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The Live experience of non-degree learners from a time modified traditional baccalaureate in nursing program

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THE LIVED EXPERIENCE OF NON-DEGREED LEARNERS FROM
A TIME MODIFIED TRADITIONAL BACCALAUREATE
IN NURSING PROGRAM

by

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THE GRADUATE COLLEGE

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ABSTRACT

The Lived Experience of Non-Degreed Learners From A Time Modified Traditional Baccalaureate In Nursing Program

by

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By the year 2016, it is projected that a million new and replacement nurses will be needed throughout the United States. The traditional 4-year baccalaureate program alone cannot adequately sustain this demand. The immediacy of the current nursing shortage demands our educational systems respond by building and maintaining a workforce that is sufficient to support the health care needs of our society. In an attempt to meet this challenge, nursing schools around the country began exploring the option of creating accelerated programs for those who already possess a bachelor's degree in another field without compromising the integrity and quality of the education.

In addition, another emerging trend is to accelerate the pace of the traditional 4-year baccalaureate program with minimal curricular or programmatic changes. The majority of the students in the program are non-degreed and reflect the characteristics of entry-level, traditional nursing students. The accelerated pace reduces the traditional 24 months of completion, to 16 months. The curricular components remain steady, however the time between semesters is collapsed, which may have ramifications not yet identified. For the purpose of this research these programs are branded as Time Modified Traditional Programs (TMTP). Based on an extensive literature review, little to no

information exists on the effect this accelerated pace might have on this student population.

The purpose of this phenomenological inquiry was to describe, interpret, and gain a deeper understanding of how non-degreed, traditional baccalaureate nursing students experience education in a Time Modified Traditional Program of study. Van Manen's six research activities of hermeneutic phenomenology guided this study. Colaizzi's 7-step method of data analysis operationalizes van Manen's approach and was utilized for analyzing the research data. The question guiding this study was: What is the meaning and significance of the lived experience of a non-degreed learner enrolled in a time modified traditional baccalaureate nursing program?

Ten participants voluntarily participated in this research. The findings of this research resulted in eight main themes and four subthemes that provide a thick, rich description of the phenomenon. Findings were validated through participant review and therefore, provide the fundamental structure of the essence of a TMTP—a pathway to professional identity. Understanding the meaning and significance of non-degreed learners enrolled in a time modified traditional baccalaureate nursing program has significant implications for nurse educators, nursing researchers, and future students in a TMTP. Time proved to be a noteworthy factor in the participant's experiences. Due to the intensity of the program and time requirements, students often become disengaged from their previous lifestyles and relationships. Building a strong support system with faculty and peers and taking personal accountability for learning contributes to the overall success of the program.

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CHAPTER I

INTRODUCTION

Background and Significance

As early as the 1950's a need, for more college-educated nurses was evident (Kuehn, 1952). Kuehn identified vacancies in positions of nursing administration and education along with detailing how young, inexperienced nurses filled many positions and were advanced far too quickly into positions they were not yet ready to handle. Similar to the present time, Kuehn describes the call to accelerate the development of basic collegiate programs to educate nurses. The national nursing shortage presents a significant challenge to educational institutions. In an effort to meet the needs of the current nursing shortage, the development of multiple pathways to achieve a baccalaureate in nursing left a gap in the research arena related to adaptations of traditional and accelerated nursing programs.

According to the United States Department of Labor, by the year 2016, it is projected that a million new and replacement nurses will be needed throughout the United States (American Association of Colleges of Nursing [AACN], 2008). The traditional 4-year baccalaureate program alone cannot adequately sustain this demand. The immediacy of the current nursing shortage demands that our educational systems respond by building and maintaining a workforce that is sufficient to support the health care needs of our society (Weitzel & McCahon, 2008).

In an attempt to meet this challenge, nursing schools around the country began to explore the creation of accelerated programs for those who already possess a bachelor's degree in another field to earn a nursing degree without compromising the integrity and

quality of the education (Bentley, 2006; Cangelosi & Whitt, 2005). Penprase and Koczara (2009) posit that the development of these unique programs was in response to the nation's aging population along with the nursing shortage and the demands from students who already possessed a previous bachelor's or higher degree.

In addition, another emerging trend is accelerating the pace of the traditional 4-year baccalaureate program. These programs are accelerated versions of the traditional nursing curriculum with minimal curriculum and programmatic changes. The majority of students enrolled in and attending these programs are non-degreed, traditional nursing students. For the purpose of this research these programs are branded as Time Modified Traditional Programs (TMTPs). There is a paucity of literature on this type of program and there is little to no information on the effect this accelerated pace might have on this student population.

Definitions of Nursing Students

For the purpose of this research the following definitions of nursing students are offered:

Traditional Nursing Student. The traditional (non-degreed or first-degreed) nursing student is typically between 17 and 22 years of age and enters nursing school right after high school graduation (Hamner & Bentley, 2007).

Second-Degree Nursing Student. A second-degree nursing student is described as one who already has at least a bachelor's degree in another discipline outside of nursing and is often educated in an accelerated nursing program (AACN, 2002; Meyer, Hoover & Maposa, 2004).

Definitions of Nursing Programs

For the purpose of this research the following definitions of nursing programs are offered:

Traditional nursing program. A traditional, “standard basic or generic baccalaureate program in nursing” (Amos, 2009) is defined as a 4-year college or university education that incorporates a variety of liberal arts courses with professional education and training, engaging students who do not have a previous bachelor’s degree (Korvick, Wisener, Loftis, & Williamson, 2008). Additional defining characteristics include students who graduated from high school, chose nursing as a first career (Hamner & Bentley, 2007), and participate in a 24-month long nursing program (Kearns, Shoaf, & Summey, 2004), which includes having summers off.

The AACN (2009a) identifies the design of the traditional baccalaureate curriculum as the preparation of students for work within the growing and changing health-care environment. The first 2 years of education in a college or university setting, include classes in the humanities, social sciences, basic sciences, business, psychology, technology, sociology, ethics, and nutrition. To complement the needs of the health care populations they serve, student nurses are expected to utilize their knowledge of liberal arts and sciences, critical-thinking, and communication skills in the development of clinical nursing knowledge and application to nursing practice in clinics, hospitals, and community settings.

Accelerated Nursing Program. In contrast, an accelerated baccalaureate nursing program is defined and designed as a full-time program admitting those students who have at least a bachelor’s degree in another discipline, and it takes from 11 to 18 months

to complete, including prerequisites (AACN, 2002, 2008). Therefore, an accelerated program is a strategy to bring individuals from other careers into nursing and to graduate them earlier, which potentially increases the number of registered nurses at a faster rate.

The first accelerated nursing program was launched in 1971 at Saint Louis University School of Nursing at the baccalaureate level. The objective of this program was to increase the supply of baccalaureate-prepared nurses by recruiting individuals with non-nursing baccalaureate or higher degrees into a nursing program which would require less time to complete than the traditional baccalaureate program (Meyer, et al., 2004). Since the inception of the Saint Louis program accelerated programs have proliferated. In 2009, 218 of these programs were operating in institutions throughout the United States (AACN, 2009b).

Time Modified Traditional Nursing Program (TMTP). In addition to traditional and accelerated programs the development of hybrid programs was recently identified. These hybrids branded as a Time Modified Traditional Program are defined as a traditional baccalaureate nursing program that is collapsed into a 16-month accelerated time format. Essentially, TMTPs are traditional baccalaureate nursing programs that have accelerated the completion timeline of their traditional curricula and admit non-degreed, traditional students. Two TMTPs have been identified in the State of Nevada and are the focus of this study (Appendix A).

Currently, more than 674 baccalaureate nursing programs are available in the United States. Of the 663 programs that responded to a fall 2008 survey conducted by the AACN, total enrollment in all nursing programs leading to a baccalaureate was 201,407 (AACN, 2009b). However, it is not known how many of these might be TMTPs.

Problem Statement

In an attempt to put more nurses into the workforce, the option of creating accelerated programs for second degree students without compromising the integrity and quality of the education, was explored and supported by the literature. In addition, some institutions are accelerating the pace of the traditional 4-year baccalaureate program. These hybrid programs are accelerated versions of the traditional nursing curriculum with minimal curriculum and programmatic change. However, little information or research has been completed on the experience and effect the accelerated timeline or pace of a traditional 4-year baccalaureate in nursing program has on the non-degree, traditional student. The accelerated pace reduces 24 months of the traditional curriculum to 16 months. The curricular components remain steady, however the time between semesters is collapsed, which may have ramifications not yet identified.

Purpose of Study

The purpose of this phenomenological inquiry was to describe, interpret, and gain a deeper understanding of how non-degreed learners experience nursing education in a Time Modified Traditional Program (TMTP) of study. Reducing the national nursing shortage depends on the efficacy of nursing programs to produce qualified, competent graduates, ready to enter the workforce and support the health care needs of our society. This qualitative research will contribute to the science of nursing education and will assist educators to better support the needs of non-degreed learners in the TMTP by understanding the meaning and significance of their experiences.

Research Question

The main question used to guide this study is: What is the meaning and significance of

the lived experience of a non-degreed learner enrolled in a time modified traditional baccalaureate nursing program (TMTP)?

Chapter Summary

This chapter provided a brief background for this research. Included is the purpose of this study along with the research question that guides this phenomenological inquiry from the perspectives of a non-degreed, traditional learner enrolled in a TMTP. Chapter II explores and provides a discussion and analysis of the relevant literature. Because of the paucity of literature on this type of program, studies of accelerated nursing programs and second-degree students within an accelerated program were explored.

CHAPTER II

LITERATURE REVIEW

A search for information pertaining to traditional and second-degree baccalaureate students and programs; accelerated, “fast-track” nursing programs; and comparisons of traditional and accelerated nursing programs began with a computerized review of the literature in CINHALL, Pub Med, Academic Search Premier, ERIC, and Google™. A total of 43 articles dating from the 1980’s to current times were found concerning this population of interest. A primary focus was placed on those articles published since 2000. This search found a scarcity of literature related to non-degreed, traditional students in a program, which has collapsed and decreased the time usually provided for completion of a baccalaureate in nursing (TMTP).

The research published to date (Appendix B) is concentrated on five categories/themes designated by this author, which include general information, profiles of students, curriculum design and teaching strategies, comparison of accelerated and traditional nursing programs and students, and qualitative research of students’ lived experiences. Although, some overlapping of themes occurs within articles, this author attempted to categorize them according to the area in which the majority of the research was performed and focuses primarily on accelerated nursing students. These categories inform and provide basic comparative knowledge for analysis of students in a TMTP.

Profile of Traditional and Second-Degree/Accelerated Nursing Students

Sedlak (1999) identifies changes which have occurred in the nursing student population during the past decade with an increase in nontraditional students and a decrease in traditional students. The traditional nursing student is typically between 17

and 22 years of age and enters nursing school right after high school graduation (Hamner & Bentley, 2007). The days of the nursing profession dominated by single women in their early 20's have changed. The new millennium students are older, more culturally diverse, married with families, have prior education, and are online learners (Billings & Halstead, 2008).

The Seldomridge and DiBartolo (2005) descriptive study identified characteristics of students who were attending accelerated second-degree nursing programs. Results showed that of the 71 students studied, 87% of the students were women and 13% were male, which was double the male population of the traditional program. The majority of students were European-American non-Hispanic; younger than 30 years of age; and returning for their second bachelor's degree within 5 years of having completed their first degree. Science and non-science majors were represented equally with the most common majors being biology and psychology. The small sample size limits generalizability, but the authors felt the findings may be helpful to those with similar programs or contemplating such programs for identifying the characteristics of the potential student body.

Similar results were found in the Meyer, Hoover, and Maposa (2006) study. They performed a descriptive study to provide a profile of one graduating class of accelerated BSN students. Although a limited study, the results showed that of the 53 students, the mean age was 28. The majority of the students were white (86%), females (77%) who lived within a 50-mile radius of the University. Only 18 of the 53 students had previous health care experience. Most were likely to have previous baccalaureates in the social and physical sciences. The majority of students returned for their second degree within 4

years of having achieved their first degree. Results indicated that on the whole, the students were satisfied with the accelerated BSN experience. This study had limitations based on its focus on only one graduating class of students from one program, thus questioning the generalizability of the study.

While traditional student profiles remain constant, Seldomridge and DiBartolo (2007) found that the profiles of second-degree nursing students were changing. The original thought was that second-degree students brought diversity in age, ethnicity, experience, and education to the nursing profession. Current research fails to track the changing profile of these students over time. Demographic shifts, as identified by Seldomridge and DiBartolo, include an increase in male students (18%) and a reduction of female students by 5%; only 80% of the students are white, compared to previous reports of 88.6% (Meyer, Hoover, & Maposa, 2005); 47% have a previous degree in science; 57% are under 30 years of age, as compared to past results of 80% (Seldomridge and DiBartolo, 2005); and the majority of students (30%) are returning to school 6 to 10 years after completing their first bachelor's degree, again a difference from the 3.7 years identified by Meyer, et al. Additional characteristics of these students include being mature, enthusiastic, committed learners with the ability to succeed in a fast-paced nursing program and beyond (Seldomridge & DiBartolo, 2007). Results from these studies are limited to those individual programs, thus limiting generalizability.

Understanding the current profile of students attending accelerated and traditional programs as presented in the literature provides comparative data for the TMTP student profile in this study.

Curriculum Design and Teaching Strategies

Billings and Halstead (2008) identify changes in student demographics and characteristics that impact the educational environment of today's educational institutions. They further emphasize that faculty need to recognize that these changes in demographics have implications for teaching, learning, and curriculum development.

Hegge and Hallman (2007) posit second-degree programs as an opportunity to streamline nursing education and necessitate new learning strategies. Bellack (2004), states that nurse educators have done little to challenge the structure and processes of nursing education. Bellack further asserts that accepting this challenge may assist in achieving greater efficiency; improve learning outcomes, and readying graduates for the world of nursing practice.

The following studies provide examples of current curriculum design and teaching strategies. Lacking in the literature is information pertaining to the new hybrid, TMTP.

Using a descriptive exploratory research method, Boylston, Peters and Lacey (2004) surveyed 53 traditional and accelerated RN to BSN students enrolled at a small, private Christian university. The goal of this research was to determine what items of education are essential to students and whether one group of students was more satisfied with one delivery system over the other. The Noel-Levitz (2000) Adult Student Priorities Survey (ASPS) instrument that measures areas of importance in adult learners was utilized. Results demonstrated the students of the accelerated format were more satisfied with the institution, program, instructional quality, and services than the students in the traditional format. Limitations of this study included a small sample size from a single setting. In addition, accelerated students were matriculated for less than one year; thereby

decreasing the amount of time they were members of the campus culture, which could influence results.

Web-based education presents challenges for educational institutions. Kearns, Shoaf and Summey (2004), in an exploratory study, compared differences in the performance and satisfaction of 65, second-degree BSN students in web-based and traditional educational delivery environments. Performance was evaluated using the mean final course grades and composite examination scores of the two groups. Results indicated significant differences. The web-based group scored higher on both grades and composite score measures than the traditional group. Although findings indicated a significant difference in the overall satisfaction score, neither group expressed high satisfaction with the teaching method used. The authors concluded that the web-based delivery method was more effective than the traditional method and satisfaction was found to be related to accessibility of course resources, frequency and timeliness of instructor feedback, and the use of web-based enhancements. Suggestions for further research included using a longitudinal evaluation with a larger sample of students randomized between traditional and web-based groups.

Walker, et al. (2007) used a descriptive survey design to study 129 traditional and second-degree students' preferences for teaching methods. The author developed a 30-item Likert scale survey containing essential elements in regard to teaching methodologies to collect data. Results indicated statistically significant differences between the two groups of students in the areas of ability for self-directed learning, expectations of faculty, classroom structure, and obtaining a grade that mattered. Of note, traditional students indicated a preference for the face-to-face educational

experience and very low levels of preference for either totally web-based or web-enhanced course work. This presents a paradox since most of the students come from a generation known for technological expertise. The majority of second-degree students preferred and embraced web-enhanced study along with face-to-face interaction.

Generalizability is limited, since the study was conducted at one setting.

Comparative Studies

Research comparing cognitive measures of traditional and second-degree accelerated baccalaureate students was conducted and included measures such as, the National Council Licensure Examination for Registered Nurses (NCLEX-RN) results, grade point averages (GPAs), critical thinking, and clinical performance measures. Results were mixed as identified in the following studies.

An early study conducted by Youssef and Goodrich (1996) examined differences in anxiety, critical thinking, GPAs, and NCLEX-RN results. A total of 102 accelerated and traditional nursing students were asked to complete a demographic questionnaire along with the State-Trait Anxiety Inventory (Spielberger, 1970), and the Scale of Judgmental Ability in Nursing (Seidl & Sauter, 1990) to measure critical thinking. NCLEX-RN pass rates were reviewed for each group. Though not statistically significant, accelerated students maintained higher grade point averages than the traditional students. No significant differences were found on NCLEX-RN pass rates, anxiety or critical thinking. In conclusion, Youssef and Goodrich reported that accelerated programs were an innovative option to increase the number of eligible applicants into nursing. Due to their relative newness at that time, a need to ascertain data about these students and examine the success of such programs was greatly needed.

Ten years later, Bentley (2006) conducted a study using a convenience sample of nursing students at one university. They compared 172 traditional and 52 second-degree accelerated baccalaureate nursing graduates by assessing the number of candidates completing the course work and successfully passing the NCLEX-RN. Though students in the accelerated programs had a non-significant, higher passing rate in their coursework, there were no statistically significant differences in the NCLEX pass rates between the groups. These results corroborate findings from previous studies.

Similarly, Brewer et al. (2007) using a cross-sectional design, conducted a study to describe the differences between 953 second-degree (SDB) and traditional baccalaureate (TB) new graduate RNs. Data were collected using a 16-page survey that included a monetary incentive. Results found no differences in attitudes or the number of times it took for either group to pass the NCLEX. As noted in previous literature, there were differences in student profiles. SDB's are older, married with children, and more culturally diverse. They usually earned more money than their TB counterparts. Employers found the SDB group to be a better hire risk based on their high potential for contributing to the nursing profession. Limitations of this study related to a response bias due to mailed surveys. Although there was a 58% response rate, there is the possibility that responders may be different from those who chose not to respond.

