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NCLEX-RN test anxiety among Hmong Nursing Students

Kay Lee

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NCLEX-RN TEST ANXIETY

The United States is becoming increasingly ethnically diverse; however, minorities are underrepresented when it comes to health care professionals. In order to provide culturally congruent care to this varying population, nursing programs must attract, recruit, support, and retain ethnically diverse students. Most importantly nursing programs must provide as much support and assistance as necessary to ensure high pass rates for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) for all first time test takers among all nursing students, but especially for minority students (Sullivan, 2004). The scores student graduates obtain from the NCLEX-RN examination not only impacts the students' profession, it also has strong implications for the educational institution the student graduated from. Clearly, the implication goes far beyond the individual student (Shultz, 2010).

The nursing profession has come a long way with the advances of technology and science. Currently nursing programs design their curriculum based on standards from a variety of organization such as the National League for Nursing Accrediting Commission (NLNAC). Nursing like many other professions require state licensure in order to practice. There is an incredible amount of pressure on nurse educators to graduate only those students who will successfully pass the NCLEX-RN examination. Nursing programs must find a balance between educating nursing students to become competent practicing nurses, and preparing them to pass the NCLEX-RN exam. Although most nursing students are successful in completing their nursing programs, the rate of passing on the NCLEX-RN has declined over the years among minority students (Lima, London, & Manieri, 2011). The enormous pressure for nursing students to do well in nursing programs in addition to the NCLEX-RN has created widespread test anxiety among nursing students, especially among English language learners (ELL). In Minnesota one of the largest populations of English language learners resides in the Hmong

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population. In this paper, I will assess test anxiety among Hmong nursing student, and evaluate potential interventions to help support Hmong nursing students succeed on the NCLEX-RN examination.

Significance of the Problem

More than ever nursing programs are shifting to what Popham (2001) refers to as “curriculum-teaching” (p. 16). Curriculum-teaching is described as a teaching strategy which is focused on teaching to the curricular content which represents the test items. The purpose of this strategy is to raise student’s test scores, especially with high stakes testing such as the NCLEX-RN exam. It is important to remember that ELL students learn differently and therefore this needs to be considered when nursing programs are “teaching to the test” (p. 16).

According to Vang & Flores (2000), when it comes to achievement testing Hmong students are identified as having an English language deficit. This means Hmong students will score lower on high stakes tests which does increase their anxiety and affect their academic performance. Hmong students do not learn at the same pace or in the same way as English native speakers and this needs to be taken into account. Another area of concern identified with Hmong students involves their learning styles. Hmong students do not shift from one style of learning to another very easily, and Hmong students do not ask questions when they do not understand information being taught to them (Cummins, 1989). Consequently the lower academic performance exhibited by Hmong students leads to high test anxiety, feelings of being left behind by educators, and dropping out (Vang & Flores, 2000).

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Literature Review

In the following section literature about test anxiety and high stakes testing will be discussed.

Test Anxiety

Test anxiety is defined as “an aversive emotional and motivational state occurring in threatening circumstances” (Eysenck, Santos, Derakshan, & Calvo, 2007, p. 336). Test anxiety is a known phenomenon and it is socially understood (Mayo, 2005). Test anxiety is considered a psychological condition in which people experience different levels of distress and anxiety in testing situations (Silverman, Saavedra, & Pina, 2001). Students with test anxiety usually present with nervousness and fear. Test anxiety has the potential to decrease learning and lower test performance. In general test anxiety can make students so anxious they are unable to do their best. It is normal for the body to experience some degree of anxiety, for instance a low degree of anxiety can actually make students feel mentally alert. However, when anxiety turns into severe excessive fear, it can make it difficult for students to concentrate making it harder to recall things students have learned (Sarason & Spielberger, 1978).

High Stakes Testing

The NCLEX-RN examination is similar to any high stakes examination, such as the American College Testing (ACT) and Scholastic Aptitude Test (SAT). The scores received on these examinations have become the expected standard. High stakes testing is used for assessing how well and how much students know as well as a way to assess the quality of how educational programs are doing. According to Heubert (1999), tests are representing more symbolically and practically than was originally intended. Mayo (2005) emphasized the results obtained on high

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stakes test can be interpreted similarly to statistics, which is “subject to rich and varied strategies of interpretations and are going far beyond authorial intention” (p.358-9).

