Spring 2010

Accelerated Baccalaureate Nursing Students: Perceptions of Success

Barbara B. Blozen
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Accelerated Baccalaureate Nursing Students: Perceptions of Success

By

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Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Seton Hall University

2010
APPROVAL FOR SUCCESSFUL DEFENSE

Doctoral Candidate, Barbara B. Blozen, has successfully defended and made the required modifications to the text of the doctoral dissertation for the Ed.D. during this Spring Semester 2010.

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ABSTRACT

Although there are a number of anecdotal reports on demographic characteristics and academic success of accelerated nursing students, few empirical studies have been undertaken to examine these students' success, despite this type of programs' existence for more than a decade, and only three studies have sought to examine the perspective of the accelerated nursing student. Using Knowles' adult learning theory as a guiding framework, the purpose of this qualitative study was to explore, from the accelerated nursing students' perspective, the factors they reported as contributing to their success on the NCLEX-RN. This study also examined demographic characteristics of these accelerated students. The data were drawn from interviews with 12 accelerated nursing program graduates in a mid-Atlantic university. The research questions aimed to elicit participants' descriptions of their experiences and factors contributing to their success from individual interviews. An important finding for accelerated nursing curriculum development was the practicing of NCLEX-RN questions as the participants reported this was the factor that contributed most to their NCLEX-RN success. In addition, the participants indicated clinical experiences, their cohort study group, an array of supports, and participation in a review course all contributed to their success. The findings of this study have several implications for educational policy and practice, universities, and schools of nursing as the information gleaned from this study applies to recruitment and retention as well as curriculum strategies in an accelerated nursing program.
DEDICATION

To my beloved ten year old son Christopher, whose strength, and courage has inspired me when he lost his encounter with a brain tumor during the course of this dissertation.

To my husband Frank, whose support and encouragement was unending.

To Brittany, whose love of life and happiness despite our heartbreak has too inspired me.

To Andrew, who has carried on, provided distraction, and happily ate fast food during this process.

To all my family, dear friends and colleagues who have supported and encouraged me with this endeavor.

To all the students, of whom I am so proud.

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CHAPTER I
ACCELERATED NURSING

With the Bureau of Labor Statistics projecting the need for more than one million new and replacement registered nurses by the year 2016, nursing schools in the United States are exploring creative ways to increase student capacity and reach out to new student populations (American Association of Colleges of Nursing, 2008a). One innovative approach to nursing education that is gaining momentum nationwide is the accelerated baccalaureate degree program for non-nursing graduates (Cangelosi & Whitt, 2005). As Wink (2005) pointed out, there are three major reasons for the explosion in the number of accelerated nursing programs in recent years, the first is the need to increase the number of nurses; the second to increase the number of baccalaureate prepared nurses; and third is the benefits of attracting the non-nurse college graduates to the nursing profession. According to the American Association of Colleges of Nursing (AACN) (2008b), accelerated programs build on previous learning experiences and transition individuals with undergraduate degrees in other disciplines into nursing (American Association of Colleges of Nursing, 2008a; American Association of Colleges of Nursing, 2008b; American Association of Colleges of Nursing, 2008b).

Background

According to a report by the Department of Health and Human Services, Health Resources, and Services Administration (HRSA), the shortage of registered nurses exists and will continue to worsen over the next 20 years if current trends persist (Health Resources and Services Administration, Bureau of Health Professions, 2004). As such, the United States is in the midst of an unprecedented shortage of registered nurses. This nursing shortage is expected to
continue, due to the following three key reasons; the increasing demand for healthcare as baby
boomers age and reach retirement, the aging nursing workforce, and the decline of interest in
nursing as a career because of expanding opportunities for women in previously male-dominated
professions (Buerhaus, Staiger, & Auerbach, 2000). As an aging population will both increase
the demand for nursing services and reduce the supply of nurses through retirement, attrition, and
market corrections (e.g., wage increases) there may be limited ability to reduce the coming
shortage (Nooney & Lacey, 2007).

The nursing shortage is significant and of great consequence as recent research points
out, there are currently 126,000 vacant nursing positions resulting in overworked nurses and poor
patient care (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). In addition to the
shortage of nurses, the problem is compounded by a shortage of nurse faculty. The American
Association of Colleges of Nursing conducted a survey on enrollment and graduations (n=663,
colleges and universities) in 2008, finding an insufficient number of faculty as the major reason
for turning away 50,000 qualified nursing school applicants (American Association of Colleges
of Nursing, 2009). A pressing concern related to sufficient faculty credentialed to teach nursing
students is echoed in the following statement by Bartels, past president of AACN, “Since the
doctoral degree is the desired credential for a nurse educator, an increase of only eight additional
graduates (in the US) last year is very disappointing news,”(American Association of Colleges of
Nursing, 2008b para 3) Currently, the AACN is committed to working with the healthcare
community to secure federal funding for doctoral level education to increase the number of nurse
faculty and to work with nurse educators to identify creative ways to expand enrollments at the
graduate level.
On August 1, 2002, President Bush signed the *Nurse Reinvestment Act* into law. The bill authorized the creation of programs designed to address the nursing shortage in the United States. The *Nurse Reinvestment Act* speaks to the dearth of faculty and provides financial incentives for students to enter the nursing profession. The *Nurse Reinvestment Act* amends Title VIII of the Public Health Service Act: Nursing Workforce Development (the primary authorization of existing Federal nursing programs) and authorizes new programs to increase the number of qualified nurses and the quality of nursing services in the US. The endorsement of the President in funding this legislation underscores the country’s need and commitment for competent, qualified nurses. Despite the existence of accelerated nursing programs previously, one of the products of the *Nurse Reinvestment Act* has been the proliferation of accelerated nursing programs geared toward students with a non-nursing bachelor’s degree who desire a rapid transition into nursing, by developing fast-track bachelor of nursing degree programs.

**Statement of the Problem**

Over the past two decades, one of the remedies to address the nursing shortage was the development of accelerated nursing programs, which of late, grew at a rapid pace throughout the United States. According to the AACN, within a little more than 10 years, the number of accelerated nursing programs has more than quadrupled from 31 in 1990 to 168 in 2002 (American Association of Colleges of Nursing, 2008a). The American Association of Colleges of Nursing asserts the challenge inherent in creating accelerated programs is to quickly produce competent nurses while maintaining the integrity and quality of the nursing education (American Association of Colleges of Nursing, 2008a).

In addition to the growing need for nurses, a number of studies more specifically addressed the need for baccalaureate prepared nurses. In a landmark study, from the University
of Pennsylvania, Aiken and her colleagues, (Aiken, Clarke, Cheung, Sloane, & Silber, 2003) raised the importance of baccalaureate prepared nurses. Their research established improved patient outcomes when a nurse with a baccalaureate degree provided care. Aiken et al. (2003) found when hospitals have higher proportions of nurses educated at least at the baccalaureate level; the surgical patient experiences a lower mortality rate. Apart from factors such as nurse staffing and experience, their study affirms the importance of nursing education with patient care, specifically as a predictor of patient mortality. In a recent subsequent study, the results corroborate the initial findings; the registered nurses’ educational level has a direct impact on patient outcomes (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). The findings of the study suggest that hospitals with optimal nurse staffing levels and care environments, as well as highly educated nurses, have the lowest surgical mortality rates. As the proportion of Bachelor of Science in nursing (BSN) nurses increased by 10%, there was a 4% decrease in the risk of death (Abbott, Schwartz, Hercinger, Miller, & Foyt, 2008). Such research supports the call by the AACN and other groups for the creation of a highly educated nursing workforce in the interest of improving patient safety and providing better care for patients (American Association of Colleges of Nursing, 2005). In a similar study, a research team led by Ann E. Tourangeau of the University of Toronto (n = 46,993), results of their study confirm Aiken and her colleagues’ findings (Tourangeau et al., 2007). These studies substantiate that baccalaureate prepared nurses have a positive impact on lowering patient mortality rates and highlight the importance, impact and necessity of nurses with a baccalaureate degree.

As evidenced in the above noted reasons, the healthcare needs of the populace in the United States must be addressed on many fronts. The increase in the number of accelerated nursing programs is one response from schools of nursing to address the shortage by producing
nurses in a short period of time. Despite the number of fast growing accelerated nursing programs, little attention has been paid to attributes and perceptions of accelerated nursing students. Additionally there is a sparse amount of research in the existing literature on the distinctive characteristics of the accelerated nursing programs and the student body, and the predictors of National Council Licensure Examination for Registered Nurses (NCLEX-RN®) success that apply to traditional students may not apply to accelerated students (Abbott et al., 2008). Abbott and her colleagues affirm such gaps in the literature on accelerated nursing students. Weitzel and McCahon (2008, p.83) reiterate, “there is no literature on accelerated nursing students’ perceptions or experiences, the activities that support or inhibit their work, and their recommendations to faculty regarding needs, challenges, supports or teaching/learning strategies.” In their conclusions, they recommend further research on the perceptions of accelerated students. Accelerated nursing students and their performance has potential to be of value to the entire nursing profession by:

1) Contributing to the body of knowledge about this specific and unique group of nurse graduates, their perceptions and experiences.

2) Identifying what can be done to facilitate their success.

3) Offering recommendations to faculty as it relates to the specific needs, challenges faced by the accelerated nursing student, supports, or best practice of teaching/learning strategies and;

4) Increasing the number of registered nurses in the United States

Characteristics of accelerated students can also aid schools of nursing in selecting students, and identifying those at risk as well as those who are likely to succeed.
Accelerated Baccalaureate Nursing Programs

The majority of nurses graduating with a bachelors degree completed 4 years of study to do so, and the accelerated programs are producing nurses in as little as 12 months, aside from their previous baccalaureate studies. The first accelerated nursing program began in 1971, and while these programs have been rapidly increasing across the United States, a sparse amount of literature pertains to them (Cangelosi & Whitt, 2005). At present, there are 205 accelerated nursing programs, with 37 in the planning stages across the United States (American Association of Colleges of Nursing, 2008a). Despite the growing presence of these programs, there is little empirical evidence about these students and their success (Bentley, 2006; Cangelosi, 2007a; Kohn & Truglio-Londrigan, 2007; McDonald, 1995; McDonald, 1995; Meyer, Hoover, & Maposa, 2006; Walker et al., 2007). As noted by the paucity of literature, many questions remain unanswered. How does the accelerated nursing student befall success in this highly intensive and concentrated period? How does one know the accelerated student is competent? What aids in their success?

Registered Nurse Licensure, Practice, and Accreditation

Entry into the practice of nursing in the United States is regulated by the individual state in which the candidate chooses to take the exam after meeting the necessary criteria and education for eligibility. The National Council Licensure Examination-Registered Nurse exam is an assessment of the competency of the candidate needed to perform safely and effectively as a newly licensed nurse. The National Council of State Boards of Nursing (NCSBN) oversees the examination. For example, accelerated nursing programs must adhere to the identical stringent criteria set forth by the New Jersey State Board of Nursing for traditional bachelors of nursing programs. Upon the completion of coursework for the study of registered nursing, one must take
the NCLEX-RN. The New Jersey State Board of Nursing requires nursing programs to sustain a
75% NCLEX-RN first-time pass rate (over a 3 year average) to maintain their accreditation. A
school of nursing is placed on conditional accreditation if it does not comply with the Board
accreditation standards or if, for 3 successive years, or it has a pass rate of lower than 75% for 3
successive years (New Jersey State Board of Nursing Regulations, 2007). The 2007 national
average of the NCLEX-RN first-time pass rate was 85.5% (National Council of State Boards of
Nursing, 2008). Pass rates are an important indicator of the quality and success of nursing
programs as they affect a school’s reputation, accreditation, as well as its ability to attract both
students and faculty. First-time pass rates have implications for faculty and administrators as
well. Most colleges and schools of nursing participate in voluntary accreditation that, although
voluntary, deems them eligible to receive federal funding. A school of nursing’s NCLEX-RN
pass rate is noted when a school applies for accreditation. Thus, it is imperative for schools to be
cognizant of factors that facilitate and/or impede their NCLEX-RN pass rate. Accelerated
nursing students deal with phenomena that are different from traditional nursing students. One
main reason students enter an accelerated program is its efficacy to change careers. Other
sources relate the economy and altruism in the post 9/11 era as motives for enrollment in an
accelerated nursing program (American Association of Colleges of Nursing, 2008a). The choice
to enter an accelerated program necessitates intense commitment, and most programs require a
GPA of 3.0. Students need to consider the impact on their family and finances, as well as their
ability to pledge to the rigor of the program. The accelerated nursing student needs stronger
support systems than traditional students do because in large part to the accelerated programs’
fast pace. Previous research has found how well the student copes with the intensive accelerated
schedule is closely associated with organizational and time management skills, and accelerated
students require greater direction and guidance than traditional students (Gutierrez, 1991). In general, accelerated nursing students are advised not to work during their course of study because of the time commitment and the intensity and rigor of the accelerated program. Therefore, accelerated nursing students are more likely to have tension and stress because of the strain on their time, and financial resources, among other stressors. Youssef and Goodrich (1996) discussed the diminished period for learning in an accelerated program as it relates to stress and the resultant negative impact on learning, critical thinking and students' performance. They also found the stress levels of accelerated students to be higher than those of traditional students did, by affirming a strong association between the level of stress and performance of nursing students.

Theoretical Framework

The theoretical framework that guides this study stems from Knowles' (1990) theory of andragogy. Knowles has explored and written on principles of adult learning, and he describes andragogy as the art and science of helping adults to learn. Andragogy is derived from the Greek word meaning man, which Knowles uses in contrast to pedagogy meaning helping children learn. The principles of adult learning theory must be incorporated into the teaching of accelerated nursing students who hold a bachelors degree. Cangelosi (2007a) points out nursing faculty must incorporate the accelerated students' background and build on it. Adult learning theory supports self-direction of an adult learner (Knowles, 1990). The learning environment of the adult accelerated nursing students needs to embrace Knowles' theory of andragogy.

Knowles Basic Assumptions of Andragogy (Knowles, 1990, p.144-145).

The need to know. Adults must understand why they need to know something before they become willing to invest the time to learn it.
A responsible self-concept. The adult learner has a psychological need to be both self-directed and responsible for his or her own decisions.

A wealth of life experience. The adult learner brings life experience to the learning environment; furthermore, the adult finds more value in experiential learning than in passive learning. Each learner is a resource for the rest of the group, and as such, he or she becomes a partner or peer to the instructor in the process.

Readiness to learn. The adult learner is ready to learn when there is a specific need for that learning.

Orientation to learning. The orientation of the learning process is problem- and performance-centered; the focus is on resolving the learners current, real-life needs through the development of a new skill or knowledge base.

Motivation. The strongest motivators to learn are increased self-esteem, greater job satisfaction, and improved quality of life.

His theory of andragogy assumes adult learners learn best when they learn experientially, they understand why they need to learn a concept, learn in a problem oriented manner, and learn best when the concept can be applied immediately. Cangelosi’s (2007b) research found the nursing faculty should listen to the voices of the accelerated nursing student, to allow this unique individual to learn nursing skills and concepts in a manner that would be better suited to their style and needs. According to Cangelosi (2005), accelerated students wanted confirmation that assignments were supportive of their learning and they did not want busy work, which is consistent with the principles of adult learning theory. Another principle of adult learning is active involvement in the learning, which can be accomplished with accelerated nursing students in their clinical experience by providing opportunities to deliver direct patient care.
Purpose of the Study

Although there are a number of anecdotal reports on demographic characteristics and academic performance of accelerated nursing students, few empirical studies have been undertaken to examine these students' success, despite this type of programs' existence for more than a decade. Thus, the purpose of this study is to determine what factors are positively and negatively associated with NCLEX-RN success from accelerated nursing student perspectives and examine demographic characteristics of these accelerated students. For the purpose of this research, success is defined as passing the NCLEX-RN, the state licensing exam, on the first attempt. Guided by the principles of adult learning this researcher will examine the accelerated nursing students perceptions of the factors that affect their success, and challenges they face in passing the state licensing exam. More specifically by employing interviews as a means of data collection, this study is to determine the factors most strongly associated with NCLEX-RN success, as reported by accelerated students.

Research Questions

The research questions that guide and inform this study are as follows:

1. What are the experiences and challenges of accelerated nursing students on their paths to success in passing the state licensing exam (NCLEX-RN) on their first attempt?

