



SOJNR

SOUTHERN ONLINE JOURNAL OF NURSING RESEARCH

Volume 10 – Number 1

www.snrs.org

Nursing Students' Perceptions of How Their Prior Educational Foci and Work Experience Affected Their Transition into an Accelerated Nursing Program

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This work was supported, in part, by a grant from the Helene Fuld Health Trust, which was awarded to Duke University School of Nursing.

Abstract

The purpose of this descriptive study was to examine students' perceptions of how their prior educational backgrounds affected, both positively and negatively, their acculturation into an accelerated nursing program. A sample of 135

accelerated nursing students from a school of nursing in a research intensive university in the mid-Atlantic region participated in this descriptive study. A 35-item survey was developed by the research team to examine the perceptions of accelerated students regarding the effect their educational background and work experience had on their ease of learning and educational and clinical performance in nursing school. The majority of participants were Caucasian females under the age of 30. Prior educational foci were predominately health science, social science, basic science, and humanities. Responses revealed that students perceived differing levels of difficulty in early nursing classes, with health science and basic science majors having an easier transition into nursing courses than students with other undergraduate degrees. However, students from non-science backgrounds identified important elements of their prior education and experiences that affected their educational and clinical performance in nursing school. With an increased understanding of how the levels of work experience and diverse disciplinary perspectives of students entering accelerated programs inform learning, nurse educators can develop educational strategies that address accelerated students' specific concerns, enhance their learning experience, and strengthen the outcomes of accelerated nursing programs.

Keywords: Nursing education, accelerated nursing student

Acknowledgement: Funding for this study was received by a grant from the Helene Fuld Foundation.

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Introductory Statement

Because many students who enter accelerated nursing programs come from diverse educational backgrounds and have varied levels of work experience, this article examines how the students' perceptions of their educational backgrounds and work experience affect, both positively and negatively, their acculturation into an accelerated nursing programs.

Research Question

How do students in accelerated nursing programs perceive and describe their transition from diverse educational backgrounds and varied levels of work experience into an accelerated nursing educational program? The purpose of this question is to gather information to inform the design of educational programs for accelerated students to maximize their assimilation of a nursing curriculum, and, ultimately, to integrate the perspectives of their prior educational foci and nursing education for enhanced health care.

Background

For more than 30 years, accelerated nursing degree programs for students with degrees in other disciplines have provided individuals an educational option for quick entry into the nursing profession.¹ Over the past 18 years, accelerated entry programs in nursing have proliferated in the United States. For example, in 1990 there were 31 accelerated baccalaureate programs and 12 generic master's programs offered throughout the country.² By 2008 there were 218 accelerated baccalaureate programs and 57 accelerated master's programs offered at nationwide nursing schools.³ The number of students enrolled in accelerated nursing degree programs and the number of subsequent graduates also have significantly increased over the past several years. In 2008 more than 11,000 students (compared to 6,090 students in 2004) were enrolled in accelerated baccalaureate programs, and over 6,800 students graduated (compared to 2,422 graduates in 2004).³ Likewise, in 2008 4,577 students (compared to 4,303 students in 2007) were enrolled in accelerated master's degree nursing programs, and 1,177 students graduated (compared to 1,032 graduates in 2007).³

Currently in the United States, accelerated nursing programs educate a significant percentage of baccalaureate and master's prepared nurses and include students with noteworthy demographic characteristics. In a nationally representative study of the socio-demographic characteristics of accelerated baccalaureate nursing students from 20 private institutions and five public institutions, the majority of students were young to middle-aged adults with multiple responsibilities that may have included employment, childcare, and financial obligations.⁴ While a single, Caucasian female under 30 years old and with no children was the most common demographic profile of accelerated baccalaureate nursing students, there was an increase in male students compared to previous researchers' findings. 17.5% were male, which reflects a higher percentage than the 10.8% male enrollment found in a similar study performed by Wu and Connelly.⁵ A recent review of accelerated programs concluded that while Caucasian women younger than 30 years old were the predominant demographic, the accelerated programs student populations are still more diverse than those in traditional nursing programs.⁶ Along with slight changes in the demographic characteristics of accelerated nursing students, the foci of students' prior academic degrees have shifted somewhat over the past several years. Exercise science has joined biology and psychology as the most common first degrees among accelerated baccalaureate nursing students.¹ The researchers also reported that, although the proportion of science and non-science majors enrolled in accelerated baccalaureate nursing programs has remained consistent, the number of education majors has declined and been replaced by an increased number of business majors.

