

## Executive Summary

### **Report of Findings from the 2005 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice**

The National Council of State Boards of Nursing (NCSBN) is responsible to its members, the boards of nursing in the United States and five territories, for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., job analysis) studies assists the NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. Because changes can occur in registered nurse (RN) practice, practice analysis studies are conducted on a three-year cycle.

A number of steps were necessary for the completion of this practice analysis: a panel of subject matter experts was assembled, a questionnaire was developed, a sample of newly licensed nurses was selected, and data were collected and analyzed.

#### **Panel of Subject Matter Experts**

A panel of ten registered nurses was assembled to assist with the practice analysis. The Panel members all worked with and/or supervised the practice of registered nurses within their first six months of practice, represented all geographic areas of the country and all major nursing specialties.

The panel members approved a category structure describing the types of activities performed by new nurses and identified the new nurse activities performed within each category of the structure.

#### **Questionnaire Development**

One hundred and fifty activity statements were incorporated into a practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity statements rated by each respondent. Twenty-three of the activity statements were included on both survey forms. The remaining 127 activity items were randomly selected for placement on the two survey forms. The resulting surveys contained 86 activity statements and one contained 87 activity statements. Except for the 63 activity statements unique to the first form and the 64 activity statements unique to the second, the two survey questionnaires were identical.

## **Survey Process**

A stratified random sample of 6,000 RNs was selected from lists of candidates successful on the NCLEX-RN® examinations from January 1, 2005 through May 31, 2005. The sample was stratified by area of the country, with processes being used to include representative numbers of subjects from each NCSBN jurisdiction.

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, type of basic nursing education program, subject ethnicity, and subject gender.

A five stage mailing process was used to engage participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses. The survey was conducted from June through July 2005.

Fifty-three surveys were returned due to incorrect addresses, and 253 respondents did not qualify for survey ratings. The 253 who did not qualify met one of the following criteria: a) not currently working in the United States; b) working less than 20 hours per week as an RN; c) failed to answer the previous two demographic questions. This resulted in a sample of 5,694, a response number of 1,666, and an adjusted return rate of over 29% for the surveys. This was an increase of more than 300 respondents when compared to the previous study. The resulting statistics should be more stable (contain less measurement error) due to the larger number of responses.

## **Demographics, Experiences and Practice Environments of Participants**

### **Demographics/Past Experiences**

The majority of survey respondents were female (91.9%). The mean age of respondent nurses was 32.34 years (SD 9.08 years). The majority (70.5%) of respondents to the current study were white, 10.8% of Asian descent, 8.1% African American respondents, and 7.7 % of Latino or Hispanic descent.

Associate degree education was reported by 58.4% of respondents, 30.0% reported having baccalaureate degrees and 5.1% of respondents reported being educated outside the United States (U.S.).

Respondents reported working an average of 3.64 months as registered nurses. Candidates educated in the U.S. were an average of 7.16 months post graduation.

**Outside U.S.** About 7.3% of the survey respondents reported having worked outside the U.S. as a registered nurse. 19.4% of the respondents reported working as an LPN/VN prior to working as an RN.

**Orientation.** Most of the respondents to the current study reported receiving some type of orientation. No formal orientation was reported by 4.7% of the respondents and .4% reported having only classroom instruction or skills lab work for their orientation. The majority (72.7%) of respondents reported working with an assigned mentor or preceptor for an average of 9.19 weeks. Only 8.3% reported having a formal internship.

**Certifications Earned.** Only 25.0% of current respondents reported that they had not earned an additional certification or completed coursework. Basic Life Support (52.0%), Intravenous Therapy (23.5%), and Advanced Cardiac Life Support (20.9%) were the most frequently reported certifications.

**Facilities.** The majority (85.6%) of newly licensed nurses in this study reported working in hospitals. Only 5.5% reported working in community-based facilities and 7.6% reported working in long-term care facilities. The number of beds reported by the respondents employed in hospitals or nursing homes were mostly distributed among 100-199 beds (13.9%), 200-299 beds (18.5%), 300 to 499 beds (21.4%) and 500 or more beds (19.4%), with only 11.0% of the respondents reporting work in facilities of under 100 beds. Most of the respondents (62.3%) reported working in urban or metropolitan areas, 25.6% work in suburban areas and 12.2% work in rural areas.

**Practice Settings.** Overall, most respondents reported working in the medical/surgical (40.4%) and critical care (31.3%) practice area/settings. Nursing homes were reported as the employment setting of 6.2% of respondents, and 7.4% of the respondents reported working in pediatric nursing.

**Types and Ages of Clients.** The newly licensed nurses reported caring most frequently for acutely ill clients (66.9%), those with stable chronic conditions (33.6%), those with unstable chronic conditions (28.5%), and clients at end of life (20.4%). The majority of respondents reported caring for adult clients aged 31 to 64 (58.0%), elderly clients aged 65 to 85 (61.3%), young adult clients aged 19 to 30 (23.5%) and elderly clients over the age of 85 (24.8%).

**Shifts Worked.** The shifts most commonly worked continued to be days (41.3%) and nights (34.2%). Only 12.8% reported working rotating shifts.

**Time Spent in Different Categories of Nursing Activities.** The RNs reported spending the greatest amount of time performing client care related to pharmacological and parenteral therapies (16%), basic care and comfort (14%), safety and infection control (14%), management of care (13%), and physiological adaptation (13%). The respondents reported spending the least amount of time on health promotion and maintenance (10%) and psychosocial integrity activities (8%).

**Administrative Responsibilities/Primary Administrative Position.** Out of all respondents, 18.3% reported having administrative responsibilities within their nursing positions. Of those respondents who reported having administrative responsibilities, 36.6% reported having a primary administrative position.

## **Activity Performance Findings**

**Representativeness of Activity Statements.** The participants were asked whether the activities on their questionnaire form represented what they actually did in their positions. A large majority (95.8%) indicated that the activities were representative of their current practice.

**Applicability of Activities to Practice Setting.** Respondents indicated whether each of the activities was applicable to his or her work setting. The activities ranged from 10.85% applicability (10.85% of the respondents reported that the activity was performed within their work settings) to 100% (all of the respondents reported the activity was performed within their work setting).

**Frequency of Activity Performance.** Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings on a six point scale: "0 times" to "5 times or more." Average frequency statistics were calculated in two ways: setting specific frequency of activity performance and total group frequency of activity performance. Average setting specific frequencies ranged from 0.31 to 4.77. Average total group frequencies ranged from 0.03 to 4.76.

**Priority of Activity Performance.** The priority of performing each nursing activity was rated by participants in regard to the maintenance of client safety and/or threat of complications or distress on a "1 – 4" scale with "4" representing the highest priority. The average total group priority values for the 150 nursing activities ranged from a low of 1.73 to a high of 3.80. The average setting specific priority ratings ranged from 2.14 to 3.80.

**If you have questions/comments regarding the Report of Findings from the 2005 RN Practice Analysis please contact:**

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