2. Several factors that relate to students success on the NCLEX-RN seem to emerge from the literature as important; how do students perceive three of these (academic background, demographic characteristics, and program elements) influence their success on the NCLEX-RN?

3. What are the factors identified by accelerated nursing students as most important that affect success in passing the NCLEX RN on their first attempt?
Significance of the Study

Knowledge gained about accelerated nursing student characteristics can assist nursing schools in admission and progression policies as well as identification of students at risk. One of the indicators of a nursing programs’ effectiveness is the pass rate on NCLEX-RN among first time test takers. A substandard first time passing rate on NCLEX-RN can affect a school’s funding, enrollment, reputation, and ultimately, its accreditation. Given the paucity of research on the accelerated nursing students, this study can offer some insight on decision making about the preparation of accelerated nursing students for professional nursing practice. If the factors reported by accelerated nursing students are deemed important to success on NCLEX-RN, nurse faculty may need to incorporate the results into the selection process for the accelerated program, alter their pedagogical approaches, and integrate the findings into the education of accelerated nursing students. The findings of this study have implications for educational policy, universities, and schools of nursing, recruitment as it relates to target populations, curriculum strategies, as well as results as they apply to the accelerated students and their success.

Information gleaned from this study can help program administrators reevaluate admission criteria and interviews of accelerated nursing students. Nurse faculty will potentially gain information to assist in developing better ways to support accelerated students and aid in their understanding of essential elements of accelerated programs that can lead to success for students.

Definition of Terms

Accelerated Nursing Student is a student who holds a bachelors degree in another field of study and is admitted to an accelerated nursing program.

Accelerated Nursing Program is defined as a baccalaureate degree program that is accomplished in 12 to 18 months in length after completion of prerequisite courses, with the
resultant degree of RN BSN. An accelerated nursing program offers the quickest route to licensure as a registered nurse to those already holding a bachelors degree.

American Association of Colleges of Nursing is the national voice for university and four-year-college education programs in nursing. The American Association of Colleges of Nursing represents nearly 600 schools of nursing whose primary work is to establish quality standards for bachelor's- and graduate-degree nursing education, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice.

American Nurses Association (ANA) is the professional organization representing the nation's 2.9 million registered nurses. The ANA fosters high standards of nursing practice, promotes the rights of nurses in the workplace, and lobbies Congress and regulatory agencies on health care issues affecting nurses and the public.

Assessment Technologies Institute, LLC (ATI) Assessment Technologies Institute (ATI) is an educational company whose mission is to collaborate with nursing institutions in all 50 states to improve graduate nurses' pass rates on the NCLEX® by providing innovative solutions in nursing education by providing the consistently reliable delivery of high-quality assessment, remediation, and educational products.

Baccalaureate Nursing Degree Program (BSN) is a degree program, which requires completion of an organized field of study in nursing requiring approximately 120 credit hours.

Commission on Collegiate Nursing Education (CCNE). The CCNE is an accrediting arm of the AACN, which serves the public by providing an unbiased assessment of the quality of professional education programs.
HESI (Health Education Systems, Inc.) is a private corporation that administers examinations, which predict how students will perform on the NCLEX-RN.

Cumulative Grade Point Average (CGPA) is the grade earned by a student calculated by dividing the grade points earned by the number of credits attempted, successively adding prior semester grades to the calculation.

Grade Point Average (GPA) is the average grade earned by a student, figured by dividing the grade points earned by the number of credits attempted.

Mosby Assesstest is a practice exam product that simulates the NCLEX-RN examination experience and is used by schools of nursing to predict success on NCLEX-RN.

National League for Nursing (NLN) Comprehensive test, this test evaluates students' comprehension of nursing at the conclusion of a program leading to licensure as a registered nurse and serves as a practice test in preparing for NCLEX-RN.

National Council Licensure Examination- Registered Nurse (NCLEX-RN) is the state examination required for graduates of an accredited nursing program for entry into practice, and the NCLEX-RN is graded pass/fail.

National Council of State Boards of Nursing-The National Council of State Boards of Nursing is a non-profit organization with the purpose of coordinating the regulatory powers of the various state and territorial boards of nursing in the United States. The NCSBN is the entity responsible for developing the licensure examination for nurses: the NCLEX-RN.

New Jersey State Board of Nursing is a state agency created to safeguard the public's health by regulating the practice of nursing, as well as ensure safety and welfare of the public by adopting and enforcing legal standards for nursing education and practice.
Non-Nurse College Graduate (NNCG) is an individual who holds a baccalaureate degree in a field other than nursing.

Registered Nurse (RN) an individual who has been licensed to practice nursing having completed an associate’s degree, (two year course of study), a diploma program, (three year course of study) or a baccalaureate degree (four year course of study).

Success is defined as passing the state licensing exam (NCLEX-RN) on the first attempt.

Traditional BSN students are students who are in the process of but have not earned a previous bachelor’s degree.

Traditional Nursing Student is a student who has no previous nursing degree and is admitted to a nursing program.
CHAPTER II
ACCELERATED NURSING LITERATURE

Review of the Literature

This literature review presents a summary of research and theory that provides for an understanding of the emergence as well as future trends of accelerated nursing programs. The purpose of this review is to assess and synthesize the limited existing research on accelerated nursing programs and offer implications of the research for future studies such as; evaluating the efficacy of these programs, the factors that contribute to the success of the accelerated nursing student and/or determining how faculty and students experience accelerated nursing programs. This literature review begins with the history of nursing education, discusses the accelerated nursing student, the themes in the current literature, and ends with a summary of the literature.

History

For over the last 50 years, there has been debate within the nursing community as to what degree should be required to practice as a registered nurse. At present, there are three educational paths one can take to become a registered nurse. The Associate Degree, offered at the community college level requires 2 years of study. The second route by which one can become a registered nurse is the Diploma program (many of which are being phased out in recent years) which is offered through a hospital-based program and requires 3 years to complete. Lastly, the Baccalaureate program, offered in a university or college setting, requires 4 years to complete. After completion of any of these three educational programs, successful graduates are eligible for, and take the same licensure exam, NCLEX-RN (Joel, 2002).

The Diploma schools were affiliated with a hospital and students provided much of the free patient care as they studied the curriculum. In time, the nursing community felt that the
education of nurses would be better served in a college or university setting, with the first being Yale University, and other leading universities following. In the 1950's the impetus for developing the associate degree program arose due to a decrease in the supply of nurses. The associate degree program became extremely popular, successful, and the initiative spread across the United States rapidly providing the opportunity to earn a nursing degree in 2 years. Nearly every community and junior college in the country offers an associate's degree in nursing. Despite the proliferation of associate degree nursing programs, the course of study to earn a nursing degree in 2 years has become an area of debate within the nursing community partly because there is no differentiation in title and/or role between the associate and baccalaureate nursing student. Both are eligible to sit for the same licensing exam, perform the same duties, and are paid the same salaries. Nevertheless, there is inconsistency in their educational preparation.

As far back as 1965, the American Nurses Association (ANA) recommended two different educational/practice levels of nurses, with the dispute over what the educational preparation should be for an entry-level registered nurse. Some argued the associate and diploma registered nurse should be the technical nurse and the baccalaureate nurse to be in a leadership position, overseeing and directing the patient care. To date, the nursing community has neither reached a decision nor agreed on the educational preparation for the registered nurse. The "entry into practice" issue, as it is known in the nursing community, has been set aside to address more critical issues, such as the shortage of nurses, as we see now and did in the early 80's. In 2004, the diploma programs represented 25.2% of the RN population; associate degree programs 42.2% and baccalaureate or higher degree 31%, respectively (U.S. Department of Health and Human Services, 2004).
Accelerated Programs

Accelerated programs require a heavy credit load and intense clinical experiences in a condensed period. As stated by Maryann Forbes, PhD, RN, Accelerated Baccalaureate Program Director at the State University of New York-Stony Brook, "Identifying students who will flourish in this environment is a priority for administrators." Similarly, Louann Zinsmeister (American Association of Colleges of Nursing, 2008a) pointed out, "The accelerated format is taxing, and some find it too difficult to assimilate into their daily routines." These statements illustrate prevalent sentiments of nursing faculty members, which are consistent throughout the accelerated nursing community.

Many accelerated programs require an admission interview for a number of reasons. The primary impetus for the interview is to ascertain the support systems of the student, as well as to determine the other responsibilities that will vie for their time as the accelerated student has little time outside of such an intense program. The interview also seeks to identify the student who can flourish in this type of environment. "Due to the intensity of the curricula, students are often interviewed as a part of the screening process. Students are evaluated on their ability to learn in a fast-paced manner; their social support systems; their coping strategies; and their understanding of the format of compressed clinical and classroom instruction" (DeBasio, 2005 para.3). In their article Rosenberg, Perraud, and Willis (2007) reiterate the need for admission interviews by pointing out that excessive attrition rates continue in the accelerated nursing program for a variety of reasons: pace of program, poor lifestyle choices, and role concerns. As noted, students are strongly discouraged from working which can cause financial hardship, and possibly withdrawal from the accelerated program. Rosenberg et al. (2007) also express concerns of losing students due to financial implications. Attrition has morale implications for the student,
faculty, and college as well. Attrition also reduces the number of nurses educated to begin employment as a registered nurse, as the seat in the nursing school is now vacant, despite abundant and qualified applicants.

Drawing upon the existing literature on accelerated nursing students, the following section is organized by the five themes that emerge, student profile/demographics, predictors of success, program descriptions and curricula, teaching/learning strategies, and stress.

1.) Student profile/demographics (Bentley, 2006; Korvick, Wisener, Loftis, & Williamson, 2008; Meyer et al., 2006; Siler, DeBasio, & Roberts, 2008; Vinal & Whitman, 1994; Youssef & Goodrich, 1996).

2.) Predictors of success (Abbott et al., 2008; Barkley, Rhodes, & Dufour, 1998; Bentley, 2006; Endress, 1997; Hoffman, 2006; Jenks, Sellekman, Bross, & Paquet, 1989; Korvick et al., 2008; McDonald, 1995; Mills, Becker, Sampel, & Pohlman, 1992; Youssef & Goodrich, 1996).

3.) Program descriptions and curricula (American Association of Colleges of Nursing, 2008a; Cangelosi, 2007a; Cangelosi, 2007b; Jeffreys, 2002; Rosenberg, Perraud, & Willis, 2007; Seldomridge & DiBartolo, 2005; Sheil & Wassem, 1994; Wassem & Sheil, 1994; Youssef & Goodrich, 1996).


5.) Stress (Seldomridge & DiBartolo, 2005; Weitzel & McCahon, 2008; Youssef & Goodrich, 1996).

Student Profile/Demographics

From their research, Wu and Connelly (1992) produce a thorough demographic profile of accelerated nursing students. Their study was one of the first produced on accelerated students
and is, because of its age, considered “classic.” The study had a 100% response rate from the surveyed schools to include 166 accelerated nursing students (71%) from the 10 accelerated nursing programs in existence in 1988. In their survey of 234 second-degree students, they found the second-degree student were older (mean age 28.7 years) than the traditional college or BSN nursing students, almost one-third were married, and over two times as many were male students, when compared with traditional BSN students.

Meyer, Hoover, and Maposa’s (2006) descriptive study provides a profile of one graduating class of accelerated BSN students from a mid-western university. The students in this study had a mean age of 28 and were most likely to have a previous baccalaureate degree in the physical or social sciences. Results indicated that students were satisfied with the accelerated BSN experience, but that the program posed academic, financial, and personal challenges (Meyer et al., 2006). They found the students reported they liked the 1-year duration but expressed the pace as a drawback. Meyer, Hoover, and Maposa, (2006) reiterate the stress experienced by the accelerated nursing student should not be underestimated and resources should be available to address the stress expressed by this group.

Vinal and Whitman (1994) found that second-degree students were more likely to have strong needs for competency and self-confidence. They also note the second-degree student requires extensive preparation in the clinical skills lab for the performance of clinical skills as they report the need to be competent and self-assured. A climate of respect is basic to learning. Knowles (1990) writes about both the physical and psychological climate required for learning which will promote mutual trust, collaboration and a sense of comfort. Most studies on the demographic profile of accelerated nursing students noted the rigor of learning clinical skills, the
intense instruction, as well as the application of these skills in the clinical setting as unique to the nursing student, in addition to being a source of anxiety.

In general, the student body in an accelerated program tends to be older (age range of 28-40 years) than traditional BSN students, as one would imagine due to the prerequisite of holding a bachelor's degree (Toth, Dobratz, & Boni, 1998; Wu & Connelly, 1992). Youssef and Goodrich (1996) did not find increased age as a characteristic of the accelerated nursing student in their research, \( n = 94 \) although they pointed out two of the participants were missing data about their age. Therefore their statement about age is questionable as they had missing data and one could only speculate if these students were older and did not choose to indicate their age or if the information was simply overlooked.

**Characteristics**

The most prevalent previous bachelor's degrees earned were in biology and psychology, (Weitzel & McCahon, 2008) which have limited job markets. The innuendo being, students enrolled in an accelerated nursing program, as they saw an outcome of secure employment unlike the result after their first degree.

Youssef and Goodrich (1996) selected a convenient sample \( n=102 \), with 94 returning the questionnaire) of all accelerated and traditional students who volunteered to participate in their study, at a private university in the Washington Metropolitan Area, over a 2 year period. One of the variables examined was the students' GPAs and it was found accelerated students had significantly higher GPAs than traditional students (Youssef & Goodrich, 1996). They also found, in terms of cultural differences, there was a greater percentage of African Americans and Hispanics than those reported for nurses in general by the National League for Nursing (NLN).
The existent literature reveals that second-degree or accelerated nursing students are cited as motivated and engaged learners who challenge traditional thinking, have higher academic expectations than high school entry baccalaureate students have, and become involved in pursuing evidence-based solutions to clinical problems (American Association of Colleges of Nursing, 2005). Although these studies provide a thorough review of the type of students attending an accelerated nursing program, they fail to present any concrete conclusions about success, failure, or attrition. Though the insights of Youssef and Goodrich’s (1996) research sheds some light on the type of student attributes that might lead to success is quite interesting; however, there is little tangible evidence to support the attributes identified as directly correlated to students’ success.

In summary of the aforementioned research, there is an expanse of interesting information with regard to the “type” of student; the research, though, does not impart a direct correlation between the “type” of student and the student’s success. One therefore needs to consider student demographic information such as age when making comparisons of traditional and accelerated nursing students as it relates to success. Accelerated nursing students are known for their high performance, concern about good grades, academic maturity, and are valued by employers. The accelerated student is eager to learn and brings with him/her previous learning, knowledge, and experience. It is also noted that they have been known to challenge their instructors, which can be intimidating for some professors (American Association of Colleges of Nursing, 2008a). Despite all the demographic research available and documented on accelerated nursing students, what lacks in the existing literature is that there is little empirical research on examining the relationship between the characteristics of the accelerated student and their success on NCLEX-RN.
Predictors of Success

There are a number of research studies that compare accelerated and traditional nursing students. Nonetheless, few studies have compared the traditional student to the accelerated student as it relates to success on the NCLEX-RN. One such study examined predictors of success and found that there is a difference in accelerated students, whose previous science degree, performed on NCLEX-RN, when compared with those with a nonscience degree (Abbott et al., 2008). Abbott et al. (2008) found the students with a previous science degree were more likely to be successful on their first NCLEX-RN attempt. Three additional studies examined, compared traditional and accelerated students' NCLEX-RN first-time pass rates. Two of the studies found there was no statistically significant difference in NCLEX-RN first-time pass rates between the two student groups although accelerated students scored higher on NCLEX-RN and had a higher pass rate (McDonald, 1992; Mills et al., 1992). McDonald (1995) found that students (29 traditional and 27 accelerated) in the accelerated group scored higher on nursing performance and passing rate on NCLEX-RN than the traditional nursing student. She collected data at two different points, at graduation for the accelerated group and simultaneously at the beginning of their senior year for the traditional group. Due to this limitation of the data collection method, comparing these results with one another could be questionable. If the data were collected at graduation for both groups, it would have removed one of the variations and increase comparability for the two groups.