High stakes testing is becoming the trend in standardized testing (Shultz, 2010). Students are aware that the stakes are high, and are under a lot of pressure to pass. Consequently the pressure to do well on high stakes tests has created high test anxiety among students “...and desperate times lead to desperate measures” (Shultz, 2010, p. 205). Students are turning to test preparation courses online, such as Kaplan. This means students are not paying for knowledge based material but rather they are paying for test taking techniques for answering the questions correctly. Although the techniques do work for some they do not work for everyone, especially minority students. Numerous studies indicate and support high stakes testing, and believe by increasing the standards on these tests it will consequently encourage students to score higher. However, the anti-test movement argues higher standards do not motivate higher achievement, can not to be generalized to all students, and are causing increased test anxiety among all students (Mayo, 2005).

Literature about Test Anxiety

A literature review was conducted on CINAHL, ERIC, and Academic Search Premier databases. Search terms included test anxiety, NCLEX success, NCLEX pass rates, minority and Hmong students, standardized testing, high stakes testing, as well as extensive searches through the journal database on Google Scholar. A gap was identified related to the subject of NCLEX-RN test anxiety among Hmong Students. There is limited research data available. More qualitative and quantitative research is needed to identify and address test anxiety among Hmong

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students when it comes to high stakes testing such as the NCLEX-RN examination. As a result of the literature review three research articles identified will be discussed.

Test Anxiety and Nursing Students

The first of the three studies found was conducted by Driscoll, Evans, Ramsey, & Wheeler (2009), titled “*High Test Anxiety among Nursing Students*” focused on high test anxiety and nursing students (p. 1). The purpose of the study was to investigate whether nursing students experienced a higher level of test anxiety compared to other students in other fields. There were two college campuses included in the research. The first college was a large state university consisting of 119 nursing students. The second college was a smaller private school consisting of 186 nursing students. A comparison group of 471 students which consisted of several high school and college students were included in the comparison group.

The tool chosen by the researchers to measure the level of anxiety of nursing students was the Westside Test Anxiety Scale. The Westside scale was chosen for the following reasons: it specifically measured anxiety impairment, recent population sample results were readily available, and anxiety changes measured by the Westside scale have been found to correlate with changes in test performance (Driscoll, 2007). The Westside scale was used to screen 298 nursing students and the results obtained were compared to a comparison group of 471 high school and college students (Driscoll et al., 2009).

The Westside scale was scored on a scale of 1.0 to 5.0, where a score of 1.0 equaled no anxiety and a score of 5.0 equaled a panic situation. The total scale was broken down further into levels of anxiety. Moderate anxiety was rated at 3.0-3.4; highly anxious was rated at 3.5 or

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higher; extreme anxiety was rated at 4.0 or higher. The scores collected from the comparison group of 471 students were collected prior to the investigation (Driscoll et al., 2009).

Results

The results obtained from the study revealed that among the high school and college students in the comparison group sample, 17% were found to have high test anxiety. Literature review revealed 16% -20% of these students had high test anxiety, which proved the Westside scale appeared to be similar to that of other widely used anxiety scales. The results also revealed that 18 % of the high school and college samples had moderate high anxiety. When broken down 35% of these students had moderately high test anxiety. Among the nursing student group the results were as follow: 30% of the nursing students scored with high test anxiety, which is close to double the percentage of the comparison group; and 26% were scored with moderately high test anxiety, which was higher compared to the comparison group (Driscoll et al., 2009).

The samples were converted to numerical scores for further analysis. The mean score was 2.87 (high normal) for the comparison population samples, and was 3.14 (moderately high) for the nursing students. The difference was statistically significant for the two schools combined and also significantly higher for each of the two schools compared to the non-nursing samples. The results obtained from the study overall emphasized a notable higher incidence of test anxiety among nursing students compared to the comparison group (Driscoll et al., 2009).