The accelerated nursing students who emerge from all of the various non-nursing educational backgrounds consistently perform better than students in traditional

nursing degree programs when both groups of students are measured by traditional outcomes.⁷ According to findings among study participants in recent investigations, accelerated baccalaureate nursing students are more successful on the NCLEX-RN examination⁸ and score higher than traditional students on the psychiatric Health Education Systems, Inc. (HESI) specialty examination, the pediatric HESI specialty examination, and the HESI Exit Exam.⁹ Although no evidence indicates that particular outcomes for accelerated nursing students are worse than outcomes for traditional nursing students, research findings suggest that accelerated students have high rates of attrition, particularly early in the program.⁸ In a descriptive study of student records from 1998–2003 (N = 71) at a university located in the northeastern region of the United States, attrition rates from the university's accelerated baccalaureate nursing program averaged 10%, with at least half of the attrition rate attributed to the fast pace and intensity of the accelerated nursing curriculum.⁸ Furthermore, research findings indicate that accelerated nursing students commonly experience high levels of stress during their educational program. A recent survey of 137 accelerated baccalaureate nursing students found that two-thirds of the students reported extensive to extreme stress during their condensed nursing education.¹⁰ However, this must be examined in relation to other students in the same program.

One of the foundational principles of accelerated programs in nursing is to build on previous undergraduate program content and learning experiences, thereby providing “a way for individuals with undergraduate degrees in other disciplines to transition into nursing.”³ Adhering to this principle, the School of Nursing, located in a large public university in the mid-Atlantic from which our sample was drawn, developed an accelerated second-degree master's degree program in 1992, graduating its first class in 1995.¹¹ In 2004 they added an accelerated bachelor's degree program in nursing, and the two programs currently run in tandem with a traditional undergraduate program. In designing the accelerated nursing programs, school officials made a fundamental decision to permit students from diverse educational backgrounds into the programs, with few prerequisite courses required. Although accelerated programs at nationwide universities are an important component of baccalaureate and master's nursing and education programs, few studies have examined the perspectives of students regarding their nursing educational experiences in these programs. In particular, scarcely any research has delved into how prior educational background and previous learning experiences affect accelerated nursing students' educational experience in nursing courses presented early in the programs. Furthermore, researchers have not sought out the perceptions of students from different academic backgrounds about how they use their prior education in the accelerated nursing degree programs and if the students perceive that their previous academic degrees affect their performance in nursing courses presented early in the programs. This information could provide additional data for the ongoing development of improved educational strategies for nurse educators who teach students in accelerated nursing programs. A better understanding of the transition of students from varied academic

backgrounds into nursing educational programs may also improve strategies targeted at reducing attrition and stress among accelerated students. Therefore, the purpose of this study was to examine how the educational backgrounds and the students' perceptions of their educational backgrounds and work experience affected, both positively and negatively, their acculturation into and eventual success in accelerated nursing programs. The study was conducted with two separate cohorts of accelerated students at a School of Nursing in the southeastern region of the United States.

Design and Methods

A descriptive design was used for this study. A 35-item survey was developed by the research team to examine the perceptions of accelerated students regarding their transition from diverse educational backgrounds and levels of work experience into an accelerated nursing program? Specifically, the effect of their undergraduate education and work experience on their transition to nursing education in both the classroom and clinical settings was assessed. Items for the questionnaire were based upon a review of relevant literature on accelerated nursing programs. The survey was pilot tested for readability by five nurses who had graduated from an accelerated program within the past 1-3 years. Modifications to the questionnaire were made based upon their suggestions. Expedited human subjects approval was sought and received from the university institutional review board.

