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Journey to Improve the Nursing Licensure Examination Pass Rates at a Historically Black College and University

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Abstract

Nursing programs in Historically Black Colleges and Universities (HBCUs) aim to serve as a pipeline for a diverse nurse workforce. This article outlines how a baccalaureate nursing program at an HBCU in the northeastern United States implemented transformational leadership, curricular revision, and program policy changes to increase its first-time pass rate from 39.47% to 95% over a five-year period. The nation has a critical need, not only for qualified nurses, but also, for a nursing workforce that is reflective of the increasingly diverse patient population. Some HBCUs tend to experience challenges in achieving adequate first-time NCLEX pass rates. The decrease in first-time NCLEX pass rates necessitate development of strategies that achieve better outcomes.

Keywords: Baccalaureate Nursing, Transformational Leadership, Admission Criteria, Progression Policy, Clinical Judgment, Curriculum Revision.

Background

The cultural face of the nation's nursing workforce does not reflect the demographics of its diverse population. Less than 7% of registered nurses in the US are African American [1]. Diversity can help healthcare organizations improve both patient care quality and financial results as patients generally fare better when care was provided by more diverse teams [2]. Similarly, according to the 2024 National Center for Health Workforce Analysis, high-quality health care starts with a well-trained, adequately supplied, and well distributed health care workforce. Baccalaureate nursing education programs must prepare future nurses who are ready to practice safely and can demonstrate effective clinical judgment skills in the patient care environment [3]. Further, graduation and first-time pass NCLEX rates for HBCU nursing programs are essential to the delivery of safe and quality care provided by a diverse nursing workforce. According to AACN's report on 2023-2024 Enrollment and Graduation in Baccalaureate and Graduate Programs in Nursing, though nursing schools have made strides in recruiting and graduating nurses that reflect current diverse and complex patient population, there must be a continued effort to increase the number of HBCU nursing program graduates.

Recruitment of underrepresented groups into nursing remains a priority for the nation's nursing profession. The disparity in representation could be attributed to the low first-time NCLEX pass rates among HBCU nursing graduates. In a review of first-time NCLEX pass rates among HBCUs, 17 of 34 HBCUs reported NCLEX pass rates of 80% or higher for three consecutive years [4]. This data highlights the need for HBCU pre-licensure nursing programs to address challenges that preclude greater success with first-time NCLEX pass rates. Enhancing pedagogical strategies and student support measures that result in increased first-time NCLEX-RN pass rates is integral to this end.

Success by graduates on the first attempt of the NCLEX is not only necessary for achieving a diverse workforce, but critical for the viability of a nursing program, as first-time pass rates must meet a performance benchmark defined by the state board of nursing [5]. An undergraduate nursing program's long-term viability and student success depend on the collaboration and cooperation of the program's administration, students performance, faculty, and staff buy-in of needed changes. Achieving the NCLEX pass rate at the state benchmark had not been the story of the nursing program of one northeastern HBCU for several years resulting in a threat to the continued existence of the program.

The years 2018 through 2020 were challenging for this northeastern HBCU baccalaureate nursing program, punctuated by NCLEX pass rates that were trending downwards. The road to an upward trajectory from a continual decline in NCLEX pass rates appeared daunting. For two years, hopes of reversing the trend seemed to be distant despite utilizing teaching and learning strategies like the flipped classroom, providing tutoring support to students, and offering a three-day NCLEX review course for final semester students. Additionally, the

program encountered challenges ranging from student-related issues, low faculty morale, curricular issues, and inconsistent leadership. These challenges presented a barrier to achieving an environment that supported successful program outcomes.

Implementation Strategies Utilizing Lewin's Change Model

To accomplish the goal of increasing first-time NCLEX pass rates, the HBCU baccalaureate nursing program implemented several best-practice strategies to enhance and improve program outcomes. Through collaborative engagement, the department leadership, faculty and staff adopted Lewin's Change Model as a framework for the development and implementation of strategies to change the trajectory of the nursing program [6]. Lewin's model of unfreezing, changing, and refreezing aspects of the curriculum was utilized to facilitate the desired outcome of improvement in the first time NCLEX pass rate. Lewin's unfreezing stage necessitates a change from the status quo and motivation to implement that change.