The results obtained from the study emphasized nursing programs need to realize that nursing students do experience an incredible amount of high test anxiety while enrolled in nursing programs compared to students in other fields. Nursing programs as well as nursing

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educators need to know nursing students are under a lot of pressure to do well and are overwhelmed. Nursing programs need to implement appropriate interventions to ~~support nursing students in order to~~ decrease the level of test anxiety experienced, retain nursing students in completing nursing programs, and increase the passing rate on the NCLEX-RN examination for first time test takers.

Test Anxiety Triggers

The study was conducted by Chamberlain, Daly, & Spalding (2011). The researchers explored the concept of triggers related to test anxiety. Nineteen students were included in this pilot study (Daly et al., 2011 as cited in Chamberlain et al., 2011). A focus group methodology was chosen for this pilot study based on three assumptions. First, the interactions between participants can prompt the sharing of opinions, experiences, beliefs, memories, doubts, and ideas that may not be stimulated during a one-to-one interview. Second, focus groups are participant-led rather than research-led, which creates a mutual rather than a research-dominant dynamic (Kitzinger, 1994). Third, the focus group data provided the opportunity to understand better the nature of relationships between students' test anxiety and performance. Each focus group lasted an hour and was facilitated by an experienced researcher and observed by a teacher to secure school participation. The focus groups were broken down into three groups of five participants and one group of four participants. Participants were in their first year of their nursing program and were recruited from six classes (Daly et al., 2011 as cited in Chamberlain et al., 2011).

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Results

The data obtained from the study was analyzed using framework analysis (Ritchie & Spencer, 1994 as cited in Chamberlain et al., 2011). This particular technique was chosen over others as it allowed the researchers to gather data and reflect on the findings concurrently, allowing emerging themes to be explored in greater depth in the later focus groups. The data collected from the focus groups suggested that the participants experienced two types of anxiety. These were identified as “pre-exam anxiety and exam day anxiety” (p. 196).

Students identified three triggers of pre-exam anxiety, which were listed as follow: “revision workloads, teachers’ attitude towards examinations and examination outcomes, and the results of mock examinations” (p. 197). The first trigger, revision workload included the process of studying for an examination but still being required to learn new material in other courses. In addition, revision workload also included family obligations. Meaning students were still expected to be responsible to participate in household chores. Students described it as “burdensome and inherently stressful” (p. 197). The second trigger, teachers’ attitude towards examinations and examination outcomes was viewed as negative feedback. Students’ felt teachers who constantly reminded them and emphasized how important exam outcomes were really increased their test anxiety levels. Putwain & Roberts (2009) referred to the tactics students’ described by teachers as “fear appeals” (p. 356). Fear appeals were used to motivate students by making them conscious and afraid of examination failure. ~~However~~ Putwain & Roberts (2009) argued students reported experiencing higher test anxiety rather than anxiety that motivated or helped them to do better on the exam. The third trigger, results of mock examinations can also affect students negatively. Mock trials are described by Chamberlain et al. (2011) as a useful exercise teachers use to familiarize students to the actual test. However,

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students reported poor results obtained from a mock examination negated the potential benefits and left them feeling more anxious on the actual tests.

Similarly to pre-exam anxiety, students identified three triggers associated with exam day anxiety, which included timetable, waiting time, and time available. In this study students referred to timetable as multiple tests being scheduled on the same day, multiple tests scheduled in a week, or confusion in studying and showing up for the wrong test. Students stated timetable caused a significant amount of frustration and test anxiety. The second trigger, waiting time was described by students as a precipitator of test anxiety. Students described waiting time as a period where there are opportunities for students to clarify unclear information with each other in hallways minutes before the test. ~~However~~, the discrepancy in the information shared among the students caused more confusion and increased the level of test anxiety being experienced. The third trigger, time restraints was described as compromising students' ability to think about their answers to the questions on the test. The pressure to complete the test within the time constraint ~~really~~ made it more difficult and increased the level of test anxiety among students. As a consequence of raised test anxiety students found it harder to complete the whole test and struggled to recall knowledge learned. Overall, the results emphasized in this study revealed high test anxiety did have negative impact on students' test performance. The results also pointed out test anxiety triggers associated with exam day anxiety cannot be avoided (Chamberlain et al., 2011).