The study was explained to the prospective participants, and informed consent regarding their participation was obtained. The study questionnaire was distributed to accelerated nursing students during a class period at the end of the semester. No identifying information appeared on the questionnaire, and participants were assured that faculty members had no knowledge of individual results. Students' consent to participate in the study was indicated by their completion of the questionnaire. A \$10 gift card raffle was conducted as a gratuity for the participants. Ten gift cards were raffled off at each of the two data collections.

Data were collected from two different cohorts of accelerated nursing students attending the School of Nursing in the fall of 2007 ($n=65$) and spring of 2008 ($n=70$). Cohort 1 was completing the third semester of nursing courses, while Cohort 2 was completing the second semester of nursing courses. SPSS® 14.0 was used for quantitative data analysis of the demographic information, and thematic analysis was used for the short-answer responses.

Results

Quantitative Analysis

The study sample included 135 accelerated nursing students. Most of the participants were under 30 years old and were predominantly Caucasian (see Table 1). Approximately two-thirds of the sample was enrolled in an accelerated baccalaureate program, and one third was enrolled in an accelerated master's program. The majority of participants' previous academic degrees were in health science ($n = 33$, 24.4%), social science ($n = 36$, 26.7%), or basic science ($n = 32$, 23.7%) (see Table 2). Over 50% of the students were less than 3 years out from receiving their first degree, and 80% were less than 6 years out from receiving their first degree. Among the students enrolled in the accelerated master's program, over one half intended to specialize in family health nursing (with a nurse practitioner focus). The educational aspirations of all the accelerated students in the study were quite high; approximately one fourth planned to pursue doctoral-level education in nursing. Participants' perceptions of the difficulty of early nursing courses varied. Most of the students perceived some level of benefit from their previous undergraduate programs (see Table 3). Students who had previously majored in health science and basic science perceived more benefit from their undergraduate degrees in early nursing courses than students who had previously majored in other disciplines.

Thematic Analysis

The study's questionnaire included open-ended questions that asked students to describe how they applied the knowledge base of their prior degree(s) to their early nursing education courses and clinical rotations. Thematic analysis was used to identify patterns of responses in the short-answer responses based on undergraduate majors and levels of work experience of the respondents.

Educational Background and Transition into Nursing Education

Generally, science majors identified commonalities in their previous education and in their current nursing program, which helped ease their transition to early nursing courses.

*Having a biology degree allowed me to understand science, problem-based learning, and body functions/cellular functions, which showed me that nursing would be a great field for me. I studied physics and biomedical engineering.".....
"I love physiology and psychology. Nursing is the perfect mix. Nursing science class is easier because of my biology background. Animal science is similar to "human science"—I was already familiar with health, anatomy, science terms, some concepts....*

My previous degree [in health/behavioral science] allowed me the opportunity to gain insight and interest in both the physiological and psychological aspects of nursing. I was able to organize the material, prepare for class and tests in an appropriate way, etc.

[My] love of science and physiology helps to understand disease processes and healing.

Humanities majors also identified helpful commonalities in their prior degrees and in their current nursing courses, though their commonalities differed from those identified by the science majors. Several humanities majors noted that their prior programs' focus on writing helped prepare them for writing assignments in accelerated nursing courses. An English/literature major claimed her previous degree "helps me to think critically, relate to how people think, anticipate orders, [and] put myself in patients' shoes." Similarly, social science majors reported integrating their knowledge of human groups and individuals into their clinical courses. As one social science major described, "By understanding mental processes and how they affect behavior and physical health, I think I have been more prepared in dealing with my patients in a social/emotional way." Psychology majors felt their prior education prepared them for the principles of psychiatric nursing. Several social science and other humanities majors stated that their prior degrees enhanced their ability to work and effectively communicate with people. For example, a music major eloquently described how music helped her communicate with others in the nursing clinical setting:

Music is nuance and takes a fine degree of observation to do it well. Because of my study of nuance, I understand that people will tell you what is wrong with them and what they need if you carefully observe and interact.

