

ORIGINAL RESEARCH

From setback to success: A phenomenological study of NCLEX-RN repeat test-takers path to success

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ABSTRACT

Passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) represents a pivotal milestone for nursing graduates, yet a substantial number do not succeed on their first attempt. While existing literature primarily focuses on predicting at-risk students prior to graduation, less is known about the lived experiences of graduates who fail the exam and later pass. This phenomenological study explored the perspectives of nine BSN graduates who were unsuccessful on their first NCLEX-RN attempt but ultimately achieved licensure. Semi-structured interviews were conducted, transcribed, and analyzed using thematic analysis. Six themes emerged: (1) Key Changes in Preparation, (2) Emotional Impact, (3) Consequences of Not Passing, (4) Test-Day Stressors, (5) Mindset and Confidence-Building, and (6) Support Systems. All participants reported substantial adjustments in study strategies, including structured schedules, increased practice question volume, and targeted content review, which they perceived as the primary contributors to later success. Emotional responses to failure were profound, marked by embarrassment, self-doubt, and social withdrawal. More than half experienced tangible consequences such as delayed employment and financial strain, which often served as motivators for reattempting the exam. Test-day factors, including anxiety related to test-site procedures, weather, and fatigue, also influenced performance. Some participants emphasized the value of mindset shifts, positive self-talk, and anxiety-management techniques, while a smaller subset highlighted the importance of family, peer, or employer support. Findings suggest that NCLEX-RN remediation should extend beyond content review to include structured study planning, emotional support, and preparation for the testing environment. Nursing programs may enhance graduate success by providing early outreach, individualized study plans, and psychosocial support for those who do not pass on their first attempt.

Key Words: NCLEX-RN failure, Nursing education support, Phenomenology, Repeat test-takers

1. INTRODUCTION

Passing the National Council Licensure Examination (NCLEX) is a critical milestone for nursing graduates in the United States (U.S.) and Canada. It is the gateway to professional practice, signifying a graduate's readiness to enter the nursing workforce as a competent and licensed registered nurse. However, for some graduates, this milestone is not immediately achieved. Each year, a significant number of candidates do not pass the NCLEX on their first attempt.

While much of the existing literature emphasizes predicting at-risk students before graduation and implementing preventive academic support,^[1] there remains a noticeable gap in research that addresses the lived experiences of those who fail the exam and must prepare for re-examination.

Background

First time NCLEX-RN pass rates serve as a widely used indicator of nursing program quality and are closely mon-

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itored by schools of nursing, state boards of nursing, and accrediting bodies. According to the National Council of State Boards of Nursing (NCSBN), 91% of first-time test takers passed the NCLEX-RN exam in 2024.^[2] These results are for graduates educated in the U.S. The pass rate for those U.S. educated graduates who were repeating the exam is much lower at 51%.^[2]

The introduction of the Next Generation NCLEX (NGN) in 2023,^[3] which was designed to assess clinical judgment with new test item types (e.g., case studies, bow-tie), coincided with a rebound in U.S. first-time pass rates after pandemic-era dips. NCSBN statistics show stronger first-time pass performance in 2023–2024 following this NGN launch.^[2] The NGN exam was developed after nearly a decade of research by the NCSBN to more accurately measure nursing graduates' ability in making safe and effective clinical decisions. Grounded in the NCSBN Clinical Judgment Measurement Model (CJMM), the exam reflects an evidence-based approach to evaluating the decision-making processes nurses use in real-world situations. This development was a response to concerns that previous NCLEX formats primarily measured knowledge recall.