Brown, Alverson and Pepa (2001) studied critical thinking abilities of students pursuing various pathways in the same baccalaureate nursing curriculum. A convenience sample consisted of three groups (traditional $n = 45$, RN to BSN $n = 35$, and accelerated $n = 43$) of baccalaureate nursing students. The Watson-Glaser (1980) Critical Thinking Appraisal, an 80-item self-administer instrument containing five subjects was

administered to all participants at the beginning and end of their course work. Results of this study were mixed. Although all students were from the same baccalaureate nursing curriculum, the students from the traditional and RN to BSN cohorts were the only participants that demonstrated a significant increase in critical thinking ability. One reason offered for the findings was that the accelerated students in the fast-paced program may not have had an opportunity to question and reflect on the presented information.

Korvick, Wisener, Loftis and Williamson (2008) conducted a retrospective, quasi-experimental study at a private university comparing identical instruction and performance measures between 29 accelerated second-degree and 32 traditional BSN students. The students' performance was measured using faculty-developed examinations, observation and quizzes for laboratory skills, two normalized national examinations, and total points earned for the semester. Results showed that the mean scores of the accelerated students significantly exceeded the scores of traditional students on every measure. The findings from this study were based on a small group of students suggesting further research to examine other quantifiable variables to help explain the characteristics of the students. Additional studies were suggested to examine adaptation of teaching strategies for academically mature students to promote effective and efficient learning in accelerated curricula.

Williams et al. (2008) compared clinical competencies between nursing students with degrees and traditional students. The sample consisted of 134 undergraduate junior and senior nursing students. The Student Perception of Clinical Competency Scale, which was developed from Clark and Tholcken (2004) Self-Efficacy for Clinical Evaluation Scale was distributed to the students at the end of the spring semester. Statistically

significant differences were noted in two of the 36 competency measures. Second-degree students differ from traditional students in maintaining client confidentiality and developing appropriate, prioritized nursing diagnosis. However, second-degree students did not show greater confidence or competence in 17 of the basic nursing care areas. The previous assumption that second-degree students have a greater capacity to master clinical skills was not supported by the results of this study.

Qualitative Research

Nurse researchers are often interested in what is termed “soft data,” that which is not directly amenable to counting and mathematical manipulation (Cohen, Kahn, & Steeves, 2000). To obtain soft data, qualitative research methods are often employed. The following qualitative research studies provide a glimpse into the lived experiences of accelerated nursing students.

Utilizing a hermeneutic phenomenological approach, Cangelosi (2007a; 2007b) studied the lived experiences of accelerated second-degree nursing students. These two studies analyzed the experiences of 19 graduates from an accelerated second-degree baccalaureate program to understand how their experience best prepared them for practice after graduation. In both studies, students described faculty as an important part of their success by helping them to overcome barriers that may have prevented them from meeting their goals. In addition, participants were relieved when faculty identified obstacles to learning and assisted students to remove these barriers. Faculty who took time to connect with students and help them integrate theory into clinical practice provided a foundation for their nursing practice.

Cangelosi (2008) conducted a hermeneutic phenomenological study to explore and

develop understanding of the experiences of 22 accelerated baccalaureate nursing students through simulated client narratives in a campus laboratory setting and whether this learning helped them integrate theory from the classroom into the clinical setting. Analysis revealed a theme “Creating a Safe Environment” as significant in the teaching/learning use of narratives. This technique provided students with an environment to practice skills safely before attempting them with real patients. The author suggested that the use of real-life simulated clients and situations may decrease competition for clinical sites as well as help students to learn how to deal with true clinical issues.

Sharf Kohn and Truglio-Londrigan (2007) conducted a phenomenological study to develop understanding of the lived experience of being a second-career baccalaureate nursing student. Five students participated in unstructured, in-depth, face-to-face interviews. The following themes identified the participants’ experiences during their nursing studies: Questioning One’s Place in the World; Seeing One’s Place in the World in Another Way; Preparing for the Plunge; Trying Transitions; Bundle of Emotions; Faculty Control, Student Imbalance; and Almost There and Scared. The authors of this study felt it is extremely important for faculty to understand the educational experience from the students’ point of view. While this may be a challenge, understanding these observations may lead to the development of new educational practices.

Chapter Summary

The profiles of second-degree students have subtly changed over the years. Students’ lived experiences offer faculty ideas to better understand the learning needs of this group. Challenges of the structure and processes of nursing education have been identified, yet

change has been slow. The literature identifies the demand for accelerated programs, but little research has been conducted that evaluates the efficacy, nature, quality, and outcomes of such programs. Results are mixed in the studies of cognitive measures and much of the literature reviewed remains limited in both quantity and generalizability.

Finally, little research is available on the development of traditional program hybrids/TMTPs or the non-degreed, traditional learners enrolled in such programs. The reviewed literature does provide a starting point for this phenomenological inquiry.

CHAPTER III

METHOD OF INQUIRY: GENERAL

The methodological approach for this research is phenomenology. Phenomenology is defined as a philosophy or method of inquiry, whose purpose is to describe particular phenomena, or the appearance of things, as lived experience. It is the lived experience that presents to the individual what is true or real in his or her life (Speziale & Carpenter, 2007). “Phenomenological research is used to answer questions of meaning. This method is most useful when the task at hand is to understand an experience as it is understood by those who are having it” (Cohen, Kahn, & Steeves, 2002, p. 3).

According to van Manen (1990), phenomenology describes how one orients to lived experience, hermeneutics describes how one interprets the texts of life, and semiotics is used to develop a practical writing or linguistic approach to the method of phenomenology and hermeneutics. The underlying purpose of this research was to attain an understanding of how non-degreed, traditional baccalaureate nursing students experienced education in a time modified traditional nursing program (TMTP). The six research activities of van Manen’s (1990) hermeneutic phenomenology guided this study.

Historical Foundations of Phenomenology

Immanuel Kant (as cited in Rogers, 2005) is credited with providing the foundation for the development of philosophy and methodology of the social sciences often referred to as the *Geisteswissenschaften*. This German term is broadly translated to the “knowledge of humans” (Rogers, 2005). Kant’s work ultimately gave rise to the phenomenological movement, which began around the first decade of the 20th century

and can be divided into three phases known as the preparatory phase, the German phase, and the French phase (Speziale & Carpenter, 2007).

Preparatory Phase. The preparatory phase is dominated by Brentano and his student Stumpf (Spiegelberg, 1984). Brentano's goal was to reform philosophy so that one could obtain answers that organized religion was no longer able to provide. He is also credited with seeking to make psychology scientific by the utilization of descriptive psychology. Stumpf originated experimental phenomenology, which is experimentation to discover connections between the elements of what is being perceived (Cohen, et al., 2002).

German Phase. Husserl and Heidegger were the prominent leaders of the German phase. Polit and Beck (2008) cite Husserl as the developer of descriptive phenomenology. Husserl (as cited in Speigelberg, 1981) identifies phenomenology as "based on the intuitive inspection and faithful description of the phenomena within the context of the world of our lived experience (*Lebenswelt*), anxious to avoid reductionist oversimplifications and over-complications by preconceived theoretical patterns" (pp. 51-52). Husserl identified the purpose of phenomenology "as the rigorous and unbiased study of things as they are in order to arrive at an essential understanding of human consciousness and experience" (Dowling, 2007, p. 132).

Husserl's primary interest was to answer the question: What do we know as persons? His philosophy gave emphasis to "consciousness" which provided a focus for describing the human experience (Rogers, 2005). The "lifeworld" as conceived by Husserl is the world of the natural attitude of everyday life (van Manen, 1990). Husserl's ideas include phenomenological reduction known as bracketing (Cohen et al., 2002) and intuiting (Speziale & Carpenter, 2007). Polit and Beck define bracketing as the process of

identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study and intuiting as the researcher's ability to remain open to the meanings attributed to the phenomenon by those who experience it.

Heidegger, a student of Husserl, is credited for his work in the study of interpretive phenomenology or hermeneutics (Rogers, 2005). Heidegger was primarily interested in interpreting experiences from the standpoint of being rather than of consciousness (Rogers) and to answer the question: What is Being? (Polit & Beck, 2008). Cohen et al., (2002) cite Heideggerian hermeneutics as focusing on interpretation and combines the features of both descriptive and interpretive phenomenology.

French Phase. Marcel, Sartre, and Merleau-Ponty are identified as the predominant leaders of the French phase. Embodiment and being-in-the-world were concepts developed during this phase. These concepts identify the belief that “all acts are constructed on foundations of perception or original awareness of some phenomenon” (Speziale & Carpenter, 2007, p. 80). The use of Merleau-Ponty's writings is useful for the nurse researcher (Dowling, 2007) for the process of phenomenological questioning, reflecting and writing (van Manen, 1990).

Researching Lived Experience by Max van Manen

A more contemporary approach is credited to van Manen, who believed that researching the lived experience is a combination of descriptive and interpretive phenomenology (Dowling, 2007). According to van Manen (1990) the fundamental thesis of hermeneutic phenomenological approach is “that almost anyone who is seriously interested in human science research can benefit from an examination of its methodological dimensions” (p.3). Every phenomenological inquiry as identified by van

Manen is driven by the researcher's commitment to turning to an abiding concern and defines hermeneutic phenomenological research as a dynamic interplay among six research activities.

Phenomenological Activities Related to this Study

As van Manen (1990) signifies, the first activity of *turning to a phenomenon that seriously interests us and commits us to the world*, is the beginning of the project in which the researcher sets out to make sense of a certain aspect of human existence. This researcher's interest in the subject began through the hiring of new graduates into the Intensive Care Unit Internship program. Discussion between colleagues at a Northern Nevada hospital identified a noticeable, but unquantifiable difference between the new graduates from a traditional program and the Time Modified Traditional Program (TMTP). "There is something different about these new students" was a comment often made among nursing managers. The lack of confidence, prioritization and organization skills, socialization, and base knowledge were factors often discussed in relation to these differences. This sentiment was shared through personal communications with members of nursing leadership.

The goal of this research was to gain a deeper understanding of the meaning and significance of the lived experience of non-degreed learners attending a TMTP of nursing through listening, reflecting, describing and interpreting the stories of their experiences. Phenomenological inquiry as cited by van Manen (1990) is an individual interpretation and no single interpretation of the human experience will exhaust the possibility of yet another complementary or even potentially richer description. Thus, this research is a

contribution to the science of nursing education and to assist educators to better understand and support the needs of non-degreed, traditional students in the TMTP.

The second activity, *investigating experience as we live it*, requires the researcher to “stand in the fullness of life,” and “actively explore the category of lived experience in all its modalities and aspects” (van Manen, 1990, p. 32). Through the employment of new graduate nurses and the recognition of “something different,” the awareness of one’s own experience of the phenomenon provides clues for orienting oneself to the phenomenon and all stages of the phenomenological inquiry. In addition, through guided interviewing, reflective listening, and observation, the researcher became part of the participant’s world to gain a deeper understanding of the experience. As van Manen states, “We gather other people’s experiences because they allow us to become more experienced ourselves” (p. 62).

The third activity, *reflecting on essential themes*, is the true reflections on lived experience through thoughtful, reflective grasping of what it is that renders the particular experience its special significance (van Manen, 1990). By identification and analysis of themes, the researcher brought to focus the meaning and significance of the experiences of students in a TMTP.

The fourth activity, *the art of writing and rewriting*, is the ability of the researcher to describe the phenomenon through writing. In this activity, van Manen (1990) discusses the importance of “literal and epistemological silence” to promote a more reflective response from participants. During this activity the researcher put to paper collected anecdotes and stories of the participants’ experiences. As further asserted by van Manen, writing fixes thoughts on paper; writing is seeing, understanding and creating the depth of

the phenomenon. In this activity, the researcher brought forth the participants' voices so that the reader could understand the meaning and significance of the lived experience.

In the fifth activity, *maintaining a strong and oriented relation to the phenomenon*, the researcher remained steadfast in her quest to understand the lived experience. Although the researcher had previous knowledge and experience with the phenomenon under study, personal biases were separated and the researcher maintained openness to participants' experiences. Immersion in the phenomenon required the researcher to "meet with it, go through it, encounter it, suffer it, consume it and, as well, be consumed by it" (van Manen, 1990, p.153). Furthermore, van Manen identifies the need for strong, oriented, rich, and deep text. He states, "The meanings of the lived sense of phenomena are not exhausted in their immediate experience" (p.152). Understanding the experience is not by reducing it to one's own experience, but by which "we orient ourselves its meaning and its resistance to our fuller understanding" (p. 152).

The final activity, *balancing the research context by considering parts and whole*, is to always be aware of the effects of research on the participants, the institutions in which the research is conducted, and the researcher. The researcher needed to constantly measure the overall design of the study against the significance that the parts played in the total textual structure (van Manen, 1990). This strategy kept the researcher focused on achieving a deeper understanding of the phenomenon.

Research Plan

Participant Selection

Qualitative research necessitates a purposeful selection process with relatively small samples, even single cases (Patton, 1990). Patton notes, "The logic and power of

purposeful sampling lies in selecting information-rich cases for study in depth” (p.169). Given that the target of qualitative research is depth rather than generalization, it is essential to select individuals based on their knowledge of a phenomenon for the purpose of sharing that knowledge. Patton concludes, “There are no rules for sample size in qualitative inquiry” (p.184). Purpose, credibility, time and resources determine the sample and sampling is terminated when no new information is obtained during data collection and content analysis. Specific criteria and method of purposeful selection are discussed further in the following chapter.

Data Generation and Analysis Procedures

Data Generation

Building a relationship with participants is a key element for obtaining their stories. In a typical interview, a hierarchical relation exists between the researcher and the participant, with the participant in a subordinate position (Fontana & Frey, 2000). Jorgensen (as cited in Patton, 1990) states, that the success of researchers to reach participants is based on their ability to interact in the new setting as the participants decide how to behave toward the researcher. Thus, “mutual trust, respect, and cooperation are dependent on the emergence of an exchange relationship, or reciprocity in which the researcher obtains data and the participants find something that makes their cooperation worthwhile” (p. 253).

The researcher has knowledge of both institutions identified in this research as a faculty member and student in one and as a student in the other, thus leading to the establishment of an exchange relationship. The risks of hierarchical relationships were

decreased since participants were graduates and were no longer in a subordinate position to the researcher.

In phenomenological research, the interview has a very specific purpose that van Manen (1990) describes as a means to explore and gather experiential narrative material. This material serves as a resource for developing a richer and deeper understanding of a human phenomenon and as a communication vehicle to develop a relation with the participant about the meaning of the experience. Furthermore, for a novice researcher, the guided approach or conversational interviewing should be disciplined by the fundamental question that prompted the need for the research (Patton, 1990; van Manen, 1990). This approach uses a list of questions or topics the researcher wants to explore during the interview. When asking about an experience, van Manen believes it is helpful to be concrete and ask the person to think of specific situations, people, events, or places. This approach allows participants to share stories of their lived experiences. Reflective listening and careful observations are paramount during the interview process.

Data Analysis

Analysis begins with listening to each participant's descriptions of his/her experiences followed by reading and re-reading the verbatim transcriptions (Speziale & Carpenter, 2007). "The goal of the analysis is a thick description that accurately captures and communicates the meaning of the lived experience for the informants being studied" (Cohen, et al., 2000). Techniques for isolating thematic statements (van Manen, 1990) were used to analyze the data. These techniques (the "wholistic" approach, the selective reading approach, and the detailed reading approach) consist of listening and observing during interviews and reading and re-reading the transcripts, while reflecting on the

essential themes which characterize the phenomenon. Each technique provides a different view of the individual text. Colaizzi's (as cited in Sanders, 2003) 7-step method of data analysis operationalizes van Manen's approach. The general principles related to those steps are identified as follows:

1) Each research informant's verbatim transcript is read to acquire a sense of the whole. Phenomenological studies generate a significant amount of data, thus Cohen, et al. (2000) suggest transcribing and converting data into digital form as soon as it has been gathered. Colaizzi (1978) suggests that the researcher read the participants' narratives multiple times to obtain a sense of their ideas in order to understand them. This step helps to familiarize and immerse oneself into the data. According to van Manen (1990), a "wholistic" analysis of the interview allows one to capture the fundamental meaning or main significance of the text as a whole and formulate a phrase to express that meaning. This "wholistic" analysis is not the sum total of all participants' interviews, but is the individual essence of each participant's story.

2) Significant statements and phrases pertaining to the phenomenon being studied are extracted from each transcript. While many software products have been developed to assist with data management, Seidel (1991) cautions the researcher against distancing oneself from the data. Novice users of technology tend to be so caught up with working out how to code the information that they may lose sight of their data (Barry, 1998). In addition, Barry maintains, continuing analysis relies on the necessity of re-reading data both in complete and categorized transcripts and field notes, over and over again, to develop an analysis with any depth. Colaizzi (1978) suggests that the researcher extract phrases and statements from the transcripts that together form the whole meaning of the

experience. This is what van Manen (1990) identifies as the selective reading approach; listening or reading the text several times and asking, “What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?” (p. 93).

3) *Meanings are formulated from significant statements.* Colaizzi (1978) advises that the researcher begin to formulate general statements or meanings for each significant statement gleaned from the transcripts. This was identified by van Manen (1990) as the detailed reading approach where individual words, sentences, and phrases are studied for meanings, differences, and commonalities. The researcher “leaps” from what participants say to what they mean by describing and interpreting the lived experiences.

4) *Meanings are organized into themes, and these themes evolve into theme clusters and eventually theme categories.* Colaizzi (1978) states that in this stage the researcher identifies discrepancies between the various clusters. Thus, it is important for the researcher to possess “tolerance for ambiguity” and “proceed with the solid conviction that what is logically inexplicable may be existentially real and valid” (Colaizzi, p. 61).

5) *These results are integrated into a rich and exhaustive description of the lived experience.* As van Manen (1990) suggests, the researcher constructs emerging themes as a generative guide for writing the research study.

6) *The essential structure of the phenomenon is formulated.* The researcher makes an effort to formulate the exhaustive description of the phenomenon under study in as clear a statement of recognition from its original structure as possible.

7) *Validation is sought from the participants to compare the researcher’s descriptive results with their lived experience.* Colaizzi (1978) states that for the final validation

stage of data analysis, the researcher must return to the participants for a last interview to extract views on the essential structure of the phenomenon and to ensure that it represents their experience.