Several study participants noted that their prior degrees not only provided discipline-specific learning but also instilled a sense of social justice and a passion for the underserved, which facilitated their transition to nursing courses. A sociology major stated that her discipline's focus on issues of social justice, equality, women's health, and on assisting the underserved fit well with her transition to nursing. A criminal justice major reported that her undergraduate program taught her about the community, its inhabitants, and how it works, which made her want to help people. Several psychology majors noted that they wanted a profession that involved working with and assisting people, but in a different role than as a psychologist. An anthropology major stated that her prior degree helped her discover that she wanted to work with diverse groups of people.

Although most respondents identified positive influences of their undergraduate education on their transition to early nursing courses, some participants identified potentially negative or adverse effects of their prior education. Among these participants, several described the need to readjust the ways they studied, learned, and applied information presented in the accelerated nursing curriculum:

[My] previous experience in school had taught me what I needed to do to be successful. But the information we need to know to do very well in nursing school

is somewhat more detailed—there is more focus on the “little things” versus “the big picture” in nursing school. That was a switch. Not a bad one—just different.

My background in the humanities focused on global understanding, not] interpreting minutiae [as is needed in nursing courses]—rote memorization was not emphasized. My previous degree focused on formal writing through journalism, not health- or biological-based. It makes it difficult to redesign the way you study or understand certain things.

I think too analytically/am too rational—nursing courses are very “just learning, don’t learn or ask why.” I find this very difficult and disappointing.

As a basic science major,] I am very analytical and feel frustrated not learning about the biology of health to a molecular level, as one would in medical school.

Several participants mentioned having difficulty with nursing examinations because the test formats differed from the style of examinations presented in their undergraduate majors. As one student reported, “Exam questions were very different. Sciences: only one correct answer. Nursing: many questions, all right answers, but you have to pick the best or the first.” A non-science major stated that she always felt behind in her class work because her prior degree “had nothing to do with nursing.” Furthermore, she did not feel prepared for the NCLEX questions and test style because, in her prior degree work, she was tested on knowledge via essays and discussion, not through multiple-choice tests. Another participant stated, “[My] degree and science classes were based on concrete knowledge and reflection. The tests here are NCLEX style. Nursing is a different way of thinking—especially on tests.”

Work experience and Transition into Nursing Education

In addition to some perceived disadvantages that their prior degrees had on their nursing examination performance, some participants believed that their life events or experiences adversely affected their transition into nursing education. For example, as one student noted, “Being out of school for so long was a disadvantage—I had to relearn how to study.” Similarly, another student described having to readjust her lifestyle:

I graduated from college 4 years ago. I have since built a life and made personal commitments that are hard to maintain in the “crazy” life of being a student. Because I graduated so long ago, this has been a hard adjustment.

Several students also reported having difficulty adapting to the novice role or to the clinical setting’s structured environment. For example, one participant stated, “Sometimes it’s difficult to ‘start over’ and be treated as though we know nothing by some faculty/nurses.” Another student described having worked in free, autonomous positions and, consequently, found that “some of the hospital

structure makes no sense to me.” Other participants also described the adverse financial impact of two educational processes. As one student noted, “I have to pay back loans for both programs now (financially).” Only one participant mentioned that technological innovations such as Blackboard and online library searches posed a difficulty in the transition to accelerated nursing courses.