Numerous studies report that academic indicators, including cumulative grade-point average (GPA) and standardized exit exam performance, are among the most consistent predictors of first time NCLEX-RN success. For example, Mahmoud et al.^[4] found that in an accelerated baccalaureate cohort both exit exam scores and cumulative GPA significantly predicted first time pass rates. Similarly, other studies have reinforced course grades in adult health, family health, and complex health along with standardized exit exam scores as predictors of NCLEX-RN performance.^[5,6] Commercial exit examinations have demonstrated predictive value; however, they have been found to be most effective when integrated into a comprehensive approach for evaluating readiness rather than used as a single benchmark for student success.^[7,8]

Beyond academics, timing of the initial NCLEX-RN attempt has emerged as a meaningful predictor of success. Rogers, Koomey, and Fontenot^[9] reported that waiting more than 45 days after graduation to take the NCLEX markedly increased the likelihood of failure. They attributed this higher risk to a decline in retained knowledge and clinical skills, competing post-graduation responsibilities, and diminished motivation or study momentum over time.^[9]

Program level factors such as nursing program ownership and degree pathway also play a role. A 2025 analysis found that program ownership status significantly predicted first time pass rates with private for-profit programs having a

lower first-time pass rate.^[10] Additionally, programs with a greater proportion of full-time faculty and those housed within public institutions demonstrated higher first-time pass rates.^[11]

The Clinical Judgement Registered Nurse Readiness Exam (CJE-RNRE) has been shown to assist nursing programs to distinguish between students who are likely to pass the NCLEX-RN on their first attempt and those who may benefit from additional remediation or support to enhance their chances of success. Findings from recent analyses indicate that the CJE-RN RE demonstrates strong predictive validity for performance on the NGN. Consequently, nursing programs may employ this assessment as part of their broader strategy to evaluate and promote student readiness for licensure.^[12]

Despite consistently high NCLEX-RN pass rates within the researcher's program, ranging from 89.5% to 97% over the past decade, instances of first-time failure still occurred. Each failure represents not only an individual setback but also an opportunity for faculty to better understand the factors influencing graduate readiness for licensure. Although faculty members traditionally reach out to offer guidance and support, these efforts can sometimes feel intrusive or be met with hesitation from graduates during an emotionally sensitive time. Recognizing the importance of understanding the lived experiences of those who do not succeed on their first attempt, this study sought to explore the graduates lived experience of NCLEX-RN failure in an effort to find meaningful ways our nursing program can provide more supportive, and evidence-based interventions for success.

2. METHODOLOGY

2.1 Design

This qualitative study utilized a phenomenological research design to explore the lived experiences of nursing graduates who failed the NCLEX-RN on their first attempt and later passed. Phenomenology was selected because it allows for an in-depth examination of participants' subjective experiences and perceptions.^[13] This design was particularly appropriate given the study's aim to understand the multifaceted factors that contribute to eventual NCLEX success after initial failure.

The study was guided by the following central research question:

What are the lived experiences of nursing graduates who fail the NCLEX-RN on their first attempt and later pass. Additionally, what factors do they perceive as contributing to their eventual success?

2.2 Participants and sampling

The study employed purposeful sampling to identify participants who met the following inclusion criteria:

- 1) Graduated from an accredited Bachelor of Science in Nursing (BSN) program.
- 2) Failed the NCLEX-RN on their first attempt.
- 3) Retook and passed the NCLEX-RN on a subsequent attempt.

A total of nine participants were recruited. To maintain confidentiality, each participant was assigned a pseudonym, which is used throughout the results chapter when presenting direct quotes. Demographic variation in age, gender, and employment status was present in the sample, but all participants were located in the same U.S. state.

2.3 Data collection

Data were collected through semi-structured, in-depth interviews conducted via secure video conferencing software or recorded phone conversations. Each interview lasted between 30 and 45 minutes. The interview protocol consisted of open-ended questions designed to elicit detailed narratives about participants' preparation strategies, emotional experiences, perceived obstacles, and changes between the first and subsequent successful NCLEX-RN attempts. Probing questions were used to encourage elaboration and to clarify meanings. All interviews were audio-recorded with participant consent and transcribed verbatim. The transcripts were then verified against the audio recordings to ensure accuracy.

