Past Event: 2026 NCSBN Scientific Symposium - Two Decades of Entry-Level Nursing Practice: A Retrospective Analysis of the NCLEX Practice Analyses Video Transcript

Event
2026 NCSBN Scientific Symposium

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- [Nicole] Hi, my name is Nicole Williams. I'm Director of Content and Test Development in the Examinations Department, and I'm excited to be here today to tell you about a project that we've been engaging in that focuses on the practice patterns of newly licensed nurses over the last two decades.

So whether you're new to nursing, or you're a seasoned nurse, or someone who's just interested in entry-level practice overall, you're in the right place. After today's session, you should be able to discuss the practice trends that have occurred over the last couple of decades, as well as explore the implication of clinical judgment in the initial licensure period.

We all know that pre-licensure education plays a significant role in how entry-level nurses practice. However, for today, let's focus on the three tenets that you see here. Starting with the practice analysis, which is essentially a job analysis, we engage in this work at least every three years, where we're analyzing practice patterns of newly licensed nurses.

One of the questions you may ask is, why every three years? Well, I'll let you in on a bit of an inside secret. We continue this work ongoing every year. In other words, we continue to send out the survey to entry-level respondents because we're seeking to understand if any practice changes have occurred within each of the three practice analysis cycle.

This work is called our continuous practice analysis, and today's data is a culmination of not only the every three year main practice analysis data, but also the annual continuous practice analysis data as well.

The main practice analysis data informs the actual test plan, which is what we use in content distribution during examination administration. And the NCLEX primarily is the basis of measuring the minimum

knowledge, skills, and abilities required to conduct entry-level nursing safe and effectively. And certainly that leads us to entry-level nursing practice overall.

So what I'm hoping to do today is kind of take these three pillars, which certainly are the foundation of client safety, and give you an idea of how they all are intertwined. So starting with the practice analysis methodology, one of the things that we do is we gather a lot of data in order to better understand how entry-level nurses are practicing, how they're engaging in that practice, and where they're practicing.

It's essentially a job analysis which supports the validity foundation of the examination. In other words, the NCLEX essentially measures the minimum knowledge, skills, and abilities required to practice safe and effective nursing at the entry level, and not focused on education in a pre-licensure setting. Now, what that really means is the NCLEX forms the validity foundation of entry-level practice because it's focused on the behaviors that are required to practice safe and effective nursing minus the education.

Now, hold on, let me explain a little bit more. We understand that entry-level nurses are performing all of the knowledge, skills, and abilities that are taught in pre-licensure education, but our focus is primarily on that end behavior. Now, what that really means is let's say educational institution A does not teach insertion of peripheral IV, but client B really needs insertion of an IV.

Now, if I went to educational institution A, I may not have the knowledge, skills, and abilities to insert a peripheral IV safely, and therefore I inadvertently impact patient safety. Thus, that's the relationship between the NCLEX practice analysis and the NCLEX test plan forming the validity foundation of entry-level practice and client safety.

Now, let's focus on the NCLEX test plan very briefly. We know that the practice analysis informs the actual NCLEX test plan, but primarily the NCLEX test plan only has the three purposes that you see here. It's mainly prepared for candidate preparation, so candidates who are sitting for the NCLEX examination understand sample content as well as content distribution that will occur during exam administration.

Essentially, it informs exam development or item development in that it informs item writers which content to focus on in order to develop NCLEX questions. And then lastly, it adheres to item coding. This important component ensures that no one concept or question can be administered during the NCLEX exam administration that is not coded directly to one of the eight test plan categories.

So, essentially, all of the tenets that you see here supports the validity foundation of the NCLEX examination, ensuring that we're focusing on entry-level practice, that we're ensuring questions administered during delivery link directly back to the approved content distribution outline.

So let's talk about the methodology of the practice analyses. One of the things that we do is to prepare work that will support the group of subject matter experts. This group of subject matter experts primarily has one responsibility, and that is to put forth a group of approved activity statements that will subsequently end up on the comprehensive survey.