Mills and his colleagues (1992) found that at the end of the first semester, the model used in their research could predict failure for 94% of those who failed, but it was less consequential in correctly predicting success of those who passed. Their study identified variables that placed the accelerated student at risk, such as, the first-semester GPA, gender, and a foreign education.
Lastly, Mills et al. (1992) found a positive correlation between each full letter grade increase in GPA and the student's success in passing NCLEX-RN. Their research suggests the positive relationship between GPA and NCLEX-RN success, which is inconsistent with Youseff and Goodrich's findings (1996), who found two accelerated student failures and none among the traditional students.

Bentley (2006) used a correlational design to compare accelerated with traditional students \((n = 224)\) and their success on NCLEX-RN. She found no statistically significant difference in the pass rates between the two groups, but found science GPAs to be significant for both groups in passing the NCLEX-RN. The sample size of the two groups in this study was disproportionate; 52 accelerated student participants and 172 traditional students, respectively. Accelerated programs often tend to be smaller groups, which can be related to a number of variables one of which is the shortage of nursing faculty available to teach.

In summary, Mills (1992) found cumulative GPA to be a predictor of success and Bentley (2006) cites the pre admission average on previous science courses, the number of C grades on nursing clinical courses, and scores on the Health Education Systems Incorporated (HESI) exit exam as predictors of success on NCLEX-RN. Youseff and Goodrich (1996) reported accelerated students had significantly higher GPA's \((M = 3.34)\) than traditional students \((M = 2.85)\). In contrast, McDonald (1995) found no significant difference in GPA. In other research, it was found accelerated students performed significantly higher on every measure than did the students in the traditional program. Age was not found to be predictive of success in either group (Korvick et al., 2008; McDonald, 1995).

Korvick et al.'s (2008) research demonstrates the science GPA of a student is associated with academic performance employing a retrospective, quasi-experimental research design at a
medium-sized private university in an urban area in the Midwest. Their study compared 29 accelerated second-degree BSN and 32 traditional BSN students under controlled conditions and matched for identical instruction and performance measures. They studied class test scores, nationally standardized examination scores, skills laboratory performance, and final course grades. The students' performance in their study was measured during one semester and with multiple criteria. Five exams given throughout the semester and students of lab skills were observed. In addition, students were given two nationally normed exams. The researchers then used the total points earned and compared the two groups. Results of the study indicated that mean scores of the accelerated students exceeded the mean scores of the traditional students with statistical significance. More noteworthy results of the study was that accelerated students' science GPAs were higher than those of the traditional students, and consistently was the case throughout the program, demonstrating that the science GPA of accelerated students was positively associated with academic performance. However, the accelerated students' science GPAs, had little variability as it related to the total points for the semester as compared to those of traditional students that showed a moderate correlation to their total points for the semester (Korvick et al., 2008). The previous baccalaureate GPAs of both groups were minimally a 3.0/4.0 and all other requirements for admission were identical except for the accelerated students' requirement of at least one B in prerequisite science courses.

In addition, (Korvick et al., 2008) found the accelerated students were mature academically and continued advanced performance from the beginning of the program and throughout the semester. Academic maturity was ascribed to students who have completed previous baccalaureate degrees, thereby demonstrating the ability to apply themselves successfully to academic pursuit. The definition of academic performance used in this research
was the measurable outcome of scholastic achievement, shown through test scores, total course points earned, and GPA. The results of the study indicated that accelerated students, having prior academic experience and earning a first bachelors degree, had a history of success whereas the traditional students had not yet demonstrated success in a university setting. The study indicated that accelerated students might have confidence that comes from prior academic success, which they are able to transfer to nursing courses (Korvick et al., 2008).

Though a number of studies have reported a positive relationship between GPA and NCLEX-RN success among both accelerated and traditional students, the most notable limitation in these studies is the small sample size, which may account for some of the different conclusions the researchers drew from findings.

There have been several studies on predictors of NCLEX-RN success on traditional nursing students (e.g., Barkley, Rhodes, & Dufour, 1998; Endress 1997; Jenks, 1989; Fowles, 1992). These previous studies examined predictors of success with traditional nursing students and their research is worth noting because it can be applicable to accelerated nursing students since both student populations take the same licensing exam, NCLEX-RN. One of the consistent findings is that nursing course grades were found to be significant in determining the success of traditional nursing student (Barkley et al., 1998; Endress, 1997; Jenks et al., 1989). Barkley et al. (1998) found a significant relationship between grades in certain nursing courses (Psychiatric Mental Health Nursing, Maternity Nursing, Pediatric Nursing, Adult Health Nursing I and II and Nursing Care of the Critically Ill II) and the grade in theory or clinical nursing courses. They also found that the risk of failure on NCLEX-RN increased with the number of C or lower grades in nursing theory courses.
Endress' (1997) retrospective study looked at identifying predictors of success for African American, foreign born and white baccalaureate graduates on the NCLEX-RN. The variables were admission GPA, nursing GPA, medical-surgical GPA, cumulative GPA, Mosby Assess test, age, number of semesters needed to complete the nursing curriculum, licensed vocational nurse status and the number of D's and F's received in nursing courses. The results of the study showed all students with a Mosby Assess test below 21 and a D or F in a nursing course were more likely to fail NCLEX-RN. The study substantiates the GPA findings associated with the accelerated student, although some of the research included non-academic variables such as in Arathuzik and Aber's (1998) work. For example, they found in their sample size of 79, students had reported internal and external barriers to success such as family responsibilities, emotional distress, fatigue, and financial and work burdens. They also noted there were significant correlations between success in the NCLEX-RN and cumulative undergraduate nursing program GPA, English as the primary language, assistance with family responsibilities and demands, emotional support, and the ability to think critically (Arathuzik & Aber, 1998).

As noted in previously mentioned studies, the number of C+ or lower grades earned in nursing theory courses was the most accurate predictor of NCLEX-RN success (Beeman & Waterhouse, 2001). In their work, Beeson and Kissling (2001) showed a significant relationship between the number of Cs, Ds, and Fs in nursing courses and NCLEX-RN results. Summarily, Beesom and Kissling's (2001) retrospective study (n= 505) noted that students with no grades of C or below had a 97% chance of success on NCLEX-RN among accelerated and traditional graduates from 1993-1998. By using a logistic regression model, the results showed that GPAs accounted for 76% of the students who failed NCLEX-RN, and found that students who passed the NCLEX-RN had significantly higher average GPAs (Beeson & Kissling, 2001). This
research corroborates previous assertions in the literature, that such academic predictors, are more accurate measures in predicting success than in predicting failure on NCLEX-RN.

Seldomridge and Di Bartolo (2004) studied success and failure on NCLEX-RN among 186 traditional nursing students at a rural mid Atlantic institution. In their research, they found that success could be predicted with a high degree of accuracy but failure could not. They used NCLEX-RN success as their dependent variable and 13 independent variables as predictors of NCLEX-RN success identifying the best model to predict NCLEX-RN success based on data they collected from several periods. They found several variables (grade in Pathophysiology, test averages in two theory nursing courses and score on a normed achievement test) were accurate in predicting success, but they were much less accurate in predicting failure. Supported by other studies, the results of their research report a substantial disparity in the accuracy of predicting success verses failure. Seldomridge and Di Bartolo’s (2004) study noted that unless schools admit very high numbers of unqualified applicants predicting failure will continue to be difficult. The results of this study are important, in that it underscores implications of success and failure for the student, faculty, and institution.

Lauchner, Newman, and Britt (1999) studied the predictability of the HESI exit exam to NCLEX-RN success. The research included 563 BSN students from 17 schools. Three hundred eighty-eight (74.62%) were from schools that proctored the test, 218 (41.92%) were predicted to pass, and 7 (.03%) did not pass, 5 of which were from programs that did not monitor the test. Lauchner et al. (1999) concluded the HESI exit exam was determined to be 99.49% accurate in predicting success on NCLEX-RN when given in monitored situations.

Alexander and Brophy (1997) conducted a five-year study from 1988 to 1994, examining variables from pre-admission, during progression, and upon exit. Noteworthy is this study was
conducted when the new test plan was implemented by the National Council of State Boards of Nursing, and the results of NCLEX-RN graded as pass/fail. They found SAT verbal scores, nursing GPA, and National League for Nursing comprehensive test scores to be the best predictors of NCLEX-RN success.

Hoffman (2006) found reading comprehension scores to be highly predictive of first time success on NCLEX-RN. She maintained the results of her study have implications for reading ability and comprehension regarding the success of the accelerated nursing student. Though the results would seem to be generalized to all students, it cannot be solely applicable to accelerated nursing students. As many of the studies noted, limited sample size must be taken into account when making application to the larger population.

None of the research discusses the time span between the participants eligibility to sit for and date the NCLEX-RN was taken. The National Council of State Boards of Nursing conducted a study, which found that passing rates decrease as the time interval between eligibility and taking the NCLEX-RN increased (Eich & O'Neill, 2007). Perhaps this variable should also be considered when researching NCLEX-RN success.

To sum up, within the nursing community, there is still controversy over the best predictor of success on NCLEX-RN. Because of the inconsistencies in the findings, further studies are needed to determine accurately if the GPA of science courses are a factor in NCLEX-RN success of the accelerated nursing student.

Program Descriptions and Curricula

For those with a prior degree, accelerated baccalaureate programs offer the quickest route to becoming a registered nurse with programs varying from 12-18 months (American Association of Colleges of Nursing, 2005). As noted, in the accelerated path to becoming a
registered nurse with a bachelor's degree, one must adhere to the same criteria as a traditional bachelor of nursing degree as set forth by the New Jersey State Board of Nursing. The difference between the traditional and accelerated program is that the accelerated program is in a condensed period that brings with it additional and unique stressors and circumstances. Instruction is very intense, with students attending full-time, completing 60-65 credits in 12-18 months. Most programs do not offer breaks between semesters, and strongly encourage students not to work. Accelerated programs are known to have high admission standards to identify those students who will thrive in the intense environment. Presently many accelerated programs have adopted a comprehensive prescreening process (American Association of Colleges of Nursing, 2005). With an emphasis on the prescreening interview Rosenberg, Perraud, and Willis, (2007) found the pace of the program, poor lifestyle choices, and role concerns attribute to more than desirable attrition rates. In their study, Rosenberg et al (2007) attempted to reduce subjectivity by developing a structured interview guide for the admission interview. A number of schools of nursing have adopted the admission interview, underscoring the intensity and commitment required. By raising awareness on the importance of admission interviews to screen the accelerated student, Dr. Forbes, Accelerated Baccalaureate Program Director at the State University of New York, stated that students’ ability to commit to the intensity of the clinical experiences and the heavy credit load, was critical to the success of the accelerated nursing programs (American Association of Colleges of Nursing, 2005). Typically, accelerated students, therefore, were known to have “very little patience for learning information they did not believe important to their goal of becoming a nurse” (Cangelosi, 2007b, p.404). Accelerated students tend to relate their assignments specifically to the learning objective. As Jeffreys (2002) found, accelerated students were academically weak when they lacked support at home, accelerated
students must have a secure and intact support system as they attempt to balance the curriculum with very busy lives.

Much of the research also addressed the fast pace and condensed period in which the second-degree students must learn and flourish. To this end, Rosenberg and colleagues (2007) stressed the interview process is an important component to the appropriate selection of accelerated students, indicating an interview rating system used by their university to discern applicants who are less likely to succeed, attributing it as professionally and fiscally responsible to do so. They specifically rate, during the admission interview, the accelerated students’ personal characteristics (e.g., lack of compassion, tolerance for intimacy, altruism, interpersonal skills, or empathy), lack of motivation, or poor understanding of the work of nursing as a contributing factor in determining their success in the program. They also pointed out that fewer studies have examined attrition rates of accelerated programs citing only eight empirical studies from 1988-2006. In their study, Wassem and Sheil (1994) concluded that inadequate screening of the potential applicant contributed to student attrition problems. In their research of 27 accelerated students, the students described the ideal accelerated program as two years in length and one that encompasses the student’s experience into the curriculum. They also noted speed in completing the program and advisement were as equally important as financial aid (Wassem & Sheil, 1994).

The retention and success of accelerated nursing students are related to their personal and financial circumstances (Siler et al., 2008). In addition, working full or part time has been found to be stressful and to affect retention (Jeffreys, 2002; Youssef & Goodrich, 1996). In the interview, Rosenberg et al., (2007) questioned potential students about factors that would support their return to school. As accelerated programs are demanding of one’s time, working either full-
time or part-time is quite challenging and as shown can contribute to attrition (Rosenberg et al., 2007). Prior to Siler and her colleagues’ (2008) research there was little to no research in the literature on the cost of an accelerated nursing program and the students’ financial aid. Siler and her colleagues’ (2008) surveyed \((n=993)\) non-nurse college graduates enrolled in accelerated baccalaureate programs in the US to provide a profile and identify factors that influenced their program and career selection. Their results provide an understanding of the accelerated nursing students’ motivation, academic background, and educational needs. Their research found 23% of participants had an income below $16,000 prior to enrollment, and that percentage grew to 56% after the start of the accelerated program. They also found the federal and state governments were the major funding sources in the form of loans, as this group of students are not eligible for many grants and scholarships as are first-time college students. Siler et al. (2008) noted some financial support from healthcare institutions in exchange for work commitments. Accelerated programs are often quite expensive, ranging from $25,000 to $60,000 for the length of the program.

In summary, recent research has shown the importance of the initial interview as it relates to attrition. It is critical to determine in the initial interview the student’s ability to flourish in the intense accelerated environment largely because the accelerated nursing program involves a heavy credit load with “intense clinical experiences” (Rosenberg et al., 2007). The existing research discusses the rigorous instruction and condensed coursework, usually without breaks, as bearing on the students’ ability to succeed in the accelerated program (Rosenberg et al., 2007). However, one of the major limitations of the above noted research and much of the literature on accelerated nursing programs is the limited sample size, (with the exception of Siler et al. 2008 \(n=993\)), reflective of the smaller cohorts of accelerated students, typically from a single
Institution. Therefore, one must take results with caution when generalizing to a larger community of accelerated nursing students.

Teaching and Learning Strategies

Accelerated programs build on previous learning experiences and transition individuals with undergraduate degrees in other disciplines into nursing. In terms of instructional methods, Teeley (2007) discusses the endorsement of a Hybrid Web-based course, a mix of traditional classroom and online teaching, for the accelerated nursing student. She states it is “the best of both worlds; it provides flexibility for faculty and institutions to engage in both face-to-face classroom and online distance learning by reaching students with relevant, meaningful content while maintaining the student-teacher relationship so important in nursing education” (K. H. Teeley, 2007, p.418). She reports the Hybrid Web-based course as being rated favorably by both the students and faculty, and certainly is an area in need of further exploration as it relates to the accelerated nursing student and curriculum. Teeley’s article is based on adult learning theory, and cites the importance of student and faculty orientation to the Hybrid Web based course.

This is related to the issue of time for the students, as others have shown the accelerated students do not want “busy work,” and want assignments supportive of their learning objectives (Cangelosi & Whitt, 2005). The result of Teeley’s research implied that time is regarded as a stressor for the accelerated nursing student. Despite the lack of an empirical basis, her study provides valuable and practical information about the learning styles and preferences of the experienced, academically mature, technologically competent, adult learner in the accelerated classroom. Vinal and Whitman (1994) reported accelerated nursing students have a greater need for clinical competence than the traditional student does. They suggested the accelerated nursing student needs to devote significantly greater preparation time to reach clinical competence before
they felt assured in performing a skill or task with a real patient. Adult learning theory is important in the instruction of accelerated nursing students, as they report the desire to be engaged in meaningful activity where they feel they are making significant contributions (K. Teeley, Lowe, Beal, & Knapp, 2006). Teeley (2007) underscores the needs and differences in accelerated students by her statement that the accelerated nursing student in the 21st century is a different learner than are traditional undergraduate nursing students.