2.4 Data analysis

Thematic analysis was conducted after all interviews had been fully transcribed. Repeated exploration and examination of the data allowed the researchers to become familiar with the data and identify commonalities and differences in the students' experiences as the themes were analyzed.^[14] To ensure the trustworthiness of our findings, each of the nine transcripts was read independently by the researchers and initial codes were developed. The development of codes required exhaustive reading and re-reading of each transcript which allowed for prolonged engagement with the data. Finally, these codes were clustered into themes. The project researchers discussed each of the themes in-depth until consensus was reached on the findings.

2.5 Ethical considerations

The study received Institutional Review Board (IRB) approval prior to participant recruitment. All participants provided informed consent and were assured that their participation was voluntary, that they could withdraw at any time, and that pseudonyms would be used to protect their identities. Data were stored securely on password-protected devices,

and audio files were deleted after transcription and verification.

3. RESULTS

This section presents the findings from nine semi-structured interviews with nursing graduates who were unsuccessful in passing the NCLEX-RN on their first attempt but later achieved success. Data were analyzed thematically, producing six overarching themes: (1) Key Changes in Preparation, (2) Emotional Impact of First Failure, (3) Consequences of Not Passing, (4) Test-Day and Testing Environment Stressors, (5) Mindset and Confidence-Building Strategies, and (6) Support Systems. Theme prevalence is reported as the percentage of participants who mentioned each topic, and representative quotations are included to illustrate the findings.

3.1 Theme 1: Key changes in preparation (100%)

All participants described substantive changes to their preparation strategies between their first and second attempts. These changes were universally perceived as the most critical factor in eventual success. Adjustments ranged from altering the balance of content review and practice questions to establishing structured daily schedules and using multiple preparation resources. Several participants who had previously focused narrowly on practice questions incorporated more targeted content review in their second attempt. Participant 1 reflected: *"On the second go-around, I focused more on core content. . . ABGs, electrolytes, all the systems of the body."*

Others emphasized increasing the volume and consistency of practice questions. Participant 2 described a disciplined approach: *"I did at least 85 questions every day. . . I was disciplined, I was consistent."* Participant 3 reported setting aside more organized study time by *"... structuring notes and topics."*

Participants frequently mentioned incorporating employer-provided resources such as boot camps, commercial review sessions, and review booklets, which provided a condensed and structured review immediately prior to testing. Participant 4 explained that her hospital-sponsored boot camp served as *"a good refresh"* and allowed her to reinforce *"knowledge gaps"* identified during independent study.

In addition to the number of questions and content areas covered, several participants purposefully built test-taking stamina. Participant 4 also simulated NCLEX-RN testing conditions by completing 85–100 questions in a single sitting to reduce fatigue during the actual exam. These intentional changes in strategy were unanimously cited as a major con-

tributor to eventual success.

Most of the participants acknowledged that their initial preparation strategies were insufficient or misaligned with NCLEX-RN demands. Common issues included overreliance on question banks without complementary content review, inconsistent study schedules, and a lack of familiarity with NCLEX-RN style question wording.

Participant 7 admitted, *“I wasn’t very consistent. . . I did maybe like 50 questions every other day. . . I spent a lot of time traveling too.”* Participant 3 described a delayed and unfocused start to studying, *“Up until the end of January, I don’t think I opened any books at all. . . I kind of felt a little lost.”*

Some participants indicated that their first attempts were hindered by personal or professional distractions, such as starting new jobs, relocating, or resuming leisure activities postponed during nursing school. For Participant 2, the primary issue was spending too much time on content memorization and too little on question interpretation, a challenge compounded by English being a second language. Across participants, the lack of structure and targeted focus in first-attempt preparation was seen as a major factor in failure.