In order to prepare this group, we do a number of things. One of them is we engage in a literature search, seeking to understand practice patterns in entry-level nursing to see if there are any new and emerging trends. We review job descriptions and other background work, once again, to better understand how entry-level nurses function and what are some of the job requirements.

And then lastly, we engage in a nursing leadership interview and a survey, where we're seeking feedback from prominent nurse leaders of nursing organizations to better understand their thoughts around emerging practice patterns in the nursing community overall. We present this work to the group of subject matter experts who are essentially nurse educators, supervisors, mentors, or even entry-level nurses themselves.

Those individuals convene over a two-day period where they are looking at a number of things to consider in order to develop this final list of approved activity statements, which once again subsequently will be displayed on the comprehensive survey. Let's take a look at the data from the retrospective analysis of the NCLEX-RN practice analyses.

We received data from over 147,000 newly licensed nurses. Inclusion criteria included nurses who pass the NCLEX but have no more than 12 months experience. Why 12 months, you ask?

That's the definition we use in the NCLEX environment. And we use that definition to ensure that we're only focusing on the first year of practice. So the data that you hear about is strictly aligned to the first year of practice of a nurse that is new to practice. Comparably, exclusion criteria were those individuals who were unsuccessful with the NCLEX and are not practicing.

So let's take a look at what this looks like. Primarily for this survey, we ask three main questions aligned with each of the activity statements, but we get four important pieces of data. Of course, along with other demographic questions in order so that we can explain the population, we're really focusing on the activity statements.

If you recall a moment ago, I mentioned the group of subject matter experts that puts forth a list of activity statements that newly licensed nurses engage in. We then take this list of activities and we put it on the comprehensive survey and we align it with the three questions that you see in front of you.

Each triennial practice analysis has a different number of activity statements, certainly aligning with any changes that have occurred in entry-level practice. The first question that we're asking, we actually elicit two pieces of information. Let's say if the activity statement is insertion of a peripheral IV, which for some reason, by the way, happens to be my favorite activity statement, we're asking each respondent, what practice setting do you work in and are you performing this activity?

Meaning what setting do you work in and in that setting, do you insert peripheral IVs? And as you can see, based on the Likert scale here, it can be anywhere between zero to five or more times. The next thing we're asking them, once again, anchoring the activity statement, which in this example, insertion of a peripheral IV, we're asking questions regarding how important is this activity as it relates to client safety and preventing complications.

So how important is inserting a peripheral IV as it relates to client safety and preventing any complications? And the Likert scale that you see there is applicable. And then lastly, we're asking what is the clinical judgment relevancy that's aligned with the activity statement?

So how relevant is clinical judgment when you are inserting a peripheral IV? Anywhere between not relevant at all to essential. From there, we have an overarching snapshot. Overall, receiving data from over 147,000 entry-level nurses who are primarily working in acute care, working on average about 11 hours per shift, caring for an aging population with chronic, unstable, and acute care kind of conditions.

That's primarily the snapshot of the average entry-level nurse that has occurred over this two-decade period. Interestingly, as some things change, a look at this slide lets you know that some things do not. Over the last two decades, the average age of a newly licensed nurse is on average about 31 years old.

The next few slides has a lot of interesting data, so let's jump into it. One of the things that we ask on the NCLEX practice analysis, we ask entry-level nurses, How much time are you spending in each of the eight test plan categories? Now to make that a bit more meaningful, I think of the NCLEX test plan as, let's say, the day in the life of a client.

So from the very beginning, at admission, advocacy, all the way through medication administration, and then performing various treatments. Here we're asking entry-level nurses to document the amount of time that you spend in each of the eight test plan categories, understanding that that amount of time will exceed the amount of time that you worked in a shift.

The interesting thing that you see about this slide is you see a progressive upward trend, which means that entry-level nurses are spending more time in each of the eight test plan categories. One notable is the Management of Care category, which is the largest category of the NCLEX test plan. In 2005, entry-level nurses spent, on average, about 2.7 hours in this category.

