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Leadership Lessons on Embracing a National Nursing Licensing Examination in Saudi Arabia

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1. Introduction

The national licensing authority stated its purpose to protect and promote the health of the nation through competent healthcare practitioners based on highest standards and best practices. To this purpose, it became necessary to institute a national nursing licensing examination (NNLE) to test knowledge, skills and attitude for the delivery of competent nursing care (Bruce & Klopper 2017). A heterogeneous profile of nurses from fifty-six nationalities constituted the national nursing workforce while the patient population is homogenous consisting of Muslims and Arab nationals. As the numbers increased of local nurses completing the Bachelor of Science in Nursing program, it became a national leadership prerogative to implement the NNLE to ensure a standard entry level of general nursing competency (Silvestri & Silvestri 2016) for national and international nurses.

2. Leadership Intervention and Outcome

The NNLE blueprint was devised by the national forum of Deans of Nursing to represent the Bachelor of Science in Nursing curriculum. Extensive workshops for subject matter experts (SMEs) were conducted on item writing of multiple-choice questions using methods and experiences gained from Canada and the United States of America's National Council Licensure Examination (N-CLEX) for registered nurses (Hogan 2018, Silvestri & Silvestri 2016). Vivid examples are shared that demonstrate the range of competency testing of content, contextual, and cultural congruency that embraced the Lower Order Thinking Skills (LOTS) to Higher Order of Thinking Skills (HOTS) of remembering, understanding, applying, evaluating, creating, and synthesizing (Bruce & Klopper 2017, Porter-O'Grady & Malloch 2016, Churches 2009 adaptation of Bloom's Taxonomy in Ulrich 2012). The NNLE covered nursing fundamentals, medical-surgical, community health, psychiatric nursing, critical care, maternity and pediatric, management and leadership, research, and epidemiology. Testing of these subjects occurred on the three levels of competence, namely practical, foundational, and reflexive (Bruce & Klopper 2017), that will be illustrated in sample NNLE questions that were used in the workshops.

A synopsis of narrative responses is presented from 27 interactive NNLE orientation workshops conducted across four regions of the country over a period of 18 months by the nursing leadership of the national licensing authority. This is provided in tandem with details of the subject content according to the weighting of items for each of the NNLE subject sections that are examined.

3. Leadership Lessons Learnt

It is shown that the faculty approaches to curriculum development, teaching and assessment became a serendipitous focus for the leadership (Iwasiw & Goldenberg 2015). In addition to the NNLE orientation workshop for potential candidates, faculty members required a paradigm shift to embrace the NNLE blueprint concurrent to changing traditional teaching methods to embrace adult principles of learning (Knowles, Holton III, & Swanson 2015). Essential components related to thinking critically, creatively, and practically had to be considered as an approach for readiness of the candidates to take the NNLE (Fink 2003 in Ulrich 2012).

Feedback from the interactive workshops of narrative themes are shared with vivid examples from the interactive workshops that are framed using Fink's (2003) Taxonomy of Significant Learning (Fink 2003 in Ulrich 2012) relating to clinical-decision making within the context of multiple-choice responses. The major emergent themes included (i) clinical integration of knowledge, (ii) human dimension of caring, (iii) readiness to practice, and (iv) learning how to learn.

It was concluded that faculty required a period of adjustment for readiness to embrace the testing methodology of the NNLE. Further, that communication, cooperation, and collaboration between clinical nursing leadership and academia was vital for optimal NNLE results and outcomes as the new graduates take the NNLE during their twelve-month period of hospital-based clinical nurse internship (residency) program prior to licensing. This emphasis for readiness to take the NNLE was concurrent to recruitment and retention of nurses as it is a national policy mandate that international nurses from the fifty-six countries take the NNLE successfully for issuance of a national nursing license to practice in the country. The key leadership lesson learnt is that a phased approach is required as it was necessary for faculty and clinical leadership to adjust to the new requirement of the NNLE methodology concurrent to new graduate nurses preparing for the NNLE as a licensing requirement.

4. Conclusion

The above feedback has contributed meaningfully to the revision process of the NNLE blueprint and national coordination of logistical examination procedures for implementation during 2019 in addition to further faculty development nationally, committed engagement of clinical leadership, and ongoing robust feedback mechanisms. This historical development in turn will inform the process of national leadership for transformation of the nursing curriculum given that a new paradigm is required to embrace the consequences of inevitable change (Boykin, Schoenhofer & Valentine 2013).

Title:

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Abstract Summary:

It was a historical milestone for a developing country to implement a national licensing examination in June 2017 for new graduate nurses. The vivid thematic feedback from interactive workshops across four regions of the country was framed in Fink's (2003) Taxonomy of Significant Learning with four major noteworthy emergent themes.

Content Outline:

1. Introduction

Background and contextual factors are provided as nursing leadership rationale that contributed to the implementation of a national nursing licensing examination (NNLE). This is illustrated by the major factor that the national nursing workforce originates from fifty-six nationalities, and the number of local new graduate nurses was increasing.

2. Content

Reasons for the NNLE examination are given that resulted in the process of generating the NNLE blueprint by the national forum of Deans of Nursing to reflect on the curriculum of the Bachelor of Science in Nursing program. Extensive workshops for subject matter experts (SMEs) were conducted on item writing of multiple-choice questions.

It is demonstrated with a supporting range of examples on competency testing that the examination content substance embraced the Lower Order Thinking Skills (LOTS) to the Higher Order Thinking Skills (HOTS) of remembering, understanding, applying, evaluating, creating, and synthesizing (Churches 2009 adaptation of Bloom's Taxonomy in Ulrich 2012)

A synopsis of responses from 27 interactive workshops conducted by the leadership of the national licensing authority across four regions of the country is provided with detailed illustrations of the subject content according to the weighting of items for the NNLE subject sections.

It is shown that the faculty approaches to curriculum development, teaching and assessment became a serendipitous focus of the leadership. In addition to NNLE orientation workshop for potential candidates, faculty members required re-orientation to the NNLE blueprint concurrent to a paradigm shift in teaching methods. Feedback of four narrative themes are shared with vivid examples from the interactive workshops that are framed using Fink's (2003) Taxonomy of Significant Learning relating to the process of clinical-decision making.

3. **Conclusion**

Factors leading to revisions to the NNLE blueprint will be implemented during 2019 subsequent to further faculty development nationally, and robust feedback from candidates that indicate the need for nursing curriculum transformation.

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