Ensuring Trustworthiness

Sanders (2003) notes that when considering rigor of phenomenological research, one must identify if “the study is believable, accurate, and right, and whether it is useful to people beyond those who have participated in the study (p. 293). In qualitative research, validity and reliability are conceptualized as trustworthiness and accuracy (Cohen et al., 2000). According to Speziale and Carpenter (2007), to ensure trustworthiness of the data analysis, each participant should be asked if the description reflects the participant’s experiences and recognized to be true. Guba (1981) identifies four criteria, which should be used by qualitative researchers in the pursuit of a trustworthy study. These criteria include: Truth Value, Applicability, Consistency, and Neutrality.

Guba (1981) identifies the Truth Value, as the internal validity and credibility of the research. Applicability or external validity is concerned with the extent to which the findings of one study can be applied or transferred to other situations (Guba, 1981; Lincoln & Guba, 1985; Shelton, 2004). Guba (1981) states that concern over consistency stems from the fact that instruments must produce stable results if those results are to be meaningful. Yet, lived experiences change even as the information is received (van Manen, 1990). Finally, “neutrality” commonly termed as “objectivity” is presumably guaranteed by methodology (Lincoln & Guba, 1985; Guba, 1981).

Chapter Summary

This chapter began with the background and significance of phenomenological inquiry as a methodological approach for researching lived experiences. Use of van Manen's activities of research, the processes for data collection and management, along with Colaizzi's steps of analyzing data were described for appropriate use in this research. Finally, methods to ensure trustworthiness were presented.

Currently, there is a paucity of research literature about the TMTP educational experience. This research project allowed the researcher to determine the impact of the TMTP educational experience on selected students who were enrolled in these programs. The interviews allowed the participants to self-reflect upon the TMTP educational experience. The data collected will enhance the TMTP educational experience for future students. It is a professional and collegial action which contributes to the science of nursing education and assists educators to better support the needs of non-degreed learners in the TMTP by understanding the meaning and significance of their experiences.

CHAPTER IV

METHOD OF INQUIRY: APPLIED

Sample: Participant Recruitment and Selection

Purposeful sampling was used to recruit participants from a pool of students who were graduating December 2009 from two of the TMTPs identified in the State of Nevada. This type of sampling enabled the researcher to select individuals based on their knowledge of a phenomenon for the purpose of sharing that knowledge (Patton, 1990). The goal was to recruit 10 to 12 participants in an effort to achieve data saturation. As described by Speziale and Carpenter (2007); “saturation” is achieved when, new information is no longer forthcoming or existing narratives are adequate to describe the phenomenon.

The inclusion criterion for this study were: At the time of recruitment the participant must have been a nursing student who had graduated from high school and chose nursing as a first career, was in his/her final semester of nursing study, and had met all the requirements for commencement, and would graduate December 2009. At the time of recruitment, students who already possessed a degree (2nd Degree Students) were excluded from this study.

Participants had to agree to a face-to-face, audio-taped interview, to be conducted within 1 to 4 months post-graduation. This window of time bore no significance, but was selected for the convenience of the participants as they prepared for NCLEX-RN and potentially starting new employment as graduate nurses. In addition, the participants agreed to follow-up communications via email, private telephone calls, or in person meetings. This follow-up communication was used to clarify any errors of the verbatim

transcription, misinterpretations of the researcher regarding themes, and allowed participants an opportunity to add any additional thoughts they had about their lived experiences.

Gaining Access

Protection of Human Subjects

Approval of this study was sought from and approved by the Institutional Review Boards (IRB) for the University of Nevada, Las Vegas and the University of Nevada, Reno (Appendices C and D). In addition to IRB approval, permission from the program directors of each chosen institution were solicited and granted.

Recruitment

After receiving approval from the institutional review boards and selected institutions' program directors, recruitment flyers (Appendix E) were distributed to all senior nursing students during their final semester of coursework. Interested students were asked to contact the researcher prior to graduation via email or telephone for the researcher to secure contact information. The researcher contacted each interested participant after graduation to ensure inclusion criteria and explained the purpose of the research, maintenance of confidentiality, structure of the interviews, consent to audio-tape the interviews, transcribed verbatim of interviews, the handling of data, reporting of data at the end of the research, and any additional questions participants had pertaining to the research. This information is included in the consent form (Appendix F) that each participant was asked to sign. In addition, the researcher set up a time and location with the participant for formal consenting and the first interview.

In an attempt to recruit and maintain subjects for this study, participants were compensated for their participation. A \$10.00 gift card was given to each participant at the completion of the 1st interview and a \$15.00 gift card was given to each participant at the completion of the 2nd interview. A total of 10 students contacted the researcher and agreed to participate in the research study. All 10 students completed the study.

Privacy and Confidentiality

Any information obtained in this study was and remains confidential. All participants were assigned a pseudonym to protect confidentiality. In field notes, recordings, and transcription, participants were referred to by their pseudonym. A key to participant contact information and pseudonym was kept in a locked cabinet by the researcher. A confidentiality agreement was signed by the individual transcriptionist who had access to the interview data (Appendix G). IRB protocols were followed regarding the storage of demographic data, interview data, and consents. All records are stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time, the information gathered will be destroyed.

Consent

Informed consent forms were developed in compliance with the participating universities' IRBs. The consent forms explained that participation in this study was on a voluntary basis and each participant had the right to refuse to participate or withdraw at any time during the study without penalty. In addition, benefits and risks of the study were explained. Participants were reassured that the data would be kept confidential. All individuals who met inclusion criteria and chose to participate in this study completed the consent process prior to the beginning of the first interview.

Data Generation and Analysis Procedures

Data Generation

Using a guided approach, data for this study were collected through a 1-hour, in-depth, face-to-face, interview with each participant. Interviews were conducted at private locations agreeable to the participants and researcher to ensure privacy and confidentiality of provided information. Interview questions (Appendix H), were prepared and utilized. Demographic questions asked at the beginning of each interview were used to identify the characteristics of the participants interviewed. All interviews were audio-taped with a digital recorder, transcribed verbatim by a transcriptionist who signed a confidentiality statement, and reviewed for accuracy by the researcher. Field notes and journaling were used to reconstruct aspects (physical environment, body language, distractions, dress and demeanor of the informant as well as recording ideas, insights, and observations of the researcher) that could not be discerned from the transcript of the recording. This ongoing reflective commentary formed an “audit trail” for this phenomenological inquiry.

Data Analysis

Analysis of the data as described by Speziale and Carpenter (2007) began with listening to each participant’s description of his/her experiences followed by reading and re-reading the verbatim transcriptions. Techniques for isolating thematic statements (van Manen, 1990) were used to analyze the data. These techniques (the “wholistic” approach, the selective reading approach, and the detailed reading approach) consisted of listening and observing during interviews and reading and re-reading the transcripts, while reflecting on the essential themes that characterize the phenomenon. Each

technique provided a different view of the individual text. Finally, Colaizzi's (as cited in Sanders, 2003) 7-step method of data analysis, which operationalizes van Manen's approach was used. These steps for data analysis are presented:

1) Each research informant's verbatim transcript is read to acquire a sense of the whole. The researcher personally conducted each interview. Following each interview, an established timeframe was used for reflection and review of field notes. The audio-tapes were transcribed verbatim by a transcriptionist who signed a confidentiality statement. Once transcribed, the verbatim was read by the researcher, while listening to audiotapes to verify accuracy. The researcher read the participants' narratives multiple times to obtain a sense of their ideas in order to understand them. This step helped to familiarize and immerse oneself into the data. Thoughts, feelings, and ideas that occurred during the reading of each participant's transcript were logged into the researcher's journal.

2) Significant statements and phrases pertaining to the phenomenon being studied are extracted from each transcript. As a novice to qualitative research, the researcher hand coded the data (Barry, 1998; Seidel, 1991). Data were re-read both in complete and categorized transcripts and field notes, over and over again. Statements were circled, underlined, or highlighted from the transcripts that together formed the whole meaning of the experience.

3) Meanings are formulated from significant statements. In this stage, the researcher studied individual words, sentences, and phrases for meanings, differences, and commonalities. General statements or meanings were formulated for each significant statement gleaned from the transcripts.

4) *Meanings are organized into themes, and these themes evolve into theme clusters and eventually theme categories.* Words and phrases that are similar in each transcript constitute a theme (van Manen, 1990). The researcher organized the aggregate formulated meanings into clusters of themes and referenced these clusters to the original transcripts for validation. A chart of the thematic analysis across all participants is provided in Table 1.0.

5) *These results are integrated into a rich and exhaustive description of the lived experience.* As van Manen suggests, the researcher used emerging themes as a generative guide for writing the research study. The researcher formulated an exhaustive description of the lived experience of non-degreed learners who were enrolled and graduated from a TMTP.

6) *The essential structure of the phenomenon is formulated.* At this stage, previous clusters at the individual level were formulated into essences at a cumulative level. This was completed in an effort to formulate the exhaustive description of the phenomenon under study in as clear a statement of recognition from its original structure as possible.

7) *Validation is sought from the participants to compare the researcher's descriptive results with their lived experience.* Colaizzi (1978) states that for the final validation stage of data analysis, the researcher must return to the participants for a last interview to extract views on the essential structure of the phenomenon and to ensure that it represents their experiences. The transcribed verbatim was distributed to each participant via email for verification of content and interpretation (Appendix I). Each participant was asked to provide corrections to the text and clarify any misinterpretations. In addition, participants were asked to update demographic information regarding employment and NCLEX-RN

results. Participants were given 1 week to review the verbatim, respond, and return it to the researcher. The researcher had to contact one participant for failure to meet the deadline. Communication with participants was maintained through email, telephone calls, and personal meetings. This provided each participant with an opportunity to add any additional thoughts they had about their lived experiences.

Ensuring Trustworthiness

Trustworthiness and accuracy of this phenomenological study was assured by following Guba's approaches of Truth Value, Applicability, Consistency, and Neutrality. These four criteria were used to validate the quality, rigor and trustworthiness of this study.

Truth Value

In this phenomenological inquiry, the researcher employed van Manen's well established qualitative research methods. In addition, to ensure truth value, Shelton (2004) cites that one must have a familiarity with the culture of participating organizations. The researcher has knowledge of both institutions identified in this research as a faculty member and student in one and as a student in the other. Shelton asserts that utilizing multiple sites provides "site triangulation." In this research, the participation of informants came from two universities reducing effects on the study from particular local factors peculiar to one institution. In addition, multiple-site use provided an opportunity for the researcher to contrast analyses and use participants' stories to theorize identified similarities and differences.

Applicability

Applicability or external validity is concerned with the extent to which the findings of one study can be applied or transferred to other situations (Guba, 1981; Lincoln & Guba, 1985; Shelton, 2004). While this qualitative research does not purport generalizability of the phenomenological inquiry, it was the researcher's responsibility to write a thick description and provide relational understanding (van Manen, 2002). Thus, readers of this research generalize the written description.

Consistency

To address consistency in this qualitative research, it was important for the researcher to report in detail all processes within the study. To that extent, the researcher provides a description of the planning and execution of this study, addressing the details of what was done in the field, and evaluating the effectiveness of the process of inquiry undertaken. Shelton (2004) suggests that following these steps enables the reader to assess the extent to which proper research practices were followed.

Neutrality

In keeping with Patton's (1990) ideas of ensuring credibility, the researcher often returned to the data to identify if the constructs, categories, explanations, and interpretations reflected the nature of the phenomenological inquiry. As noted by van Manen (1990), one cannot completely set aside biases as "one's own experiences are also the possible experiences of others" (p. 54). He further asserts that being aware of one's own experience of a phenomenon may provide the researcher with clues for orienting oneself to the phenomenon. Shelton (2004) identifies the key criterion for neutrality is for the researcher to admit to his/her own predispositions. To ensure neutrality in this

study, the researcher provides a detailed description of the methodological approach, in addition to ongoing reflective commentary in the form of an audit trail. From the beginning this researcher discussed with colleagues and committee members researcher biases in order to hold in abeyance any preconceived ideas regarding the phenomenon so as to produce a narrative text that as accurately as possible, reflected the dialogue of the participants. One such bias held by the researcher was the effect that the condensed timeframe of a TMTP had on the non-degreed learner's lived experience. Indeed, time presented as a factor for the study participants and those findings are discussed in Chapter V.

Chapter Summary

This chapter presented the application of van Manen's phenomenological approach along with Colaizzi's steps for data analysis. In addition, descriptions of methodological considerations were included to identify the researcher's intention of ensuring rigor and trustworthiness of this study.

CHAPTER V

FINDINGS

The purpose of this phenomenological inquiry was to describe, interpret, and gain a deeper understanding of how non-degreed learners experience education in a Time Modified Traditional Program (TMTP) of study. The question guiding this research was: What is the meaning and significance of the lived experience of a non-degreed learner enrolled in a time modified traditional baccalaureate nursing program? The stories shared from the following individuals who participated in this study, provide a “pathic voice” (van Manen, 2002) for the reader to identify with. It is these stories that contribute to the themes and overall essence of this phenomenon.

Description of the Participants

A total of 10 non-degreed learners, five from each of the two identified TMTPs, participated in this study. Eight of the participants were female and two were male. The age of the participants ranged from 21 to 36 years. Five of the participants were married and the other five were single. One of the single participants was engaged to be married shortly after the first interview. At the time of the first interview, only one participant took and passed NCLEX-RN. Individual participant profiles are included in Appendix J.

Data Collection

The initial 10 participant interviews were conducted between January and March, 2009. Five of the participants volunteering for this study were known to the researcher, having been recent students. One participant was known to the researcher through a mutual acquaintance. Four of the students, the researcher never met.

Participants were initially interviewed in a mutually agreed upon, private setting that was convenient for the participant. Eight of the interviews were held in a “quiet room” at each of the participating universities’ library. Two of the interviews were held in a small conference room in a local hotel known to the participants.

Each of the chosen settings provided an appropriate atmosphere for the interviews. Rooms measured approximately 168 square feet with a small square conference table providing seating for six. The researcher and participant sat diagonally from each other at the end of the table with the digital recorder placed centrally. A “Meeting in Progress, Please Don’t Disturb” sign was posted on the door and the participant and researcher turned off their cell phones, to avoid disruption during the interview process.

Participants’ consent occurred in the following manner: Each participant was given the consent form and allowed 10 minutes to read it privately. The researcher then returned to the room to identify if the participant needed additional time. If no additional time was required, the researcher entered the room, was seated, and answered any questions the participant might have after having read the consent form. The participant was reminded that the study was voluntary and he/she could withdraw from the study at any time without penalty. The consent form was then signed with a copy provided for each participant.

In order to build a rapport and put the participant at ease, an open dialogue was held prior to the start of the interview. This usually lasted between 5 to 10 minutes. Before starting the interview the participant was asked, “Are you ready?” When he/she acknowledged “yes” the recorder was turned on and the formal part of the interview was conducted. Prior to ending each interview, the participant was asked, “Is there anything

else you would like to share about your experience?” Once the participant identified he/she was finished with his/her thoughts, the researcher stated, “This concludes this interview” and the recorder was turned off. If during the casual opening and closing conversations, the participant made comments that pertained to the study, the recorder was turned back on and the participant was asked to repeat those comments for the record.

Follow-up meetings were conducted between January and April, 2009. These communications were performed through email, phone conversations, and face-to-face meetings based on scheduling and availability of both the participant and the researcher. These follow-up meetings and communications were used to clarify any errors of the verbatim transcription, misinterpretations of the researcher regarding themes, and allowed participants an opportunity to add any additional thoughts they had about their lived experiences. All 10 participants who started the study completed the study.

Data Analysis

Each of the interviews was transferred from the digital recorder to compact disc (CD) and given to the transcriptionist. There was a 1 to 2 week turnaround for the transcription of each verbatim. Data were hand coded and analyzed using Colaizzi’s 7-step method as outlined below.

Immersion

While awaiting transcription of the verbatim, the researcher listened to the interview recordings. Thoughts, feelings, and ideas that occurred while listening to participant’s interview were logged into the researcher’s journal. Once transcribed, the verbatim was read while listening to audiotapes to verify accuracy. The researcher read the

participants' narratives multiple times to obtain a sense of their ideas and to gain an understanding of each participant's story. This step helped to familiarize and immerse oneself into the data. Once again, thoughts, feelings, and ideas that occurred during the reading of each participant's transcript were logged into the researcher's journal.

Extraction of Significant Statements and Phrases

Each of the 10 interviews produced between 6 to 15 pages of transcription, for a total of 56,791 words. Through hand coding, the 10 interviews yielded 382 significant words, statements, or phrases pertaining to the experiences of non-degreed learners while attending a TMTP. A complete listing of the extracted significant statements of the 10 interviews was compiled in a word document. Each significant statement was arranged with the formulated meanings.

Formulation of Meanings

For each significant word, statement, or phrase, the researcher formulated meanings. Every effort was made to ensure that each formulated meaning remained connected to the participant's original statements.

Organizing Clusters of Themes

During this step, the collective formulated meanings were organized for likenesses and from this organization, clusters of themes developed. Themes emerged from the clusters, which represented individual and group experiences of the non-degreed learners from a TMTP. Validation of this step was attained by returning to the original interviews and searching whether anything contained in the original interviews was omitted or not accounted for in the clusters of themes provided.

Of note, during this phase of analysis, discrepancies and thematic contradictions emerged. This is a normal occurrence and the researcher must tolerate the ambiguity (Colaizzi, 1978). In order to ensure the researcher's approach, the verbatim transcriptions were returned to each participant. Participants were asked to validate the researcher's interpretation of emerging themes as a form of member-checking (Lincoln & Guba, 1981). The following statements received from the participants are examples of how they corroborated the researcher's findings.

I think your interpretation is accurate. (Barb)

I read over the document and everything looks good, thank you for letting me participate! (Julie)

That was very interesting to read how I talk! :) I say "Um" a lot! Anyway, it all sounds like you have the concepts I was attempting to portray. (Fran)

Most definitely. Correct. Yes. (Ian)

This validation from the participants helped to ensure that the researchers' interpretations represented an emic, or insider, point of view even though the statements had been analyzed through an interpretive lens on the part of the researcher.