Factors that Motivate Hmong Students to be Successful

The last study was a qualitative study conducted by Lor (2008), to identify factors which motivated Hmong students to be successful. Lor emphasized research on the Hmong population

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started in the late 1980s, however, research focusing specifically on Hmong college students is limited. Therefore, Lor conducted this study to investigate what life experiences contributed to first generation Hmong college students' matriculation. First generation Hmong college students were defined as those Hmong college students who were born in Laos and raised in the United States (US). Hmong college students were specifically selected from several University of Wisconsin (UW) campuses were invited to take part in this study.

The researcher conducted the study using a construction theory about Hmong college students' matriculation, retention, and graduation from college. Letters were mailed out to 50 students. Of the 50 students selected only 18 students were willing to participate in the study. The 18 students represented different disciplines and campuses. The age of the students ranged from 24 to 40 years of age. Individual interviews ~~were conducted~~, were 45 minutes to an hour and a half in length, were audio taped, and transcribed. A questionnaire covered numerous experiences including: secondary, and post-secondary educational experiences, economic, educational backgrounds, professional and personal challenges, and any unique life experiences that may have influenced their matriculation and graduation. The researcher confirmed, validated, and clarified any questions or issues with the participant during the interview session (Lor, 2008).

Results

Five key life experiences were identified as motivators for Hmong college students from the interviews and are listed as follow: "1) Supportive family environment; 2) Social and academic support in a formal education environment; 3) Life lessons: embracing hardships and

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challenge; 4) Vision and drive for success that includes a college education; and 5) Financial support” (Lor, 2008, p. 39).

Support family environment. For the first generation Hmong college participants in this study, family support was a source of strong motivation to complete a college education. Support came in the form of family support such as child care help, financial assistance, spiritual, and emotional support. In situations where siblings attended the same educational institution it became a source of support in a competitive nature to strive for higher achievement and graduate (Lor, 2008).

Social and academic support in a formal education environment. Hmong students emphasized the frustration and anxiety of navigating the educational system. Social and academic experiences in a formal education environment were a challenge for Hmong college students. Hmong students were unfamiliar with the educational system, and did not possess the communication skills to obtain help when needed. However, as Hmong students started to familiarize and adapt themselves to the educational system and college culture it became easier. Hmong students also found when they were able to participate, connect, and interact with their professors, classmates and college support staff they learned more. Professors became inspiring and Hmong students’ stated success in college was related to great teaching skills and inclusive classroom environments. Hmong students emphasized their positive experience motivated them to achieve higher, which was very significant to the matriculation and graduation from college (Lor, 2008).

Lessons: embracing hardships and challenge. The experience of coming to a new land as refugee of war, learning a new language, and culture was very difficult. Hmong students

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discussed experiencing feelings of uncertainty with their new lives in western culture. They also expressed feeling isolated and feeling out of place. However, the theme that emerged from the interviews was these first generation Hmong students wanted to live a better life and improve their parents' social status and honor within the Hmong community. Therefore, they really pushed themselves to endure the hardship. Married participants discussed their experience from being single to being married. Married participants expressed how having children really raised their hopes and motivation to graduate from college. They felt even if they couldn't do it for themselves they needed to do it for their children, in order to offer them something more than what they had (Lor, 2008).

Vision and drive for success that includes a college education. All participants in the study emphasized they had high standards to graduate. They envisioned themselves working in stable professions and bettering their lives. Participants emphasized the extra work and studying to be successful. They really dedicated much time and effort to their learning and expressed their love for learning kept them moving towards academic success and completion. Participants expressed the drive to learn more and used their ambitions for a better life to motivate them to be academically successful. The participants emphasized that failure was not an option. Participants stated it did not matter what the sacrifice was they were willing to make it work. The theme which emerged in the participants' drive for success was they wanted to be successful, believed in their ability to be successful, and wanted to make a name for themselves within their own community and their profession (Lor, 2008).

Financial support. Participants discussed the issue of financial support. They reported coming from low income families and without the help of financial aid the college experience would have been impossible. Married participants discussed the benefits of the welfare program,

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which was state aid. The program supported their families and enabled them to continue their educational goals. They emphasized they were very fortunate to live in a country where financial aid and welfare was available to help support their education and family. Participants also discussed financial support they received from family members even though it was not a huge amount it enabled them to get gas for transportation and pay for meals (Lor, 2008).