In Cangelosi’s recent research (2007a p. 403), it was found students relate to “sensitive and perceptive faculty members” who stood out to them and helped them through “one of the hardest things I’ve ever done.” In addition, the students interviewed felt the faculty who provided the most meaningful clinical experiences had the greatest influence on the students’ clinical practice after graduation. Also noted in the literature, accelerated nursing students felt they learned more and better when the faculty incorporated the students’ prior experiences into their new role as the nurse (Cangelosi, 2007a). Based on Cangelosi’s findings, faculty must ascertain the student’s prior field of study as well as synthesize the student’s experience when imparting information. In another study by Cangelosi (2007b), she interviewed 19 accelerated nursing students from six different nursing programs in the mid-Atlantic region, employing a hermeneutic phenomenological approach to interview the students. In a face-to-face, unstructured interview, the students were asked to relate an incident that prepared them for their current clinical position. The students interviewed had graduated in the past 2 years, which aids in an unbiased approach as the students have graduated and are working as registered nurses. To date this is the only research published on accelerated students’ perspective after graduation. The data collected suggest that faculty need to consider incorporating students’ prior educational experiences into the accelerated nursing curriculum. Cangelosi (2007b) also found it was
important for the nurse educator to provide students with individualized learning. The student’s recounted “rich stories,” relating significant and outstanding clinical moments, they felt aided their success. Although this study had \( n = 19 \) and limited to one geographic region, Cangelosi’s findings underscore a critical role nursing faculty can play in the success of the accelerated nursing student.

In their recent research, Walker, Martin, Haynie, Norwood, White, and Grant (2007) determined that second-degree students were found to have unique needs and expectations in the nursing classroom as outlined below:

1) They consider themselves self-directed learners who require little motivation to learn or study.

2) They have greater expectations for classroom structure, faculty guidance, and obtaining a grade that has significance.

3) They believe it is important for faculty to know them by name.

4) They have greater preference for web-based classes, case studies, and handouts that parallel lectures and assignments.

5) They prefer demonstrations of skills to lecture material.

6) They prefer to read material and then have an expert lecture on the content.

(Walker et al., 2007, p.249).

Walker et al. (2007) used a descriptive survey design to compare preferences in teaching methods between accelerated and traditional nursing students. They developed and validated a 30-item Likert scale survey for the 171 participants (88 juniors and 83 seniors) with the final sample consisting of 48 accelerated students and 81 traditional students. Chi-square, paired t-test for independent samples, and Levene’s test for equality of variance were used to compare
accelerated and traditional students. The research showed there was a statistically significant difference between accelerated and traditional students in preferences for teaching methods \((p = .05)\). The accelerated nursing student preferred "self-directed learning and motivation; classroom structure and trusting faculty to tell them what they need to know; and obtaining a grade that matters" (Walker et al., 2007, p.250) The majority in both student groups preferred lecture as the most desirable means to impart information. The accelerated students preferred case studies and web based or web enhanced programs. Both groups also chose to read information first followed by an expert lecture. The majority of traditional and all of the accelerated nursing students reported they learned from clinical experiences told by faculty. For traditional and accelerated students, group work was rated as the least preferred method of teaching. Grades were reported as being more important to accelerated students than to traditional nursing student.

Walker and her associates' study has far-reaching implications for nursing faculty and students alike. Their study provides evidence that the accelerated nursing student is indeed different from the traditional nursing student. As the nurse educator is challenged to develop accelerated methods and models of nursing education, nurse educators must integrate and incorporate the findings from this study to meet the needs of the accelerated nursing student. The nurse educator must be cognizant the accelerated nursing student holds a baccalaureate degree and consequently should incorporate higher levels of cognitive and affective information into course objectives and teaching strategies. As Teeley (2007) suggests, the accelerated nursing student should be involved in more computer-assisted instruction and self-study as opposed to lecture presentation of course content. The accelerated student body is often quite diverse and presents challenges to the nurse educator to assimilate students' previous learning and
experience. Nurse educators need to develop innovative ways to impart material to the accelerated learner.

**Stress**

The last theme that emerged from the literature is the stress the accelerated nursing student faces. The stress generated by the time demands and heavy workloads of accelerated programs is well known (Meyer et al., 2006). However, the majority of studies concerning nursing students' stress are related to traditional students with little attention to the accelerated nursing student. Weitzel (2008 p.86) reports “there is no literature on accelerated nursing students’ perceptions or experiences, the activities that support or inhibit their work, and their recommendations to faculty regarding needs, challenges, supports, or teaching/learning strategies.” Furthermore the limited literature on teaching and learning strategies, fails to reflect the students’ perspective. Weitzel’s (2008) work encourages nurse educators to glean information about stress from students’ perspectives. The results of the study (n=60) indicated the students identified too many reading and writing assignments as stressful and the workload, family responsibilities, pace of the program, no break between semesters, and group assignments stressful as well. Weitzel (2008) created and validated an instrument, which reflected the researched schools’ conceptual framework. The students identified the faculty, advisors, class lectures, and their families as their supports (Weitzel & McAhon, 2008). The study was an anonymous survey and a trained research assistant interviewed the students with open-ended questions. It should be noted that the research design of the study is limited because the students were surveyed in the last week of their last semester and had not yet passed the NCLEX-RN nor completed the program, which causes concern about the candor of the students. Thus, conducting
the survey after the students were successful would have provided the researcher with more forthright answers.

Youssef and Goodrich (1996) compared stress levels between accelerated and traditional nursing students and found of the 102 students surveyed, accelerated students reported consistently higher stress levels at the start of the semester and prior to final exams. They reported a significant difference in the stress level between the two groups at the beginning of the semester ($t = 3.68$, 2-tailed $p = 0.008$), but insignificant before final exams, ($t = 2.51$, 2-tailed $p = 0.07$) (Youssef & Goodrich, 1996). Based on their results the researchers suggested relaxation techniques and time management classes for the students. In their study, 50% of the accelerated students worked either part time or full time for some portion of the program, which obviously could increase a students’ stress, as working during an accelerated program was strongly discouraged by Rosenberg et al. (2007) and others. A limitation of this and many of the other studies noted is the research is limited to one university or one geographical area with caution of generalization of the findings to a larger population. In the literature discussed, the predominate gender is female, as nursing is predominately a female profession; such is the case unless otherwise noted.

In summary, this review of the literature is encompassing, yet, as noted, scant in abundance due to the paucity of literature on the accelerated nursing student. Since there is little research identifying the perceived or actual factors that affect success in nursing programs, many questions remain to answer. Much of the research related to NCLEX-RN success relies on correlation and surveys, and lacks a theoretical basis. Based on this review of the literature there are variables more often associated with NCLEX-RN success than others are; however, the literature implores further definitive research on NCLEX-RN success of accelerated nursing
students. Chapter III will discuss the procedures used in this study, including the population and
sample, research design, the methodology, and data analysis.
CHAPTER III

METHODOLOGY

The purpose of this study was to determine what factors contributed to NCLEX-RN success from an accelerated nursing students' perspective and examine demographic characteristics of these accelerated nursing students. The experiences in turn, provided knowledge about this unique group, their perceptions about the accelerated program, the challenges they faced and what they perceived contributed to their success. This study was designed to qualitatively assess the perceptions of accelerated nursing students on NCLEX-RN success. The qualitative method enabled the researcher to utilize research techniques such as interviews in order to collect and analyze rich information. This chapter addresses the research design including details of the selection of participants, research site, data collection, data analysis, and human subject considerations of the study.

Research Design

A grounded theory approach informs this qualitative study due to the nature of the proposed question, "What are the factors identified by accelerated nursing students that affect the success in passing the national licensing exam (NCLEX-RN) on the first attempt?" A grounded theory approach was used to spawn a general explanation that gives rise to predictive statements about individuals' experience (Creswell, 2005). Strauss and Corbin (1998) have detailed the phases of grounded theory, starting with the collection of data and ending with writing about the data. Using a grounded theory approach, the researcher gleaned themes from interviews with accelerated nursing students. Grounded theory lends itself to explain a process by gathering information to develop a theory. A systematic design based in grounded theory was used as it lends itself to formation of categories about the phenomenon being studied (Creswell, 2005). The
purpose of this method is to describe, in detail, a particular phenomenon so readers can appreciate the experience of participants. The research questions and grounded theory design afford the researcher to explore the holistic approach of this experience as described by accelerated nursing students.

Research Site

Overview of Program

The accelerated nursing program offered by this mid-Atlantic university is a 14-month, 64-credit bachelor’s degree in nursing; and is offered in partnership with Georgian Court University, in Lakewood, New Jersey (the satellite campus). The program accepts 30 students each September who, upon completion of the clinical experiences and coursework, graduate the following November. The course work runs continuously over the 14-month period with the month of August free of formal class work, although the students are encouraged to do an externship in nursing and/or avidly prepare for the NCLEX-RN during August. The accelerated program began in September 2003, and has graduated 112 BSN nurses since. The attrition rate for 2005-2006 and 2006-2007 was 0%, for 2007-2008 the rate was 1.16%; there is no attrition data available for the 2003-2004 and 2004-2005 cohorts. The program is designed to facilitate students with a non-nursing bachelors degree who desire to enter the nursing profession. In order to be admitted to the program students must have a GPA of 3.0 and before beginning the accelerated nursing program students must have completed the following prerequisite courses in Anatomy & Physiology I, Anatomy & Physiology II, Bio/Organic Chemistry, Microbiology, Statistics, Developmental Psychology, and Ethics. The accelerated nursing curriculum consists of 64 credits and is accredited by the CCNE, and approved by the NJ Board of Nursing (see Appendix A). The NCLEX-RN first time pass rates for the 2004, 2005, 2006, 2007, and 2008
The graduating classes were 84%, 100%, 91%, 88% and 94% respectively, with a student body of 25, 22, 22, 25, and 18. The graduating class of 2008 had a first time pass rate of 94% \( (n=17) \) with one student who moved out of state and has not taken the NCLEX-RN, and therefore was not included in this data.

Core Program Components

The accelerated baccalaureate-nursing program at this mid-Atlantic university includes the following components. Applicants must apply to the university. Applications are reviewed based on GPA, and prerequisite requirements, after which candidates informally meet with the director of the accelerated nursing program. The students proceed through the accelerated nursing program as a cohort group. The curriculum is 64 credits in length. Students must complete all nursing courses with a grade of C or above in order to progress to the next semester. Each semester consists of clinical and theory courses with the last semester being a capstone clinical experience, whereby the students are in the hospital for 2 full days providing care for multiple patients in addition to their other classes and clinicals. Upon completion of the accelerated nursing program students are required to pass a comprehensive assessment, Comprehensive ATI assessment, (administered by a private corporation) prior to taking the NCLEX-RN. The students are also strongly encouraged to attend NCLEX-RN review sessions to prepare for the exam.

Selection of Participants

The potential study participant population was drawn from all students who graduated from this small mid-Atlantic, private university, completed the NCLEX-RN and whose results were received between December 2008 and May 2009. Students who were successful and unsuccessful on the NCLEX-RN on their first attempt were included. The snowball technique
was used for obtaining participants for this study (Creswell, 2005). The snowball technique is a non-probability method, which relies on referrals from initial subjects to generate additional subjects (Vogt, 1999). Following graduation, these registered nurses contacted this researcher for letters of professional recommendation. It was from this correspondence the initial contact began and hence the snowball technique used. As participants were recruited, referrals were obtained and subsequent emails were sent to request participation in this research study (see Appendix B). As participants agreed to partake in the study, interviews were offered at varying times and days at a neutral, convenient, and private site. In addition to the interview, the participants were asked to answer demographic questions, in an electronic format, which was done at a convenient time before or after the interview (see Appendix C). This purposive sample of accelerated students offered a picture of what it is like to be an accelerated nursing student, as they interpret and make sense of the accelerated program experience.

Data Collection

Interviews

This study used semi-structured interviews to uncover the perspective of accelerated nursing students (Bogdan & Biklen, 2003). Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 2002, p. 341). Twelve face-to-face, audio tape-recorded individual interviews to explore the participants' perceptions of their NCLEX-RN success were conducted over an 8 week period from June 2009 to August 2009. The interviews were held 7 months after the students graduated from a mid-Atlantic accelerated nursing program. The interviews were conducted after participants completed the NCLEX-RN exam and all but one were working as registered nurses at the time of the interview. The interview took place in a neutral site, comfortable environment,
intended to encourage participants to speak openly as they shared their perspectives, insights, and opinions on their experience in an accelerated nursing program. Each interview lasted approximately 60 minutes.

The questions generated for the interview were synthesized from the current literature and the primary research question. The interview questions were open-ended and neutral, and were woven into a conversational format. The researcher asked each of the attached questions the order of which may have been adjusted based on participant responses as well as the direction of the conversation, and ended discussion on that question when there was no longer any new information being relayed (see Appendix D). The researcher then summarized what had been said on that question and asked for further clarification if necessary, before proceeding. The trajectory of the interview was directed by the questions asked of the researcher and incorporated by the stance of naturalistic inquirers.

The interviewer must possess skill and a command of open-ended interviewing techniques to obtain quality information. Open-ended interviews provide participants with the opportunity to explain fully their experience of the phenomenon of interest (Streubert & Carpenter, 1999). This researcher, who is an experienced RN in both medical and psychiatric settings, conducted the interviews. Among the many tasks of an RN, acquiring a patient history is one and accuracy is imperative. The experience of interviewing patients upon their admission and during the course of their hospitalization for more than 25 years enhances this researcher’s ability to conduct interviews. When conducting interviews the researcher must decide what is worth taking note of, much like when this RN must determine the noteworthy points from a patient admission interview. The researcher has also taken a graduate level course on qualitative research.
Data Analysis

Coding

A professional transcriptionist transcribed the tapes and each interview and tape were reviewed and compared to the written transcripts for completeness and accuracy. The researcher then listened to the tapes many times over to gain a sense of the students and their experience. After the interviews were complete and transcribed, the entire text was read to acquire a vague and tentative notion of the whole data with reflexive awareness that this notion is an anticipation of meaning (Cohen, Kahn, & Steeves, 2000).

The data was coded and analyzed employing a grounded theory method. The process of coding requires the researcher to form descriptive categories, and develop higher order categories (Strauss & Corbin, 1998). The coding process requires one to make sense of the data, divide the data into segments, and label the segments with codes. The data was reviewed for repetition and redundancy, and then reduced into categories (Creswell, 2005). Grounded theory uses three components to coding, open, axial, and selective coding (Strauss & Corbin, 1998). The initial process of open coding used in grounded theory compels the researcher to form categories about the phenomenon. The categories were developed and based on all data collected. In the second phase, axial coding, the researcher selected one open coded category as the core and then linked the other categories to it in the center of a coding paradigm. The coding paradigm aided the researcher in constant comparison where data are coded for properties and categories that connect them (Strauss & Corbin, 1998).

Selective coding was the third phase used by the grounded theorist, whereby the researcher develops and writes the theory derived from the interrelationship of the categories in the axial coding.
This accelerated research study used the students' direct statements, as they served as the fundamental source for development of the emergent categories. Listening to and rereading the interview transcripts revealed commonalities of words and phrases, which led to the development of the identified categories, and coding of these categories. The use of exact language from the students’ descriptions aided in the development of categories, with attention paid to repeating words. Writing and re-writing provided a more comprehensive perspective, of the students’ descriptions. The last step in the data analysis is to return to, and interpret the text as a whole, in order to achieve a thorough and diverse understanding of the data. The theory is then developed in the construction of the core category, which is achieved through the process of coding (Strauss & Corbin, 1998, p.88).

Validation of Data

In qualitative research, the researcher must verify the data is valid. There are a number of means and theories by which this can be accomplished. Lincoln and Guba (1985) assert the three behaviors of prolonged engagement, persistent observation, and triangulation must be adhered to, to improve the probability of producing credible data. According to Maggs-Rapport and Frances, (2000) they too suggest data is deemed trustworthy if one engages in persistent observation, prolonged engagement, and triangulation. Prolonged engagement offers the researcher the opportunity of building trust with the participants, with persistent observation adding salience in that the researcher is aware of the intense and focused observations. Triangulation necessitates the use of multiple methods, which improve the likelihood that interpretation will be accurate. Other qualitative researchers label the validation of data with differing nomenclature such as member checking by Creswell (2005) and trustworthiness and authenticity by Lincoln and Guba (1985). Morse and colleagues (Morse, Barrett, Mayan, Olson, & Spiers, 2002) feel the literature
on validity has become muddled to the point of making it unrecognizable. They recommend these strategies be used to attain trustworthiness such as negative cases, peer debriefing, prolonged engagement and persistent observation, audit trails, and member checks. Triangulation requires the researcher to corroborate the evidence from different individuals, use a variety of types of data and data collection such as notes and interviews (Creswell, 2005). According to Creswell, (2005) using multiple sources of information, procedures and individuals, ensures the research will be accurate, as the data has been drawn from multiple sources. Creswell (2005) also cites member checking as enhancing the accuracy of the research. Member checking is the process by which the researcher asks participants to check the accuracy of the researcher’s account of the collected data. In member checking, the findings are taken back to the participants to be reviewed for accuracy. When data are checked and verified, the researcher increases their confidence in achieving validity.