Essence, Themes and Subthemes

The researcher identified eight main themes that reflected the non-degreed learners' educational experiences while attending a Time Modified Traditional Program of nursing. The themes include (1) how I got here, (2) uncertainty, (3) dispelling myths and facing reality, (4) balancing competing demands, (5) personal accountability and external support, (6) humanizing the profession through the patient, (7) the transition, I can do this, and (8) uncertainty revisited. Three of the main themes were delineated into subthemes, which contributed to the overall essence of a TMTP--*Pathway to a*

Professional Identity. The essence and themes are depicted in Figure 1. This model depicts movement as well as the connection that exists between the themes. Although occurring at various times throughout the TMTP, each of the participants experienced these points along their educational pathway to professional identity.

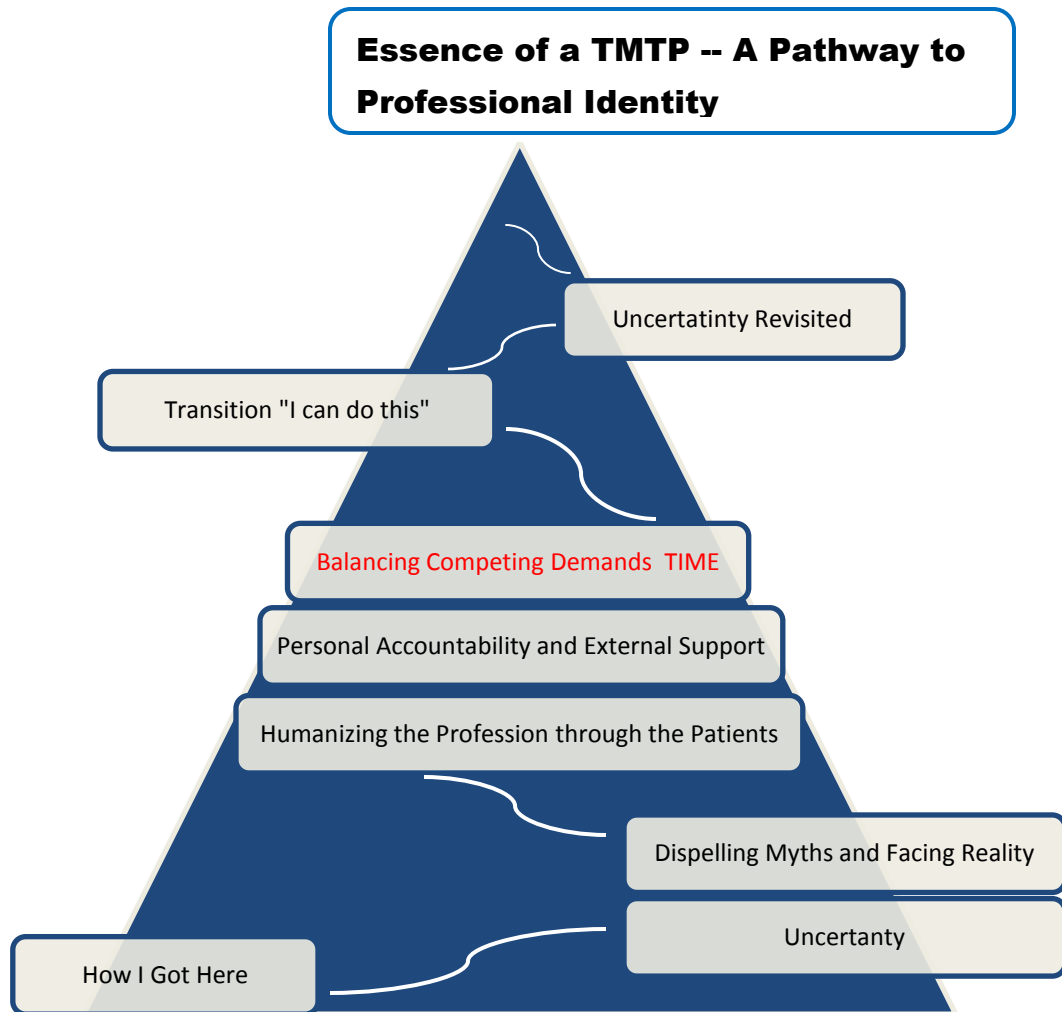


Figure 1. Essence of a TMTP--A Pathway to Professional Identity

Theme: How I Got Here

This main theme arose from the researcher asking “Tell me why you wanted to become a nurse.” Each participant shared his/her reasoning behind making the decision to enter the profession of nursing. Those reasons gave rise to the three subthemes (1) internal forces, (2) external forces, and (3) combined forces.

Subtheme: internal force. This subtheme emerged as five of the participants discussed their desire to become a nurse. While a few had thoughts about other careers, something within drew them back to pursuing a career in nursing. Most identified their desire to help people and build relationships. The participants’ accounts include strong “I” statements that identify the internal force. The following excerpts are offered.

...originally I wanted to be a fire fighter, and I liked the emergency aspect of it, and getting to help people. And then I realized that there was a real medical aspect to it and then I got into the whole paramedic thing and then I realized you only get to be with people for a finite amount of time. And so I found nursing to be a better choice cause you get to build relationships with people and help them and you know, you get to see them for a longer period of time and really, you know, make a difference and support people in time of need . . . (Barb)

Um, I wanted to work with kids. I worked at a camp for children with disabilities and a camp for kids with cancer and I loved it and we acted as care takers at one of the camps and I really enjoyed it. (Deb)

I was always fascinated with the human body and, I always liked helping people out as well. And so, I felt like the two just kind of like came hand in hand together. Doing nursing gave me the opportunity to further explore my interest in the human body as well as help people out. (Ed)

I loved the medical field so I originally actually wanted to be a doctor, but then I kind of thought I wanted to do more of the actual patient care and be involved with the patients and get to know them rather than just being the doctor who gets to see them you know once a day or whatever. So, I switched into nursing and felt that it was something for me because I love taking care of people and have always been interested in health care and you know the human body and things like that so. . . (Fran)

I actually chose nursing in high school. I mean I knew I wanted something in the medical field, but I wasn't too sure and then when I got into college I took Nursing 100 and I really liked it so then I just stuck with it. (Julie)

Subtheme: external forces. For three of the participants nursing was not “a calling” or their first career choice. Their pathway to the profession was founded on encouragement and influences from external motivators.

. . . my aunt is a nurse and through her I got a job as a unit secretary in the neonatal ICU at XXX hospital. I worked night shift there for 4 years and my aunt had actually badgered me into it. She would say, “Do you want to sit at the desk for the rest of your life” and I looked at my bitter old co-workers and I said no. (Anne)

. . . my dad really got me into nursing. He um . . . growing up I was always into horror movies and the guts and the gore. I would always laugh . . . you're not going to take me to scary movies anymore. Any my dad knew that I was smart enough to do this and he just kind of said “Hey you should check out nursing.” And he had seen some kind of maternal instincts in me I guess. Cause I was always taking care of my friends and all my girlfriends would be baking cookies and things like that. So he just thought it would suit me well and it really did. Before that I thought I would go into music but I'm glad I chose nursing. (Carol)

There are multiple reasons. One – a couple of the big things that drew me to it was what I felt would be more career stability and more flexible. Meaning that I could travel or live in many parts of the country and be able to work and make a decent living. And also um I have kids so I wanted to work -- do something that would allow me to not work 5 days a week 8 hours a day and be gone the majority of the week. I wanted to do you know three days a week and be off four days a week versus you know working the full five days a week. And I do like working with people too. So that's just kind of an added bonus but I think that the set up just works for me well for what I was looking for. (Heidi)

Subtheme: combined forces. In this subtheme, two of the participants identified an internal desire for a career in health care. This desire was solidified after being influenced and having had personal experiences with others in the nursing profession.

Um, it starts when I was in first grade and they asked us to write a paper about what we want to be when we grow up and I said I wanted to be a doctor because doctors get to give people shots, cause I hate shots... Basically what happened is my mother got sick with cancer and I was seven months pregnant with my son, my first born, my mother died, a week later my son was born by emergency c-

section. So I had all this time in the hospital where I was surrounded by – now I’m going to cry – by nurses and they were the ones who took care of me. You know the nurses are to care for people. It’s not really the doctors. I was spending a lot of time in hospitals with nurses, and I was like you know I can do this job, and I love people, and I am passionate about helping people and I really like this – I should do this. (Gina)

I hurt my leg in 2007 and I spent some -- a couple of days in the hospital and I’ve seen a lot of good nurses and some bad nurses and I figured hey I can do this. And I like it – I always wanted to be in the medical field so I didn’t want to go to school to be a doctor for thirty years you know so that’s why I decided to do this. (Ian)

Theme Summary

The first theme, “how I got here” identifies the motivators and experiences that led each participant to seek an education in nursing. Those motivators were presented in excerpts from each of the participants.

Theme: Uncertainty

This theme emerged as participants described their first impressions upon entering the nursing program. Some questioned whether their decision to become a nurse was in fact the right choice for them, leading to self-doubt and a lack of self-confidence. Many felt lost and overwhelmed. Others experienced feelings of internal intellectual phoniness or “Imposter Syndrome” (Carey, 2008; Clance & Imes, 1978; Heinrich, 1997). The following examples are provided to illustrate this theme.

I just remember looking around and feeling like – oh my gosh, this is really going to happen. (Gina)

... it was very intimidating and I was thinking like what am I getting myself into. (Fran)

They [the faculty] make you very anxious but . . . you know the butterflies, you know you want to do well, and you want to try to uh make sure you don’t mess up too badly. I think at first, the very first semester was probably the most nerve wracking, insecurities about myself – like can I – like I mentioned before – can I actually do this, or I don’t know if I can, or am I doing a good enough job, and

just the constant thoughts that go on in my head about – um if I am actually able to do this, but yeah you have doubts – or I do, I have doubts sometimes. So I just have to prove it to myself and get over the little hurdles. (Heidi)

Ugh, can I really do this? Am I too stupid to do this? We were all . . . I was very scared and I could see it in my classmates face, until we actually figured out our own confidence and got on our feet. (Anne)

I felt like in Level I we kind of got, you know, I mean, it's like learning a whole new language, you don't know anything, and you're tossed into this and so there is a lot to figure out. [In clinical] we were just walking around with the nurse acting like we knew what she was talking about and we had no idea. (Barb)

I remember sitting in class the first couple of weeks and not knowing what half of the instructors were talking about. . . . what I'd seen on the TV, with medical students, and I assumed that it would be somewhat similar, but it definitely was not what I thought it was and in the beginning I was kind of wondering if nursing was for me. (Carol)

. . . you don't even know what they are talking about, but my first memory of nursing school was X [a teacher] getting up and discussing a personal story and it had me wanting to run for the door. I didn't want to be in nursing school any more. I think it was a reality check . . . it was overwhelming. I wanted to run. I wanted to leave. I didn't want to stay and we actually had um a person in our class who did leave after the first week in school – second week I think. So it was just too much and that's hard. (Deb)

This participant also provided this additional story in regards to her first day of clinical and the less than positive reception she received.

I was so lost. I didn't know what to do. I was thinking I am going to graduate in a year and a half – there is no way. There is no way I can do this on my own. I had a less than friendly preceptor who openly displayed her disliking of students. I felt like I knew nothing and had no business being in the hospital. It was uncomfortable, I felt very incompetent, and I did not have a mentor to help guide me through it. I remember thinking to myself, if this is what the next 18 months are going to be like, then count me out. (Deb)

As a note of clarification, this participant's program was only 16 months in length, despite her comment.

Theme Summary

The “uncertainty” theme described feelings the participants had upon entering their nursing program which included; unsure that they had made the right career choice, self-doubt, a lack of confidence, and concerns regarding their own abilities. Despite those expressed challenges, participants found ways to continue to move forward on their pathway to professional identity.

Theme: Dispelling Myths and Facing Reality

Many of the participants shared stories regarding what they heard about others’ experiences going to nursing school, or what they saw on television and what they believed to be true. The reality of their personal nursing school experiences quickly began to dispute many of those myths.

. . . when you go into nursing school you’re like oh this is so much fun. I get to care for people and there’s no bad that is going to come from this. I’m doing good for the world, but it got me. It hit me hard. I think I got a little bit of a reality shock that it’s not all butterflies and roses. (Deb)

It had been drilled into me that if I was late to my first class of nursing school I’d be dropped from the program. I don’t know if that is a fact now or not, but that was in my mind – that I could not be late, ever at all, I’d be booted out. (Anne)

When asked to elaborate on preconceived ideas about nursing she added;

. . . I thought it [nursing] was following orders and doing tasks was how I saw it from outside before nursing [school] and that’s part of it, but certainly my impressions were changed and challenged, you know, by going through it and seeing how much more there is to it. Just the idea that it’s skill based and task based was probably the assumption that was demolished. Because those are part of it, but it’s not the basis of nursing. (Anne)

After talking with peers who were already in the program, this participant offers what she thought the program would entail.

You won’t have a life. You won’t sleep, you’ll pull all nighters. But my expectation was that it was going to like take over my life, I wouldn’t have

friends, I'd be memorizing text books, um, there wouldn't be any time for any club activities or anything like that. I think going into nursing school a lot of people had preconceived notion that it was going to be so hard and everybody just seemed kind of high strung in the beginning and I'll admit that I was definitely one of them too, just because I heard all the hype about it. (Carol)

These participants offered the following thoughts.

Um, at first you think like oh, I'm going to take care of these patients and do all this and then when you get down to it a lot of it is just okay do this for this patient, do this for this patient and it's a lot of scheduling as far as getting things done rather than being able to sit and get to know patients, get to care for them and really understand what was going on with them...older students from the classes that were like in third semester already . . . they were all saying like tell your family to just ignore you for the first few weeks of each semester because you are going to be going crazy. (Fran)

I was able to be a part of a couple of codes and that is very real. You just don't realize how real it is until you – you've seen it on TV, or they talk about it in class – it's just not the same thing as being able to be in there when someone codes. The whole experience of a code was very – I don't know – frightening, scary – you're like how would I do this if I was a nurse – it makes me think of – you know, would I be able to properly handle it, take the right steps, – I hope so. The patients are so vulnerable and you're – they rely on you to provide the care that they need to help them get better. I mean even the doctors but you know the nurses are there primarily with the patients the majority of the time – um providing the care and so it's –you know it's – I think it's a big responsibility and I just think it is a little intimidating. (Heidi)

You know I heard about nursing programs and how bad they are and how the teachers are horrible and how they tick off people and they want to get people to quit . . . but like I thought that the instructors were awesome, the people were awesome, so I had a good time. (Ed)

Ed added the following thoughts:

I guess that the nursing role encompasses more than I thought it did. I thought that it was, would be more focused on the pathologies of the patient and the disease processes, as opposed to the whole . . . kind of made me realize, like okay like there is a wider scope of things that we have to be concerned about with the patient . . . it's your role as a nurse to like talk to people and to know what they need and then give them the help that they need. (Ed)

Theme Summary

The third theme, “dispelling myths and facing reality” identified preconceived ideas the participants had regarding what it might be like to go to nursing school. Participants were quickly able to dispel those ideas when faced with the actuality of the program and their individual experiences.

Theme: Balancing Competing Demands

In this theme, participants discuss what it was like trying to find balance between school and his/her personal life. In most cases, participants present the difficulty in trying to maintain their lives and relationships while attending nursing school. Many felt a sense of disengagement for having to put their personal lives on hold. Some of the participants were quite distressed over the loss of their previous life styles and became emotional while discussing those losses. From this feeling of disconnection, the subtheme, “TIME” emerges.

Subthemes: time. In this subtheme the element of time becomes perceptible along with the pressures of “trying to do it all.” The following examples highlight the participants’ attempts at balancing their lives and the sense of urgency that arises from the struggle to find balance.

I don’t know anything about the outside world, cause I was so engulfed in nursing and it’s very true – you really do lose touch with the outside world when you are in the nursing program. (Deb)

I think the biggest challenges were actually um, kind of finding that peace – trying to find the balance between, you know, family and friends and school work and other obligations. I think that was the biggest thing and realizing that you have to have time for yourself in there too and I didn’t do that and then it really came back to bite me later on. (Barb)

This participant began to cry while telling her story.

It was hard. It was challenging on different levels. You know, my relationship with my husband and just keeping home as a haven, you know. Um, when I am so disconnected from him when I am working and focusing on the school work and stressing out about all the various hoops you have to jump through in college. I expected to focus on learning and just nursing and stuff and . . . but to get through, there were so many other things to accomplish and figure out how to do. I feel like I have kind of disconnected from other parts of my life during it. I have to rebuild now, not as bad as I was expecting. Because I expected – that this is an accelerated program – I am just going to vanish off the face of the earth for 16 months and just have to buckle down and do it. But I um I think it was structured so that I still had time to maintain friendships and visit family, at least between semesters any way. I didn't vanish as much as I thought I would, but I have still got some repair work to do, some of my friendships that I let lapse and stuff.
(Anne)

It was very challenging to stay motivated to stay on top of things, to stay focused especially with children and a husband, it was like you know when am I going to find the time to study and when am I going to do this – it was very challenging.
(Gina)

It's very time consuming. Like I think of all the things like that I wanted to go do you know, just go out with friends, go to the movies, you know, and it was always like the night before a test and you're like okay I really need to study or I can't go out and so I feel like I have neglected a lot of people but I am hoping that they understood that I was doing this to help myself and my family. (Fran)

. . . if you get too far behind you're not going to catch up." He continues, "So it's a nice workload. It is manageable but you just gotta be really good with your time. Sometimes I'm not, but hey I've got a life. (Ian)

Finally, during a conversation about peers, Julie stated, "We do study guides together, um, do go outside and have fun besides just studying." When asked, to elaborate on social time with her peers outside of class, she responded, "Um –every once in a while. Like mostly between the breaks or our two week periods that we had."

This participant provided a contrasting view

Well – don't procrastinate. I mean, I know you shouldn't do that in any situation really, but I mean especially in this program. It – it's just so important – studying, assignments, papers anything needs to be done early and not wait until the last minute. I mean starting day one I think. (Heidi)

She then goes on to say

You know I was in the military for a while, and I've worked in the casino, the workforce for a while and a little bit of this and that. I was in management for a while and I don't know I kind of expected it to be hard, cause it is four semesters back-to-back and its 15 credit hours per semester, so I kind of expected a certain amount of workload and I just didn't feel as anxious as uh maybe some of the other people were expressing. (Heidi)

Of note, not all of the participants experienced difficulty with balancing school and personal lives. They found ways to manage his/her time and balance life in and out of school. They offered these comments.

