

Next Generation NCLEX® NEWS

Next Generation NCLEX®: Overview of the 2021 RN Practice Analysis

The Next Generation NCLEX® (NGN) News is a quarterly publication that provides the latest information on the research being done to assess upcoming changes to the NCLEX Examinations. In this issue, you will find information related to the 2021 RN 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 relevancy 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 13 nurses who worked with, educated and/or supervised the practice of registered nurses (RNs) within their first 12 months of practice or were themselves newly licensed RNs. 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 the list of 146 nursing activity statements. The list was then developed into a survey and sent via email to entry-level RNs, of which 4,758 completed the survey.

Responder Demographic Snapshot

On average, entry-level nurses responding to the survey were female, 31 years of age, employed in hospitals located in urban or metropolitan areas on critical care or medical surgical units, caring for patients aged 18 to 64 and 65 to 85 with acute and stabilized chronic conditions.

Brief Overview of Survey Findings

A brief overview of the RN 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 were applicable 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.
HIGHEST FREQUENCY RATING				
25	Apply principles of infection prevention (e.g., hand hygiene, aseptic technique, isolation, sterile technique, universal/standard enhanced barrier precautions)	416	4.92	0.02
32	Properly identify client when providing care	512	4.83	0.03
LOWEST FREQUENT RATING				
137	Implement and monitor phototherapy	400	0.40	0.06
56	Provide care and education to an antepartum client or a client in labor	521	0.36	0.05

TABLE 2. Two Highest and Lowest Activity Statements by Average Total Group Importance		Average Importance		
		(Total Group)		
Activity Number	ACTIVITY	N	Avg.	Std. Err.
HIGHEST IMPORTANCE RATING				
25	Apply principles of infection prevention (e.g., hand hygiene, aseptic technique, isolation, sterile technique, universal/standard enhanced barrier precautions)	177	4.88	0.03
93	Review pertinent data prior to medication administration (e.g., contraindications, lab results, allergies, potential interactions)	186	4.85	0.03
LOWEST IMPORTANCE RATING				
87	Recognize complementary therapies and identify potential benefits and contraindications (e.g., aromatherapy, acupressure, supplements)	177	3.20	0.08
137	Implement and monitor phototherapy	142	2.94	0.12

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.
HIGHEST CLINICAL JUDGMENT RELEVANCY				
145	Recognize signs and symptoms of client complications and intervene	167	3.93	0.02
88	Evaluate appropriateness and accuracy of medication order for client	147	3.91	0.03
LOWEST CLINICAL JUDGMENT RELEVANCY				
75	Perform post-mortem care	169	2.54	0.07
137	Implement and monitor phototherapy	118	2.52	0.11

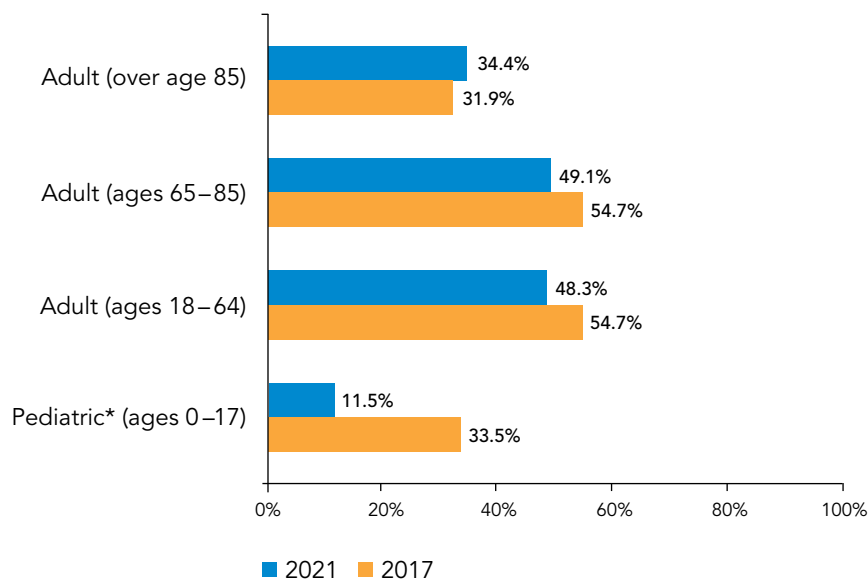


Noteworthy was the type of orientation most entry-level nurses received as well as the client population. Entry-level nurses were more likely to receive orientation with an assigned preceptor and the percentage of newly licensed nurses attending a formal internship or transition to practice program has increased (see Table 4).

