Adoption of NCLEX for Entry to Practice for Canadian Nurses: Policy Considerations

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Background:

To determine their level of competence for licensure, potential nurses must pass an examination prior to entering practice. The Canadian Registered Nurse Examination (CRNE), a paper-based exam offered three times a year and managed by the testing company, Assessment Strategies Incorporated (ASI) had been used by most Canadian provinces and territories for licensing Canada's nurses since 1970. In January 2015, Canadian nursing regulatory bodies adopted the US-based NCLEX-RN as the entry exam for Canada's registered nurses, offered through the US National Council of State Boards of Nursing (NCSBN). Serving as the first time that the NCLEX-RN is being used to license RNs in a country outside of the US, the exam was described as offering the latest advances in testing technology, enhanced test security, increased accessibility through year-round testing, timely results and would allow for precise assessment of an individual candidate's performance (NCSBN, 2014).

Objectives:

The objective of this study was to determine factors influencing the decline in registered nurse pass rates occurring when Canadian nurse regulators adopted the NCLEX for licensure for entry to practice in Canada, and identify strategies that could guide policy makers, educators and other key stakeholders to improve these pass rates in future.

Methods:

A mixed method design was employed comprised of semi-structured interviews with newly graduated Canadian nurses who wrote the NCLEX exam for licensure in 2015. Newly graduated students were asked to identify strategies employed by schools of nursing across Canada, as well as individual strategies that the students themselves utilized, to prepare for the new NCLEX exam. In addition, the semi-structured interview questions allowed participants to comment on their experiences writing the NCLEX. The interview data was content analyzed to determine if specific strategies employed by different schools of nursing contributed to higher or lower pass rates at a particular school.

Results:

The study included newly graduated nurses from schools of nursing in Canada who wrote the NCLEX exam in 2015. Interviews were conducted with 202 individual newly graduated Canadian nursing students who wrote that NCLEX in 2015, who came from nine of the ten provinces which had implemented the NCLEX. Three specific themes emerged from the content analysis of the data related to: 1) policy, 2) educational institutions and 3) students. The policy issues identified and presented in this paper were: reputational costs, French language concerns, testing site issues, American content not appropriate for Canadian health care environments, limit to the number of opportunities to write the exam, communication and engagement with regulators, and financial costs. Strategies employed by nursing schools included: integrating NCLEX-style questions into the curriculum, and providing on-site information sessions and/or preparatory courses for students regarding the NCLEX.

Conclusions:

Overall, the experiences of students described with the first year of implementation of the NCLEX in Canada were concerning and highlight the need for immediate action to address some of the key policy issues identified. While some effort is being taken to increase the number of times a student can re-write the NCLEX in Canada, the debate continues.