

# Next Generation NCLEX® NEWS

## Next Generation NCLEX®: Overview of the 2021 PN Practice Analysis

The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess upcoming changes to the NCLEX Examinations. In this issue, you will find information related to the 2021 PN Practice Analysis findings.

### Background

NCSBN conducts the periodic performance of the NCLEX® Practice Analysis (i.e., job analysis) studies to assist in evaluating the validity of the test plan that guides content distribution of the licensure examinations. Because the health care industry is rapidly changing, practice analysis studies are traditionally conducted by NCSBN on a three-year cycle. In 2021, this comprehensive survey includes questions regarding the frequency and importance of entry-level nursing activities as well as the relevance of using clinical judgment in performing the activities.



## Clinical Judgment in Entry-level Nursing Care

Entry-level nurses are making increasingly complex decisions during patient care. These decisions often require the use of clinical judgment to support patient safety. Clinical judgment is defined as the observed outcome of critical thinking and decision making. This iterative process uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions to deliver safe client care. As clinical judgment is important in the delivery of safe and effective nursing care at the entry level, NCSBN has added clinical judgment to the NCLEX Practice Analyses and the subsequent NCLEX Test Plans.

## Survey Development

A panel was assembled and comprised of five nurses who worked with, educated, and/or supervised the practice of licensed practical/vocational nurses (LPN/VNs) within their first 12 months of practice or were themselves newly licensed LPN/VNs. Panel members represented geographic NCSBN areas of the U.S. territories/jurisdictions using the NCLEX for licensure decisions, major nursing specialties and varied practice settings. The panel developed a list of 152 nursing activity statements. The list was then generated into a survey and sent via email to entry-level LPN/VNs, of which 4,801 completed the survey.

## Responder Demographic Snapshot

On average, the entry-level nurses responding to the survey were female, 33 years of age, employed in long-term care facilities/rehabilitation/community-based/ambulatory settings located in urban or metropolitan areas caring for patients aged 18 to 64, and 64 to 85 years or older with stable chronic and behavioral/emotional conditions.

## Brief Overview of Survey Findings

A brief overview of the PN Practice Analysis reflected a couple of the highest and lowest activity statements related to frequency performed, importance, and clinical judgment relevancy (see Table 1–Table 3). Responders were asked to rate the frequency of performance of all activities that applied to their work setting on a six-point scale: “0 times” to “5 times or more.” Responders were asked to rate the importance of performing each nursing activity using a five-point scale: “1” (not important) to “5” (critically important). Responders were asked to rate the relevance of performing each nursing activity with regard to clinical judgment using a four-point scale: “1” (not relevant) to “4” (essential) and the option “DK” as “Do not know.”



TABLE 1. Two Highest and Lowest Activity Statements by Average Total Group Frequency		Average Frequency		
		(Total Group)		
Activity Number	ACTIVITY	N	Avg.	Std. Err.
<b>HIGHEST FREQUENCY RATING</b>				
29	Provide care within the legal scope of practice	384	4.86	0.03
44	Apply principles of infection control (e.g., PPE, aseptic technique, isolation, standard precautions)	415	4.82	0.04
<b>LOWEST FREQUENT RATING</b>				
119	Identify signs or symptoms of potential prenatal complication	383	0.44	0.07
47	Assist with monitoring a client in labor	387	0.19	0.04

TABLE 2. Two Highest and Lowest Activity Statements by Average Total Group Importance		Average Importance		
		(Total Group)		
Activity Number	ACTIVITY	N	Avg.	Std. Err.
<b>HIGHEST IMPORTANCE RATING</b>				
33	Verify the identity of client	87	4.84	0.05
44	Apply principles of infection control (e.g., PPE, aseptic technique, isolation, standard precautions)	103	4.82	0.04
<b>LOWEST IMPORTANCE RATING</b>				
10	Follow up with client after discharge	101	3.15	0.13
70	Participate in client group session	93	2.73	0.14

TABLE 3. Two Highest and Lowest Activity Statements by Average Total Group Clinical Judgment		Average Clinical Judgment		
		(Total Group)		
Activity Number	ACTIVITY	N	Avg.	Std. Err.
<b>HIGHEST CLINICAL JUDGMENT RELEVANCY</b>				
33	Verify the identity of client	85	3.85	0.05
109	Collect required data prior to medication administration (e.g., contraindications, current medications)	102	3.80	0.04
<b>LOWEST CLINICAL JUDGMENT RELEVANCY</b>				
70	Participate in client group session	81	2.44	0.12
10	Follow up with client after discharge	89	2.43	0.11

