we will schedule the following interview for approximately two weeks later.
- The second interview will ask you questions that are more related to classroom experiences you believe are supportive of NCLEX-RN success. The second interview will last approximately one hour. Following the second interview we will schedule the third interview for approximately two weeks later.
- In the third and final interview, the researcher will ask participants to reflect on the meaning of their experiences, explore past events that contributed to their current situation, and to share details of present experiences. The third interview will be handled via email and will serve as member-checking, where participants will review their transcripts for accuracy and provide feedback or questions to the researcher via email.

Where will this take place and how much of my time will it take?
The study will take place in a location at a location of your choosing that is convenient and comfortable for you. You may also use skype or face-time for the interviews if that is convenient for you. Skype or face-time interviews will be audio recorded not video recorded. The first interview will take between 20-30 minutes. The second interview will last approximately one hour. The third interview will take approximately 20-30 minutes via email. The interviews will take place over several weeks and will be scheduled on days and at times that are convenient for you.
You.

**Will there be any risk or discomfort to me?**

There are no anticipated risks of physical or personal harm to you from this study. Although unlikely, potential risks include possible emotional discomfort related to research questions, published analysis of data, possible breach of anonymity, email or computer breaches, and inaccurate representation or misinterpretation of data not identified during member checking. The likelihood of these risks occurring is extremely low due to the attention given to protection of data throughout the study by the researcher.

**Will I benefit by being in this research?**

There will be no direct benefits to you for taking part in the study; however, the information learned from the study may help you identify classroom instructional practices supportive of nursing student success on licensing exams. Participation will also give faculty voice to the problem of practice, and you may feel a sense of purpose gained from participation.

**Who will see the information about me?**

Your part in this study will be confidential. If you agree, a pseudonym will be utilized for you throughout the study. _________ will also be assigned a pseudonym to protect identity of the college. The researcher, principal investigator, 2nd reader and outside transcription service will have access to the data collected in this study. The outside transcription service that may be utilized for timely transcription of audio taped interviews for this study is REV, or a professional transcriptionist. The researcher may upload participant’s audio taped interview files to REV’s website for transcription purposes only. REV has confidentiality safeguards in place to protect data and participant anonymity. Although unlikely, there is a risk of interview responses being accessed through breach of computer access.

No reports or publications will use information that can identify you in any way or identify ___________ as being part of this project.

Each audio taped interview for this study will first be transcribed. The researcher may then use a computer software program called NVivo, to collect, organize and analyze your interview responses. The researcher will read and re-read each line of transcribed interview text and take notes on your language use that best describes the meaning of your experience related to the study. Labels will be created to help the researcher identify any connections and patterns in your experiences and any connections to other participant experiences.

The information obtained from the interviews will be protected. Those that will be able to view your interview responses include the researcher, Principal Investigator, 2nd reader, and professional transcriptionist or REV transcription services. Audio tapes, transcriptions, and field notes of your interview responses will be kept in a locked file cabinet in the home of the researcher, and the researcher will be the only person with access to the cabinet during the process of the study. Protected passwords will be utilized for any computer word programs and software. Any external hard drives used during this study will be kept in the same locked cabinet along with the audiotapes, transcripts and field notes. Audio tapes, transcriptions, and any notes collected for this study will be destroyed after the study is finished.

In rare instances, authorized people may request to see research information about the people who took part in the study. This is done only to be sure that the research is done properly. We would only permit people who are authorized such as the Northeastern University Institutional Review Board or ___________ Institutional Review Board to access the information.
### What will happen if I suffer any harm from this research?

If you experience any emotional discomfort related to the study you will be provided contact information for ______________ Employee Assistance Program (EAP) where confidential assistance is available 24 hours a day, 7 days per week.

No special arrangements will be made for compensation or for payment for treatment solely because of your participation in this research study.

### Can I stop my participation in this study?

Your participation in this research is completely voluntary. You do not have to participate if you do not want to and you can refuse to answer any question. Even if you begin the study, you may quit at any time. If you do not participate, or if you decide to quit you will not lose any rights, benefits, or services that you would otherwise have as a faculty member.

### Who can I contact if I have questions or problems?

If you have any questions about this study, please feel free to contact the student investigator, Margaret DeLorenzo, at delorenzo.m@husky.neu.edu. You may also contact the Principal Investigator, Dr. Shannon Alpert @ s.alpert@neu.edu, 704-562-2642.

### Who can I contact about my rights as a participant?

If you have any questions about your rights in this research, you may contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email n.regina@neu.edu. You may call anonymously if you wish.

### Will I be paid for my participation?

As a thank you for participating in the study, you will be given a $10 gift certificate as soon as the study is completed.

### Will it cost me anything to participate?

There will be no cost for you to participate in the study.

### Is there anything else I need to know?

You must be 18 years or older to participate in this study.