Although the information obtained from this study was useful in looking at the experiences of Hmong students, it is important to keep in mind Lor's study only pertains to first generation Hmong students who were not born in the US but where raised in the US. Over all the study does emphasize several important factors for educators. One of the main factors that educators need to consider when working with Hmong college students is the need for a strong collaborative educational support system between educators and Hmong students. Hmong college students do better when there is open communication and strong support from school staff and professors when it comes to academics and learning experiences. Above all, inclusivity in learning environments is essential to motivating and retaining Hmong college students' matriculation and graduation from college.

From my perspective as a Hmong nursing student, strong family support comes in the form of an investment in the students' academic success. Academic success and a college degree mean respect and a higher status in the Hmong community. Each success and failure comes with a label and reflects on the families honor. For example, Cindy who graduated from St. Catherine College with a degree in nursing earns herself the label, "Cindy, the nurse." However, if Cindy were to drop out and not complete her education she would earn herself the label, "Cindy, the drop out who could not finish college." This label alone would dishonor her family's name and anyone associated with her. Therefore, failure is not an option and not acceptable for Hmong

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students, especially if the student is the oldest child and the first to attend college. The stakes are high. The success of the oldest child paves the way for further success of the younger siblings, whereas failure of the oldest would be considered the reason for the failure of the younger siblings. The belief is the oldest child is the role model and if they find success, the younger siblings will challenge themselves to be successful. Success among siblings becomes a friendly competition to see who can be more successful. However, if the oldest child was a failure they would be blamed for the failure of the younger siblings. In the case where younger siblings are more successful, the oldest child would constantly be put down by family members and compared to the younger sibling. The standards are set high for Hmong students and the pressure alone can be suffocating at times.

The pressure and anxiety for success does not end when Hmong nursing students graduate. Hmong nursing students continue to experience hardship once they have successfully completed their nursing degree. Family members do not realize that once students graduate they still need to invest much time studying for taking the NCLEX-RN as a part of the licensure process. Family obligations and responsibility becomes priority for graduated nursing students, and the support they received while attending college no longer is available. The hardship of finding time to study for the NCLEX-RN appropriately becomes a barrier to passing the NCLEX-RN and is a huge contributor to test anxiety among Hmong nursing students. As a Hmong nursing student this was a hardship I too experienced, because life goes on after graduation. The lack of time available to study and prepare for the NCLEX-RN along with the pressure from family responsibilities can take a heavy toll and affect testing performance.

Theoretical Framework

The theory which can be applied to NCLEX-RN test anxiety among Hmong students is Madeleine Leininger's Transcultural Theory. Leininger's Theory recognized the importance of "caring in nursing" (Leininger & McFarland, 2006, p. 93). Leininger acknowledged a deficit of cultural and care awareness in nursing care. Leininger believed to completely understand and include cultural and care awareness in nursing, nursing care required in patient care to support compliance, healing, and wellness. Leininger emphasized the need for nursing to "overcome cultural ignorance, ethnocentrism, and racism in their practices" and in order to address this issue nurses need to recognize their own cultural values and beliefs in order to overcome their own cultural biases (Leininger, 1997). Leininger emphasized when nursing care included culture and care it positively influenced the client to be independent in their own care. Therefore, Transcultural nursing focused on the cultural dynamics which influenced the relationship between the nurse and the client. In order to better assess this issue, Leininger developed the Theory of Cultural Care: Diversity and Universality with the objective "to provide culturally congruent holistic care to all patients" (Leininger, 2006, p. 96).

In addition to the Transcultural Theory, Leininger also developed the Sunrise Model. The Sun Rise Model was used as a conceptual holistic research guide and enabler to help investigator determine numerous dimensions associated to the theoretical tenets of the Theory of Cultural Care. The model is both comprehensive and specific defining the components which need to be explained to understand a culture. The model was a way for nurses to foster their "worldwide view" on culture and care of their patients (Leininger, 1997, p. 40). The model challenged nurses to open their eyes, look deeper, and evaluate the aspects which may impact their caring attitudes and reactions of their patients. The model emphasized areas which needed

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assessment in relation to the theory tenets and the specific domain of inquiry under study (Leininger, 2006). As nurse educators looked at test anxiety among Hmong nursing students, it is important for nurse educators to use Leininger's Transcultural Theory and Leininger's Sun Rise Model to identify anxiety triggers and intervene appropriately. Similar to nurses who use the Sun Rise Model to care for their patients, nurse educators should use it the same way to care for their Hmong nursing students.