Other participants who did not immediately enroll in an accelerated program after completing an undergraduate degree in another field identified positive influences of their work and volunteer experiences on their transition into nursing education. These participants commented that their time away from school in the “working world” helped them to develop a sense of maturity, professionalism, and attention to detail. As one student stated, “I have more life experience—I know how to deal effectively with different people; being aware of hospital ‘politics’ and knowing how to get things done without upsetting others.” Students who had worked in a clinical arena, usually in a hospital or an emergency medical setting, identified their experience as particularly beneficial in their transition to an accelerated nursing program. Many stated that their previous emergency medical technician experience made learning basic skills easier and less intimidating. They noted a high level of comfort in assessing and interviewing patients, which eased their transition into nursing. Several participants also identified the benefit of learning how to manage conflict and work in teams during their employment after their bachelor’s degree program.

Discussion and Implications for Practice

Respondents’ comments suggest that their initial approach to the nursing curriculum is heavily influenced by the epistemic models of their previous discipline. Students report that it is difficult to “*redesign the way you study or understand certain things*” For example, the music major is looking for the nuances and how “*people will tell you what is wrong with them and what they need if you carefully observe and interact.*” Students with biology or previous health science backgrounds see the similarities in problem solving and basic physiological processes. The study’s findings suggest that, despite benefits derived from varied academic backgrounds and life experiences that help ease students’ early transition to accelerated nursing programs, the students’ previous education and life experiences also present challenges that may hinder their success and, consequently, negatively affect the outcome of accelerated nursing programs.

Perceived Advantages and Disadvantages of Academic Background

Findings from the present study reveal that, during their transition to the early courses of an accelerated nursing program, science majors and humanities majors both benefit, albeit from different perspectives and in different ways, from their previous education. Among the participants in this study, science majors—particularly students who had majored in basic science and health science—

claimed their academic background helped them easily understand the variety of scientific terms and concepts presented in early nursing courses (e.g., disease processes, anatomy, pathophysiology, and health assessment). With their basic knowledge in topics such as biology, behavioral science, health, chemistry, and physiology, science majors' general educational background is an asset during their transition to an accelerated nursing program.

Similarly, this study's findings suggest that humanities majors also benefit from particular aspects of their academic backgrounds that help them adapt to the early demands of an accelerated nursing program. However, compared to their colleagues with science-based degrees, humanities majors rely on different sets of skills and knowledge that assist their transition. In the present study, students who had majored in disciplines such as literature, music, psychology, social science, and anthropology reported that, in the nursing clinical settings, they were able to understand the nuances of individual and group behavior and to use their skills to effectively communicate with patients in both a professional and personal way. Their comments on the study's questionnaire indicated that they thoughtfully appraised the clinical environment and the intra- and interpersonal aspects of nursing. Findings in the study also reveal that, compared to science majors, humanities majors may require more time to learn scientific terms and concepts. However, based on their academic background and writing skills, humanities majors may be more comfortable with and better prepared than science majors to complete accelerated nursing programs' intensive writing assignments.

Although accelerated nursing students benefit from specific advantages derived from their previous science or humanities degrees, they also encounter particular difficulties in adapting to nursing curriculum and examinations due to the learning methods and requirements that differ from their prior educational programs. In the current study, students whose educational background focused on general analysis and discussion as ways to assimilate and convey information reported having to adjust their study habits in order to concentrate on methods of "rote memorization" and attention to minute details and facts presented without question in early nursing courses. Also, because their previous educational programs had prepared them for essay- and discussion-style responses to test questions, some students described difficulties in adapting to the multiple-choice style of tests in accelerated nursing courses and in the NCLEX-RN. The extra time that accelerated nursing students must often devote to modifying their study habits, their learning methods, and their test-taking skills may increase their stress levels and, consequently, may limit their ability to meet the demands and intensity of early courses, tests, and certification examinations in accelerated nursing programs.

Based on the students' perceptions reported in this study, nursing educators are encouraged to consider the educational backgrounds of students, particularly during the transition into nursing education. For example, classroom teachers

can take in consideration the fact that it may take longer for a student who is less familiar with biology and chemistry to transition into pathophysiology and health assessment content areas. Students with backgrounds in humanities and social science may have different perceptions of the assignments than students with a basic science educational background and may perceive a higher level of difficulty in the science-based courses. Nursing educators are encouraged to address students' difficulties in adjusting their study habits and test-taking skills to meet the intense demands of an accelerated nursing program.