You know I hear all the horror stories about nursing programs... and how, you know, your whole life is dedicated to studying and studying and I enjoyed it. I felt like I learned a lot. At the same time it wasn't like 24-7 nursing school. I still had a life outside of nursing school, and I was still able to do a lot of things I liked to do and have some hobbies. (Ed)

... like maybe half way through the second semester I really didn't feel it was that high strung and that hard to manage. I would do my work, make sure it was done and then I would save time for my activities. (Carol)

Theme Summary

The fourth theme "balancing competing demands," depicts many of the struggles the participants found while trying to organize their personal lives with the challenges of a rigorous nursing program. Some suffered separations from families and friends and now worry with their studies completed whether they will be able to salvage those relationships. Time proved to be an essential factor in the participants' quest for balance.

Theme: Personal Accountability and External Support

Internal motivation and a solid support system were identified by the participants of this study to be important factors in their overall successes. The participants unanimously identified how faculty positively and negatively influenced their

experiences during the nursing program. Teaching strategies, availability, and demeanor all played a role in the success and failures of the students.

The teachers were very helpful for the most part. You know we had one or two that you know you can't wait to get through the semester, but most of 'em were very willing to meet with you to go over test questions and um, if you needed help clarifying your subject or anything. (Fran)

. . . they kind of just lead you through everything. . . I mean they literally take your hand and lead you through it . . . if you make a mistake which everybody does you know they don't make you like oh my God that's so terrible what – how could you do that, you know, it's okay, just learn from it and this is how you do it differently, or this is how you do it next time. They just make you feel very comfortable and they're very approachable and they're very helpful and you know they just make sure they have time to talk if you need to and – they are very good. I really liked critical care. I guess that could be the teacher. (Heidi)

There was some really good professors, um, that I think did a really good job of helping you and reaching out and saying you know “if you need help we'll make the time”. I think a lot of them really care about the students you know and it's nice – it's refreshing – It's kind of cool to see how much they care. . . they help you out, you can call them up – they'll give you their cell phone number you know, they're there to help you. (Ian)

I think the best teachers that I had, had an outgoing personality, were kind of funny and humorous which help ease the tension of being in a very tough class. They also tried different ways to get the information across. Offered you various (methods of learning) like she will play a game, she'll give a lecture; she'll have you do a show and tell. She does different things the whole way through to try and you know access different people's learning styles and get people on board and get them excited and enthusiastic. (Gina)

. . . let's see for the Levels I and II, they [faculty] are very gentle with us. And that was good because we were all . . . I was very scared. . . part of what makes a great instructor is that they can find those most important points and say, here memorize these basics and it will all build together. (Anne)

I feel like most all of them just really want to help people and love nursing so much that they want to pass it on to their students. I had excellent teachers who went above and beyond and were there for me on personal issues and school related issues. I feel like everyone there is really invested in their students . . . in Level 1 you are kind of just thrown in and you don't really know, but I feel like we were really well supported. We had some real nurturing instructors and we then had little more rigid instructors toward the end, which I feel like probably

prepared us for the real world a little bit more, so it was kind of a nice evolution. (Barb)

I had other teachers that were great; um I really appreciate teachers that use visual objects and aids as well. I had teachers that would bring you some visual aids or draw on the board to help you better understand I think that is actually important, cause . . . I will remember it. I will be able to see it. (Deb)

In the next statement, the participant identifies a positive and negative look at faculty influence.

It was nurturing to be pushed. We were all at different levels of knowledge entering the program; however, we were all treated as if we had the same level of knowledge, for good and for bad, and why that had to be that way is apparent, however frustrating it may have been at times. (Ed)

In contrast, this was what participants offered regarding the negative influences of their faculty.

. . .like they weren't very giving or reasonable in helping you learn, it was just like this is how it is and that's it. (Fran)

I was just like oh my God I hope I don't have him for clinical cause um he actually made a student cry. . .there were a few who I can say genuinely cared about the students, but then some others, maybe kind of sort of didn't. Maybe cared more about our passing rate for NCLEX than if the student passes the class. (Julie)

My scariest moment was probably when I had a conflict with one of my clinical instructors. She did something and her body language and her actions kind of worried me. Um, I was a brand new student, and it kind of betrayed my trust. (Carol)

I had a particular instructor that I don't feel I ever learned anything from. Um she read straight from a book. (Deb)

. . .there are a couple instructors that I like as people, but I think have not – how do I say this. . .I can think of one specifically who I like as a person. She's bright, very awesome, very nice, very smart, the class that she likes she teaches very well. The other class is almost like second – like a second thought to her. . .and I felt that it was almost not worth being in that class in a way. (Gina)

I had an instructor for clinical that I didn't really like at all. None of our group got along with her but, you know, as a group we addressed it with one another and with the course coordinator, and that helped. We kind of... not really seeing eye-to-eye with the instructor. . .it made me very angry. I would come home angry after having dealt with her because I felt like our concerns weren't being heard and we didn't know what she was using to, um, we didn't feel like we knew what her goals were, how she was guiding us. She just said, "Oh, don't worry about it, we'll do that when we get there." "Don't stress out so much, it is all planned out." But wouldn't give us the plan. (Anne)

The following statement combines the balance of influences between negative experiences with faculty and positive support of their peers.

One teacher would just give us a bazillion facts, but never really clarify any points, or quiz us on it, and then the other teacher would kind of just go up there and kind of go off on her on little tangents. So, so we did a lot of study groups for that class to get through it. (Ed)

For many of the participants, the relationships they built with their peers served to support them through both the good and difficult times throughout their nursing program. In many ways those within these established peer groups, were the only ones participants felt they could trust or go to when they needed support or a break from the reality of school. The participants had this to share.

. . . we were actually a very kind of a close knit group. . .we were very willing to work with each other like we were always um hosting study nights together, designing study guides um posting lectures that were recorded to help other people and you know if there was a test review someone had taped it up and posted it on the campus so that everyone – whoever didn't make it could get it – like we were very cooperative in working together to be able to get all through together as a group. The dynamic group thing and I'm thinking making friendships that I feel like I am going to have forever. (Fran)

We had a – I think – a pretty broad group of peers, a broad spectrum of peers, meaning um, from academic abilities and uh people that are willing to put more effort in than others . . . but I think as far as you know team work and getting along, I think for the most part, from what I saw, from what I experienced, everybody you know was willing to pitch in when needed and work together. (Heidi)

You know a lot of smart kids in the class and everybody just helps each other out. It's kinda cool – we'll email each other stuff – split study guides, we'll split them up we will all help each other out and that kind of stuff. [Peers can make it easier] probably more so than professors if you count all the study groups and combined work on study guides. Cause everyone was suffering just as bad as each other person you know, so it's nice to get some help from the classmates. You will kind of help each other through. So you kind of learn from one another. (Ian)

I had a couple of peers who I wouldn't have gotten through the nursing program without. Um and it was nice to have them to go out and not study with as well . . . it doesn't matter what level you are in the nursing program your all going to become nurses and work together and be peers. . and I think the positive relationships are really helpful and I debated about moving to [another state], but I am thinking really hard about it – cause if I stayed I would have peers that I could discuss you know problems with or questions I have. And I wouldn't have that if I moved somewhere else. I um, feel very confident in my peers . . . in asking them for help. (Deb)

During follow-up conversations she added:

I was grateful to have my girlfriend to talk to. We had been so excited for our first day of clinical that we had gotten up early, went to Starbucks and then drove to school together. As we left the hospital, both on the verge of tears, we shared our experiences from the day and realized that they were pretty similar. We went out for ice cream and vented about everything that went wrong, how different it was than we thought it would be, and how we were unsure of our decisions to enter into nursing. In the end we were able to let go of our feelings and get up the next morning and go back to the hospital. (Deb)

These participants share additional thought.

. . . no one can do it alone. You have to be willing to open yourself up. You have to build these relationships, from these bonds and kind of be willing to open yourself up and – so I think that's a big thing that people don't necessarily understand in the beginning. I think once everybody realized, you know, we are all in it together then it was good, positive environment, and everyone was able to support each other and, yeah, I can't say enough good things about my peers. We had a lot of fun. (Barb)

We [peers] collaborated a lot I would like to say. It was pretty good vibe throughout the whole program. But we definitely had our own niches in the group, um, you kind of figured out who you studied best with and who you could deal with in finals week, and how you would bounce ideas off each other so it was a good group. We kind of challenged each other. (Carol)

In contrast, this rare comment was made regarding the negative aspect of peers.

I mean a lot of times my clinical group that I worked with we would divvy up work and try to study together and you know sometimes other students would be like oh can I join in and sometimes that would work out and sometimes that wouldn't, because you know we expect people to pull their weight and if that didn't happen well . . . then this is not going to work out – I don't know, it makes that a little weird, but we just expected you know everybody to do their fair share of work. (Heidi)

Of note, for a few of the participants, their experiences were unlike those of their peers. Although a part of the overall group of students, they didn't always feel "part of the group." For one of the participants, this was an initial occurrence, but for the others, it lasted their entire program experience. The succeeding anecdotes depict these experiences.

I looked around and I'm like damn there's about four guys in here besides me. That's what stuck out. (Ian)

On our follow-up interview he provided this clarification:

I have always been comfortable in the program from start to finish. This was just on the first day, but once I got to know everyone it was perfectly fine. And in truth, everyone is different; your gender is not the only thing that makes you different. (Ian)

Others offered these views:

I'm not terribly close to anyone from the nursing program. I have casual friends that I could talk to before and after class but, I felt um. . . I really felt disconnected from the traditional students who had gone from high school to two years of college to this program because that wasn't my path at all. They're so young. Um, so I really didn't connect with them much at all. . . because I have seen friendships really blossom among my peers. . . my Aunt graduated 35 years ago and still is good friends with some of the people she went to school with, but she was . . . quite a different program, where they all lived in the dorms and worked at the hospital, um when they weren't in school. So I don't know if that forces a more closeness, but . . . (Anne)

I went through like back and forth stages, kind of being a guy, you're almost like you're a minority obviously, but you're almost kind of on the outside looking in -

in some situations. Like - like for example, like they do like girl stuff, where I don't expect to be involved, and I would probably decline anyway, but like baby showers, or like wedding planning, . . . and it's like you hear about it and you see those pictures and everyone's like oh, tonight, today, just so you know, do a quick class announcement - all the girls are going to get together to do this, dah, dah, dah, dah. And so you hear about it and it's like, yeah, like not that I really miss it, but at the same time, all your peers are going something together, where you're almost excluded, and not really invited, because it's a girl tradition, it's a girl thing. (Ed)

I felt much more at a peer level with my teachers and instructors than I did necessarily with the other students in my class. Um many of the instructors are you know, close to my age or not that much older. I don't have the same type of freedom that some of the 20 year olds who are not married or do not have children - even some of the ones that are married but didn't have children they were able to go and do things on the weekends as a group and have that peer relationship that I wasn't actually able to have with very many people. (Gina)

When asked to elaborate on this comment during our follow-up, she added

Yes, in some ways it made me an outsider, but I'm also kind of a loner in nature, so I tend to hold myself back. On the other hand, my peers never tried to leave me out of anything; I just really wasn't interested in going out. I have good relationships with almost everyone in my class. I think that I was more like an older sister or mother figure, and so we related in that way. (Gina)

While faculty and peer support assisted in the successful completion of the TMTP, many of the participants realize they were ultimately responsible for their own successes.

It doesn't matter who your teachers are - I mean it helps - but you make what you want to make of the nursing program and um - and I had some really negative things in nursing program and I had some really positive experiences and they were what I made of them. (Deb)

I think that the students were responsible for their own experience, but a teacher could definitely make it easier on us with their teaching style. In the end though, the teachers are just vehicles for information, if their way didn't work it is your responsibility to figure out what does. You have to be looking for the help; you can't just expect it to come to you. We are all grown-ups now and responsible for our own learning, not everyone got that at first. (Gina)

At the end of the day, learning is up to the individual and you get out what you put in, but it is nice to have the guidance on what you should be learning from instructors with experience. (Ed)

After I passed the semester you're like okay great. But then you know you still have to remember that cause it'll be required for next semester. So everything you learn has just been building and building and building. (Julie)

We would get in a team and you'd start out with a quiz that you did individually and then you got in groups and did the same quiz again . . . so it made you have to study ahead, which is nice, and then you got the immediate feedback from your peers. It made me accountable for reading before class and studying and knowing what I should know I guess. Um, rather than trying to cram before a test you know after procrastinating, because I have a bad procrastination problem. The most important thing is to just stay organized. (Fran)

Um, just make sure you are open, keep an open mind and try things and just jump in. It is very important for the person to take responsibility for him or herself and ensure you study and your work gets done, and that you are where you need to be when you need to be there. (Heidi)

. . . when we came to TBL [team based learning], I felt obligated – it worked cause, you know, half the time I felt obligated I didn't want to let anybody down so I would do it. Because of my study habits . . . at the end of the first semester when I figured out how to study . . . it took me some time to figure that out, but I did. I just got to read it, use it, apply it and then it'll stick. (Ian)

Theme Summary

The fourth theme “personal accountability and external support” the 10 participants highlighted how faculty, peers, and their own duty to learn contributed to his/her overall success in their nursing programs. This main theme exemplifies the necessity of a strong support system as well as individual responsibility in achieving success. Characteristics of supportive faculty and peers were identified. In addition, modeling behaviors of faculty provide a foundation for professional identity.

Theme: Humanizing the Profession through the Patient

For the participants, the experience of their nursing programs were filled with the excitement of learning new skills and disease processes, assisting with invasive procedures, learning to talk to people, and most importantly maintaining a “C” average.

Once inside the hospital setting a new realization emerged that many were not aware of nor emotionally prepared for when it happened. The following excerpts provide a glimpse of the patients as seen through the eyes of these nursing students and personal transformations that occurred based on those patient encounters.

I think at first the very first semester was probably the most nerve wracking because we were very personal and you know, the patient's personal space and if you've never done that type of thing before it is a little uh, it can make someone uneasy, and it definitely did me . . . they [the patients] are so vulnerable when they are in the hospital and you're just right there with them. You know where the patients are coming from or where they are at that point. Patients are so vulnerable and you're – they rely on you to provide the care that they need to help them get better. I think it's a big responsibility and I just think it is a little intimidating. (Heidi)

...the patients have just as much of an effect on me as I do on them, if not more, and it is really interesting how much you learn about the world in general and people in general by meeting these people from all different walks of life because health affects everyone, you know, and you see all kinds of people. (Barb)

It's rewarding at the end of the day. I enjoy helping people. I know from experience that I can impact each patient I come in contact with. I try to be as helpful as I can because these patients may be going through the hardest times of their lives. If I can make it just a little easier on them, they can tell, and it's rewarding. I also want to provide professional care to keep them safe. (Ian)

I think just throughout the hospital experience I think more and more I was able to develop a more caring and sensitive side as far as helping people out um and I think I was able to do that by thinking you know these people - this is someone's dad, this is someone's son, this is someone's you know, sister, mother whatever and thinking of them they're not the sick person instead this is someone else who is sick and in this bed. (Ed)

I had one moment where I had a patient . . . I don't remember the specific details but they gave him an ostomy and they went in the hospital they were getting kind of better but not like the doctors thought they should progress and they sent them home – I didn't understand it – it was kind of like well you're doing okay, you're not where we thought you were going to be but you know let's send you home and if you have any problems come back. . . and he was back in the hospital. . . watching him go from there and then I ended up taking him the next two weeks while he was there and watching his care go and watching him progress to where he would be able to go home and where he'd become more comfortable with his

body and he was really struggling with it at first and to where he wasn't in pain... That was a moment I will never forget. You know, and it was challenging but it was uplifting to know that I helped a patient. It was definitely a growing moment for me. (Deb)

. . . amazing in meeting the patients and them touching you more than you touch them... Just the profound moments that, um, . . . there was a patient that I had with Huntington's disease. Who was very tall, very strong always moving, um, and hard to take care of, because he squirmed away and out of the bed, hit his head on the railings. It was bad and then that was one day, and the next day I met his wife who came in, and it was truly an ah ha moment because my interaction with him is not who he is. He is so much more than who I see in the hospital room, because his wife was there and one comment of hers that stuck with me was this was not how we were going to spend our fifties. You know, I learned that he coached little league and all these things and much more of a life he had beyond that and I realized that is true of every patient. You know, and that just was really a touching moment that brought that home to me. That, you know, we work with the patients in this situation, but it is so little of what their life really is. (Anne)

Summary of Theme

In the theme, 'humanizing the profession through the patient' participants describe their experiences, while caring for patients throughout clinical rotations. This theme exemplifies the personal, professional, and emotional growth participants attained through these encounters. These experiences provided the participants with the ability to see the human aspect of nursing and identify patients as more than a diagnosis or learning opportunity.

Theme: The Transition, I Can Do This

At the start of their educational experience, these participants lacked confidence and often questioned their career choice. This theme emerged as participants shared their stories of evolution. For some of the participants, these transitional experiences were viewed as small accomplishments and for others defining moments. The theme also marks the beginnings of the participants' recognition of professional identity.