As nurse educators apply the Sun Rise Model to the education setting, nurse educators will look specifically at Hmong nursing students. The model does not have a set guideline to follow. The model offers the nurse educator the freedom to apply the model with their Hmong nursing students, however, nurse educators are expected to look at all the areas of the model to gain correct and accurate data to use to what their objectives are, which would be to identify triggers of test anxiety levels among Hmong students which negatively impacts their testing performance (Leininger, 1997).

By applying the Sun Rise Model to the studies discussed earlier and what is known about what motivated them to be successful, the following was concluded about the phenomenon. There are two different pressures systems influencing test anxiety among Hmong students, and two triggers of test anxiety among Hmong students. In the care of the Hmong students, there are two confounding influences. On the right side of things, Leininger referred to as, "Generic (folk systems)" or the pressure and expectations of the family/culture. On the left side of things, Leininger referred to as, "Professional Systems" or the pressure of the educational system. The Hmong student falls right in-between the very different pressure systems. Each pressure contains its own high standards and demands, where failure is not an option. Nursing educators need to take this into consideration, take a step back, and offer Hmong students intervention in

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order for students to be successful. A diagram illustrating the Sun Rise Model was created for nurse educators to evaluate (see Appendix A).

When students feel comfortable with their professors and feel included they will stay (Kathleen Smith, Personal Communication, March 13, 2013). In addition, Transcultural Theory will help nurse educators identify nonacademic factors contributing to test anxiety among Hmong nursing students, for instance, family obligations, financial concerns, work schedule, lack of studying skills, and time management issues. As nurse educators incorporate culture and caring into their teaching and learning environment, the positive educator-student relationship will facilitate strong and independent learning among Hmong students. This is similar to the nurse to client relationship seen in the hospital setting (Leininger, 2006).

Recommendations

In order to retain, support and recruit Hmong nursing students in nursing programs, more qualitative and quantitative research is necessary to assess the areas of needs, and contributing anxiety triggers among Hmong American nursing students, especially those students who were born and raised in the US. Further research studies focusing on more rigorous designs with large diverse student groups are necessary and recommended on this phenomenon. Although the literature and research is currently lacking what is evident is more support of programs are needed to facilitate success among nursing students in general (DiBartolo & Seldomridge, 2005). Nursing programs really need to assess what is working and what needs to be added or changed in the program. Much attention needs to focus on the high anxiety of nursing students when it comes to test taking, especially Hmong students.

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In addition, it is imperative nursing programs and nursing educators conduct research studies to assess if the interventions they are using is effective in supporting their nursing students to succeed on the NCLEX-RN. Although promising interventions may appear to be sound strategies for supporting NCLEX-RN pass rates for minority students, caution must be applied (DiBartolo & Seldomridge, 2005). According to Seago & Spetz (2005), interventions which may seem to support NCLEX-RN pass rates in nursing programs may be deceiving and actually lower first time pass rates.

After much research on the topic two interventions were identified and recommended as follow: NCLEX-RN preparation course built into curriculum throughout the program; and use of yearly cumulative exit exams; summer school tutoring program targeting areas of need; and a two month NCLEX preparation support course for nursing graduates from the program.

NCLEX-RN preparation course built into the curriculum throughout the program.

When it comes to curriculum and NCLEX-RN, contextual factors need to be considered. Contextual factors are the forces, situations, and circumstances that curriculum developers must take into account as they plan a curriculum” (Iwasiw, Goldenberg, & Andrusyszyn (2009, p. 101). According to Smith (2013), when you think about all the pieces, you’re considering where you teach, how you teach, and the students who led you to the purpose of why you do what you do (Personal Communication, March 13, 1013). Nursing programs need to do the same. If the goal is to produce competent nurses who are confident and ready to take the NCLEX-RN, than more educator support, changes, and research is required when it comes to Hmong nursing students.