As depicted in Table 1, the unfreezing stage of Lewin's Change Model involved a review of the curriculum and identification of gaps that impacted successful NCLEX outcomes. In Lewin's second stage of change, university administration, along with program faculty and staff, through a process of change in thoughts, activities, and behavior, initiated the following: revised the curriculum, hired a new program chair, adjusted the admissions criteria, added services in the program tutorial center, provided additional support for final semester students, increased faculty and staff professional development activities, and provided additional support and mentoring of new graduates. In Lewin's refreeze stage, the activities in the change stage were implemented and maintained, with ongoing review.

Lewin's Change Model Stage		
Unfreezing	**Change**	**Refreeze (Strategies implemented)**
Leadership change	Transformational leader recruited	Transformational leadership implemented. Example: empowerment of faculty and staff
Review of the curriculum guided by curriculum consultants	Gaps identified that negatively impacted program outcomes	Curriculum revision with revised pedagogical practices. Example: Pathophysiology and Pharmacology combined into Patho-pharmacology I and Patho-pharmacology II
Review of admission criteria	Admission and progression criteria revision	Admission criteria revised. Example: implemented admissions test with designated benchmark
Review of extent of support for graduates after graduation	Mentoring of new graduates	Consistent, weekly mentoring of new graduates through emails, texts, phone calls, until completed NCLEX
Faculty and staff deliberated on need for change to improve program outcomes	Faculty and staff support of the change initiatives	Faculty and staff buy-in. Example: collaborative work on the change initiatives
Meetings held with university administration to address program challenges	Support of university administration	Acknowledgement of need for change and ongoing support of university president, provost and dean

Table 1: Program Improvement Strategies Based on Lewin's Change Model

Transformational Leadership

The university recruited a new chairperson for the department of nursing at the beginning of 2020. Within months of her arrival, the new chair recognized the need to immediately address the NCLEX pass rate, which, for 2021, was 39.47%, as depicted in Table 2. On initiating leadership in an environment with inadequate faculty and low morale, the new chairperson engaged faculty and staff in the planning necessary to reverse the direction of program outcomes. Her transformational leadership approach was instrumental in eliciting buy-in from faculty and staff. She demonstrated aspects of transformational leadership through idealized influence and motivation [7]. Idealized influence connotes an ability to impact others through positive influence, often through empowerment. In demonstrating idealized influence, the chair was able to influence staff and faculty through her vision for the baccalaureate program and student success. Inspirational motivation aims to inspire others without coercion. Utilizing transformational leadership strategies was a gamechanger in achieving buy-in from faculty and staff.

Academic Year	NCLEX-RN® Pass Rate
2021	39.47%
2022	81.82%
2023	83.33%
2024	85.71%
2025	95.00%

Table 2: First-Time NCLEX-RN® Scores [16]

In 2021, the added effects of COVID-19 may have also impacted the NCLEX first-time pass rate of 39.47%. Many nursing programs across the US also experienced decreases in their first-time licensure pass rates due to the COVID-19 pandemic. At a pass rate of 39.47%, the program was placed on warning status by the state's board of nursing and the program's accrediting commission. Following notification of the warning status, the department convened meetings to implement a plan of action for program viability. The first decision was to focus only on the traditional pre- licensure program track and temporarily suspend the Accelerated and RN-BSN program tracks. The decision to focus only on the traditional pre-licensure track would begin the process of an upward trend in program outcomes and first-time NCLEX success.

Curriculum Revision

An additional recommendation by the chair to the faculty, who fully supported the recommendation, was to hire a curriculum consultant to evaluate the baccalaureate curriculum. In 2021, the curriculum consultants reviewed and evaluated the curriculum, reviewed program outcomes data and offered recommendations that included reorganizing the curriculum. In response to the consultants' recommendations, the faculty initiated a curriculum revision process through weekly collaborative workgroup sessions. Faculty reviewed and revised course content in each session to eliminate duplications and realigned course content with individual courses and end-of-program learning outcomes. For greater efficiency in the process, faculty teaching at the junior level collaborated on junior-level courses, as did faculty teaching senior-level courses. The faculty teams utilized the AACN Baccalaureate Essentials and the activity statements of the NCLEX-RN categories as guiding frameworks.