[On one test] I got a 62% and I was just devastated . . . I cried and I went to my instructor. . . and she's like you're fine – you'll be okay, she calmed me down and she just kind of gave me more pointers on how to you know figure things out in the logical way I guess. And so then I gradually got better and then on the X final I had the highest grade of a 98. (Fran)

I told my Dad who has been very supportive although it has taken me many years for me to figure out what I wanted to do when I grow up that it was nice to finally know what I wanted to do . . . I felt very comfortable there and I was like I can do this, it feels good. So I felt really good. Yes, it was a great moment, knowing that I was where I was supposed to be, doing what I'm meant to be doing. (Gina)

I think once we started clinical and we actually were, you know, doing the very smallest, easiest clinical skills you start to think maybe I can do this. And every time you learn a new one and you do it then you think okay I can do this – Okay maybe I can do this and it just kind of keeps happening and keeps happening and you're like okay, okay things are still okay and they are still going so maybe I can do this. (Heidi)

It is crazy how much you, you know look at it from first semester to fourth semester. I was like – I used to be scared of going into the rooms and waking people up, now I'm like sure – gotta go do this, this, this, this, this and before, you know everything, I'm just happy that from first semester to know I have become – I have grown a lot. (Ian)

I guess you would call them RN- preceptors the RNs that I worked with in the hospitals - when they would give me a lot of independence and a lot of responsibility, because it made me feel like oh, like I'm actually a nurse now, I am actually doing a thing - like when I'm calling the pharmacy to you know, we need this drug, or I'm calling the doctors to report lab values and handling everything it felt like that okay like I am actually doing something. (Ed)

. . . when I think of how much I learned it is amazing. I felt like everything came together in Level IV. (Deb)

I think my real “Ah Ha” moment came in our psychiatric rotation. I was at a pediatric psychiatric facility and just realized I really connected with the kids there and really empathized with them, and I didn't really realize that that's something that a lot people don't have. I don't think that they understand it as well and so that was kind of a turning point moment for me. (Barb)

. . . there were a lot of situations where I . . . I didn't know if I could make it through the day. Um, I had two patients withdraw treatment on the same day. And that was really hard for me. But it gave me the sense that I knew that I wanted to be there. It [school] was more influential in my life than I thought it

would be. I am excited to say that I am a nurse to people and to know that they know what that means. (Carol)

. . . just the changes I saw in myself to the confidence that I have now. Uplifting was realizing that I could do this. You know, like in Level I, I'm like okay I'm signing up for this, I don't know how it is going to go, but overcoming the challenges and going, alright I know this I can do this, I am building confidence in myself. (Anne)

I can actually help people. The best part I would say of why I went into nursing. Um, knowing that I actually can make a difference, and can treat people you know... (Julie)

Theme Summary

In the theme “the transition, I can do this” participants identified their personal evolution from student to nurse. Although these transitions happened at various times within the program, all participants unanimously experienced the moment of recognition at becoming a nurse and his/her professional identity.

Theme: Uncertainty Revisited

One might say the “uncertainty revisited” theme portrays a return to the beginning or coming full circle. This theme emerged as participants relayed their stories regarding graduation. Many were experiencing a deep sense of loss. “How could this all be over so quickly?” Others questioned what they should do next. Many of the original feelings of self-doubt, confidence lacking, and “imposter syndrome” re-emerged.

I just kept thinking like this isn't like done -- like I have to go to school next semester, like it just didn't end at graduation . . . this is like another ceremony or something and then we'll have school in two weeks. And so, now that it has kind of set in and school has started and I'm not going, it is really like. . I'm done? (Fran)

It kind of felt surreal that it's over, I'm almost, you know, being that it's so recently over, you know about a month now, that I am kind of like do I need to get up and go to class. Am I missing clinical today. What is going on here? (Gina)

I still don't feel like a nurse. Maybe it's because I don't have a job, but um, yeah, there is – there is difference – because I don't think you realize how much that job encompasses until you actually are doing that job. (Heidi)

Being graduated is nice, I'm little bored right now cause I'm like man I study and I go to the gym and I hang out with the girl and I hang out with my friends and go to sleep. You know, maybe play a game on my X-box a football game and go to bed. And I'm like I wanna start working, I wanna start like making some money and I want to start progressing and I just feel like right now my path is standing still. I am still like trying to get a grasp of what the nurse's role is in the big scheme of things. (Ed)

I have always had like this course planned out I guess for me. And it kind of stopped when nursing school stopped. (Carol)

It's all still a bit unreal. Still feel like in the next couple of weeks I will be going back to class. It's exciting, it [graduating] was a bit unreal. You know, it was like okay we go through the motions and now we are graduated, and okay, now what. (Anne)

I don't think that I learned as much as I hoped to, but I don't know if what I thought I was going to learn was a reasonable expectation. Um you know I think I wanted to come out just ready. Like hand me everything. My peers were all counting down [to graduation] and I was – I was trying to count back the other way. Like can I go back a couple of days and you know not count down, but leading up to that point I wasn't ready for it. I wanted to stay in school a while longer um and I don't feel ready to um take on all my own patients yet. (Deb)

Just after graduation “Deb” suffered the loss of her grandmother. She offered these thoughts during our follow-up communication.

As I sat in Ohio staring at my Saunders study guide I realized that college was over and it was time to face the music. I had a little bit of a break down for a couple of weeks. I had to postpone my boards due to my grandmother's funeral, and I stopped talking to everyone from nursing school. I felt lost and alone. It almost seemed like I was having a post graduation depression. I eventually snapped out of it, studied my bum off and passed the boards, but there was definitely a period where I was unsure of if I could handle life outside of nursing school. (Deb)

Theme Summary

For the participants, graduation was a culmination of their experiences from a Time Modified Traditional Program of study. The participants were inundated with mixed emotions as they related their stories. The ending was much like the beginning, filled with self-doubt and questioning what next.

Cross-Case Analysis

The previous analysis and illustrative stories and anecdotes provided a description of the participants' lived experiences throughout their programs of study in each TMTP. A cross-case analysis of themes in relation to participants from School A and School B is provided in Table 1.0. Despite the differences in faculty and geographical locations, many similarities are noted between the participants.

In examining the subthemes "time" and "faculty and peers" along with the main theme "transition, I can do this" the participants mentioned these as their experiences in each of their respective TMTPs. The experiences noted in the main themes, "uncertainty," "dispelling myths and facing reality," and "uncertainty revisited" are more evenly distributed among the participants from both TMTPs.

In contrast, differences are noted in three of the main themes. In "competing demands," all of the participants in both School A and School B experienced difficulty with balancing the rigors of school and personal lives throughout their programs of study, yet two of the ten participants found ways early on to manage his/her time and balance life in and outside of school. The following are examples of their finding balance: "I would do my work, make sure it was done and then I would save time for my activities,"

and “it wasn’t 24-7 nursing school, I still had a life outside of nursing school, and I was still able to do a lot of things I liked to do and have some hobbies.”

Another difference was noted in the main theme “personal accountability.” Only two participants from School A identified this experience, whereas all participants from School B had a unanimous reporting of this experience. This could possibly be attributed to the use of the teaching strategy; Team Based Learning (TBL), as reported by those participants of School B. As an example, Ian stated, “when we came to TBL I felt obligated [to do the work], I didn’t want to let anybody down.

The final difference was noted in the main theme “humanizing the profession through the patient.” This theme exemplifies the personal, professional, and emotional growth participants attained through their encounters with patients. These experiences provided the participants with the ability to see the human aspect of nursing and identify patients as more than a diagnosis or learning opportunity. More of the participants from School A expressed having had this experience as compared to those from School B. The researcher at this time is unable to identify or provide a reason for this difference. However, this does set up a potential for further research.

Chapter Summary

The lived experience of non-degreed learners in a time modified traditional baccalaureate in nursing program was explained in eight main themes and four subthemes culled from interviews of the participants. These themes and subthemes contributed to the overall essence of a TMTP, a pathway to professional identity.

Table 1.0 Cross-Case Analysis of Themes Across All Participants

		Participants											
		School A					School B						
		Anne	Barb	Carol	Deb	Ed	Fran	Gina	Heidi	Ian	Julie		
Themes & Subthemes	How I Got Here												
	Internal Forces		X		X	X	X						X
	External Forces	X		X					X				
	Combined Forces							X		X			
	Uncertainty	X	X	X	X			X	X				X
	Dispelling Myths and Facing Reality	X		X	X	X	X		X	X			
	Balancing Competing Demands	X	X		X		X	X	X	X	X		X
	Time	X	X	X	X	X	X	X	X	X	X		X
	Personal Accountability and External Support				X	X	X	X	X	X	X		X
	Faculty and Peers	X	X	X	X	X	X	X	X	X	X		X
	Humanizing the Profession through the Patient	X	X		X	X			X	X			
	Transition, I can do this	X	X	X	X	X	X	X	X	X	X		X
	Uncertainty Revisited	X		X	X	X	X	X	X				

CHAPTER VI

DISCUSSION AND INTERPRETATION

The purpose of this phenomenological inquiry was to describe, interpret, and gain a deeper understanding of how non-degreed learners experience nursing education in a Time Modified Traditional Program (TMTP) of study. In this research eight main themes and four subthemes revealed the meaning of these experiences as the essence of a TMTP – A Pathway to Professional Identity, which often parallel Benner's (1982, 1984) Stages of Clinical Competence.

Findings as They Relate to the Current Literature

An emerging trend in nursing education is to accelerate the pace of traditional 4-year baccalaureate programs. These programs are accelerated versions of the traditional nursing curriculum with minimal curriculum and programmatic changes. For the purpose of this research these programs were branded as Time Modified Traditional Programs (TMTPs). A paucity of research exists on this type of program and there is no information on the effect this accelerated pace might have on this student population. As a pioneer research of the lived experiences of non-degreed learners from a TMTP, this phenomenological inquiry aimed to describe, interpret, and gain an understanding of these lived experiences.

While the findings of this qualitative, phenomenological study may expand, support, and hint at similarities described in the current literature, the student population and nursing program in this inquiry are unique.

Student Demographics

The participants in this study bridge the current profiles of the new millennium, traditional, and second-degree nursing students. These participants were traditional students in that they were non-degreed learners who were entering college for the first time since graduating from high school (Hamner & Bentley, 2007). Some of the participants fit the new millennium and second-degree profile as they were older and/or married with children attending an accelerated program [TMTP] of nursing (Billings & Halstead, 2008; Meyer, Hoover & Maposa, 2004; Seldomridge & DiBartolo, 2007).

Main Theme: How I Got Here

The ability to grow and sustain the nursing profession depends in large part on the ability to recruit the next generation. Boychuk, Duchscher, and Cowin (2004) identify a growing attrition rate among nursing students and suggest that between 30% and 61% of new nursing graduates report an intention to leave the profession within the first year of professional practice.

Each participant shared reasons and motivating forces behind his/her decision to pursue an education in nursing. While those reasons differed, each participant set upon a similar path. Price (2009) identified the following reasons for becoming a nurse to include; a desire to 'care for others', 'help people' and 'make a difference' along with knowing others who were nurses or being impressed and intrigued by the work of other nurses (p. 16). In addition, Price posits, the decision to choose nursing was related to the individual's self concept, specifically that the perception of self was a fit with the perceptions of a nurse, or was influenced by social positioning. The findings from this current study are congruent with the current literature. In the main theme "how I got

here,” the participants identified the “desire to help others, build relationships, and make a difference” along with personal encounters with nurses and personal needs as factors for choosing a nursing career. Price cites, that understanding how these future nurses come to choose nursing as a career option is of critical importance to the profession and may contribute to overall retention.

Main Theme: Uncertainty

Heinrich (1997) states that nurses negotiating professional transitions, whether they are entering an academic program or assuming a new role in the workplace often feel like impostors. The findings from this research support the literature. In the main theme “uncertainty,” participants questioned whether their decisions to become nurses were in fact the right career choice, leading to self-doubt and a lack of self-confidence. Many expressed feelings of being lost, overwhelmed, intimidated, and scared. Others experienced feelings of phoniness or “Impostor Syndrome.”

Clance and Imes (1978) identify the term impostor phenomenon to designate an internal experience of intellectual phoniness which appears to be particularly prevalent and intense among a select sample of high achieving women. The clinical symptoms most frequently reported are generalized anxiety, lack of self-confidence, depression, and frustration related to inability to meet self-imposed standards of achievement.

Although most of the research regarding Impostor Syndrome” was conducted on women, men experience this as well. Likewise, the male participants in this research expressed feelings similar to those of their female counterparts.

Main Theme: Dispelling Myths and Facing Reality

Benner’s (1982) Stages of Clinical Competence, “Novice to Expert” builds on and

generalizes to nursing students the Dreyfus Model of Skill Acquisition. In Stage I, students enter the nursing program as novices; having little understanding of the contextual meaning of “being a nurse.” Thus, the educational process provides the novice with the tools and rules they need to perform. Meyer and Xu (2005) identify that students often experience the tension and discomfort that comes when there is a difference between what one believes to be true and the reality one finds it to be. “To the clinically immature students, academic ideal and clinical realities are incongruent, or dissonant.” (p. 77).

In the main theme “dispelling myths and facing reality” preconceived ideas of what it might be like to attend nursing school were quickly dispelled when faced with the actuality of the program. Participants were often conflicted between the “tasks” of nursing and actual “hands on” of nursing. “What I saw on television and thought it was going to be is very different” (Heidi). That conflict exists in relation to “having their ideals about nurses and nursing challenged in the real-world” (Price, 2009, p.16). Price further offers, “As part of a younger generational cohort, students may experience incongruence between the environment in which they were raised and educated and the professional setting into which they are indoctrinated” (p. 12). Those finding are similar to the experiences the participants shared in this research.

Main Theme: Balancing Competing Demands -- Time

Time constraints and personal challenges are highlighted in the current literature regarding second-degree, accelerated nursing programs. “There are many challenges for participants in an accelerated program, including the amount of work, time management, and balancing classroom, clinical and home life” (Suplee & Glasgow, 2008, p. 10). In

the main theme “balancing competing demands,” participants struggled, while trying to find balance between their personal lives and the challenges of a rigorous nursing program. Many felt they put their personal lives on hold, thus experiencing a sense of loss or disengagement from previous life styles. In addition, participants identified trying to find time to “do it all,” lapsed and neglected friendships, feelings one might “vanish” and “a loss of touch with the outside world.” This is congruent with the current literature.

O’Mara, Byrne, and Down (1996) describe the second-degree students in their study as “having felt ‘lost’ initially and unsure of how best to use their limited time” (p. 112). Maxwell (2002) states that students are unaware of the intensity or time commitment they need to make. Miklancie and Davis (2005) identify the brevity of an accelerated program that leaves little time for socialization, a means by which students learn to become members of a profession and learn the social rules defining relationships into which they will enter. Bell, Simons, and Norris (1983) describe the long, uninterrupted concentration in accelerated nursing programs create a highly stressful year. Furthermore, “those who have family and friends available find they have less time and energy to devote to these relationships” (p. 36).

Of note, not identified in the reviewed literature are this study’s findings regarding participants’ concerns of rebuilding and repairing lost and neglected relationships. Participants expressed apprehension and fear about the ability to salvage these connections. The following quotes communicate the realities of participants’ lost relationships: “Realizing that you have to have time for yourself in there [school] too and I didn’t do that and then it really came back to bite me later on;” “I feel like I have neglected a lot of people but I am hoping that they understood that I was doing this to

help myself and my family;” and “I didn’t vanish as much as I thought I would, but I have still got some repair work to do, some of my friendships that I let lapse.”

From these feelings of disconnection, participants were often challenged between the role of student and the roles played in their personal lives. These findings are corroborated in the literature. Corwin (1961) one of the first to describe role conception or discrepancy, describes the transformations in role and status that occur during a nurse’s education and career that are instrumental in forming his or her role conception. Thus, the career is a process of transformation of one’s personal status. In addition, Maxwell (2002) studied, non-traditional, female students enrolled in an associate degree program at a rural community college. Findings from that study identified that nursing students enter the educational arena with multiple and different roles and continue to fulfill the responsibilities associated with those roles. Corwin further asserts that conflict arises when trying to balance these roles and it creates disharmony. These studies are consistent with the findings in this study based on the participants’ experiences.

Finally, the role conflict experienced by the participants in this study “need not necessarily be a wholly negative experience” (Shead, 1991, p. 738). Shead further asserts the effects of stress from role conflict can lead to increased creativity and energy, improved self-awareness, and re-evaluation of one’s situations. Similarly, for the participants in this study, their individual experiences with role conflict laid the foundation toward their professional identity.

Main Theme: Personal Accountability and External Support

In the main theme “personal accountability and external support” participants describe the realization and importance of taking personal responsibility for learning. Although

faculties were “vehicles for information,” the responsibility of learning is up to the individual and the effort extended. Participants found procrastination and last minute effort disadvantageous to their learning. Managing time and developing good quality study habits were essential to the participants’ overall successes. Benner (1984) describes this acquisition of knowledge and skill occurring as the student moves from the “detached observer to the involved performer” (p. 13). Instead of passive learning they become actively engaged in their education. Like the non-degreed learners in this study, Mullen (2007) describes second-degree, nursing students’ individual capabilities to achieve academic goals were through the use of self-directed learning strategies. Thus, active engagement in learning is an essential component of success.

The ability to successfully complete the nursing program lies in the availability of a solid support system. For the participants in this study, refuge and support were found among faculty and school acquaintances. Mezirow (as cited in Hegge and Hallman, 2008) states, “learning is a social process, so a collaborative learning environment is needed to engage students in reflective discourse about the content, process and premises of the profession” (p. 554). For many of the participants, the relationships they built with their peers served to support them through both the good and difficult times throughout their TMTP of nursing. In many ways, those within established peer groups, were the only ones that participants felt they could trust or go to when they needed support or a break from the reality of school.

This study found that faculty members were a major part of their support system. The relationships built between the faculty and participants had a major impact on the students’ learning and overall success. In addition, participants emphasized that teaching

styles and information delivery strategies played a key role and aided in their successes. The ability of the faculty to engage their students, offer multiple methods of learning and teaching aids, and summarize the material into salient points were all beneficial to the students' learning processes and success. These findings mirror Cangelosi (2007b) where students in that study described faculty as an important part of their success. Faculty who took time to connect with students and help them integrate theory into clinical practice provided a foundation for their nursing practice. Cangelosi (2007a) reports that faculty need to help students find their own voices in nursing, vanquishing the myth that faculty knows what is best for students and students are content with the current curriculum. Of note, the participants in Cangelosi's studies were second-degree students, yet the same findings held true for the non-degreed participants in this study.

In an early study, Kramer (1968) identifies the importance of faculty and student relationships in the formulation of role conception. Kramer found that there is a greater inclination for the student to seek and receive his/her rewards from this source [faculty] due to faculty availability and visibility. As a result, the student learns the attitudes and behavior patterns of faculty, which frequently reflects the faculty's image of nursing. Cook, Gilmer, Bess (2003) state that nursing identity is an evolving developmental process. Thus, educational systems preparing students to become nurses have an opportunity to provide experiences that foster the early development of professional identity.

In contrast, a negative relationship between faculty and students can have a detrimental effect as well. The participants in this study identified communication issues, boredom, struggles for control, and losing trust based on their interactions with faculty.

This finding is supported in, Scharf Kohn and Truglio-Londrigan's (2007) theme of *Faculty Control, Student Imbalance* which is the participant's perception of lack of support from the faculty and the program due to autocratic decisions and poor communication.