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Nursing programs need to consider incorporating a preparation course which is built into the curriculum as early as the first year, instead of focusing on the NCLEX-RN during the last semester of the nursing program. The rationale for this intervention is to really get Hmong students comfortable with the NCLEX-RN format. Nursing programs should start looking at using computerized examinations for all quizzes and final exams. Instead of the typical paper examinations being administered in the program, Hmong nursing students should be trained to start taking computerized quizzes and examinations which mimics the NCLEX-RN examination. According to March & Ambrose (2010), students develop a certain style of test taking skills. For instance, some students are more comfortable taking a paper exam where they can cross out parts of the stem, make notes, or come back to a question later on. Nursing students in general do not have the ability to do this on the NCLEX-RN. Modifications of the way exams are administered does “disrupt students’ sense of security” (p. 231). This intervention would allow Hmong nursing student to develop new testing skills and get them closer to a comfort level with computerized test taking. This process would allow nurse educators and Hmong nursing students to identify what works for them. For example, the study Program offered by Kaplan focuses on test taking strategies (Mayo, 2005). For strong test takers this may be beneficial, however, this strategy does not work for everyone. Therefore, Hmong nursing students can identify what works for them and what does not. This also allows nurse educators to evaluate Hmong nursing students’ learning styles and help accommodate for learning style needs.

Use of yearly cumulative exit exams. Exit exams are being used in most nursing programs, however they are only being used with senior nursing students (March & Ambrose, 2010). When it comes to Hmong nursing students, exit examinations should be administered at the end of each year, starting with first year nursing students. For instance, first year students

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would take an exit exam covering only the first year curriculum. Second year students' exit exams would cover first and second year curriculum. Third year students' exit examination would cover, first, second and third year curriculum. Fourth year students' exit examination would be a cumulative of all curriculum covered in the program.

The exit exam would not be graded; instead it would be used as a tool for educators and students to evaluate areas of weakness. The rationale for this intervention is Hmong nursing students are taking numerous nursing courses for a couple of years, and by the end of the program the information learned in the early courses aren't as fresh in their mind as when they first learned it (Kathleen Smith, Personal Communication, March 13, 2013). This intervention provides opportunity for Hmong nursing students to get to know the NCLEX-RN, and the styles of questions being asked on the exam. This will allow Hmong nursing students to get comfortable with the NCLEX-RN examination, therefore decrease the amount of test anxiety being experienced. This intervention further allows students to revisit the material yearly; and help students and nurse educators identify patterns in areas of needs.

Summer school tutoring program related to the result obtained from the exit exam. In correlation with the exit exam, nursing programs should invest in a summer program to address areas of need for Hmong nursing students. The summer programs would be a course where Hmong nursing students could receive extra tutoring support in the areas of weakness identified. This is something they would not necessary get in a nursing program during the regular school year. In addition, a summer school tutoring program would allow Hmong nursing students to free themselves of family obligations and allow them time to work on NCLEX style questions in the identified areas of needs.

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Two month NCLEX preparation support course for nursing graduates from the program. Nursing students usually find the educational system is supportive up until graduation and thereafter the support lessens or ceases to exist. Hmong nursing students have the hardest time after graduation to keep up on their preparation/studies for NCLEX-RN. Family responsibility, less family support, and financial obligations becomes too much to juggle. Hmong students end up taking the NCLEX-RN right after graduation without further studying and hope to pass, or they end up stalling for several months to years and attempt the examination with the little amount of preparation they could manage. Hmong nursing students usually do not pass the NCLEX-RN on the first attempt as discussed earlier in the paper. Therefore, nursing programs need to invest in programs after graduation to continue to help support Hmong students to successfully passing the NCLEX-RN. Programs offered through the schools after graduation will get the message out to families of the importance of the examination. Hmong nursing students will continue to receive family support and will have a quiet place to study with continued support from nursing programs and nurse educators.