An aspect of the curriculum revision process was to increase the rigor of courses, which resulted in an updated testing policy. The revised policy required that, for each course, students achieve a grade of 75% on exams only, excluding quizzes and assignments, to pass the course. This represented a shift from a 75% passing grade that included all course activities. The updated policy was significant for the program as more students demonstrated ownership of their learning and utilized academic student support services like the Nursing Student Success Center (NSSC) for tutoring and open lab practice sessions. The NSSC and open lab are beneficial support services, as they, among other factors, were identified as barriers to the success of underrepresented students [5]. The 75% exam-only benchmark also revealed higher performing versus at-risk students. At-risk students were identified by faculty and guided in a study plan developed by the course faculty, with student input, that included engagement with the NSSC and open lab.

A second aspect of the curriculum revision was converting the individual Pathophysiology and pharmacology courses into Patho-pharmacology I and Patho-pharmacology II, taken in consecutive semesters. This change occurred because of poor student performance in either pathophysiology or pharmacology, or both. Pathophysiology and pharmacology were also taken concurrently with the medical surgical didactic and clinical courses, which resulted in poor student performance in one or more of the courses. Overall student performance improved with the course conversions.

Another aspect of revising the curriculum included transforming the final semester leadership clinical course. The original model of the leadership clinical course entailed students shadowing a nurse leader for the entire semester. In contrast, the new model required each final semester student to engage in a preceptorship experience, working 12-hour shifts with a registered nurse. The preceptorship model exposed final semester students to the RN as a leader at the bedside or as charge nurse. Precepting with a staff RN allowed students to further utilize and demonstrate clinical reasoning skills in real-time [8]. Final semester students and graduates reported that their engagement in the 12-hour preceptorship experience contributed to their success in the nursing program.

Admission Criteria

A nursing program's admissions criteria can predict student success [9]. After evaluating the program's admissions criteria, the admissions, progression, and graduation committee recommended changes in the program admissions criteria, which the faculty approved. A standardized admissions exam, the Test of Essential Academic Skills (TEAS), was added to admission requirements, with a passing score that was defined by the faculty. Additionally, the department required program applicants to take the TEAS in the university testing center to allow for a more controlled testing environment with enhanced test integrity. The program prohibited remote testing of the TEAS.

Additional Resources for Students

The new chairperson, faculty, and staff consistently supported students throughout their matriculation in the baccalaureate nursing program and after graduation. Before the new leadership, the faculty had created the NSSC for in-person tutoring of nursing students, facilitated by supplemental instructors external to the program. Under the new leadership, additional services in the NSSC included peer-to-peer tutoring, both in-person and virtually. Peer-to-peer tutoring proved effective as students were more receptive when tutored by other students. Peer-to-peer tutoring was beneficial because it also improved first-year student performance [10]. After the introduction of peer-to-peer tutoring, the student failure rate in the fundamentals course taken in the first semester decreased by 50%.

Other student success resources included initiating weekly open lab sessions designed to allow students to review and practice their clinical skills through voluntary self-scheduling or as directed by their clinical instructor for skills reinforcement. A clinical faculty or an alumnus from the baccalaureate program facilitated the open lab sessions. Many participants were first-semester nursing program students, which showed promise for improved performance, as success in the first-semester fundamentals course has been found to predict first-time pass on the NCLEX [9].

As a supplemental curriculum resource, the program utilized Assessment Technologies Institute (ATI) resources to a limited degree. The new department chair expanded the ATI resources by acquiring the premium "complete" package, which included a wider selection of clinical judgment and problem-solving activities, including virtual simulation. Faculty engaged students in virtual simulation, in addition to simulation activities in the program's simulation resource center. Students in all core nursing courses were required to engage in simulation in the simulation resource center, which had not occurred consistently before the new chair's arrival. Simulation activities enhanced student performance in linking theory to practice in the clinical environment, while allowing them to make errors and address them using clinical reasoning skills in a safe environment [11]. In post-simulation survey data, students offered positive feedback on the effect of simulation in supporting their level of understanding of concepts, problem-solving skills, and confidence.