3.2 Theme 2: Emotional impact of first failure (88.9%)

Eight participants recounted profound emotional reactions to their initial NCLEX-RN failure. Feelings ranged from disappointment and self-criticism to embarrassment and social withdrawal. Participant 5 shared: *“I felt very defeated. . . I knew that I knew my information. . . I was just upset with myself.”* Participant 6 described the immediate impact as “heartbreaking” and noted that she had entered the first exam lacking confidence in her ability to pass, *“I went into the test not feeling like I was going to be successful enough. . . failing agreed with that idea I already had about myself.”*

Several participants reported difficulty facing peers who had passed on their first attempt. Participant 4, the only member of her close peer group who did not pass initially, said this comparison *“hit hard”* and created feelings of isolation for her. In fact, she *“avoided telling my friends and family”* for as long as possible. Participant 7 reported that it took months for her to get over her feelings of being *“embarrassed and humiliated”* when she was asked about whether she had passed or when she was going to retest.

These emotions sometimes carried into the second attempt, prompting participants to engage in deliberate mindset shifts and coping strategies. Some reframed failure as a learning opportunity, while others used their emotional response as motivation to intensify preparation. *“Pep talks and prayers”* became common coping strategies for Participant 6.

The participants often discussed how others’ reactions amplified their distress. Participant 4 explained feeling the isolation and social stigma, saying, *“When people found out I didn’t pass, they almost felt like they had the right to tell me, ‘Oh, you’ll be okay.’ . . . It felt easy for you to say that because you already have your license.”* Others (including Participant 2 and Participant 5) described the emotional difficulty of watching classmates move ahead into professional nursing roles while they remained unlicensed.

3.3 Theme 3: Consequences of not passing (55.6%)

Five participants reported tangible consequences resulting from their initial NCLEX-RN failure. The most common were financial setbacks and delayed employment opportunities. Several participants experienced immediate financial repercussions after failing the NCLEX-RN. Because they could not work as licensed RNs, many lost expected incomes, had contracts delayed, or were reverted to lower-paying positions. Participant 5 explained, *“They took new grad pay away from me. . . I was getting tech pay again. . . that hits you different.”* Participant 3 described, *“Financially, I wasn’t able to make nurse pay. I had to talk with my landlords about those next couple of weeks.”*

For others, the consequence was a postponed start in their desired nursing role. Participant 8, who had been scheduled to begin in working in February, said, *“My start date was pushed back to July. . . It had to be pushed further back.”* These delays not only affected income but also career momentum, particularly for those hired into specialty units with limited entry points. Participants frequently framed these consequences as motivating factors to pass on the next attempt.

3.4 Theme 4: Test-day and testing environment stressors (55.6%)

Five participants described the NCLEX-RN testing environment and day-of circumstances as sources of additional anxiety. These stressors included travel complications, environmental conditions, timing issues, and procedural intimidation. Participant 9 recalled, *“It ended up snowing. . . I was crying driving to the center. . . your anxiety was up to 10.”* Scheduling choices also played a role. Participant 2 described the negative impact of an afternoon appointment, *“I think I made the mistake of going at 3 p.m. . . all my energy was just kind of done for the day.”*

The formal security procedures, including fingerprinting, ID checks, and locker storage was found to be daunting for some. Participant 7 described being *“caught off guard”* by the formal check-in procedures and surveillance cameras, saying, *“I was very nervous. I didn’t know what to expect. . .*

the fingerprinting part threw me off.” Participant 2 found the Pearson VUE process “very intimidating” and reported “You have to lock up your stuff, get searched, fingerprinted. . . it kind of felt like I was going to prison.”

A few participants linked fatigue during the exam to decisions such as not taking breaks, as Participant 4 reflected after her first attempt. She reported completing all 150 questions in one sitting and said, “I didn’t take any breaks, which I think hurt me.” Participant 8 recalled being “exhausted from lack of sleep” and described “feeling physically tense the whole time,” explaining that “once I sat down, it all hit me.” Likewise, Participant 7 shared that having studied in the parking lot and cramming last-minute material lead to mental overload, “I was still trying to memorize things while I was walking in.”

For several participants, personal and professional circumstances outside the exam itself intensified the emotional strain on test day. Participant 9 mentioned the mental aftermath of cumulative stress from the nursing program itself, saying she entered the exam “already drained” and feeling “like I wasn’t going to be successful enough.” Participant 2 described the added pressure of a pending ICU position, noting, “It all hinged on this. I was ready to move into ICU, and it depended on passing.” Similarly, Participant 8 also faced professional expectations, knowing coworkers were “aware of my testing date”, which heightened the fear of public failure.