### I agree to take part in this research.

<table>
<thead>
<tr>
<th>Signature of person agreeing to take part</th>
<th>Date</th>
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<table>
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<th>Printed name of person above</th>
<th>Date</th>
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</table>
Signature of person who explained the study to the participant above and obtained consent  

__________________________________________  Date 

Printed name of person above  

__________________________________________  Date
Appendix C-Interview Schedule

My name is Margaret DeLorenzo. I am a doctoral student in the Doctor of Education program at Northeastern University. I am also a nursing faculty member in the traditional nursing program at _________, a small private college in New York.

Thank you for agreeing to participate in this research study. The purpose of my research is to explore how nursing faculty make sense of classroom teaching experiences they believe are supportive of student success on their NCLEX-RN. This interview will focus on your experiences as a nurse educator. I am hoping the study will provide me with insight into classroom practices that are supportive of student success on their licensing exam.

All information obtained from the interview will be confidential and if you agree, a pseudonym will be assigned to you. A pseudonym will also be used for the research site. Throughout the interview process you will be referred to by your pseudonym. Participation in this study is voluntary and you may withdraw at any time.

With your verbal and written permission, I will record this interview session. The recording may be transcribed either by the researcher, a professional transcriptionist, or REV transcription service. Once the recording has been transcribed you will be provided a copy for your review. May I start the interview?

Once the participant has agreed to continue, the researcher will address the participant by the agreed upon pseudonym.

Before the start of the actual interview, I would like to ask some background questions. This should take approximately 5 minutes or so and will help me gain an informed understanding of your experiences. I will now begin recording.

1. Can you please state your age?
a. If you do not want to share your age can you tell me if you are over the age of 18?

2. Can you tell me if you are Masters prepared or Doctoral prepared?

3. Where did you obtain your Masters or Doctoral degree?

4. How long have you been a nurse educator?

5. When did you start working as a nurse educator at _____________?

6. What courses have you taught?

7. What courses do you currently teach?

Once the preliminary criteria based questions have been asked, the researcher will begin the formal interview. The participant’s assigned pseudonym will be described with the participant. The introductory statement will:

1. Explain that the interview is part of a study on nursing faculty teaching experiences they believe to be supportive of NCLEX-RN success.

2. The researcher will thank the participant for being part of the study and explain that the researcher will record a series of 3 interviews, this being the first, in an effort to accurately capture the participant’s accounting of their lived experiences.

3. The researcher will explain that in addition to recording the interview, notes will be taken at the time of each interview.

4. The researcher will discuss with the participant that the series of 3 interviews will take place within a 2 week time frame and the remaining 2 interviews will be scheduled with the participant at the conclusion of this interview.

5. The participant will be reminded that the next interview will require at least 60-90 minutes of their time and the 3rd and final interview will require 20-30 minutes and may
take place via email, phone, or skype. The third interview will provide an opportunity for participants to review their transcripts for accuracy and provide feedback or questions to the researcher.

6. The participant will be reminded that all responses are confidential and will ask if there are any further questions that can be answered.

**Interview#2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Probe/Prompt</th>
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</thead>
<tbody>
<tr>
<td>1  Can you tell me about your teaching experience?</td>
<td></td>
</tr>
<tr>
<td>2  Can you describe your teaching methods?</td>
<td>Why do you utilize these teaching methods?</td>
</tr>
<tr>
<td>3  How do you determine course content necessary for entry-level nurses?</td>
<td>How do you integrate that content into your lessons?</td>
</tr>
<tr>
<td>4  What teaching approaches do you believe best prepare students for the NCLEX-RN?</td>
<td>Why?</td>
</tr>
<tr>
<td>5  Can you describe a specific time you felt your approach to teaching was positively supportive of NCLEX-RN success?</td>
<td></td>
</tr>
<tr>
<td>6  How do you determine the effectiveness of a lesson?</td>
<td>How do you implement lesson changes?</td>
</tr>
<tr>
<td></td>
<td>What do you feel is the best way to evaluate those changes?</td>
</tr>
<tr>
<td>7  How do you think students view your teaching methods?</td>
<td>Do you feel student views affect your beliefs about your teaching methods?</td>
</tr>
<tr>
<td>8  How do you incorporate technology and social media into your lessons?</td>
<td>Which technology based classroom practices do you believe are most supportive of NCLEX-RN success?</td>
</tr>
<tr>
<td>9  What do you believe is the best approach for assessing student readiness for the NCLEX-RN?</td>
<td>Why?</td>
</tr>
<tr>
<td>10 In a future perfect classroom, can you describe innovative teaching approaches that you would utilize as most supportive of student NCLEX-RN success?</td>
<td></td>
</tr>
</tbody>
</table>

Once the 2nd interview has been completed, the researcher will thank the participant for their time and remind the participant of the time schedule for the next interview. The participant
will be asked if they have any questions and will be reminded that once this recorded interview has been transcribed, the transcript will be provided for the participants review. The participant will also be reminded that once the researcher’s interpretation of the interview has been finalized they will be asked to verify that the interpretation accurately portrays their lived experience.

The third and final interview will require the researcher ask participants to reflect on the lived experiences shared during the interview process and related to past events, and current and future situations. The third interview will be handled via email and will serve as member-checking, where participants will review their transcripts for accuracy and provide feedback or questions to the researcher via email.