Main Theme: Humanizing the Profession through the Patient

Participants experienced personal, professional, and emotional growth throughout their experiences in a TMTP. In this theme, 'humanizing the profession through the patient' participants describe their experiences, while caring for patients throughout clinical rotations. Often focused on tasks, participants found themselves ill prepared to deal with the emotionality of patient care. Continued encounters afforded the participants with the ability to see the reciprocity of the nurse/patient relationship, the human aspect of nursing, and to distinguish patients as more than a diagnosis or learning opportunity.

These findings are supported in the literature. Benner (1984) describes this as "presencing" or meaningful interactions; being with people in ways that values their experiences and meaning. Adding, nurses are often trained to believe they are most effective when doing for the patient, yet with increased self-esteem and self-confidence they see the value in "being with a patient." Participants in this study found the efficacy of "being" in the communication, touch, and person-to-person connections. In addition, Solveig Fagermoen (1997) describes this as professional identity evolving from a general altruistic motivation to a set of values, which are specific and differentiated.

Furthermore, these values are revised as nurses gain experience through working and interacting with colleagues, patients and their relatives.

Transition, “I can do this”

Participants identified their personal evolution from student to nurse. The theme “the transition, I can do this” parallels Heidegger’s (as cited in Benner, 1994) idea of temporality. Temporality is a succession of moments or an accrual of events, not necessarily arranged chronologically, where one’s present is made meaningful by past experiences therefore leading to possibilities in the future. At the start of their educational experience, the participants in this study lacked confidence and often questioned their career choice. Through a culmination of their experiences and small accomplishments, an evolution began to take place. Although these transitions happened at various times within the program, all participants unanimously identified a progression from student to nurse. In addition, this phenomenological inquiry provided a reflective process for the participants to identify an evolution through their lived experiences along a pathway to professional identity. The interview process provided a moment in the present that had participants identify past events that afforded possibilities for their future. It provides implications for future students as well.

Uncertainty Revisited

For the participants in this study, graduation was a culmination of their experiences from a Time Modified Traditional Program of study. The ending, much like the beginning, filled participants with questions, self-doubt, lacking confidence, and pondering what’s next. Much like “Impostor Syndrome” identified among nurses in transition, Heinrich (1997) describes this phase as the “hero’s journey.” “After successfully negotiating the challenges of the heroic journey, heroes return to the world able to contribute more meaningfully given their transformative experiences, the only

certainty is that the hero is never the same at the end of her quest as she was at the beginning” (p. 48).

Current literature reports that any nursing student facing graduation and the transition into the role of registered nurse (RN) is both excited, overwhelmed, and feeling unprepared (Wieland, Altmiller, Dorr, and Wolf, 2007). The transition into professional practice is characterized by the acquisition of the skills, knowledge, and behaviors needed to successfully function as a professional nurse. This process, known as professional socialization, involves the new nurse's internalization of the values, attitudes, and goals that comprise his or her occupational identity (Goldenberg & Iwasiw, 1993). Delaney (2003) describes this transition as a professional rite of passage, the beginning of a journey in the process of becoming a nurse.

For some of the participants, graduation was surreal. Not going to class left them feeling lost and unsure of how to handle everyday life. What came to be their norm was once more disrupted by changes brought on from graduating. Benner (1994) describes a regression to novice when faced with a new situation. Novices and advanced beginners process little when faced with unknown or new circumstances. The participants in this study expressed the need for more time in school and questioned whether they learned what was needed to step into their new role as a graduate nurse. Benner (1982) states that experience is not the passage of time or longevity; transition does not equal time/years, it is the refinement of experiences combined with theory. In accordance with the literature, this theme reflects the participants' evolution and realization of professional identity.

Additional Findings

This research echoes the findings of Scharf Kohn and Truglio-Londrigan (2007) in their studies of second-degree students from accelerated programs of nursing and is depicted in the following table.

Table 2.0. **A Comparison of Findings**

Scharf Kohn and Truglio-Londrigan 2007	DeBoor 2010	Similarity of Identifiers
Questioning One's Place in the World	How I Got Here	Questions one's place in life.
Seeing One's Place in the World in Another Way	Uncertainty	Questions decision to enter program.
Preparing for the Plunge	Balancing Competing Demands	Balancing personal lives and the rigors of school.
A Bundle of Emotions	The transition, I can do this	Emotional ups and downs.
Trying Transitions		The realization of becoming a nurse.
Almost There and Scared	Uncertainty Revisited	Feeling lost. The unknown Role uncertainty. Feeling incomplete.

Finally, in this research, the participation of informants came from two universities providing “site triangulation” and reducing effects on the study from particular local factors peculiar to one institution. In addition, multiple-site use provided an opportunity for the researcher to contrast analyses and use participants’ stories to theorize identified similarities and differences. Despite the differences in faculty or geographical location, the lived experiences between the participants were similar or the same.

Implications for Nursing

The findings from this study offer various implications for nursing. First, the qualitative research contributes to the science of nursing education by offering nursing faculty, nursing researchers, and students a better understanding of the meaning and significance of the lived experience of a non-degree learner enrolled in a time modified traditional baccalaureate nursing program. It is unknown how many of these programs currently exist in the United States, but both non-degree and second-degree students populate these programs. TMTPs are traditional programs that accelerate the completion timeline of traditional curricula. Time proved to be a significant factor for the participants in this study and often caused disengagement from their previous life styles. Of relevance, was the isolation participants experienced from side-tracking their life and relationships, while trying to balance the rigors of the nursing program. It is important for faculty to recognize these time concerns and encourage students to find and implement methods for organization, prioritization, and stress management. Failure to find balance could have implications for learning and overall student success.

Secondly, participants describe personal accountability, peers, and faculty as essential components of their support systems. Characteristics of faculty most endearing to the participants were those that included nurturing, engaging, adaptable, humorous, passion about nursing, and showing a genuine interest in students. Thus, it is important for faculty to understand that relationships between themselves and students have the greatest impact on student learning and overall success. Behaviors modeled by faculty provide the “image” of nursing, which lends itself to building the student’s professional

identity. Additionally, encouraging bonding between students through group initiatives, aids in their overall success.

Finally, this research provided a unique look at the experiences of non-degree learners who were enrolled in and graduated from two TMTPs in nursing. Preconceived notions, life experiences, and varying motivating factors cause individuals to seek an education in nursing. This can positively and negatively influence the learning process as well as contribute to the overall retention rate of students and new graduates. Understanding the educational experience from these participants' perspectives provides opportunities for the development of nursing pedagogy.

Limitations

Findings from this study are limited to one geographical area of the United States and the participants' experiences in two baccalaureate entry level TMTPs. In addition, while diversity was sought, the sample still reflects predominately female, Caucasian participants.

Recommendations for Further Research

Phenomenological inquiry as cited by van Manen (1990) is an individual interpretation and no single interpretation of the human experience will exhaust the possibility of yet another complementary or even potentially richer description. Thus, it is the hope of the researcher that the findings from this study will spark dialogue among educators and cultivate a desire to replicate this inquiry. The themes could be tested on other groups for their validity as well as comparisons to other types of program and students. Follow-up studies to see how these non-degree learners perform once

graduated and in practice could provide valuable information for teaching, learning, and curriculum development.

TMTPs are populated with both non-degree and second-degree students. Given both populations are being educated under the same curriculum design; this provides a medium for comparative research. Further study and comparison of the two types of students in addition to, generic entry-level students experiencing non-accelerated programs would be helpful to identify similarities and differences.

Finally, it would be of benefit to ascertain how many of the current accelerated nursing programs are TMTPs and of those programs, how many are accepting both non-degreed and second-degree learners. The use of a survey monkey would be instrumental in conducting this inquiry and collecting the data.

Chapter Summary

This chapter presented discussion and interpretation of this phenomenological inquiry. Some of the study's findings support that of the reviewed literature and in many ways parallels the foundations of Patricia Benner's *Novice to Expert*. This research provides new information regarding non-degreed learners' experiences in an accelerated nursing program of study branded as a TMTP. Included are implications for nursing and recommendations for further research.

Conclusion

Ten participants voluntarily participated in this research. The findings from this research resulted in eight themes and four subthemes that contribute to a thick, rich description of the phenomenon. Findings were validated through participant review and therefore, provide the fundamental structure of the evolution experienced by these non-degreed learners along a pathway to professional identity. Understanding the meaning and significance of non-degreed learners enrolled in a time modified traditional baccalaureate nursing program has significant implications for nurse educators, nursing researchers, and future students of TMTPs. Time proved to be a noteworthy factor in the participant's experiences. Due to the intensity of the program and time requirements, students often become disengaged from their previous lifestyles and relationships. Building a strong support system with faculty and peers and taking personal accountability for learning contributes to the overall success of the program.

APPENDIX A

TIME MODIFIED TRADITIONAL PROGRAMS (TMTP) OF NEVADA

Characteristic	School A	School B
University Demographics		
Student Demographics		
Total	16,000	28,605
Undergraduate	12,800 (80%)	22,149 (71%)
Graduate	3,200 (20%)	6,468 (23%)
Men	7,200 (45%)	12,556 (44%)
Women	8,800(55%)	16,049 (56%)
Minorities	2,560 (16%)	10,481 (36.6%)
Resident	9,760 (61%)	22,075 (77%)
Nonresident (as of Fall 2008)	3,232 (20.2%)	6,530 (23%)
School of Nursing (SON) Graduating Class Dec. 2009		
Gender:		
Female	43	34
Male	4	4
Ethnicity:		
Asian	5	9
Black	0	4
Hispanic	2	2
Pacific Islander	0	1
White	33	22
Undeclared	7	
Age Range:	Range from 21 to 47	Range from 21 to 41
Mean Age:	26.48	23.43
Age Breakdown: Years of Age – Number of Students		
	21 – 5	21 - 5
	22 – 11	22 - 9
	23 – 5	23 - 4
	24 – 5	24 - 4
	25 – 2	25 - 2
	26 – 1	26 - 2
	27 – 1	27 - 2
	28 – 4	28 - 1
	30 – 2	30 - 2
	31 – 3	31 - 1
	32 – 1	34 - 1
	33 – 2	35 - 1
	34 – 1	36 - 2
	36 – 1	38 - 1
	39 – 1	41 - 1
	41 – 1	
	47 – 1	

Accreditation and Approvals	Yes Nevada State Board of Nursing & Commission on Collegiate Nursing Education (CCNE)	Yes Nevada State Board of Nursing & Commission on Collegiate Nursing Education (CCNE)
Admitted to Program	Two times per year Fall & Spring	Three times per year Fall, Spring, & Summer
Number of Students Admitted per Class	48	48
Admission Criteria	Complete Application for SON Overall GPA of 3.00 Completion of Core Courses	Complete Application for SON Overall GPA of 3.00 HESI-A2 score of 75% or above
Nursing Core Requirements	The total program is 128 credits within the 4 year program. A total of 64 credits are in Nursing and 64 to 68 credits are outside	The total program is 125- 126 credits within the 4 year program. Of that total, 64 credits are in Nursing (including NUR 299) and 61 credits are outside of the School. Of the 60 credits in Nursing, 23 credits are allotted to clinical practice. For each clinical practice credit, the student will be in the clinical area for a total of 45 hours per semester. Thus for a 3 credit clinical experience the student will devote 180 hours per semester. For a 4 credit clinical class the student will devote 180 hours per semester.
Credit Distribution	First Semester 15 Second Semester 17 Third Semester 16 Fourth Semester 16	First Semester 15 Second Semester 15 Third Semester 15 Fourth Semester 15
Length of Program	16 months	16 Months

APPENDIX B

LITERATURE REVIEW OF TRADITIONAL AND ACCELERATED BACCALAUREATE NURSING PROGRAMS

Reference	Description of Study	Results/Conclusions
<u>General Information</u>		
American Association of Colleges of Nursing, 2002, 2007, 2008	Expository articles defining traditional and accelerated baccalaureate nursing programs.	Provided updated information re: traditional and accelerated baccalaureate nursing programs in the United States.
Amos, 2009	Expository. Adds to information on AACN website.	Defining baccalaureate curriculum for traditional and accelerated programs.
Beal, 2007	Editorial describing research agenda	Limited knowledge re: accelerated nursing programs.
Cangelosi & Whitt, 2005	Expository	Provides good background and demographics of accelerated nursing programs.
Kuehn, 1952	Expository	Development of basic collegiate nursing programs.
Penprase & Koczara, 2009	Expository	Review of literature related to accelerated 2 nd degree nursing programs.
<u>Student Profiles</u>		
Meyer, et al., 2005	A descriptive study of 74 students attending a 12-month accelerated BSN program. Data was obtained through record review and surveys.	Demographics of one accelerated nursing program that includes age ethnicity, gender, GPA. Program evaluation and reasons for choosing program also included.
Seldomride & DiBartolo, 2005	A descriptive study of demographic characteristics and academic performance of 71 accelerated second degree nursing students. Data was collected from student records.	Results showed 87% women, European-American, <30 years of age, completed first degree within 5 years. NCLEX pass rate was 84.2% and GPA 3.08-3.75.

Seldomride & DiBartolo, 2007	An update of the 2005 study. Data was collected through record review.	Demographics shifts include an increase in the male population by 5% and the majority of students are returning to school 6-10 years after their 1 st degree.
<u>Qualitative Research</u>		
Cangelosi, 2008	A hermeneutic phenomenological study to explore and develop understanding of the experiences of 22 accelerated BSN students enrolled in learning through simulated client narratives. Data was gathered through unstructured interviews.	Analysis revealed a theme “Creating a Safe Environment” as significant in the teaching and learning use of narratives.
Cangelosi, 2007a	An in-depth look at faculty theme from original study.	A noted pattern “Clearing a Path Toward Possibilities” indicated the integral role faculty plays in student success in overcoming barriers.
Cangelosi, 2007b	A hermeneutic phenomenological approach analyzing the experiences of 19 accelerated 2 nd degree BSN students and how their experiences. Unstructured, audio-taped interviews were used to collect data.	Importance of faculty in overall success and preparation of student.
Scharf Kohn & Truglio-Londrigan, 2007	A hermeneutic phenomenological approach analyzing the lived experiences of 5, 2 nd degree BSN students. Students participated in face-to-face interviews.	Multiple themes were identified: Questioning One’s Place in the World; Seeing One’s Place in the World in Another Way; Preparing for the Plunge; Trying Transitions; Bundle of Emotions; Faculty Control, Student Imbalance; and Almost There and Scared.
<u>Cognitive Measures & Comparative Studies</u>		
Abbott, et al., 2008	A retrospective, descriptive study of 127 accelerated nursing students NCLEX pass rate predictors.	Those students with previous science degrees have higher pass rates on NCLEX. HESI scores also proved to predict success.
Beeson & Kissling, 2001	A retrospective study to identify predictors of success for 505, BSN	Significant relationship between number of Cs, Ds,

	students on NCLEX-RN	and Fs in nursing courses and NCLEX results as well as overall GPA.
Bentley, 2006	A comparative study of 224 traditional and accelerated BSN students NCLEX success.	Accelerated students have a higher pass rate, but not statistically significant. GPA proved to be a predictor of NCLEX success for both groups.
Brewer, et al., 2009	A comparative study of 953 traditional and 2 nd degree, new graduate RN's demographics and work characteristics. Data were collected using a 16-page author developed survey.	Results show employers find 2 nd degree graduates a better hire risk. Traditional graduates work more hours, but 2 nd degree graduates make higher wages. There were no differences found in work attitudes.
Brown, et al., 2001	A comparative study of 123, RN to BSN, traditional and accelerated students' critical thinking abilities. All students were from the same baccalaureate curriculum. The Watson-Glaser Critical Thinking Appraisal was administered to all participants.	Results of this study were mixed The traditional and RN to BSN participants demonstrated a higher critical thinking ability.
Hegge & Larson, 2008	A descriptive design was used to explore major stressors and coping strategies of 137, nursing students enrolled in an accelerated baccalaureate program. The "COPE" survey was used to collect data.	Findings identify high stress levels with the amount of material to be mastered in a short time to be the highest. God and talking to others were found to be the most common strategies for coping.
Korvick, et al., 2008	A retrospective, quasi-experimental study at a private university comparing identical instruction and performance measures between 61 accelerated second-degree and traditional BSN students. Performance measures included faculty developed examinations, observed laboratory skills and quizzes reflective of laboratory skills, two Educational Resources, Inc. national examinations, and total points earned for the semester.	Results showed the mean scores of the accelerated students exceeded the scores of traditional students on every measure.
Raines, 2007	A descriptive, non-experimental design was used to measure and compare perceptions of 22, students	Results showed student satisfaction with the program and preparation.

	enrolled in an accelerated 2 nd degree program at graduation and 1-year. An investigator developed survey was used.	Generalizability is limited due to size of study.
Weitzel & McCahon, 2008	This study examines stressors and support resources for 51, nursing students in an accelerated program. A researcher developed tool was used to collect data.	Results indicated students prefer a traditional lecture format for class room learning. Clinical experience was perceived as most important part of program. Stressors included too many writing and reading assignments, heavy workload, and pace of program, no vacation, and family responsibilities. Support as noted in faculty, peers, and family as well as a resource laboratory.
Williams, et al., 2008	A comparative study investigated clinical competencies of 134 students with degrees and traditional students. The Student Perception of Clinical Competency Scale (SPCC) was distributed to the students at the end of the spring semester.	Statistically significant differences were noted in two of the 36 competency measures. 2 nd degree students differ in maintaining client confidentiality and developing appropriate, prioritized nursing diagnosis. The previous assumption that second degree students have a greater capacity to master clinical skills was not supported by the results of this study.
Youssef & Goodrich, 1996	This prospective study compares differences in anxiety, critical thinking, GPAs, and NCLEX-RN results. A total of 102 accelerated and traditional nursing students participated. The State- Anxiety Inventory, and the Scale Trait of Judgmental Ability in Nursing were used to measure critical thinking.	Results showed although not statistically significant, accelerated students maintained higher grade point averages. There were no significant differences between the groups on NCLEX-RN pass rates, anxiety or critical thinking.
<u>Teaching Strategies and Curriculum Design</u>		
Allen, et al., 2010	Expository.	A description of an online accelerated 2nd-degree program and the accelerated students. Included is a

		discussion of the important collaborative role that hospital educators provide, along with nursing faculty, in the development of coaches for students' clinical experiences.
Bell, et al., 1983	Expository. The article describes a 44-week accelerated program and compares the program to those identified in the literature as traditional.	Findings indicate there were no differences noted between the accelerated program and traditional programs.
Bellack 2004	Editorial.	Considerations for education of nursing students.
Boylston, et al., 2004	A descriptive exploratory research method was used to study satisfaction of 53, students enrolled in traditional and accelerated RN to BSN programs. The Noel-Levitz ASPS instrument was used to determine what items of education are essential to students.	Results concluded students in the accelerated program were more satisfied with the institution, program, and services.
Hamner & Bentley, 2007	Expository.	Socialization and effective use of faculty resources identified from faculty who have taught accelerated students for over 12 years.
Hegge & Hallman, 2008	Expository.	Strategies to overcome myths re: accelerated nursing programs. The use of transformational learning can help challenge these myths. Second-degree programs provide an opportunity to streamline nursing education and necessitate new learning strategies.
Kearns, et al., 2004	An exploratory study comparing 47, student's performance and satisfaction in two different course delivery methods. The same course was taught by the same faculty member face to face and web- based to traditional and 2 nd degree BSN students. Final course grades and composite exam scores were compared.	Significant differences were found on composite and final scores, the Web group had the higher scores. Although findings indicated a significant difference in the overall satisfaction score, neither group expressed high satisfaction with the teaching method used.