Issues of credibility for this qualitative research were addressed with the following methods. Field notes were collected to explicate the researcher-participant relationships such as actions, interactions, and body language during the investigation immediately following the interview. Students were asked to read excerpts from the data to confirm the data as meaningful and applicable in terms of their experiences. The data was reviewed by a qualitative nurse researcher to confirm the essence of the categories as accurate and true to the data.

Human Subjects Considerations

Institutional Review Board (IRB) approval was obtained through the University, after which access was initiated and interviews begun. In addition, informed consent and permission to tape record the interviews was obtained. Data was collected and coded to maintain confidentiality, and kept within a locked file cabinet. In the entire text, student names were
changed; pseudonyms were used to protect the confidentiality of the students. Participation in this study posed no anticipated risks or discomfort on the part of any individuals and the participants were not coerced. The potential benefits to future accelerated nursing students and faculty is to increase knowledge concerning the perceived factors related to success of accelerated nursing students. No participants in this study received any form of payment for participation in this study.

The Role of Researcher

Streubert and Carpenter (1999) assert that the researcher is an integral part of the study and therefore must acknowledge their role with the participants while noting the implications of such in their investigation and interpretation of the data. Strauss and Corbin (1998) stress the researcher must step back and assess the situation with critical analysis to obtain valid and reliable data. Grounded theory research requires the researcher to possess outstanding interpersonal skills and the ability to keenly observe and then transcribe what they have heard and seen into words. As this researcher is an RN who continuously assesses, interviews, and documents findings, this process is one of which this researcher is experienced and familiar. Grounded theory research reinforces the researcher to be reflective of his or her own background, have patience, reflective thought, and be void of presuppositions regarding the meaning of the phenomenon (Strauss & Corbin, 1998).

Limitations

One of the limitations in this study is the data from the participants is limited to one accelerated nursing program. In addition, this research was collected from accelerated nursing students from one private mid-Atlantic university. The participants self reported their GPA’s which is a limitation of the demographic data. To be considered is the time frame, which
restricted the study to include one graduating class of accelerated nursing students. This time frame was selected to enhance their ability to recall and describe their perceptions of NCLEX-RN success. The population included one male, one participant on a student visa, and three non-Caucasian, resulting in a fairly homogenous sample.

Summary

Little is known about the experiences of the accelerated nursing student, interviewing the accelerated nursing student, data was obtained about their experiences and challenges. The experiences in turn, provided knowledge about this unique group, their perceptions about the accelerated program, the challenges they face and what they perceive contributed to their success.

Chapter III provides an overview of the methodology that was used for this research, with particular attention to grounded theory. A brief history on grounded theory was discussed to provide the philosophical background for the methodology used. Application of this methodology was addressed: procedure, gaining access, description of the participants, data collection, data analysis, coding, the validity of the data, and human subject considerations.
CHAPTER IV

FINDINGS

The purpose of this study is to identify the factors that contribute to the accelerated nursing students' success on the NCLEX-RN licensure exam. In addition, this study includes the perceived challenges of accelerated nursing students, the demographic characteristics of the participants, and their suggestions for enhancing the educational preparation for their success on the NCLEX-RN. The findings presented in Chapter IV are organized around the research questions that guided the study and the categories that emerged from the interview data. This chapter begins with a brief description of the study participants, and then addresses the findings that led to the theory development of factors that contribute to the accelerated nursing students' success. The common and salient factors that emerged are presented through four major categories: practicing NCLEX-RN questions, partaking in nursing clinicals, receiving support, and participating in an NCLEX-RN review course. Each of the aforementioned categories will be discussed followed by a summary at the end of the chapter.

Description of Study Participants

Twelve graduates from the class of 2008 of this 14 month accelerated nursing program participated in this study. Participants recalled the accelerated nursing program experience clearly and were eager to partake in the interview. The demographics of the participants revealed the following information. One of the participants is male and the age range for all the participants was from 20-45 years, with the majority of 8 graduates, between 25-30 years of age. Five of the participants were married, with 3 having between two and five children and 1 participant being the head of the household. Nine of the participants were White/Caucasian, 2 were Asian, and 1 was African-American. Half of the participants had no healthcare experience
prior to the start of the accelerated nursing program and although all held a bachelor's degree, only seven degrees were in science. The self-reported GPA of 3.0 or higher in their previous bachelors' program portrays 12 of the participants, 11 of whom had a self-reported science course GPA of 3.0 or higher. Four participants entered the program 8 or more years since they earned their first bachelors degree and 5 have been out of school for 4-5 years. Nine participants were United States citizens, 2 were permanent residents, and 1 enrolled in the accelerated nursing program on a work visa. This summary of the demographic characteristics of the study participants is somewhat different from current published literature; specifically the number of children and the amount of previous healthcare experience was greater in this group. The sample size of 12, although small, provides for a profile of the type of student in this mid-Atlantic accelerated nursing program.

The following is a brief description of each of the study participants' demographic information, focusing on age range, prior education experience, and family background; pseudonyms have been assigned to each of the participants to protect their anonymity. It should be noted the participants had a choice of age ranges on the demographic survey.

**Amanda**

Amanda is a single white female, 25-30 years old, who lived with her parents. Amanda has previous healthcare experience, and in addition to another participant, she expressed the program was very stressful. Amanda had a great deal of academic difficulty in the first semester and reported crying on a number of occasions. In particular, she had difficulty with the math portion in the first semester when students were required to demonstrate proficiency with medication calculations. Amanda saw herself as one of the less intelligent students, saying, "I am
a C student.” Amanda’s previous bachelor’s degree was in Philosophy, which she did not utilize in her employment outside of the healthcare setting.

**Brittany**

Brittany is a 25-30 year old married white female, without children. Brittany had previous healthcare experience working as a research assistant. Her first degree is in Biobehavioral Health. Brittany also moved to another state after completion of the program. Her husband became unemployed during the course of her studies and thus they relocated to secure employment for him.

**Cara**

Cara is a 31-35 year old, married white female, with 2-3 children. Cara’s previous degree was in Biology, which is typically the most common degree found in students attending an accelerated nursing program. Cara had minimal healthcare experience prior to her enrollment in the accelerated nursing program and she earned her bachelor’s degree 4-5 years prior to the start of the program. Immediately after completing the accelerated nursing program, she moved with her family to another state.

**Gina**

Gina is a 25-30 year old, married Asian female, without children. Gina held the highest GPA of the study participants and received two different financial scholarships. Gina did not have any previous healthcare experience and she was enrolled in the program only a year after she completed her previous bachelor’s degree in Psychology.
Jackie

Jackie is a single white female, between 20 and 25 yrs old, who lived at home with her parents and therefore did not have many family obligations aside from her studies. She is unmarried without children and had no prior healthcare experience. Jackie never worked using her communication degree obtained one year prior to entering the program.

June

June is a single white female, between 25-30 years of age, who lives at home with her parents; she is unmarried, without children and has no prior healthcare experience. June’s previous dual degree was in Biology and Spanish. It is noteworthy that, during the program, June had two serious family emergencies, causing a great deal of stress and as she noted, affecting her ability to concentrate and achieve satisfactory grades.

Linda

Linda is a 25-30 year old, single white female, without children and her previous degree was in Animal Science. Linda did not have any previous healthcare experience, although she worked in a veterinary office prior to the onset of her accelerated nursing studies, which commenced 8 or more years after completing her first degree. Linda lived at home with her parents and did not have many outside obligations influencing her time.

Lynn

Lynn is a 25-30 year old, single white female, who was accepted to the program only 1 month prior to its commencement due to a tardy withdrawal from an accepted student. Lynn lives in a neighboring state, and therefore had a considerable commute on many occasions. She subsequently had many sleepovers at classmates’ homes. Lynn earned her previous bachelors degree 4-5 years ago, in Health and Human Services. Lynn failed one of her first semester
courses, which she successfully repeated. Lynn worked in healthcare in a major urban medical center, prior to beginning her accelerated nursing studies.

Mary

Mary is an African female who is married with 4-6 children one of whom was born during the first semester of the program. She was in the program on a work visa and was required to pass the NCLEX-RN in order to remain in the United States. Her primary language was French and she was the head of the household. Prior to coming to the accelerated nursing program, she was a successful banker in Haiti. Mary's bachelor's degree is in accounting and she is the only one in the group who holds a master's degree, in Business Administration. She also was the oldest student in the class (41-45 years old). She had some healthcare experience in her country of origin; however, it is not clear this experience was an asset to her, as the quality of care was substandard as compared to the United States.

Mike

Mike was the only male in the accelerated program. Mike lives in an adjacent state; however, he secured housing prior to the beginning of his studies in the accelerated nursing program. He is a 25-30 year, old single white male, who lived alone during his tenure in the accelerated nursing program. He does not have any children and his previous degree was in Human Development and Family Studies, which he earned 4-5 years ago. Mike also moved to another state upon completion of the accelerated nursing program, and related he was unable to attend the entire refresher course due to his move. Mike reported in his interview that he found the refresher course “extremely helpful.”
Nadine

Nadine is a single white female, without children, who for part of the program was living at home with her parents, and subsequently moved in with her long time boyfriend. Nadine is between 20 and 25 years old and had prior healthcare experience as a dietary aide, with her previous bachelor’s degree in Dietetics. Nadine, in her interview, related one of the stressors she experienced was financial in nature. Nadine midway through the $56,000 accelerated nursing program received a partial scholarship.

Susan

Susan is a 36-40 year old, married white female, with three children. She does not regard herself as head of the household; however, her husband is considered disabled. Susan’s previous bachelor’s degree was in English and it has been 8 or more years since she earned her previous degree. In her interview, as compared to the other participants, Susan was the one who reported feeling the most stress. She viewed herself as being one of the older students in the cohort, and thought she had been out of school the longest. She also related her family as being supportive and felt she would not have been successful without their support.

The Accelerated Nursing Experience

A majority of the participants used similar terms and examples to describe their experience in the accelerated nursing program. The participants relate the 14-month program as being life altering, and were evidently proud they were now practicing as registered nurses. They report the accelerated nursing program required their complete attention and they had little time or energy to devote to their friends, family, or routine tasks of daily living. In the program orientation, prior to the start of classes, the students were informed by administrators and faculty of the intense schedule and workload. Students were advised that outside obligations should be
kept to a minimum and working during the program is discouraged. The findings of this research led to the major categories of (a) practicing NCLEX-RN questions, (b) partaking in nursing clinicals, (c) receiving support, and (d) participating in an NCLEX-RN review course. These categories are depicted as "The Road to Success" (see Figure 1).
Figure 1. Reported factors contributing to NCLEX-RN success, using grounded theory methodology.
Depicted in Figure 1 are the interrelated categories the accelerated nursing student reported as contributing to their success. When one travels all these categories/roads, they lead to NCLEX-RN success.

Questions, Questions, and More Questions: Main Street

All but one of the participants interviewed, clearly stated, completing practice NCLEX-RN questions was the factor that contributed most to their success on NCLEX-RN. “Studying with my friends helped and just doing a gazillion, gazillion questions,” Mary said, contributed to her success. Students in this accelerated program are exposed to NCLEX-RN style questions throughout their course of study. The professors construct their exams using NCLEX-RN style questions, and as the program progresses, the cognitive level of the question difficulty increases, moving from knowledge and comprehension to analysis and evaluation style similar to Bloom’s taxonomy (1974). As the student advanced in the program, the questions on exams evolved to higher learning cognitive domains, which the participants reported having contributed to their success on the NCLEX-RN. The students in this program are off for summer break (3 weeks) in the month of August during which they are strongly encouraged to do 1000 NCLEX-RN style questions. Participants reported “doing question after question,” “NCLEX-RN questions helped the most,” as important to their success. The design of the NCLEX-RN computer-based exam is multifaceted, presenting the examinee with a minimum of 75 and a maximum of 265 questions based on their consistent, correct answers and the level of difficulty of the questions. Dependent upon the number of consecutive, correct answers to analytical questions, the computer-based exam continually re-estimates the number of questions administered to the examinee. Some of the participants reported sitting at the computer,
"simulating a timed test session" was useful and made it like a "real test"; others corroborated, stating, "doing a full NCLEX-RN practice test" helped them to be successful. Gina states:

I think the questions and just taking a full test, like I took was beneficial. I prepped my mind to think I was going to get all 265 questions so I made sure I took a test that had all 265 questions and I prepared it like I had that much. Just my teacher saying, more questions, more questions I think that's what helped me pass cause I got all 265 questions and I passed so that's how I know that definitely works for me.

Another quote from Brittany on the amount of questions, and her thoughts on the questions contributing to NCLEX-RN success:

The questions really helped on the NCLEX-RN; being forced to sit there and take the test and being timed for it and knowing you have that amount of time and that amount of questions and just being forced to sit and stare at the computer screen and have that practice. (It) helped just going through questions and that routine.

Participants reported the NCLEX-RN style questions on their course exams contributed to their success. Many of the faculty who teach in this Mid-Atlantic accelerated nursing program use analytical, NCLEX-RN style questions on their quizzes and exams. The use of analysis and evaluative questions on their nursing exams helped the student make clinical judgments, through critical thinking, emulating the NCLEX-RN questions. Characteristically, questions on the NCLEX-RN consist of complicated patient situations whereby students must apply and evaluate theoretical concepts when answering questions. The participants reported this cognitive level of questioning as aiding in their success.
The combination of the testing style of the faculty and the encouragement and requirement to do additional NCLEX-RN questions proved to be beneficial in building confidence and test-taking skills in these accelerated nursing students. Students found it helpful when professors would ask NCLEX-RN questions during lecture, “our professors would ask NCLEX questions along through each class that helped us prepare for the different subjects that were going to be on the NCLEX.” During class, students were taught concepts, and were asked to immediately apply their new knowledge to an NCLEX-RN style question, which was one pedagogical approach these adult learners reported as aiding in their success. In conclusion, the accelerated nursing student felt the most recurrent category of “doing NCLEX-RN questions” was clearly a contributing factor to their success on the NCLEX-RN.

Clinical and More Clinical: The Best Boulevard

Second to practicing NCLEX-RN questions, participants reported their clinical experiences were invaluable. “Clinical (experiences) made it real,” as if the textbook came to life, “what we learned in theory came to life” in clinical. “ Paramount to anything, not that you don’t need the theory, obviously you need the classroom experience, but the clinical experience is more valuable to me.” The participants reported their hands-on experiences in the clinical setting were the “key to understanding the patient, their disease process and retaining the skills learned in the lab.” The full time and adjunct faculty (who often work as clinical instructors) utilize the course syllabus to operationalize and synthesize the material imparted in theory. The application of these concepts in the clinical setting, and the quotes from the participants resonate how important it is for the clinical experience to connect to the theory assisting in their NCLEX-RN success. Linda reported, “you learn 85% (of what you need to learn to be a nurse)
through clinical." The relationship of the course material to the clinical experience resonates below:

Okay, um, well definitely the clinical, because I'm constantly, at least during the (NCLEX-RN) exam, I was constantly trying to put their question into, I had this patient in clinical and this is what happened to this patient so if that's kinda close to what they were asking me.

Jackie related, "being able to touch it and see it in clinical really helped." Similarly, Lynn stated:

that prepared me for NCLEX?... I think it's a lot of things combined, the theories really helped but then the theories came to life and I actually saw them in my clinical experience, so the clinical experience definitely made it real and made me wrap my head around the theory more. Then I was able to touch it and see it for myself when I was in clinical that was very, very helpful for me.

Nursing is a clinically based profession and as evidenced above, students report the most helpful clinical experience, is when they have the opportunity (in the clinical setting) to apply the skills and theory learned to practice. When the students "see it, do it, and touch it" while providing care to their assigned patient, this multi-sensory learning approach promotes retention of the theory imparted in these adult learners. The accelerated nursing student is best served when the astute clinical professor seeks out opportunities in the clinical experience for the practice of skills learned previously in the lab. Many of the clinical faculty, in this researched mid-Atlantic university, employs this adult learning strategy.