TABLE 4. Type and Length of Orientation	2021		2017	
	%	Avg. Weeks	%	Avg. Weeks
Classroom and/or skills lab plus supervised work with clients	6.8	7.7	9.7	8.4
Work with an assigned preceptor(s) or mentor(s) with or without additional classroom or skills lab work	59.9	9.5	61.6	9.8
A formal internship with or without additional classroom or skills lab work	25.7	12.4	21.8	13.9

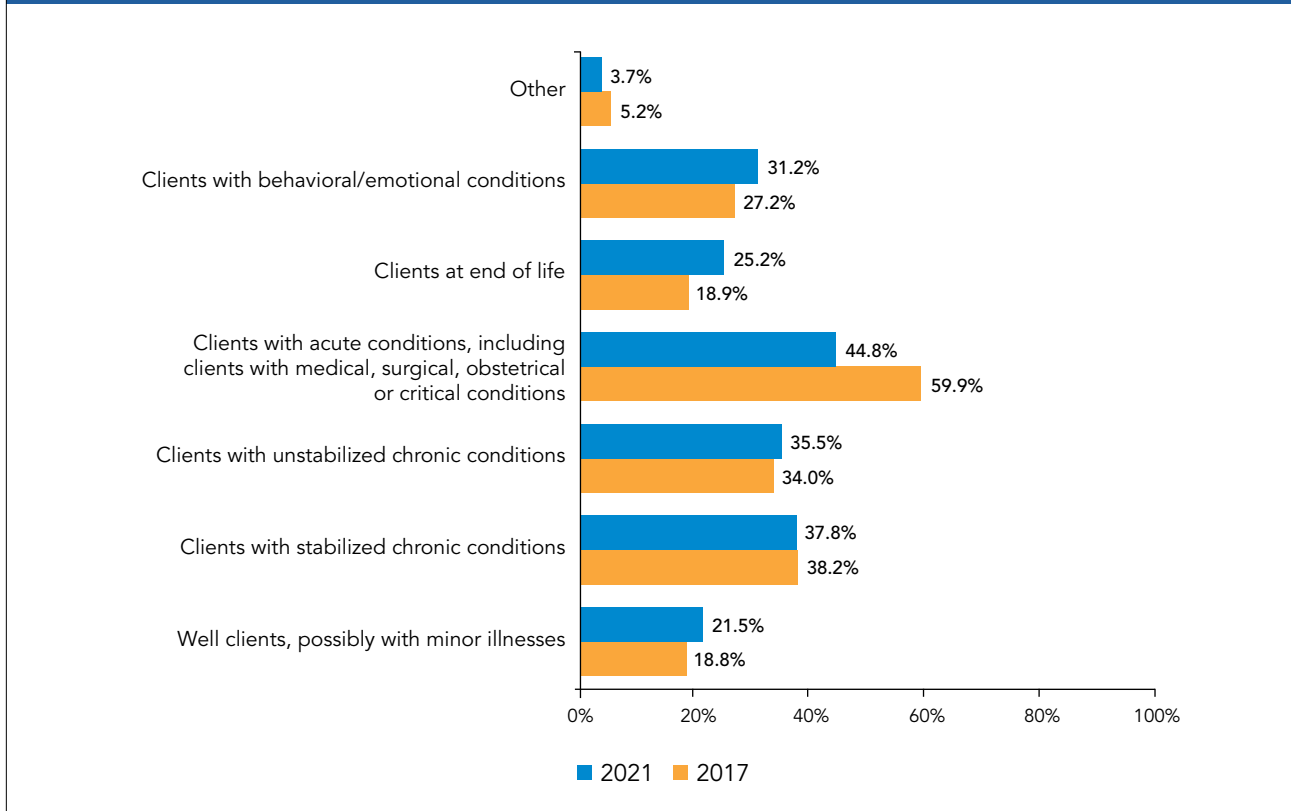
Moreover, entry-level nurses were more likely to care for clients who are 18-64 and 65-85 years of age with a slight increase in the care of clients over 85 years of age (see Figure 1). Additionally, entry-level nurses were more likely to care for a client with an acute condition with slight increases since the last practice analysis in the care of clients with unstable chronic conditions, those with behavioral or emotional conditions, along with clients at end of life (see Figure 2). These combined 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 2017, 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 RN Practice Analysis reflect the continued congruency of entry-level nursing practice in the U.S. and Canada and support the use of the NCLEX for licensure/registration decisions in both countries. The **2021 RN Practice Analysis: Linking the NCLEX-RN Examination to Practice** (U.S. and Canada) 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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