3.5 Theme 5: Mindset and confidence-building strategies (44.4%)

Several mindset and confidence-building strategies emerged as pivotal in achieving success on subsequent NCLEX-RN attempts. Participants described an intentional shift from fear and self-doubt toward a more confident, structured, and self-assured testing mindset. These strategies can be grouped into four major themes: positive self-talk and faith-based grounding, emotional regulation and anxiety management, structured preparation and consistency, and self-reliance with targeted support.

Several participants emphasized intentional mindset shifts through self-affirmation, prayer, and faith as crucial to regaining confidence after failing their first attempt. Participant 6 described transforming her anxiety into determination by relying on prayer and positive self-talk, “I spent a lot of time praying to God and telling myself He sent me here for a reason. I have to walk into this room like I have purpose. I literally had to give myself a whole pep talk before I walked in.” Her experience reflected how spiritual grounding and internal dialogue replaced the self-defeating mindset that had undermined her first attempt. Participant 8 also reframed his

failure as a lesson in discipline, explaining that he viewed the setback as motivation, “I think I needed it almost in a way. . . it helped me get back in the game and really start studying.” Finally, Participant 7 described adopting a more determined, optimistic mindset, saying the failure “gave me more determination. . . it just helped me want to pass it more and want it more.”

Participants also developed concrete emotional management techniques to stay composed during the exam. They recognized that anxiety, not lack of knowledge, was often an additional barrier to success. Participant 4 practiced brief mindfulness breaks during her second attempt and reported, “Even during the exam, I’d take five to ten seconds to just breathe and calm myself, reminding myself, this is all I can do—take it question by question.” Participant 6 similarly emphasized managing her nerves rather than extending study time, “I limited myself to a hundred questions a day so I wouldn’t feel as anxious. . . I didn’t put so much pressure on myself.”

Confidence was also rebuilt through consistent, intentional study routines that replaced disorganized or last-minute preparation. Participants realized that structure created predictability and self-assurance. Participant 8 noted, “The second time around I was a lot more serious. I had structure. I studied six to eight hours a day and followed a topic-by-topic schedule.” Participant 4 emphasized focusing on core content mastery rather than random question drills, I went back to basics ABGs, electrolytes, body systems. I’d do content one day and questions another. It dramatically increased my confidence.” Participant 7 also practiced targeted repetition: “I went over areas I wasn’t very good at until I had a really good understanding.” These participants demonstrated that confidence was rebuilt through competence, achieved by deliberate, structured study habits rather than excessive question volume or panic-driven cramming.

Participant 6 minimized external pressure by limiting disclosure, “I just made up my mind. . . I’m not telling anybody when I’m testing again.” Others used deep breathing during the exam or scheduled rest days before testing to arrive mentally prepared. While less frequently cited than content and question practice, mindset strategies were viewed as valuable performance enhancers.

3.6 Theme 6: Support systems (33.3%)

Three participants highlighted the role of supportive networks in their NCLEX-RN success. This included emotional encouragement from family, structured resources from employers, and advice from peers. Participant 8 emphasized her father’s support, “My dad. . . was emotionally helpful. . .

encouraging me... pushed me to not give up.” Participant 9 benefited from employer-provided resources, *“they ended up giving new grads a review... I did the three-day review.”* While fewer participants explicitly cited support systems, those who did noted these relationships provided both motivation and practical preparation tools.

3.7 Theme prevalence

Table 1 displays the prevalence of each theme among participants. All participants discussed changes in preparation, while Emotional Impact (88.9%) was also prominent. Consequences and Test-Day Stressors were each mentioned by over half of the participants, while Mindset and Support Systems appeared in fewer than half of the responses.