Miklancie & Davis, 2006	Expository. One university's experience in creating an accelerated nursing program to meet the increased demand for nurses.	Socialization and teaching issues arose with implementation of an accelerated nursing program.
Mullen, 2007	This descriptive, exploratory study examined the extent and differences in self-reported learning strategies of 76 students in an accelerated BSN program. The Motivated Strategies for Learning Questionnaire were administered to the Questionnaire were administered to the participants.	Findings indicate students use cognitive and environmental self-regulating learning strategies to adapt to curricular demands of complex learning. The longer the student is in school the higher the uses of these strategies were noted.
O'Mara, et al., 1996	Expository, Canadian	To overcome the increasing nursing shortage in Canada an accelerated nursing program was implemented. When students and faculty were interviewed findings were positive, which led to the consideration of extending the accelerated option.
Ouellet, et al., 2007	Canadian. A survey method was used to assess 44 students' perception of their nursing program readiness to practice, and competencies. Students from the Advanced Standing Nursing Degree Program and those from the Accelerated Option were compared using the Perceived Stress Scale and a two-part competency questionnaire.	No significant differences were noted on either measure between the groups. Shortened programs prove to be effective at educating nursing students.
Rosenberg, et al., 2007	Expository.	Attrition rates in the accelerated program are usually 10% to 20% lower than those in the traditional BSN program. These authors hypothesize that interviewing candidates for admission into an accelerated second-degree baccalaureate program may provide valuable information that will reduce attrition rates. At this time there is little data to compare that supports this hypothesis so further research is needed to validate these findings.
Shiber, 2003	Expository.	The requirements of an accelerated second-degree

		program (SDP) were examined.
Supplee & Glasgow, 2008	Expository.	Description of the 11-month accelerated baccalaureate program for 2 nd degree students called the Accelerated Career Entry (ACE). This innovative Design focuses on technology, professional socialization and the use of evidence based practice. The program has graduated over 500 students with a first time NCLEX pass rate of 95-100%.
Tanner, 2006	Editorial.	Major concerns facing nursing education: Faculty Shortage, Accelerated Programs, and simulation.
Teeley, 2007	Expository.	Identifies the need for nursing programs to develop creative ways to teach mature, technologically savvy adult learners who have separate needs and present new challenges from those students in traditional nursing programs. This article describes how hybrid web-based courses can address these challenges.
Utley-Smith, et al., 2007	Expository.	Recognizing the return-to-school syndrome can eliminate issues that arise when there is a mismatch between the expectations and roles of BSN students in an accelerated program.
Walker & Tilley, et al., 2008	Expository.	Implementation of an accelerated nursing program can be a cost effective and satisfying option for accelerating entry into nursing practice.
Walker et al., 2007	A descriptive survey design was used to study 129 traditional and 2 nd degree students' preferences for teaching methods. An author	Results indicated statistically significant differences existing between the two groups of students in the

	developed 30-item Likert scale survey containing essential elements in regard to teaching methodologies was given to the students	areas of; ability for self-directed learning, expectations of faculty, classroom structure, and of obtaining a grade that mattered. Of note, traditional students indicated a preference for the face-to-face educational experience and very low levels of preference for either totally web-based or web-enhanced course work.
<u>Hybrid</u>		
Kemsley & Riegle, 2008	Expository. School of Nursing at the University at Buffalo, integrated student populations, combining accelerated and traditional students.	Integration of student populations eliminates the need to develop specific courses for the accelerated program and preserves faculty resources. Problems were noted in the area of socialization.
<u>Dissertations</u>		
Buonocore, 2009	Research study focused on non-nursing college graduates in an accelerated RN education program designed for completion in less than 11 months.	A purposive sample of 11 participants who recently completed the program shared their experience in lengthy, structured face-to-face interviews. Eight themes emerged. Findings identified difficulties faced in an accelerated program, supports systems, difficulties related to their previous career and the belief that they are better prepared to enter the workforce than traditionally educated nurses.
Siccardi, 1998	Research looking at the perceptions of students enrolled in an accelerated BSN program.	Student perceptions were described in two different contexts. The experiences of the students varied in levels of development, competence, handling emotions and interpersonal relationships. Recommendations were made for curriculum development.

APPENDIX C

IRB APPROVAL



Biomedical IRB – Expedited Review Approval Notice

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: October 23, 2009
TO: **Dr. Patricia Smyer**, Nursing
FROM: Office for the Protection of Research Subjects
RE: Notification of IRB Action by Dr. John Mercer, Chair *JM/OPD*
Protocol Title: **The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate in Nursing Program**
Protocol #: 0909-3211

This memorandum is notification that the project referenced above has been reviewed by the UNLV Biomedical Institutional Review Board (IRB) as indicated in regulatory statutes 45 CFR 46. The protocol has been reviewed and approved.

The protocol is approved for a period of one year from the date of IRB approval. The expiration date of this protocol is October 20, 2010. Work on the project may begin as soon as you receive written notification from the Office for the Protection of Research Subjects (OPRS).

PLEASE NOTE:

Attached to this approval notice is the **official Informed Consent (IC) Form** for this study. The IC contains an official approval stamp. Only copies of this official IC form may be used when obtaining consent. Please keep the original for your records.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through OPRS. No changes may be made to the existing protocol until modifications have been approved by the IRB.

Should the use of human subjects described in this protocol continue beyond October 20, 2010 it would be necessary to submit a **Continuing Review Request Form** *60 days* before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRSHumanSubjects@unlv.edu or call 895-2794.

Office for the Protection of Research Subjects
4505 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89154-1047

APPENDIX D

IRB APPROVAL

NOTICE OF INTENT TO RELY ON ANOTHER NSHE IRB

Submit a completed signed copy of this form with a copy of your complete protocol application, including relevant grant application/contract, to your campus Human Research Protection Program Office for review and approval **prior** to submitting the protocol application to the reviewing IRB.

Principal Investigator (PI) Name and Degree: Stephanie S. DeBoor, MS, RN, CCRN		University Title: Assistant Professor	
PI Department/Division and Campus: Division of Health Sciences Orvis School of Nursing		PI Campus Mail Stop: 0134	
PI E-mail Address: deboors2@unr.edu		PI Area Code and Phone Number: 775-682-7152	
Contact Person Name and Degree (required): Stephanie S. DeBoor		Contact Person Title, Department and Campus: Assistant Professor, DHS, Orvis School of Nursing UNR	
Contact Person Area Code and Phone Number: 775-682-7152		Contact Person E-mail Address: deboors2@unr.edu	
Study Title: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate in Nursing Program			
NSHE Campus Providing IRB Review: UNLV <input checked="" type="checkbox"/> UNR <input type="checkbox"/>			
Significant Financial Interest NSHE retains the responsibility for management of financial conflict of interest in studies whose human subjects research activity is reviewed by UNLV and UNR. The following information must be complete and accurate: Does the PI or co-investigator(s), or their families, or any other member of the research staff or their families, have a Significant Financial Interest (value that exceeds \$10,000) related to the proposed research? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Please provide the following information for all members of the research team with a significant financial interest (SFI).			
Name	Has a SFI Disclosure Form been submitted to the Office of Sponsored Projects?	Does the UNLV/UNR Office of Human Research Protection have a copy of the Management Plan? If not, please provide it as soon as possible.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification of Human Research Protection Training Have all members of the research team, including all investigators and other key personnel, satisfied the University's requirement for human research protection training? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Funding:			
Source of Funding		Funds will be awarded to/through	
<input type="checkbox"/> Federal/Federal Pass-Through (specify): _____ <input type="checkbox"/> Other Gov. (e.g., State, local) (specify): _____ <input type="checkbox"/> Private Sector (specify): _____ <input type="checkbox"/> Institutional Funds (specify): _____ <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> None		<input type="checkbox"/> UNLV <input type="checkbox"/> UNR <input type="checkbox"/> NSHE Have funds been awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify award number (if known): _____	
Principal Investigator's Assurance:			
<ul style="list-style-type: none"> • I certify that the information provided in this application is complete and correct. • I certify that I will follow my IRB-approved protocol. • I will comply with all applicable federal, state and local laws regarding the protection of human subjects in research. • I will ensure that the personnel performing this study are qualified and adhere to the provisions of this IRB-approved protocol. • I will not modify this protocol or any attached materials without first submitting an amendment to the previously approved protocol and receiving subsequent IRB approval. • I accept ultimate responsibility for the conduct of this study, the ethical performance of the project, and the protection of the rights and welfare of the human subjects who are directly or indirectly involved in this project. 			
Name and Signature of Principal Investigator (required):			
Principal Investigator Printed Name <u>Stephanie S. DeBoor</u>		Principal Investigator Signature <u>[Signature]</u>	
Date <u>11/22/09</u>		Date <u>11/22/09</u>	
Name and Signature of Department Chair (required):			
Department Chair Printed Name <u>Fatsy Ruchala, Director</u>		Department Chair Signature <u>[Signature]</u>	
Date <u>11/22/09</u>		Date <u>11/22/09</u>	
To be completed by your Human Research Protection Program Office:			
Date received: <u>11/22/09</u>	Protocol Number: _____	Office Phone Number: <u>775-322-2349</u>	
Director/Designee Printed Name <u>[Signature]</u>		Director/Designee Signature <u>[Signature]</u>	
Date <u>11/22/09</u>		Date <u>11/22/09</u>	

APPENDIX E

RECRUITMENT FLIER

NURSING STUDENTS WANTED FOR RESEARCH STUDY

- My name is Stephanie S. DeBoor and I am faculty at UNR and a doctoral student at the University of Nevada, Las Vegas where I am conducting a research study titled: *The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate in Nursing Program*.
- Do you have time to tell your story about your nursing school experiences?
- Inclusion criteria: any nursing student who graduated high school and chose nursing as a first career (**first degree**); is in their final semester of nursing study; has met all the requirements for commencement, and will graduate December, 2009.



- Participants will have to agree to a face to face, audio-taped interview, to be conducted within one to four months post-graduation. The interviews will be held at a private location that is convenient for you.
- A follow-up meeting will be used to clarify any errors of the verbatim transcription, misinterpretations of researcher regarding themes, and allow participants an opportunity to add any additional thoughts you may have had about your lived experiences.
- Total time approximately 2 hours.
- A **\$10** gift card will be given at the end of the 1st interview and a **\$15** gift card will be given at the end of the follow-up meeting.
- I hope you will consider being part of this research. If you would like to participate or have additional questions, please contact me at deboors2@unr.edu or 775-742-7732 or
- Tish Smyer, Faculty Chair 702 895 5952



APPENDIX F
CONSENT FORM

Protocol Title: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate Nursing Program



Informed Consent

Department of School of Nursing

TITLE OF STUDY: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate in Nursing Program

INVESTIGATOR(S): Dr. Patricia Smyer DNSc, RN

CONTACT PHONE NUMBER: 702/ 895-5952

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to describe, interpret, and gain a deeper understanding of how non-degreed learners experience education in a Time Modified Traditional Program (TMTP) of study.

Participants

You are being asked to participate in the study because at the time of recruitment you met the following inclusion criteria; you graduated from high school and chose nursing as a first career, you were in your final semester of nursing school and had met requirements for commencement and graduation in December 2009. Participants who possess a degree other than a 1st degree in nursing will be excluded from this study.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: Participants will agree to a face to face, audio-taped interview, to be conducted within one to four months postgraduation. In addition the participants will agree to a follow-up interview which will be used to clarify any errors of the verbatim transcription, misinterpretations of researcher regarding themes, and allow participants an opportunity to add any additional thoughts they may have had about their lived experiences. Participation is completely voluntary and confidential. Each interview will last approximately 60 minutes and will be held at a private location that is convenient for you.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. The interviews allow the participant to self-reflect upon the TMTP educational experience. The data collected will enhance the

Participant Initials: _____

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TMTP educational experience for future students. It is a professional and collegial action. This qualitative research will contribute to the science of nursing education and will assist educators to better support the needs of non-degreed learners in a TMTP by understanding the meaning and significance of their experiences.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. There may be some discomfort related to discussing school experiences and the feelings associated with such experiences. There will be an assurance that the participants may withdraw from the study at any time without penalty. There is no risk for declining participation.

Cost /Compensation

There will not be financial cost to you to participate in this study. The study will take approximately 2 hours of your time. You will be compensated for your time. A \$10.00 gift card will be given to you at the completion of the 1st interview. A \$15.00 gift card will be given to you at the completion of the 2nd interview.

Contact Information

If you have any questions or concerns about the study, you may contact Dr. Patricia Smyer at 702/895-5952 .

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact the **UNLV Office for the Protection of Research Subjects at 702-895-2794 or toll free at 877-895-2794.**

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent:

I have read the above information and agree to participate in this study. I am at least 19 years of age.

Participant Initials: _____

Protocol Title: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Bachelor's Degree Nursing



A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Audio/Video Taping

This study involves Audio/ Video Taping.

I agree to be audio taped for the purpose of this research study.

Signature of Participant

Date

Participant Name (Please Print)

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.

Participant Initials: _____

Page 3 of 3

APPENDIX G

CONFIDENTIALITY STATEMENT



Transcriber's Confidentiality Agreement

TITLE OF STUDY: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate In Nursing Program

PRINCIPAL INVESTIGATOR: Patricia Smyer

CONTACT PHONE NUMBER: 702-895-5952

As a transcribing typist of this research study, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement.

I hereby agree not to share any information on these tapes with anyone except the principal investigator of this project. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

This acknowledgement is governed by HIPAA as well as other applicable federal, state university and local laws, rules and regulations.

[Redacted Signature]
Signature of Transcribing Typist

10/9/2009
Date

[Redacted Name]
Printed Name of Transcribing Typist

APPENDIX H
INTERVIEW QUESTIONS

Demographics

1. Please tell me your name. Remember I will be giving you a pseudonym so that you will not be recognized in the study. This is for my purposes only.
2. How old are you?
3. Gender?
4. What is your marital status?
5. What is your ethnic background?
6. Where are you employed? I will be asking you this question again during our follow-up meeting.

Structured Interview Questions

7. Tell me why you wanted to become a nurse.
8. Tell me about your nursing program, teachers, peers, classes, homework.
9. Tell me about your first day in nursing school, clinical, your scariest moment, graduating.
10. What was the experience in your program compared to what you expected nursing to be like?
11. Tell me about a time during your nursing program when you had an “ah ha” moment.
12. What was uplifting versus challenging about your nursing program?
13. What is it like to have gone to nursing school?

APPENDIX I

RETURNING TO THE PARTICIPANTS FOR VALIDATION

E: (Ed) Um...I enjoyed it. I liked it. It's kind of tough because I don't have anything to compare it to. You know I hear all the horror stories about nursing programs and how bad they are and how the teachers are horrible and how they tick off people and the want to get people to quit. And how, you know, your whole life is dedicated to studying and studying and, um, I, you know, enjoyed it. I felt like I learned a lot. At the same time it wasn't like 24-7 nursing school. Like I still had a life outside of nursing school, and I was still able to do a lot of things I liked to do and have some hobbies. And, um, but like I thought that the instructors were awesome, the people were awesome, so I had a good time.

S: (Researcher) **Unfounded fears, myths, and untruths. Were you a little nervous based on what you had been told versus what the truth actually was?**

E: (Ed) I wasn't nervous, because I felt like I could handle anything nursing school could possibly throw at me, but I did have the mentality going in that I was going to be working my butt off; which I did at times but not to the extent I had mentally prepared myself for.

APPENDIX J

PARTICIPANT PROFILES

		Demographic									
		Age	Gender	Marital Status	Ethnicity	NCLEX Prior to Interview	NCLEX Post Interview	Passed NCLEX First Time Taken	Employed During School	Employed Post Graduation	Employed Post Grad in Health Care
Participant	Anne	28	F	M	C	N	Y	Y	N	Y	Y
	Barb	21	F	S	C	Y	N/A	Y	N	Y	Y
	Carol	21	F	S	C	N	Y	Y	N	Y	Y
	Deb	23	F	M	C	N	Y	Y	N	Y	Y
	Ed	25	M	S	C	N	Y	Y	N	Y	Y
	Fran	24	F	M	C	N	Y	Y	Y	Y	Y
	Gina	36	F	M	C	N	Y	Y	N	N	N/A
	Heidi	31	F	M	C	N	Y	Y	N	Y	Y
	Ian	23	M	S	PI	N	Y	Y	Y	N	N/A
	Julie	22	F	S	Hi/B	N	Y	Y	N	Y	N

Gender: Female (F) Male (M)

Marital Status: Single (S) Married (M)

Ethnicity: Caucasian (C) Hispanic (Hi) African American (B) Pacific Islander (PI)

Other questions requiring a yes or no: Yes (Y) No (N) Or Not Applicable (N/A)

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Dissertation Title: The Lived Experience of Non-Degreed Learners From a Time Modified Traditional Baccalaureate in Nursing Program

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