Perceived Advantages and Disadvantages of Prior Life and Work Experiences

In addition to both the advantages and disadvantages of their academic backgrounds, accelerated nursing students are also affected by their prior life and work experiences that may either enhance or hinder their transition into nursing education. Based on the perceptions of participants in this study, students who spend time in the workforce—especially in hospital and emergency medical settings—before enrolling in accelerated nursing programs often have valuable skills that enhance their transition into early nursing courses. Because of their previous work experiences, they not only have an increased sense of maturity and professionalism but also a comfortable level of confidence in their ability to work with others, manage conflict, and communicate with patients.

However, results from the present study also suggest that students who do not immediately enroll in an accelerated nursing program after completing a degree in another field often perceive difficulties in readjusting to the student lifestyle and meeting the demands of intensive nursing courses. They must not only relearn study habits and acquire new learning skills but must also become accustomed to being novices and to acknowledging their low-ranking status in both the classroom and the structured, hospital-based clinical environments of nursing education. Additionally, they often face the financial burden of having to pay student loans for both their previous education and their current nursing program. These difficulties likely increase the students' level of stress and, thus, are worth noting when developing new strategies that improve accelerated nursing students' learning experience.

Unlike older students who return to school after taking time off from obtaining their previous degree, younger students who proceed directly from a non-nursing undergraduate degree program to an accelerated nursing program often benefit from the continuity of study habits and school routines. However, their relative youth and inexperience may present challenges for them in the classroom and clinical arena of nursing. In the present study, over 20% of the participants were direct-entry students from their prior undergraduate degree into nursing. With little work experience, their educational transition into nursing can be difficult, particularly if the expectations of nursing school are quite different than those they encountered in their undergraduate program. Thus, direct-entry students may have educational and life experience needs that warrant special attention.

Conclusion

Participants in this investigation were eager to take part in the study and to share perceptions of their experience as accelerated nursing students. Their eagerness to communicate their views and perceptions, both positive and negative, and the findings derived from their outlooks suggest the need for nurse educators to develop a better understanding of particular factors that influence accelerated students' transition to nursing education. With an increased understanding, nurse educators can improve educational strategies that address accelerated students' specific concerns, enhance their learning experience, and strengthen the outcomes of accelerated nursing programs.

To help students adjust to the rigors of accelerated nursing programs and, at the same time, draw upon their skills derived from prior experiences in the workforce and from previous education, nursing educators are encouraged to improve their understanding of accelerated students' developmental processes associated with returning to school and adapting to the demands of nursing education. A model for predicting the adaptation of accelerated students, such as Shane's returning-to-school syndrome model,¹² may assist both faculty members and students in better understanding the developmental processes associated with return to school and entry into nursing education. The study that applied Shane's model to an accelerated nursing program noted that returning to school is associated with the stages of honeymoon, conflict, and reintegration.¹³ Adaptation of such a model could be a way to educate both faculty members and students about "expected" stress and to normalize and make explicit the challenges inherent in being a student in an accelerated nursing program. By considering the usual stages of adaptation and developing a better understanding of how students from different educational backgrounds and levels of work and life experience adapt to assignments and expectations in early nursing courses, it may be possible to decrease attrition and reduce stress levels of accelerated students in early nursing courses.