Conclusion

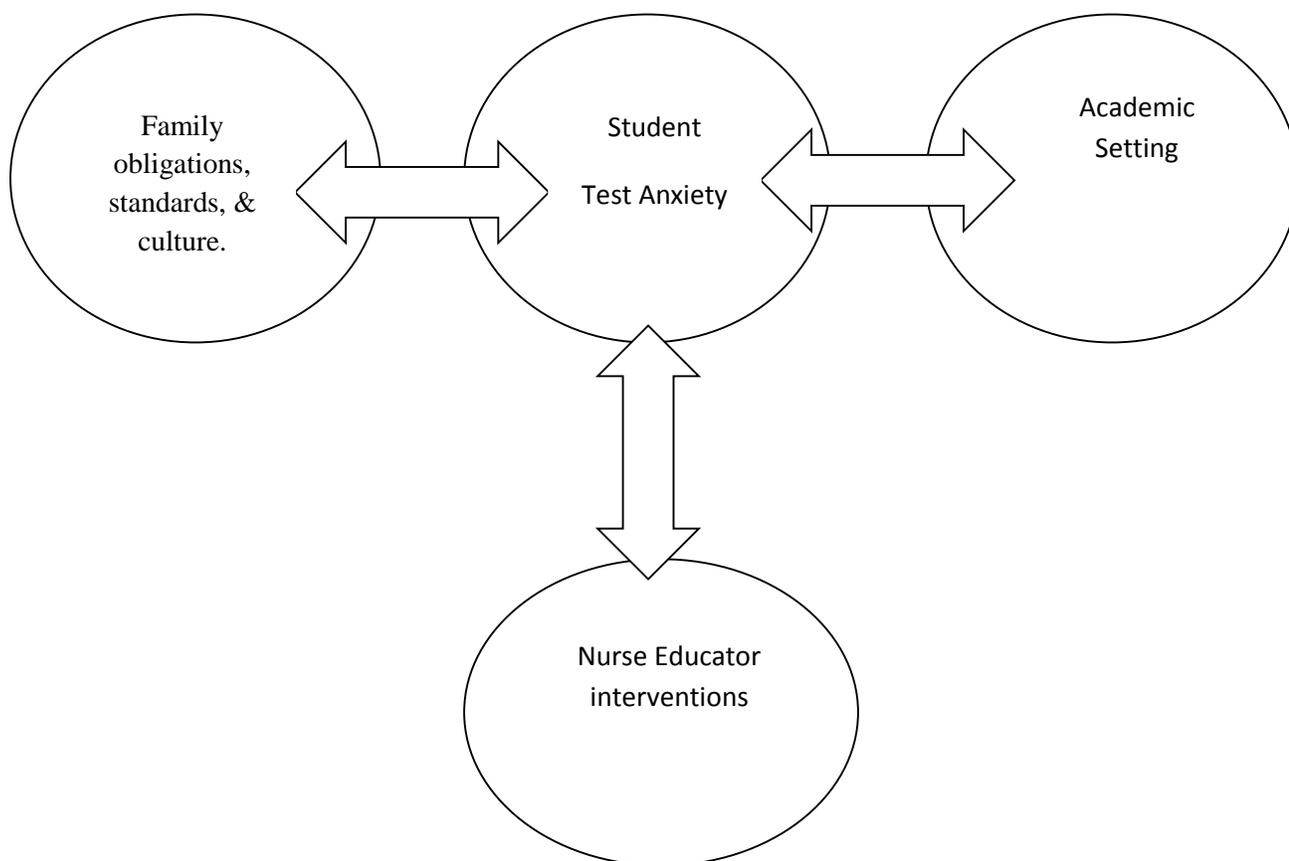
There is a scarcity of literature available regarding NCLEX-RN and Hmong nursing students. More research is needed when it comes to this phenomenon. Hmong nursing students are actively recruited into nursing programs; however they have the most difficulties passing the NCLEX-RN. In general, Hmong nursing students are confronted with two different pressure influences, one coming from their family obligations and the other from the school environment. Therefore educators need to identify and intervene to ensure academic success. It is important that Hmong nursing students receive strong support from nursing programs while completing the

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program, and even after graduation to ensure successfully complete of the nursing program and increase passing rates on the NCLEX-RN examination on the first attempt.

Appendix A

Sunrise Model of Hmong Nursing Students





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