Table 1. Theme prevalence summary

Theme	% of Participants
Key Changes	100.0
Emotional Impact	88.9
Consequences	55.6
Test-Day Stress	55.6
Mindset & Confidence	44.4
Support Systems	33.3

3.8 Summary of findings

The experiences shared by participants indicate that NCLEX-RN success after an initial failure is rarely the result of a single change. Instead, it emerges from a combination of targeted preparation changes, emotional resilience, and, for some, supportive networks. Preparation changes, especially increasing practice question volume, adding structured content review, and simulating testing conditions, were consistently described as pivotal. Emotional responses to failure often shaped subsequent preparation, either by motivating more disciplined study or by prompting strategies to manage anxiety. These findings underscore the importance of holistic preparation strategies that address both cognitive readiness and emotional self-management.

4. DISCUSSION

The purpose of the study was to explore the lived experiences of nursing graduates who failed the NCLEX-RN on their first attempt and later passed. Sustaining a high first-time pass rate on nursing licensure exams represents a challenge shared by both nursing programs and their graduates. Programs play a critical role by offering evidence-based instruction, clinical competence training, and comprehensive review resources. At the same time, graduates contribute to success through consistent engagement and dedication to mastering the competencies required for safe and effective nursing practice.

As educators, the results of this study were not unexpected. It is widely understood that graduates who are unsuccessful on their first NCLEX-RN attempt frequently experience considerable anxiety about how this setback may affect their professional aspirations and transition into nursing practice. Over the years, we have encountered graduates who balanced a new employment position, family responsibilities, and personal challenges while preparing for the licensure examination, which may have contributed to difficulty achieving success on the first attempt. Nevertheless, it was valuable to hear experiences described from this group of participants’ own perspectives. The graduates in this study offered candid reflections on the emotional, academic, and practical challenges that accompanied their NCLEX-RN failure. These experiences shed light on both the complexity of attaining nursing licensure and the profound disappointment associated with not passing.

The experiences of the graduates in our study showed notable similarities to those reported in our previous research on individuals who passed the NCLEX-RN on their first attempt.^[15] In both studies, participants described experiencing considerable test-day anxiety related to the testing environment, something we had not anticipated would be so overwhelming. Additionally, both groups reported either a delayed or slow start to studying. Overall, the experiences of those who passed on their first attempt and those who did not were similar, particularly in their shared struggle to maintain motivation and consistency in preparing for the exam.

This current study found that all participants made significant adjustments to their study strategies between their initial unsuccessful attempt and their later NCLEX-RN attempts. These modifications were consistently identified as the key factor contributing to their eventual success. Participants described a shift from inconsistent study habits to more purposeful, disciplined, and comprehensive preparation methods. Many moved from relying mainly on practice questions to incorporating more thorough content review of core concepts. Consistency also emerged as essential. Graduates who ultimately passed described setting daily goals and completing 80–100 questions per day. These practices reflect principles of self-regulated learning.^[16]

Additionally, the use of employer-sponsored review courses and structured study resources underscored the value of institutional support, echoing evidence that guided remediation and mentoring can strengthen confidence and improve outcomes.^[17] This finding supports prior research indicating that structured and intentional study behaviors, especially those that integrate content mastery with repeated practice are linked to improved outcomes.^[15, 16]

Most participants in our study described intense feelings of disappointment, embarrassment, and self-doubt immediately after receiving their results, echoing prior studies noting that NCLEX-RN failure can significantly erode confidence.^[16,18-20] Several participants described avoiding peers or faculty out of shame, while others reported questioning their career choice or academic ability, again this is similar to findings of other studies. Over time, however, some participants transformed these emotions into motivation to persist. Kramer^[21] found that these graduates benefit from affective learning supports as they prepare for subsequent NCLEX-RN attempts. Several participants expressed reluctance to share their results with faculty or peers, mirroring findings by the Thompson^[16] case studies, who noted that failure often elicits isolation and fear of judgment from others in the nursing community.