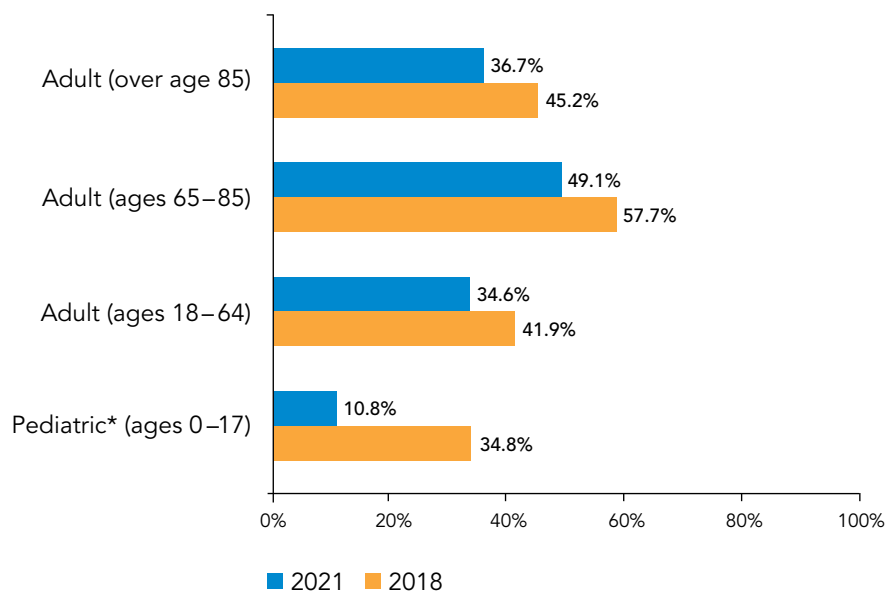
Noteworthy was the increase in entry-level LPN/VNs who reported being enrolled in registered nurse education programs. Additionally, almost 500 entry-level LPN/VNs had applied but were not enrolled in registered nurse education programs (see Table 4).

**TABLE 4. Registered Nurse Education Program Enrollment**

Enrolled in a registered nurse education program	2021		2018	
	Frequency	%	Frequency	%
<b>YES</b>	462	21.5	194	16.8
<b>NO</b>	1192	55.5	688	59.4
<b>I have applied, but am not currently enrolled</b>	495	23.0	276	23.8

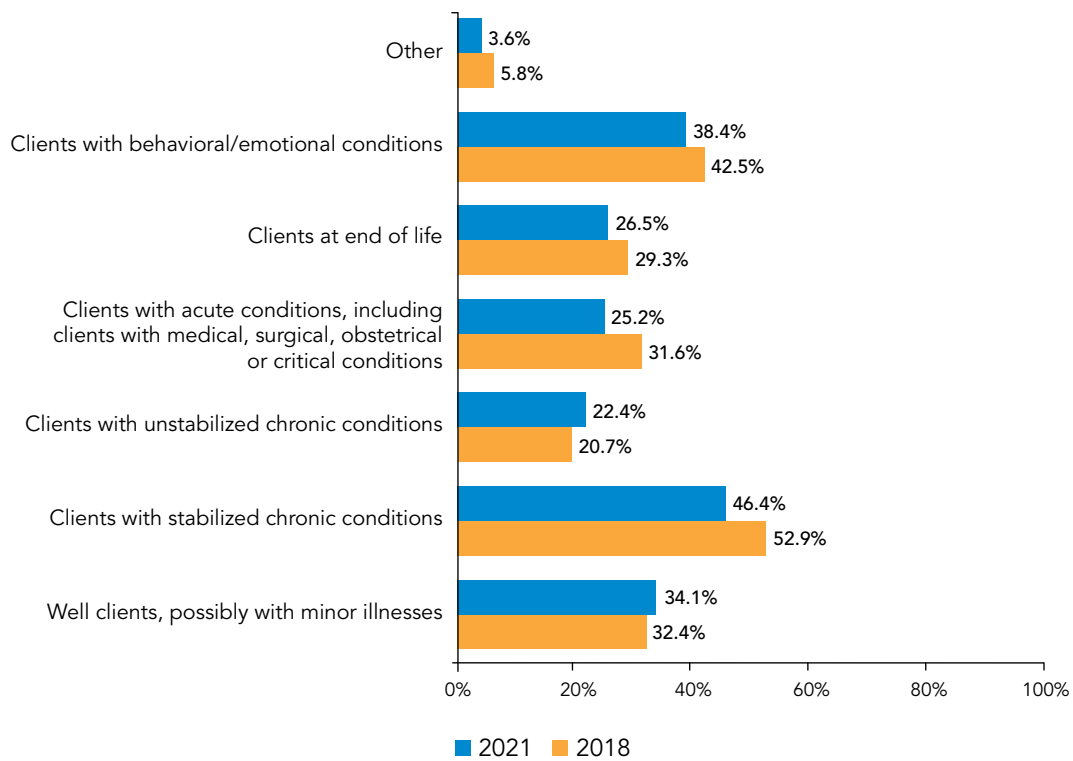
Moreover, entry-level nurses were more likely to care for clients who are 65–85 and over 85 years of age (see Figure 1). Additionally, entry-level nurses were more likely to care for a client with stable chronic conditions and those with emotional/behavioral conditions (see Figure 2). All of these factors reinforced the need for measuring clinical judgment in entry-level licensure assessment to support the delivery of safe and effective care.

**FIGURE 1. Client Ages**



\*In 2018, Pediatric included separate categories: newborns (less than 1 month), infant/toddler (1 month–2 years), preschool (3–5 years), school age (6–12 years), and adolescent (13–17 years). In 2021, Pediatric had one category: ages 1–17. Responders could select all that apply.

**FIGURE 2. Client Health Conditions**



## Summary

Overall, the findings in the 2021 LPN/LVN Practice Analysis reflect a representation of entry-level LPN/VN practice in the U.S. and support the use of the NCLEX for licensure/registration decisions in the U.S. The 2021 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice is [now available](#).

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For more information regarding the NGN project, visit [Next Generation NCLEX Resources](#) on the NCSBN website.



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