The last two clinical experiences (acute adult and synthesis) in this accelerated nursing program take place in the acute care hospital setting. Course competencies in the synthesis
clinical experience (the senior semester) include the ability to implement and manage nursing care of multiple patients, make clinical decisions, set priorities, and evaluate patient outcomes in their delivery of nursing care. These course competencies are built upon the foundation nursing courses they have previously mastered, culminating with their senior semester synthesis clinical that includes two consecutive nine-hour days, in the acute care hospital setting. Synthesis, as the senior capstone course, requires the student to synthesize and apply all they have learned throughout the 14-month program. As the student progresses through the program, they are assigned patients that are acutely ill with complicated multiple diagnosis. The number of patients for which they are expected to organize and manage care is also increased. Cara stated, “the last two clinical experiences, acute and synthesis were the best two clinicals.” The students must incorporate and apply what they have learned in their continuous assessments and patient interventions in the clinical setting. The participants have reported how well they felt the clinical experience and the theory have merged. Amanda recalls the clinical experience:

Definitely clinical, but only clinical starting in acute, the first clinical was just getting used to being in a hospital how to make a bed etc., then once you got into acute you learned more. You know in preconference and post conference talking about everything we saw and did in clinical that day was helpful. Case studies and those write up things... (students researched their patient and the patients' disease), nurses notes definitely helped put everything together. In clinical, you learn 85% of what you need to... through the clinical experiences of the entire program, I felt for myself.

Participants also report pre and post-conferences helped “put the pieces together;“ “it combined lecture and clinical,“ and provided the rationale for nursing interventions performed in
clinical. The post conference held at the end of the clinical (experience) day is an opportunity for the students to discuss the care they delivered and a time for them to identify and connect the underlying theoretical concepts for the care provided. As the students randomly rotate to different clinical settings and professors, they reported the professors related and summarized the rationales for patient care in post conference, which assisted these adult learners on their NCLEX-RN success. One comment by Gina indicates how important and valuable she felt about clinical experiences:

I think the best two clinicals were the summer and the fall. I felt like I lost a lot between the first semester and the spring, but I think when it came to the summer and the fall that was really when the clinical really came together for me. [So that was your acute adult and your synthesis clinical correct?] Yes, the part that I think helped a lot was when we were at clinical and we would talk afterwards and put the pieces together because it kinda combined what we learned in lecture and what we were doing in clinical and you would do something but you might not necessarily put the pieces together and like oh yeh I learned that the other day and that is why I did that. So that I think helped a lot and we did not do that in some of the other clinicals, we did not talk about it.

Participants recounted their “clinical professors” as important and fostering their independence and success. Students and professors spend two intense, nine-hour days in the acute care setting in their synthesis clinical and work closely together in the delivery of patient care. Perceptive clinical instructors will seek out extraordinary procedures and clinical experiences to teach the accelerated nursing student. The participants felt their clinical time is often “not enough.” When asked to elaborate on the clinical experience June stated, “longer
(clinical days) they need to be longer.” The participants reported, it was the clinical instructor who seized learning opportunities, as the one who contributed the most to their success. In the clinical setting the perceptive clinical instructor will role model, demonstrate skills and teach the art and science of nursing to these adult learners.

I think the teachers had a big part in it. Some teachers were more helpful than others... so I think that how small our class was and having the one on one interaction with the teachers, the time for the students and teachers to meet outside of classroom time if they needed help, I felt was something that contributed to my success.

Participants also report the “theory courses tied in well to the clinical” experiences, and the organization of classes is helpful. The theoretical and course content holds a common theoretical thread in this accelerated curriculum. Susan recalled, “the organization of the courses was helpful.” June said, “the pace of the program I thought was well planned considering the classes are heavy.” The participants were relating the curriculum configuration is effective for learning. Four years ago, the director of this accelerated program structured the content of the theory courses to espouse the same topic across the curriculum. For example, in the first semester, when students are learning about the heart, cardiac assessment in their health assessment course, they are learning cardiac medications in pharmacology, and the functioning and diseases of the heart in their Adult I and Pathophysiology courses. Almost all participants in their interview noted this common theoretical thread as helpful with the intense credit requirement, especially in the first semester. This common theoretical thread allows the student to focus on one body system, and learn all aspects and effects of this body system. Consistent with Knowles’ (1990) adult learning theory this common theoretical thread permits the student to
apply the material learned, for example, in respiratory pharmacology to the material they are 
learning about the lungs.

To sum up, the participants indicated their clinical experience and clinical professors contributed to their NCLEX-RN success. As participants described in this category, having to operationalize their imparted theory into the safe delivery of nursing care to the acutely ill patient, specifically in the “last two clinicals” were important factors in their NCLEX-RN success.

Avenues of Support

All of the participants spoke passionately about the avenues of support they received and how it contributed to their NCLEX-RN success. They related the support from their family, professors, and peers were crucial factors in their success. Participants relate the emotional support from their family helped in their success.

Family

Many participants related their family support was a contributing factor to their NCLEX-RN success, as family members performed the mundane tasks of housekeeping, food shopping, cooking, and cleaning, which permitted the student to devote their time and attention to studying. In order to be successful in the accelerated nursing program students must possess excellent time management skills as the program is intense and “fast paced” and they reported having a limited amount of family time as a result. Moreover, participants had little time to socialize with extended family, and many reported they were happy when their family attended a social gathering as they would take the opportunity to stay at home and study, this allowed more study time in a quiet environment. Susan’s passage below reverberates how involved and supportive her family was of her success in the accelerated nursing program:
I had many books I had umm an RN NCLEX review book ... a three ring binder I brought with me everywhere, and when we were going somewhere my kids would quiz me um my husband would quiz me they were fighting over who was going to ask me the next questions so I thought that was really helpful too.

This example affirms how this students’ family supported her through the accelerated nursing program. The active involvement of Susan’s husband and children, asking review questions, helped to engage her whole family in the learning process. The participation of Susan’s husband and children by gaming involved them and made it a lighter studying environment. Her multitasking provided her with the opportunity to spend some of her limited time with her children while studying. Actively involving her family in her educational aspirations helped reduce her stress related to the little time she had for her family. Another student, Cara’s comment concerning the support she received is described below:

Because the program took a lot of my time, I had to cut my time hanging out with other people I had to cut down on everything else. So I think that focus and prioritization, maturity and support system from other people around you was very helpful, for example, my husband he didn’t expect me to um do the things that I used to, like if the dishes weren’t done it was okay... he was helping me with all that stuff and my family they didn’t like take it against me if I didn’t call them or if I didn’t hang out with my friends cause they knew what I was doing I was focused that was very important, the support from the people that I care about.

Another facet of support furnished by their families was financial in nature. Many of the participants privately spoke of the fiscal strain of attending the accelerated nursing program.
Nadine had grave financial concerns and was quite relieved when she was awarded a financial scholarship. This unique student body has a limited number of scholarships available to them. Many scholarships are available to students in pursuit of their initial bachelor’s degree; thereafter the scholarships accessible to the second-degree students are restricted. The majority of students paid for the accelerated nursing program through governmental loans and out of their own pocket, although some secured a financial stipend in return for a work commitment. In addition to the cost of the accelerated nursing program students reflected on their lost wages, as they were advised working while attending the accelerated nursing program is discouraged. The financial strain was not an issue the students openly discussed however there often were undertones complaining of additional expenses, such as the required purchase of the University’s laptop computer. The expense of books and student fees (ranging from $800-$1200 per semester) added to their debt as well. Despite these expenses, the participants indicated their families were financially committed and supportive of them. It was evident the family/student had already foreseen, discussed, and committed to the rigor and expense of the accelerated nursing program. The family/student also understood that once the student completed the accelerated nursing program they would become a financial asset to the family unit. While in the accelerated nursing program, the students poked fun with one another stating they spent more time with, and saw their classmates more than they saw their families, which in all probability was true.

*Faculty*

Many of the participants report they gained “academic strength” from their professors and classmates. Most of the faculty teaching in this mid-Atlantic university’s accelerated nursing program have been working with this student body for 5 or more years, and have been practicing as registered nurses for over 25 years. Because the professors are experienced and familiar with
the curriculum and the content areas that can cause difficulty for students, the professors have a repertoire of resources and additional modalities to impart subject matter. The professors are also cognizant of the accelerated nursing students' workload and provide support to these adult learners. Professors have also been flexible in the scheduling of assignments and exams to permit the students the time needed to study and complete assignments. Consistent with Knowles' (1990) adult learning theory some professors will allow the students to participate in the decision of an assignment due date. This is echoed in June's statement below:

It (the coursework) was just constant …. building on top of each other, which I think is what helped make it work because I think …. if the professors did not know how difficult it was, (for us) and they were there helping us along, it would have been very hard to succeed.

Linda related:

I think the teachers had a big part in it. Some teachers were more helpful than others were, I think like how small our class was had a part in it; because it was more one on one if you needed help.

The accelerated nursing student is an experienced consumer of higher education and demands a quality education. Overall, the majority of accelerated nursing students have had a previous career and some are experts in their field. They are mature, motivated, articulate adult learners and challenge traditional thinking, which can cause uneasiness for the inexperienced professor. The faculty who teach in this accelerated nursing program are often consistent faculty who are specifically selected to teach this group, and as a result the participants sense the faculty's support in pursuit of their NCLEX-RN success.
Peers

In the interviews, more than half of the participants related their professor and peer support played a significant part in their NCLEX-RN success. Susan recalls, “I could not have done it without the support of my classmates...I think just umm just knowing that so many people were supportive and were pulling for me to do it whether it be my family or my classmates.” The participants interviewed were part of a cohort group, spending 6 to 8 hours each day together, 5 days each week for the 14-month period. Additionally the participants spent a significant amount of time together studying and practicing skills. Susan spoke of the support she received:

Back to what I was saying before, I had a lot of support from my family, friends, and classmates who became friends so I felt that the whole 14 months leading up to the NCLEX affected my success on the NCLEX.

The researched cohort of 19 students was an unusually small group; this accelerated nursing program typically accepts 30 students each year. The unusually small cohort this year was directly related to a less expensive, state sponsored, accelerated nursing program opening in close proximity to this mid-Atlantic university. A number of accepted students declined to attend the researched program at the “last minute,” and entered the state program, thereby not permitting adequate time for the mid-Atlantic university to recruit and admit qualified applicants, producing the small cohort. Amanda reported “a small class” as contributing to her success. The participants relate they “benefitted by working in a small group.” If the professors did not know how difficult it was, (for us) and they were there helping us along, it would have been very hard to succeed,” stated Linda. As a result of this small cohort the participants recounted they found the small, cohesive group as to contributing to their success illustrated in the following quote:
I think class support was tremendous, I think I got along well with a lot of people so I had different people to depend on at different times and I think without them I... definitely, between them and my family they were there for me and helped me succeed.

Jackie recounts:

I felt that my classmates were incredibly helpful and supportive. I felt we were very tight as a group and I felt if I had any problems I could call anybody talk to anyone pretty much in the class, and we could really work as a group to help each other out.

This cohort group of accelerated nursing students was supportive of each other, as no one understands the stress, better than other classmates in the same experience do. The stress of the program, which they all indicated they experienced at one time or another was the foundation of their support for each other. They were all traveling the same road, with the same destination and would not allow anyone to get lost. The participants spoke highly of each other, got along with one another, and acknowledged they were a cohesive group. Although student confidentiality prohibits the professor from divulging any information about another students' progress, they knew when a classmate was not doing well with a specific topic and more than one peer would offer to go over it with them. Similarly, I student needed to repeat a first semester course and therefore could not progress with the rest of the group. This had an interesting impact on the group, as they seemed to become closer and more supportive of one another with the realization that despite their previous baccalaureate attainment the potential to be unsuccessful in the program loomed as a reality.
The participants' support of one another came in a variety of forms. This group observed birthdays of all the group members with a birthday cake, and celebrated milestones within the program with the comfort of homemade foods. Discussing unclear topics, venting concerns, offering class notes and extra study aids were some of the additional routes by which they supported one another and helped to ease the stress of the 14-month intense program.

For example, participants reported it was helpful to study by explaining concepts to each other and "reviewing body systems as a whole." Dialogue is one of the highest forms of knowledge retention, and this participant describes this discussion technique, in which group studying contributed to their success. In the following passage, one of the participants speaks of a specific successful dialog technique they used for studying and how this method contributed to their NCLEX-RN success.

We would put topics in a bowl and each of us had to pick out a topic and then explain it to the others in the group, and when we were done, others in the study group added information they knew about the topic.

Findings substantiated that cohort members drew on one another's strength to support their collective learning throughout the accelerated nursing program. Another noteworthy finding was the role that informal study groups played in peer support, knowledge construction, and technology skill building in these adult learners. Informal learning communities are established when participants are together for long periods of time as in this accelerated nursing program (Engstrom, Santo, & Yost, 2008). During the 14 months, the participants began to feel comfortable with one another and reach a comfort level where they could share dialogue that is more intimate. The participants also learned from each other, they especially learned from those peers with previous healthcare experience.
Students with similar study habits gravitated toward one another, and formed close bonds. Students who had similar study habits tend to practice skills and study together. Participants relate they formed strong bonds and learned from their peers. On one occasion, there was a group of 9 students, who were at a day care center, and the staff informed them the children were still eating breakfast and would not be available to the students for another 45 minutes. Nadine immediately took out her NCLEX-RN book and began asking the group questions. They answered and discussed the questions for the next 45 minutes making excellent use of their time, and discussing the rationale that led them to the correct answer while supporting one another. As students progressed through the intense, fast-paced accelerated nursing program, they began to build a bond that provided not only academic support but also a sense of relatedness to one another.

Review Road

Many of the participants indicated the NCLEX-RN review course they attended contributed to their success. They reported the review course “summed up all we did." It was felt the course helped to summarize and fill in any nursing content area gaps. Attendance at this review course is discretionary; however, it is common practice for nursing students to attend a review course prior to taking their NCLEX-RN. The sentiment of many of the participants reflect the importance and the overall synopsis in the review course, for example, “I think going through review programs, that one review that was offered, that was really helpful" Another comment by Mike relays how beneficial he felt the review course was to his NCLEX-RN success:

I actually would say the course that we had after we graduated it was like a review course we did for the NCLEX. I think helped the most because I feel like that sums up everything we did, and any questions that we had through the whole
entire year... the teacher was amazing and the way she broke everything down in such a short period of time from the basics to very um complex in such a short period of time there were some things that I was like oh my God that I actually grasped better at that moment I think that helped me a lot.

The majority of participants in this accelerated nursing program attended the same local review course, which is funded by a federal grant. The purpose of the grant was to increase the capacity for nurse education, practice, and retention to address the nursing shortage. One of the aspects of this grant includes a review course to facilitate passing NCLEX-RN and is open to all nursing students eligible to sit for the NCLEX-RN. The instructors in the review course are two experienced nurses who are experts in their field. The participants reported this review course, which used a great deal of dialogue as a teaching strategy, contributed to their success on NCLEX-RN.

Another Avenue of Review

In addition to their formal review course, every semester, students in this accelerated program are required to take the ATI exam after the completion of each content area taught. Many of the participants stated the ATI exam helped to identify weaknesses in a content area, which guided their studying for the NCLEX-RN. At the completion of the accelerated nursing program, students take the ATI comprehensive predictor assessment exam and must pass this exam at a predetermined proficiency level. This comprehensive predictor assessment exam determines the student's probability for passing the NCLEX-RN on the first attempt. Participants indicate these exams are effective in identifying their individual content area strengths and weaknesses. Mary recalls, "Actually I did all those ... modules, the ATI that was a big help." The participants found this individual assessment information from the ATI comprehensive predictor
assessment exam was useful for guiding them to focus their studying on their weaker content areas.

Challenges, Pebble Path

The participants were asked to describe their experience of being an accelerated student. Many of the participants report the accelerated nursing program as being, in some respect intense, quick, overwhelming, a whirlwind, stressful, mayhem, challenging, and fast-paced. Several participants recount the first semester as being the most difficult and stressful. “I didn’t know what to expect,” “it was very fast-paced,” were some of the responses provided when asked about their experience as an accelerated nursing student. Others felt the program is run at “a good pace” and state they felt the “program was well planned.” Participants recount they “felt like it was a full-time job” and Brittany stated, “I submerged myself in the program.”