While only a third of participants identified external support, those who did described it as pivotal. Emotional encouragement, peer accountability, and access to institutional resources contributed to both motivation and practical readiness. Participants who studied with peers or received guidance from employers or faculty often expressed reduced anxiety underscoring the value of social support during the preparation process. This theme of support highlighted the essential role of interpersonal and institutional support in participants' journeys toward eventual NCLEX-RN success. Across interviews, graduates described how encouragement and guidance from family members, peers, faculty, and employers influenced their motivation and confidence during the retesting process. Emotional reassurance from family and friends was cited as a key factor in sustaining persistence after initial failure. Participants expressed that having someone who believed in their potential helped counter feelings of shame and self-doubt, a finding consistent with Thompson,^[16] who emphasized that emotional validation from trusted supporters fosters resilience following licensure setbacks.

Financial strain and delayed employment emerged as major consequences of initial NCLEX-RN failure. Roa et al.^[19] similarly noted the immediate financial burden associated with being unable to begin nursing practice. This reflects our participants' experiences of lost income due to delayed licensure. For several graduates, these concrete setbacks ultimately became strong motivators to increase their effort and focus in preparing for the next attempt, turning early disappointment into renewed determination. Some reported returning to non-nursing employment or temporary roles while awaiting retesting eligibility, which intensified their feelings of frustration.

Mindset emerged as a crucial, though less frequently cited, theme. Participants who developed positive self-talk, minimized external pressure, or reframed the exam as a manageable challenge reported improved subsequent performance. Although not found in other studies, in this study, participants' self-reported use of affirmation, prayer, and structured self-reflection served as powerful tools to sustain confidence under pressure. This reflects Bandura's^[22] theory of self-efficacy, which suggests that individuals' beliefs in their capacity to execute actions influences performance outcomes.

4.1 Implications for nursing education

The findings of this study suggest several important implications for nursing education programs. Schools of nursing should be prepared to promptly identify graduates who are unsuccessful on their first NCLEX-RN attempt and initiate early outreach with appropriate resources and support. Establishing an internal system to track outcomes and immediately connect with these graduates can help facilitate timely intervention and promote subsequent success.

Additionally, programs should ensure that all graduates leave with an individualized study plan that integrates practice questions, targeted content review, and intentional exam scheduling strategies aimed at optimizing first-attempt outcomes. To further support preparedness, nursing programs should encourage students to familiarize themselves with the logistics of their local testing center and anticipate potential environmental stressors, thereby reducing anxiety on test day.

Recognizing the emotional demands of licensure testing, programs should also embed resources for stress management, anxiety reduction, and resilience building throughout the curriculum and extend such support into the post-graduation period. Finally, schools of nursing and healthcare employers can enhance graduate readiness by offering review courses, access to high-quality study materials, and mentorship opportunities for both first-time and repeat test-takers.

4.2 Limitations of the study

While the study offers meaningful insights, several limitations should be acknowledged. The small sample size of nine participants, though rich in narrative detail, may not fully represent the broader population of NCLEX-RN repeat test-takers. Additionally, because all participants were drawn from a single area, the findings may have limited generalizability to other geographic regions. The study also relied on self-reported data, which may be subject to memory bias, particularly when participants described emotional experiences or recalled specific preparation strategies. Furthermore, the amount of time that had passed between each participant's

initial failure and subsequent attempt varied considerably, which could have influenced both their perceptions and the accuracy of their recollections.

5. CONCLUSION

This study highlights the complex relationship of preparation strategies, emotional resilience, logistical planning, and support systems in achieving NCLEX-RN success after an initial failure. While all participants emphasized changes in preparation as the primary driver of success, the narratives revealed that emotional recovery, mindset, and external support of friends and family, co-workers, and others also played critical roles. These findings suggest that nursing programs and employers should adopt a holistic approach that integrates cognitive readiness with emotional and situational preparation to improve outcomes for repeat NCLEX-RN test-takers.

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AUTHORS CONTRIBUTIONS

This was a collaborative work, and all authors read and approved the final draft.

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The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

INFORMED CONSENT

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DATA AVAILABILITY STATEMENT

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DATA SHARING STATEMENT

No additional data are available.

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