Initiatives for Final Semester Students

In addition to the preceptorship experience, final semester students complete a capstone course where students engage in mentoring sessions and NCLEX preparation activities, including taking a comprehensive exit exam. In the capstone course, students traditionally participated in one three-day NCLEX review course. For added support, a second three-day NCLEX preparation review course was added to facilitate students with meeting the performance benchmark on the second exit exam. Additionally, final semester seniors were mandated to sit for two attempts at the exit exam. In previous years, the program allowed students multiple attempts at the exit exam, which proved unfavorable for NCLEX first-time pass rates when those graduates took the NCLEX.

Final semester students also received weekly mentoring, including self-care recommendations, from a senior-level faculty. Mentoring sessions were in the form of emails, texts and phone conversations. Mentoring is crucial for HBCU students [5] and nursing students have found it beneficial [12, 13]. The mentoring sessions also provided study strategies that guided students in preparation for the exit exam.

Faculty and Staff Support

The new chair encouraged and supported faculty in pursuing professional development and scholarship, including student research engagement. Additionally, with the support of the new chair, two-thirds of the faculty earned certified nurse educator (CNE)

designation. Before the new leadership, there were no CNE faculty in the department. With the realization that faculty role is critical to NCLEX readiness, the aim was to continue raising the level of academic preparedness of faculty to prepare students for first-time NCLEX success [4].

Integrating student support strategies defined by the CNE competencies that facilitated learning and learner development were beneficial for faculty in their support of students [14]. Team teaching in core courses was also initiated, beginning with Fundamentals and Health Assessment, courses taken by first-semester nursing students. Faculty were also reassigned to teach content based on their area of expertise, which, before the leadership change, had not been consistent due to insufficient faculty within the department. From a staff perspective, the department recruited a pre-nursing advisor to guide pre-nursing students with appropriate course preparation and mentoring in preparation for applying to the program.

Support and Mentoring for New Graduates

The new chair introduced an initiative that involved mentoring new graduates. Through this initiative, faculty communicated with new graduates through calls, texts, or emails. Graduates were strongly encouraged to take the NCLEX within 90 days from program completion which, along with mentoring, highlights early testing as a predictor for first-time NCLEX success [4, 15]. As each cohort graduated from the program, the department chair and faculty engaged in a mentoring initiative that served as accountability for graduates to remain consistent in their preparation for the NCLEX. Communication with new graduates was ongoing. Graduates consistently expressed appreciation whenever they received calls, texts, or emails; these efforts also increased their confidence [15]. Whenever a graduate passed the NCLEX, the chair shared preparation strategies used by those graduates with other graduates who had not yet taken the NCLEX as a means of encouragement. Another resource provided to new graduates, beginning one week after graduation, was an online NCLEX preparation course that consistently had 100% participation by graduates. Additionally, as an incentive to take the NCLEX within three months after graduation, the DON refunded the exam cost for graduates who were successful on the first attempt of the NCLEX.

Additional Support

A significant motivator on the journey to improve program outcomes was the support received from the university administration. The department of nursing team was encouraged in its performance improvement efforts with the knowledge that there was support "from the top." The department garnered support from the college dean, the provost, and the university president. By the conclusion of 2023, the NCLEX-RN pass rates for nursing surpassed the state benchmark for more than six graduation cohorts, influenced by transformational leadership, including empowered students, staff, and faculty in the Department of Nursing.

Discussion

Utilizing Lewin's Change Model as a framework, the leadership, faculty and staff in the Baccalaureate nursing program of this HBCU utilized several strategies that resulted in improved NCLEX first-time pass rates from 39.47% to 95% over a five-year period. Strategies implemented within the program included, transformational leadership and curriculum revision, changes in admission and progression criteria, enhancing pedagogical practices, faculty and staff support of the change initiatives, mentoring of new graduates and support of university administration. Evaluations of the implemented strategies, including the revised curriculum, are ongoing in monthly curriculum meetings.

Conclusion

Pre-licensure nursing programs at HBCUs face ongoing challenges with achieving first-time NCLEX pass rates. These challenges influence the need for an increased, diverse nursing workforce to safely care for complex patients that are also increasingly diverse. Efforts to enhance pedagogical strategies are essential to improving students' success, program outcomes and first-time NCLEX pass rates. Nursing programs facing similar challenges could utilize strategies implemented in this program to improve their own program outcomes.

Competing Interests: The author declares they have no competing interests.

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