All the way to its highest peak, which was in 2022, entry-level nurses spent over seven hours in the same category. That reflects an increase of over 163%. So once again, one of the things that we see is in all eight test plan categories entry-level nurses are just engaging more time in daily care.

Comparably, we also look at it in another snapshot. So we take all of the hours and we analyze them consecutively, meaning how much time are you spending in all eight test plan categories, not simultaneously, but if you line them up right next to each other. As you can see, in 2005, entry-level nurses spent, on average, in all eight test plan categories, about 20 hours.

In 2025, as you can see, there's an increase of about 103%. So over the past two decades, the data that you see is reflective of entry-level nurses are doing more and they're doing more things simultaneously at the same time. We then explored client conditions, meaning what kind of clients are entry-level nurses taking care of.

The interesting thing about this question is respondents can select more than one. Now, this selecting more than one certainly is applicable because it gives you an idea, as you can see, kind of a slight upward trend that entry-level nurses are caring for more various type of clients.

As I mentioned earlier, on average, they are caring for an aging population, but certainly they're caring for various client conditions that's reflected here. Another interesting data point is additional certifications that are gained within the first year after initial licensure.

You see an upward trend in entry-level nurses that are attaining advanced cardiac life support as well as pediatric advanced life support. Primarily, these two skills are normally engaged in critical care and emergency department units. So you certainly see that more entry-level nurses are engaging in this advanced skill.

Another way to look at it is we did a deeper dive in the sample and we looked at responses from nurses that reported they worked in critical care as well as in med-surg to better understand their attainment of advanced cardiac life support.

And as you can see here, critical care nurses are, on average, more likely to attain this advanced skill than nurses overall as well as those that are working in med-surg. So I think one of the things that you really see here is that practice, entry-level practice specifically has really progressed over the last two decades and what it was in 2005.

Another subset of the 147,000 are 20% of those respondents report that they are in administrative roles. Now, what that means is, once again, within the 12 months of initial licensure period, 20% of nurses report that they are in charge.

The data that you see here, entry-level nurses are more likely to be in charge in long-term care facilities versus acute care facilities. So really want to understand what those practice differences are in those two settings because they have much more responsibility in long-term care facilities than they do in acute care settings. Lastly, we wanted to gain a better understanding of entry-level nurses' perception of a few critical aspects of client safety, such as failure to rescue, changes in a client's conditions, and even communication, all of which are essential components of client safety.

Over 1,300 entry-level nurses responded to the 2025 continuous practice analysis. And what we found is that, on average, they felt somewhat confident in failure to rescue principles. And they felt confident in changes in a client's conditions and engaging in effective communication.

Remember, these are entry-level nurses, those with no more than 12 months experience. Overall, this essential retrospective analysis tells us that entry-level practice has gradually changed over the last two decades.

These changes have been slow, but yet progressive. We know that entry-level nurses are caring for clients with multiple comorbidities, they're multitasking more, and delivering more complex treatments. All the while attempting to acclimate themselves as new nurses, gain client experiences, increase their confidence, which supports clinical judgment.

It remains essential that we continue to highlight the complexity of the current practice period and how it impacts entry-level nursing practice behaviors that occur within the initial license period. Today, we've discussed entry-level practice trends that have evolved over the two decades and certainly highlights the importance of engaging in clinical judgment within the first year of practice to support client safety.

Thank you for joining me today. I hope this information has been helpful to help assist you in better understanding entry-level nurses' practice period over the last two decades and certainly understanding how entry-level practice has changed and certainly underpinning the importance of clinical judgment. Thank you.

- [Jason] Nicole, thank you for that presentation. I see a few questions already. If folks in the audience have additional questions, please type them in and we'll try to get to as many as we can.

So, first off, and I think this will resonate with you, clinical judgment is certainly on everybody's mind. What's your take on the relationship between clinical judgment and these three things, prelicensure education, the NCLEX, and the initial licensure period?

- Thank you, Jason. I think those three pillars fit together very nicely, but more importantly, more so on a continuum that we know many organizations and many prelicensure programs are teaching clinical judgment within the curriculum.