Recommendations for Future Study

Participants in the current study were limited to accelerated nursing students in their second or third semester of classes in one nursing program provided by a university located in the southeastern United States. Future investigations that focus on a broader geographic sample and a longitudinal approach are recommended. A focus on students in accelerated nursing programs over time may assist in understanding whether students' perceptions are static or whether their initial perceptions of how their prior education and experiences facilitate their entry into nursing education may change with additional time and perspectives. Perhaps the more important future question is how graduates ultimately blend and incorporate their previous disciplinary knowledge in the practice of nursing and health care. Thus a retrospective study of graduates who have been in nursing long enough to reach a stage of expertness might be of the

greatest assistance. The increased knowledge obtained from future studies may help improve educational strategies for accelerated nursing students, who compose a growing proportion of the university-educated nursing workforce and of potential nurse educators in the future.

References

1. Seldomridge, L.A., & DiBartolo, M.C. (2007). The changing face of accelerated second bachelor's degree students. *Nurse Educator*, 32(6), 240–245.
2. American Association of Colleges of Nursing [AACN]. (2002, August). Accelerated programs: The fast-track to careers in nursing [updated April 2008]. *AACN Issue Bulletin*. Retrieved April 20, 2009, from <http://www.aacn.nche.edu/Publications/Issues/Aug02.htm>.
3. American Association of Colleges of Nursing. (2009, February 20). *Fact sheet: Accelerated baccalaureate and master's degrees in nursing*. Retrieved April 20, 2009, from <http://www.aacn.nche.edu/Media/FactSheets/AcceleratedProg.htm>.
4. Siler, B., DeBasio, N., & Roberts, K. (2008). Profile of non-nurse college graduates enrolled in accelerated baccalaureate curricula: Results of a national study. *Nursing Education Perspectives*, 29(6), 336–341.
5. Wu, C.Y., & Connelly, C.E. (1992). Profile of nonnurse college graduates enrolled in accelerated baccalaureate nursing programs. *Journal of Professional Nursing*, 8(1), 35–40.
6. Penprase, B., & Koczara, S. (2009, February). Understanding the experiences of accelerated second-degree nursing students and graduates: a review of literature. *Journal of Continuing Education in Nursing*, 40(2), 74-78. Retrieved May 5, 2009, from CINAHL Plus with Full Text database.
7. Cangelosi, P.R., & Whitt, K.J. (2005). Accelerated nursing programs: What do we know? *Nursing Education Perspectives*, 26(2), 113–116.
8. Seldomridge, L.A., & DiBartolo, M.C. (2005). A profile of accelerated second bachelor's degree nursing students. *Nurse Educator*, 30(2), 65–68.
9. Bentley, R. (2006). Comparison of traditional and accelerated baccalaureate nursing graduates. *Nurse Educator*, 31(2), 79–83.
10. Hegge, M., & Larson, V. (2008). Stressors and coping strategies of students in accelerated baccalaureate nursing programs. *Nurse Educator*, 33(1), 26–30.
11. White, K., Wax, W., & Berrey, A. (2000). Accelerated second degree advanced practice nurses: How do they fare in the job market? *Nursing Outlook*, 48(5), 218–222.
12. Shane, D. L. (1983). *Returning to school: A guide for nurses*. Englewood Cliffs, NJ: Prentice Hall.

13. Utley-Smith, Q., Phillips, B., & Turner, K. (2007). Avoiding socialization pitfalls in accelerated second-degree nursing education: The returning-to-school syndrome model. *Journal of Nursing Education*, 46(9), 423–426.

Table 1. Demographics

Gender	
Male	12 (8.9%)
Female	110 (81.5%)
Not reported	13 (9.6%)
Ethnicity	
White, non-Hispanic	108 (80%)
African American	5 (3.7%)
Hispanic	3 (2.2%)
Hispanic & White	1 (.7%)
Asian	1 (.7%)
Biracial	1 (.7%)
Russian	1 (.7%)
W.A.S.P.	1 (.7%)
Not reported	14 (10.3%)
Age	
Under30 years old	103 (76.2%)
31 – 35 years old	8 (5.8%)
Over 35 years old	9 (6.6%)
Not reported	15 (11.1%)
Previous Degree	
Health Sciences	33 (24.4%)
Basic Sciences	32 (23.7%)
Arts	8 (5.9%)
Humanities	19 (14.1%)
Law	2 (1.5%)
Social or Psychological Sciences	36 (26.7%)
Business	3 (2.2%)
Not reported	2 (1.5%)
Years since first degree	
Less than 1 year ago	23 (17%)
1-3 years ago	53 (39.3%)
More than 3 years ago but less than 6 years ago	33 (24.4%)
More than 6 years ago but less than 10 years ago	14 (10.4%)
More than 10 years ago	10 (7.4%)
Not reported	2 (1.5%)