During their interview, a majority of the participants commented on the stress of the accelerated nursing program. Although they were forewarned in their accelerated nursing program orientation, many were unable to envision the stress of a 64-credit workload that would be completed in 14 months. Seldomridge and Di Bartolo (2005) reported stress levels were higher for the accelerated nursing student as compared to their counterparts in traditional bachelor’s programs. Weitzel and McCahon’s (2008) research found high stress levels among accelerated nursing students, in which more than half of the 34 students reported there were too many writing and reading assignments, and the “heavy workload and family responsibilities” were also sources of stress. Jackie reported “at first we tried to do all the readings and then we realized there was no way we could keep up with it, there just was not enough time.” It is not surprising that participants reported they were stressed from the heavy reading workload and students had difficulty completing or were not able to keep up with the readings. This accelerated
nursing program is 64 credits, which equates to nearly double the credit load of a full time student. In addition, the accelerated student does not have the summer break for three months, as a full time student does. Although the rapid period for completion of the accelerated nursing program is an advantage, one must also consider the stress that accompanies a twofold credit load in 14 months.

Participant Recommendations

At the conclusion of the interview the participants were asked, “In retrospect, what suggestions can you offer for enhancing the educational preparation of accelerated nursing students for the NCLEX-RN?” Many participants indicated, as a student in an accelerated nursing program, one should not have a job, as the demands and rigor of the program are too great. Several of the participants related “no family” as making the demands of the accelerated program easier to manage. Each of the participants related in some fashion, they would not have been successful without the help and support of their family, professors, and peers. Gina reported it was easier to return to school directly after graduating from her bachelor’s program. The participants, who began the accelerated nursing program within three years of completing their initial bachelor’s degree, reported they were accustomed to studying and were in the routine of school and homework, which they found to be helpful. Others, who had completed their bachelor’s degree recently, within 3-5 years, confirmed it was easier to return to study habits that were current. Perhaps those participants who had recently completed their bachelor’s degree had an easier time readjusting to school because they were younger, and therefore are less likely to have children and extra obligations such as a spouse or a home to maintain. In addition, Nadine related, “I think whether you had to worry about financials during the program was an issue.” Several of the participants related they were worried about their family and their finances as the
demands of the accelerated program interfered with their family time as well as their ability to be financially productive. Gina related, "it’s overwhelming" and suggested the accelerated nursing student “keep ahead of whatever needs to be done ... there’s too much material to absorb ... divide it in small sections it's easier to digest and easier to understand and apply.” Several of the participants suggested adding “more clinical time” to the accelerated nursing program.

Accelerated nursing students are held to the same clinical requirements as are traditional bachelors of nursing students. Both types of students are prepared to begin their career as a safe, beginning practitioner, therefore adding additional clinical time would increase the stress of the accelerated nursing student. Accelerated nursing students, many of whom have been successful and/or experts in their previous field, hold themselves to high standards and desire clinical competence, which may be unrealistic, and may explain why they desire more clinical time.

Conclusion

To summarize Chapter IV, the most prevalent factor contributing to the success of the accelerated nursing student is the practicing of NCLEX-RN questions. Participants also related their clinical experiences as a contributing factor to their NCLEX-RN success as well as support from family, faculty, and peers. The research also reveals a small group/class size and membership in a cohort group were factors that aided their success. Testing in a structured format such as the ATI exams, and nursing exams and quizzes with analysis and evaluation questions, and participation in a review course, were valuable to the participants’ success. The participants related they would benefit from longer clinical days and an increase in the number of patients assigned to them in the clinical setting. In addition, participants reported the ratio of one clinical instructor to ten students was not sufficient at the end of the program when their
assignment, patients, and complexity of their patients increased; as these were some recommendations for future accelerated nursing programs success on NCLEX-RN.

Chapter IV discusses the findings of this research from the 12 interviews conducted; the factors associated with NCLEX-RN success from accelerated nursing students' perspective and the demographic characteristics of accelerated students. This chapter presented the findings of this research study, using grounded theory, which examined the accelerated nursing students' perceptions of the factors that affect their success, the perceived challenges of the accelerated nursing student, and their suggestions for enhancing the educational preparation of accelerated nursing students for their success on the NCLEX-RN.
CHAPTER V

CONCLUSION

Summary

This study was undertaken to fill a gap in the literature on accelerated nursing students. There is little or no research on (a) the accelerated nursing students’ perceptions and challenges of being an accelerated nursing student, (b) characteristics of accelerated nursing programs, and (c) factors attributable to NCLEX-RN success for this group. Weitzel and McCahon (2008 p.86) state “there is no literature on accelerated nursing students’ perceptions or experiences, the activities that support or inhibit their work, and their recommendations to faculty regarding needs, challenges, supports or teaching/learning strategies” Cangelosi (2007b) and (Seldomridge & DiBartolo, 2005) also report a paucity of literature on accelerated nursing students. The results of this study support, broaden, and add new knowledge to the current body of limited, literature on the accelerated nursing student.

Methodologically, a grounded theory method was used to explore the factors, identified by accelerated nursing students as contributing to their success in passing the national licensing exam, NCLEX-RN, on their first attempt. Accelerated nursing students were interviewed and data was analyzed using a grounded theory method, which has never been employed in the sparse literature on accelerated nursing students. The study participant population was drawn from all students (2008 cohort) who graduated from a small mid-Atlantic, private university, completed the NCLEX-RN, and whose exam results were received between December 2008 and May 2009. The snowball technique was used for recruiting participants for the study in which twelve graduates of this 14-month accelerated nursing program participated in the study. The twelve face-to-face, semi structured individual interviews were held over an 8 week period. The
interviews were conducted after the participants successfully completed the NCLEX-RN and all participants except for 1 were working as registered nurses in the acute care hospital setting at the time of being interviewed.

Summary of Findings

The major finding contributing to the success of the accelerated nursing student, as reported by the participants of this study, is the practicing of NCLEX-RN questions. In addition, participants related their clinical experiences as a contributing factor to their NCLEX-RN success as well as support from family, faculty, and peers. The study also revealed the small group size and membership in a small, cohort group as factors that aided their success. Furthermore, the participants relate testing in a structured format, the ATI exams, participation in a review course, and nursing course exams and quizzes with analysis and evaluation questions were facilitated their success.

Discussion and Implications

Teaching/Learning Strategies in the Classroom

The accelerated nursing student already holds a bachelors degree, they present with the need to learn nursing skills, theories and concepts as an adult learner, and must to do so in a condensed amount of time. As the participants in the study clearly stated, the practicing of NCLEX-RN questions was the factor that most contributed to their success on the NCLEX-RN. Based on this finding, professors teaching in an accelerated nursing program must incorporate the use of NCLEX-RN style questions throughout the curriculum. There are many opportunities for the accelerated nursing professor to integrate NCLEX-RN style questions into their teaching. One faculty member in this accelerated nursing program created an assignment that required the student to develop a case study with five NCLEX-RN style questions. The students then posted
their questions on their common electronic site for the class and all were required to answer them. The professor who created this assignment for the accelerated nursing students reported the students asserted it required “a lot more research than they anticipated was hard to do and felt they learned a great deal from the assignment” (Dr. J. Wright personal communication January 6, 2010).

The learning environment of the adult accelerated nursing student needs to embrace Knowles’ (1990) theory of andragogy. As adult learners, second-degree students are balancing an accelerated curriculum and often have added obligations. In his theory, Knowles (1990) states that, the adult learner although self-directed, ought to have some control over their learning, and must understand why they need to learn something before they are willing to invest the time to learn it. Discerning the qualities of the accelerated student can help faculty to design course requirements and prepare pedagogically for this student body. Therefore, professors teaching accelerated nursing students must first evaluate the workload and assignments given to these students to be certain the assignments are supportive of the intended learning competencies, as accelerated nursing students do not want to be assigned “busy work” (Cangelosi & Whitt, 2005).

Second, it is important for the professor to know their accelerated nursing students’ previous backgrounds, abilities, and careers to build upon them (Cangelosi, 2007a). Accelerated nursing students come from a variety of occupations and backgrounds bringing with them life experiences, and in some cases expertise from their previous profession, upon which the nursing professor must draw and incorporate into the learning environment. Students with a pharmaceutical or psychology degree for example, are encouraged to share their knowledge and experiences. Knowles (1990, p.144) describes the adult learner as a “resource for the rest of the group, and as such, he or she becomes a partner or peer to the instructor in the process.” The
nursing professor should attend to students’ former experience by incorporating this knowledge into the classroom discussion. Research has shown that the accelerated nursing student does favorably, academically when their previous experiences are integrated into their learning (Cangelosi & Whitt, 2005).

The third strategy, the professor must incorporate is the use of NCLEX-RN style questions on all quizzes and exams throughout the accelerated nursing program. The participants in this study unmistakably reported the use of NCLEX-RN style questions on quizzes and exams, from the very beginning of the accelerated nursing program, contributed to their success on the NCLEX-RN. As a result of this research study, the accelerated nursing professor would be prudent to incorporate this new finding into the classroom as the participants attest to its benefit.

Taking part in seminars that discuss the development of analysis and evaluation NCLEX-RN style questions is one method professors can use to learn how to apply these high-level cognitive types of questions on exams and quizzes. Throughout the curriculum, questions developed for exams and quizzes should reflect the cognitive levels of Bloom’s taxonomy (1974) since participants recounted this question design as contributing to their success. Professors should make blueprints for their exams whereby they calculate the amount of analysis and evaluative questions on exams and increase that number as the semester progresses. As stated by the participants in this study, the practicing of NCLEX-RN questions was a contributing factor to their NCLEX-RN success.

As Weitzel and MaCahon (2008) acknowledge, there has been relative little research on accelerated nursing students’ perceptions to date. The findings of this study resonates what Cangelosi (2007b) and Buonocore (2009) found in their interviews, however neither specifically addressed the factors perceived to contribute to NCLEX-RN success from the accelerated
nursing students' perspective. The results of this study outline the factors the accelerated nursing student perceived contributed to their success. Therefore, this is one of the few, recent studies where accelerated nursing students are researched and queried for their insight.

**Teaching/Learning Strategies in the Clinical Setting**

The road to success as reported by the participants in this study includes partaking in (acute adult and synthesis) clinical. Brennan and Hutt (2001) point out that nursing is a practice-based profession and they stress, the clinical aspect of educating nurses is essential to the art and science of nursing. It is not surprising then, that several participants in this research study echoed how important they believed their clinical experience was to their NCLEX-RN success. Knowles' (1990, p.144) theory confirms this account by the adult learners as he states, “the adult finds more value in experiential learning than in passive learning.” One of the participants indisputably connects her clinical experience to the NCLEX-RN “during the exam I was constantly trying to put their (NCLEX-RN) question into, I had this patient (in clinical) this is what happened to this patient so if that's ...what they were asking me then this is the answer.” Similar to this finding, the accelerated students in Pellico's (2004) research describe their clinical experience, as although overwhelming, where they learned best. Clinical instructors must capitalize on and apply the knowledge gained in the clinical experience to assist students in preparing for the NCLEX-RN.

Adults learn best when they immediately apply and use their new knowledge (Knowles, 1990). Consistent with Knowles’ (1990) theory of adult learners, accelerated nursing students are self-motivated, need to apply new learning and see its immediate relevance. The preeminent situation for this application is the clinical setting, where the student can see and apply their new knowledge to safe nursing care of the patient and the thought provoking
questions posed by the perceptive clinical instructor. The findings of this study suggest the application of this teaching strategy in the clinical setting.


Recent research on teaching accelerated nursing students found they could be challenging, confident and experienced clinical instructors who do not take offense to being challenged must be recruited to educate this unique group of adult learners. Knowles’ theory of andragogy is predicated that adult learners desire to understand why they need to learn something, which can be viewed as challenging to the professor. For example, astute clinical instructors who took the time to seek out and explain specific patient disorders made all the difference (Cangelosi, 2007a). With a proven career behind them, the accelerated nursing student wants a high caliber clinical instructor who can assess their individual needs and impart the nursing knowledge they need, via a variety of modalities. Universities and schools of nursing must secure expert clinical instructors to teach the accelerated nursing student by meeting accelerated nursing students’ need of “clinical instruction of the highest caliber.” Cangelosi (2007a) points out that though other complimentary teaching methodologies have merit they are more or less complementary to hands-on clinical experience. As indicated in this research, it is imperative that universities and schools of nursing take into account the importance of quality
clinical experiences with expert clinical instructors. New strategies such as simulation learning in a laboratory setting simply cannot replace a real life clinical situation however, when simulation is used as an adjuvant teaching method it can be valuable. Nonetheless, according to Shulman (2005) clinical experiences with a qualified, clinical instructor should be the signature pedagogy for nursing. Both the American Organization of Nurse Executives and the National Council of State Boards of Nursing adopted position papers that support clinical experiences with perceptive clinical instructors, these nursing organizations supporting Shulman’s (2005) suggestions.

Several of the participants in this research group reported they learned the most from those clinical instructors who challenged them in the clinical setting. Participants reported once they were proficient with basic nursing skills they wanted to progress to advanced complicated nursing procedures, which is supported by Cangelosi, (2007a) Buonocore, (2009) and Vinal and Whitman (1994). Students appeal to the clinical instructor to help them build and develop their clinical competence, which Vinal and Whitman (1994) and Miklancie and Davis (2005) found was important to this group of adult learners.

In addition to the clinical instructor’s keen use of learning opportunities in the clinical setting, the participants in this study reported that pre and post conferences helped “put the pieces together.” Consistent with Knowles’ (1990) theory of adult learning, the participants reported, “when the faculty would ask us NCLEX-RN questions in post conference or in lecture...“ they had the opportunity to apply their new learning and they relate this technique as contributing to their NCLEX-RN success. The post conference is the time for the students to apply the rationale to the care they delivered. This kinesthetic application of the theoretical concepts and skills learned and applied to the care they provided, is an example of Bloom’s
taxonomy using the highest cognitive domain, which the participants reported contributed to their success.

More importantly, universities and schools of nursing must note the findings of this research as asserted by the accelerated nursing student. The participants fervently expressed the importance of the quality clinical experience as contributing to their NCLEX-RN success. To sum up, incorporating these new research findings into the classroom and clinical settings will change the methods used for imparting information to the accelerated nursing student, and with their implementation, this study has found, will contribute to the NCLEX-RN success.

**Supports**

**Family**

All of the 12 participants spoke passionately about the support they received and its contribution to their NCLEX-RN success. They related the support from their family, professors, and peers were crucial factors in their success. There is a sparse amount of literature on the accelerated nursing student, and even less on the stressors they experience. Not surprisingly, there is only one study that addressed supports for accelerated nursing students. As stated in the results presented in Chapter IV, this research found family, faculty, and peers are primary sources of support for the accelerated nursing student. Weitzel and McCahon (2008), used an anonymous written survey to elicit factors the students felt contributed to their stress. Their study focused primarily on the identification of stressors rather than on supports. They found there were minimal “formal” supports available to these nontraditional students. Hence, the results of this grounded theory study are the only current research carried out and queried from the perspective of the accelerated nursing student pertaining to their supports.
The participants in this research study reported they could not have been successful in the accelerated nursing program without the support of their family, faculty, and peers. The participants reported their families as helping with tasks related to maintaining a household, caregiver responsibilities and the everyday mundane tasks of daily life such as laundry and grocery shopping. Families also provided emotional and financial support to the student. The findings of this study suggest that the accelerated nursing student be cognizant of the demands involved when they commit to an accelerated nursing program. Universities and schools of nursing must emphasize the demands of an accelerated nursing program prior to admission and reiterate it again in the orientation.