Entry-level nurses, that's where they actually begin to understand some of the tenets regarding effective decision-making, critical thinking, as well as clinical judgment. Most importantly, what we really have to understand is that that concept, it starts in prelicensure. We then assess it on the NCLEX, but it continues to progress in the transition to practice period.

So, many organizations have built their orientation as well as nurse residency programs in order to support entry-level nurses effectively, and a large percentage of that includes clinical judgment because that's really the hallmark in making effective decisions that help support patient safety.

- Thank you, Nicole. So, an audience member notes that probably a lot of folks in the audience weren't surprised to see an increase in time spent by entry-level nurses on the various test plan category-related tasks or activities. What do you think is driving that increased amount of time?

- Yeah, I would say there are so many variables that truly drive the amount of time that entry-level nurses are engaging in the eight test plan categories. I think if we consider entry-level practice a number of years ago, it's very different than what new nurses engage in today.

We see that, we've heard throughout the day that our patient population is changing. We have more patients that are living longer, and what's interesting is just globally, we're all living longer, our lifespan is longer, but our health span is shorter, meaning the amount of years that we have in health are actually shorter.

So, our entry-level nurses today are taking care of very complex patients, and they're required to engage in a number of complexities as it relates to treatment. So, whereas years before, there may have been a little bit of bandwidth in terms of doing or engaging in some of the treatments or interventions, one after the next.

Now entry-level nurses are doing things at the same time, so there's a lot more multitasking as well as a higher level of complexity in the type of activities that they're engaged in. So, it's just so many things that affect that time that an entry-level nurse is attending to. I also think that one of the other interesting pieces is the amount of time that they're engaging in work is pretty consistent.

So, it's not as if that their shifts have extended. The average shift of an entry-level nurse is only about 11 and a half hours. So, they're doing more, taking care of the same amount of patients over the last two decades, but they're actually just doing more within that same time.

- Nicole, thank you for that. And sticking with the entry-level nurse, can you say a little bit more about administrative responsibilities or being in charge as far as that might pertain to long-term care or acute care settings?

- Yes. One of the things that we see is that entry-level nurses, maybe about 20% of entry-level nurses who responded to the survey reported having some level of administrative responsibility. And for us, we define that as some kind of team lead or unit manager or charge nurse within that 12-month period.

Now, one would say absolutely that that's something that would be expected of a nurse who's worked at least 6 or 12 months or so. So we don't find that surprising. But I think one of the things that we should highlight is a nurse that's new to practice, they're navigating a number of different obstacles in addition to carrying the administrative responsibility. We do see that entry-level nurses are more likely than their other counterparts to be in administrative roles in long-term care settings.

And we know that historically over the years, long-term care settings may struggle with resources and support. So that may make that charge nurse or that administrative responsibility a bit more vulnerable as opposed to being in charge, let's say, in an acute care facility.

- Nicole, thank you. Now the headline with this next question is that somebody read the practice analysis very carefully. They noted that pediatric setting reduced from 7.6% in 2021 to 5.7% in 2024. And their question is how that might impact the test plan or the exam to see that change in practice setting.

- There was one period of time from one triennial practice analysis to the next that we did reconfigure the pediatric categories. At some point, we were very detailed and we described the pediatric categories in much more detail. We saw that once again, that's still a sizable portion of the respondents but a little smaller than the rest.

So what we did at some point is just kind of collapse those together which to our participants' point, it did kind of shift some of the configuration as it relates to how entry-level nurses were reporting caring for that client population. When it relates to a delineation of the content on the actual test plan, what we do is we define not necessarily practice settings but all NCLEX questions are delivered in a number of practice settings.

So let's say you may have something as it relates to diabetes but you may have an adult client or an elderly client that is, you know, who has diabetes as well as a pediatric client as well. So that's a little bit of a different consideration in that way.

- Nicole, thank you for that. Thank you for taking these questions. We are pretty much at time so I'll invite people once again, maybe 30 seconds to refill the coffee but otherwise to return to the lobby and catch one additional of our two concurrent sessions before we hit the next break.

So we'll see you again soon. Thank you.