Table 2. Characteristics of Accelerated Program Students

Accelerated Baccalaureate nursing student	
Yes	91 (67.4%)
No	43 (31.9%)
Not reported	1 (.7%)
Accelerated Masters nursing student	
Yes	48 (35.6%)
No	86 (63.7%)
Not reported	1 (.7%)
Intended Specialty	
Family Health Nursing	26 (19.3%)
Adult Health Nursing	8 (5.9%)
Women’s Health Nursing	8 (5.9%)
Pediatric Nursing	5 (3.7%)
Psychiatric Mental Health Nursing	4 (3.0)
Not reported	84 (62.2%)
Number of semesters enrolled in an accelerated nursing program	
1 semester	2 (1.5%)
2 semesters	68 (50.4%)
3 semesters	63 (46.7%)
Not reported	2 (1.5%)
Did you practice another profession or work in the area of your degree?	
Yes	78 (57.8%)
No	55 (40.7%)
Not reported	2 (1.5%)
How long ago did you practice in another profession or work in the area of your degree?	
Less than 1 year ago	30 (22.2%)
1-3 years ago	41 (30.4%)
More than 3 years ago but less than 6 years ago	17 (12.6%)
More than 6 years ago but less than 10 years ago	6 (4.4%)
More than 10 years ago	10 (7.4%)
Not reported	31 (23%)
How much clinical experience did you have in a health care setting?	
Less than 1 year ago	50 (37.0%)
1-3 years ago	40 (29.6%)
More than 3 years ago but less than 6 years ago	27 (20.0%)
More than 6 years ago but less than 10 years ago	12 (8.9%)
More than 10 years ago	3 (2.2%)
Not reported	3 (2.2%)

Table 3. Perceived Benefits from Previous Academic Programs

<p>In your early nursing courses, how much did your previous knowledge base influence how you viewed & learned the material in the following areas: Health Assessment?</p> <p>Tremendously A lot Some Not much None I haven't taken this course yet Not reported</p>	<p>12 (8.9%) 17 (12.6%) 30 (22.2%) 45 (33.3%) 27 (20.0%) 1 (.7%) 3 (2.2%)</p>
<p>In your early nursing courses, how much did your previous knowledge base influence your clinical performance in the following areas: Health Assessment?</p> <p>Tremendously A lot Some Not much None I haven't taken this course yet Not reported</p>	<p>13 (9.6%) 16 (11.9%) 26 (19.3%) 47 (34.8%) 6 (4.4%) 22 (16.3%) 5 (3.7%)</p>
<p>How do you perceive the level of difficulty in your introductory nursing courses compared to courses that you had taken in your previous degree?</p> <p>Much more difficult More difficult The same Less difficult Much less difficult Not reported</p>	<p>16 (11.9%) 62 (45.9%) 29 (21.5%) 22 (16.3%) 4 (3.0%) 2 (1.5%)</p>
<p>How would you rate your level of difficulty in adapting to classroom expectations in nursing?</p> <p>Much more difficult More difficult The same Less difficult Much less difficult</p>	<p>19 (14.1%) 60 (44.4%) 36 (26.7%) 16 (11.9%) 4 (3.0%)</p>
<p>What is your projected level of educational attainment in nursing?</p> <p>BS MS PHD DNP Not reported</p>	<p>22 (16.3%) 80 (59.3%) 9 (6.7%) 23 (17.0%) 1 (.7%)</p>