The financial strain of attending an accelerated nursing program was rarely discussed among the participants. Nonetheless, their personal finances were a source of stress. Students need to be financially stable prior to the start of an accelerated nursing program. In addition to the cost of the accelerated nursing program, time is a precious commodity for the accelerated nursing student and they may incur additional expenses (i.e., hire a housekeeper) out of sheer convenience and a lack of time. Universities and schools of nursing need to actively secure funding for this student body as the research has shown accelerated nursing graduates are prized by their employers, and bring maturity and previous work experience to their new career (American Association of Colleges of Nursing, 2008a). With the well-documented nursing shortage and federal funding available, universities and schools of nursing must pursue and secure funds for this group. In addition to the limited federal funding available, universities and schools of nursing should consider creating hospital partnerships whereby students are awarded partial scholarships in return for employment commitments.
Faculty

In this study, the participants described faculty support as being available to them for one-on-one meetings, explaining concepts after class, and being sensitive to their feelings of stress, fatigue, and feeling overwhelmed. Weitzel and McCahon (2008) suggest faculty teaching in an accelerated nursing program “map out” exams assignments, and presentations for the students so they are aware of the expectations. This strategy, whereby faculty coordinate the students’ assignments, would be very helpful to the adult learner, particularly if the faculty allow the accelerated nursing student to affect when the assignments are due. Weitzel and McCahon (2008) found the accelerated nursing student valued the faculty student relationship. The students in this study echoed the same sentiment; they stated the faculty was a major source of academic support for them. Hence, universities and schools of nursing must assign faculty members who are available, keep flexible office hours and can relate to and support the accelerated nursing student. Similar to Weitzel and McCahon’s (2008) research, suggesting that the students valued fairness, and correlated fairness with a positive attitude toward faculty, this study found the students valued the support of faculty.

Peers

The majority of participants this research related their peers played a significant part in their NCLEX-RN success. One of the noteworthy findings as a result of this study was the role informal study groups formed by the study participants provided peer support for the accelerated nursing student. Informal learning communities are established when participants are together for long periods, as is the circumstance for accelerated nursing students (Engstrom et al., 2008). Peer support developed and was evident in the small learning communities that evolved within this group of accelerated nursing students. The participants spoke of some unique study skills; one in
particular was to pick a topic from a bowl and then explained that topic to the study group. The students used this dialogue technique as a means by which to study, dialogue being one of the highest forms of knowledge retention. “Dialogue in an adult education context often involves the participants in sharing personal stories of their lived experiences. These experiences become the text for learning as multiple perspectives are shared and understanding is deepened” (Whipple, 1987 p.1).

“Fear of failure or ‘looking stupid’ is reduced as they learn what they can expect from their peers. This comfort level often results in more risk taking and self-disclosure“ (Engstrom et al., 2008 p.151). Accordingly, this cohort group became more comfortable and cohesive as the semester progressed. The results of this study emphasize that study groups should be fostered and a common meeting place on campus made available, for the accelerated nursing student.

Within the category of peer support, the participants in this study, vociferously stated membership in a small cohort group contributed to their NCLEX-RN success. This finding within the accelerated nursing community adds to the body of nursing knowledge and has implications for universities and colleges, as they must heed the results and form small, cohort groups for their accelerated nursing classes. The students looked to, and counted on each other for support, camaraderie, and a sharing of their expertise. The stress from the intensity of the accelerated nursing program drove the cohort to be cohesive and supportive of one another. The students were on the same path, with the same goal, and would not allow anyone to get lost. This cohort group related they formed lasting professional and personal relationships as many of them work in the same hospital, and they reported they continue to support one another.

Almost all participants expressed how support from family, faculty and peers contributed to their success. Although Rosenberg et al., (2007) stresses the importance of an admission
interview for the accelerated nursing student, the magnitude of support and its role in
NCLEX-RN success is not evident in their research. Rosenberg et al. (2007) suggest admission
interviews for assessing the candidate’s understanding of the commitment to an accelerated
nursing program facilitate their return to school in an accelerated nursing program. They note
candidate’s must “have the academic, personal, and financial resources to commit themselves to
this endeavor” (Rosenberg et al., 2007, p.413). Traditionally the two important indicators for
universities schools of nursing are retention and graduation rates. In order to reduce attrition it
would be wise to admit students who can successfully complete the first semester of the
accelerated nursing program and continue to progress and graduate, which can be assessed in an
admission interview. Therefore, universities and schools of nursing must incorporate admission
interviews into their admission process. Furthermore, these interviews must ascertain the
prospective students’ family support, both financial and emotional, as this research study found
the support of family contributes to the students’ success on NCLEX-RN.

Buonocore’s (2009), Youssef and Goodrich (1996), Cangelosi (2007a) and Scharf Kohn,
and Truglio-Londrigan (2007) research all found accelerated nursing students’ stress as
significant. The participants in this study also reported a great deal of stress, one of which was
financial in nature (AACN, 2008; Cangelosi & Whitt, 2005; Meyer, Hoover & Maposa, 2004;
Wink, 2005). Therefore, it would be prudent for universities and schools of nursing, to determine
in the admission interview, the impact attending the accelerated nursing program would have on
the individual family’s financial circumstances. Participant’s subtlety spoke of the financial
burden and for that reason all the costs of attending an accelerated nursing program should be
forthright. One recommendation to address the students’ financial concerns would be to request
the bursar and a financial aid officer to inform the group of financial aid and resources prior to
their orientation. However, the participants seemed to resolve some financial stress through discussion and validation of the economic stress with their peers.

**Review courses**

This research study found the participants highly recommended participation in a review course, as a contributing factor to their NCLEX-RN success. Participation in a review course is optional, and there is often a significant fee ($300-$500), nonetheless the participants recommended and cited their participation in a review course contributed to their NCLEX-RN success. The participants indicated it helped them enhance their ability to analyze and correctly answer NCLEX-RN questions. They stated the review course summed up and reviewed what they had learned in the previous 14 months. The participants in this research all attended the same review course. The review course they attended was offered through a grant and was at no cost to the participants. The strategies used in this review course were supportive of Knowles (1990) adult learning theory using dialogue as one of the teaching strategies. First, the instructor and the students would discuss the question, second they would talk about the options, and thirdly they would converse about the correct as well as the incorrect answers. Some universities and schools of nursing require students to attend a review course prior to permitting them to take the NCLEX-RN. Other universities and schools of nursing use an exit exam, such as the ATI or HESI, before they allow a graduate to sit for the NCLEX-RN, and still others have no post graduation requirements.

The participants in this study reported the required ATI exams were helpful, particularly as it relates to recommendations for their weak content areas on the exam, although they often groaned about “another test.” The report generated from the ATI exam, gave the students the ability to focus on their identified weak content areas.
Challenges and Recommendations for Future Accelerated Nursing Students

Some of the challenges the participants reported were the fast pace and intensity of the accelerated nursing program. Despite some insight into the demands of the program, the participants related they did not know what to expect and, "could not have imagined that it would be so rigorous." The participants recommended the practicing of NCLEX-RN questions as soon as possible. The participants reiterated the importance of supports and the formation of study groups. The participants in this study remain supportive of one another and attribute this to their small cohort; they suggested the practice of a cohort-accelerated group be sustained.

The participants recommended returning to school before starting a family and as quickly as possible after completing the initial bachelors degree. Seldomridge and DiBartolo (2007) found the elapsed time from achieving previous degrees to entry into the accelerated program had increased from 6 to 10 years. This trend though, is in opposition to the suggestions of this researched group. Additional insights from the accelerated nursing students were to read as much as possible but to realize it is unrealistic to read all of the assignments. Lastly, but certainly not least, the participants recommended longer clinical days and more clinical time.

Recommendations for Future Research

Given the findings of this study, additional research needs to be conducted on the accelerated student, as the literature remains sparse. Similar multisite studies should be conducted from the accelerated nursing students' perspective, as the findings of this study are unique and significant. Further research should examine other variables that would help explain additional factors that lead to NCLEX-RN success such as an examination of the significance of specific teaching strategies in the clinical and classroom setting. Such a study would provide insight into effective and efficient methods for use with adult learners in accelerated curricula.
Few studies have been conducted from the perspective of the accelerated nursing student, as these programs burgeon, data should be collected. Studies that address the longevity of the accelerated nurse and how long they remain in the nursing profession should also be conducted. One of the initial intents for the creation of accelerated nursing programs was to address and quell the nursing shortage. Future research should also examine how many accelerated nursing graduates who remain in nursing or if they transition to yet another career. An examination of this inquiry would help to further our understanding of long-term success of accelerated nursing programs. Such a study would also help to ascertain if more funding would be warranted for accelerated nursing programs.

In summary, this study resulted in several new research findings that enlightens faculty who teach in an accelerated nursing program. Furthermore, the results are of interest to universities and schools of nursing. We now have a better understanding of the factors that contribute to NCLEX-RN success for the accelerated nursing student. This study’s findings broaden the body of nursing literature and support some of what is already known about accelerated nursing students. Researchers can utilize the findings of this study to develop future research endeavors that may enhance the quality of accelerated nursing education.
References


Pellico, L. H. (2004). *Narrative and aesthetic analysis of non-nurse college graduates journals on their entry into nursing*


Appendix A

Seton Hall University

Accelerated BSN Program
First Semester Credits
NUTH 2001 Introduction to Professional Nursing 2
NUTH 2003 Pathophysiology 3
NUTC 2011 Health Assessment 3
NUTH 3010 Pharmacological Therapies 3
NUTC 3113 Adult Nursing I 5
or
NUTC 3013 Adult Nursing 1 6

Second Semester
NUTH 1003 Culture and Health 3
NUTH 3002 Gerontological Nursing 2
NUTH 1004 Dying with Dignity 2
NUTC 3915 Dimensions of Psychosocial Nursing 5
NUTC 3914 Dimensions of Nursing: The Childbearing Family 5

Third Semester
NUTH 3003 Research in Nursing 3
NUTC 3916 Dimensions of Nursing: The Childrearing Family 5
NUTC 3917 Acute Adult Nursing 5
NUTH 3004 Economic Management for the Professional Nurse 3

Fourth Semester
NUTC 4019 Synthesis Practicum 3
NUTC 4118 Community Health Perspectives 5
NUTH 4001 Leadership, Management and Trends in Nursing 3
NUTH 2002 Legal Aspects of Nursing 1
Appendix B

Letter of Solicitation
Dear [Name],

I am in the process of conducting my doctoral dissertation research as a doctoral candidate at Seton Hall University. The study will focus on accelerated nursing students and the factors they perceive to be related to their success on NCLEX-RN.

This researcher's intent is to conduct an interview comprised of accelerated nursing students who have graduated from the accelerated nursing class of 2008. Times of the interview will be scheduled during the week, dependent upon participant availability and held at a private, neutral location. An informed consent will be obtained. Three questions will be asked during the interview. This researcher will serve as the facilitator of the interview. All conversations will be tape recorded and transcribed by a transcriptionist for accuracy.

The compiled information will remain confidential and no names will be used in reporting any part of the study. You will not be identified in any manner during or after the interview. All data gleaned from the subjects in the study will be securely stored on a USB memory stick in a locked cabinet in the researcher's home to maintain confidentiality. All records will be kept confidential with only the researcher having access to research records.

If you are interested in participating in this research, please reply to this email Blozenba@shu.edu.

Barbara B. Blozen Ed.D. (c) MA RN BC CNL
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(h) 609 693 6333
© 609 276 9524

Thank you for your assistance.

Sincerely,

Barbara B. Blozen Ed.D. (c) MA RN BC CNL
The following questions seek to capture basic demographic information. The information collected will not be used to personally identify you.

1. What is your gender?
   Male
   Female

2. What was your age upon entering the accelerated program?
   20-25 years
   25-30 years
   31-35 years
   36-40 years
   41-45 years
   45 and above

3. Please select the category that best describes your ethnic background.
   American Indian or Alaska Native
   African-American
   Asian
   Hawaiian/Pacific Islander
   Caucasian/White
   Hispanic or Latino
4. What is your marital status?
   Single
   Married
   Divorced
   Separated

5. Are you the head of the household?
   Yes
   No

6. Including yourself, how many members are in your household?
   0-1
   2-3
   4-5
   6 or more

7. How many children do you have?
   0-1
   2-3
   4-5
   6 or more

8. How many years of healthcare experience did you have prior to the start of the accelerated nursing program?
   None
1-2 years
3-5 years
6-8 years
9-10 years
11 years or more

9. Which of the following best describes your bachelor’s degree?
Science degree
Non-science degree

10. More specifically which of the following academic programs best describes your bachelor’s degree?
Biology
Business
Communication
Education
Engineering
Law
Liberal Arts
Mathematics
Medicine
Psychology
Science
Other (please specify)

11. What is the highest degree you have earned?

- First professional degree (e.g., MD DDS)
- Doctoral degree (e.g., Ph.D., Ed.D.)
- Master's degree
- Bachelor's degree
- Associate degree
- Other, specify

12. Have you earned a masters degree?

- Yes (what field?)
- No

13. Based on a 4-point scale, what was your overall GPA prior to entering the accelerated nursing program?

- 2.0-2.4
- 2.5-2.9
- 3.0-3.4
- 3.5-3.8
- 3.8 and above

14. Based on a 4-point scale, what was your SCIENCE GPA prior to entering the accelerated nursing program?

- 2.0-2.4
- 2.5-2.9
15. What is the number of years since you earned your first bachelor's degree and your enrollment into the accelerated nursing program?

- 0-1 years
- 2-3 years
- 4-5 years
- 6-7 years
- 8 or more years

16. What is your citizenship status?

- US Citizen
- Naturalized Citizen
- Permanent Resident (green card holder)
- Work Visa
Appendix D

INTERVIEW GUIDE
Tell me about your experience as an accelerated nursing student.

Tell me from your perspective; what was the most important factor or factors that influenced your success on the NCLEX RN?

Tell me about one incident that you experience that you feel that best prepared you for the NCLEXRN.

In retrospect, what suggestions can you offer for enhancing the preparation of accelerated nursing students for the NCLEX RN?
Category

Practicing NCLEX-RN Questions ... Jackie

I think looking at questions helped me the most, when preparing for the NCLEX-RN. However, when I say looking at questions that includes my review book and note cards, attending review class, the questions that we had in class throughout the program and yes even the ATI.

NCLEX types of questions on our exams were a great help. They got me used to those types of questions early and it was just good practice for the NCLEX. I think it was especially helpful to people who had never seen questions like that before.
I think the questions in the review book.

Category

Clinical Experiences.....Amanda, Lynn

Okay um well defiantly the clinicals because I'm constantly at least during the exam I was constantly trying to put their question into I had this patient this is what happened to this patient so if that's kinda close to what they were asking me I was kinda trying to do that the class um that you guys offered at the end helped um studying with my friends helped just doing a gazillion, gazillion questions.

Defiantly clinical but only clinical starting in acute the first clinical was very just getting used to being in a hospital how to make a bed it really didn’t teach you anything very significant other than just comfort then once you got into acute and you learned more you know preconference post conference talking about everything case studies and those write up things... nurses notes defiantly helped put everything together clinical you learn 85% through clinical of the entire program I felt for myself.

Category

Supports, Family.....Susan

Just the amount of time it had to take away from my family to concentrate on something like that but I felt that my family was so supportive I couldn’t have done it without their support they were all gung hoe for me every time I felt like uhh I don’t know if I can do this they said yes you can my kids I think the elder also was helpful they were in school and I was helping them with
their studies and ya know they were kinda helping me with mine at the same time a lot of time we were studying similar things actually between them and their science class and doing some anatomy and me doing my thing it was kinda interesting to have them older I'm trying to help them along and they're trying to help me as well. But my husband who was just extremely supportive he said you can do this hunny I'm so proud of you they were really good about the time I couldn't spend with them. Spent a lot of time in the house a lot of time I really could not go anywhere I'd have exams and papers due there were just so many deadlines

Supports, Peers.....Linda

[So being in the group, that support group]
ya and that and that nobody was at each other's throats like it wasn't all about if you got a good grade and I didn't get a good grade like your trying to beat me and I want a better GPA it wasn't it wasn't like that nobody was like I hate her especially because it was mostly females as nursing anyway it was very I felt like our class was good to each other felt like we were had each other's backs you know and that was that was huge huge tremendous

Supports, Faculty.....June, Linda, Susan

It (the coursework) was just constant.... building on top of each other, which I think is what helped make it work because I think.....if the professors did not know how difficult it was, (for us) and they were there helping us along, it would have been very hard to succeed.

I think the teachers had a big part in it.

and the professors they're great the teachers are great

Category

Review Course

I actually would say we had what was the course that we had after we graduated it was like a refresher course we did for the NCLEX that I think helped the most because I feel like that sums up everything we did and any questions that we had through the whole entire year so and it was the teacher was amazing and the way she broke everything down in such a short period of time from the basics to very um complex in such a short period of time there were some things that I was like oh my God that I actually grasped better at that moment I think that helped me a lot