An Added Dimension to the Faculty Role: The Accelerated Student

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An Added Dimension to the Faculty Role:

The Accelerated Student

By

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Coleen Saylor, RN, PhD, & Katherine Abriam-Yago, RN, PhD

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Abstract

Nursing faculty work hard at helping students achieve academic success by utilizing a variety of support services. The question guiding this study is: Do accelerated and traditional BSN students have different characteristics or different valued support services? The characteristics of accelerated and traditional BSN students were obtained from a larger longitudinal study (N=93). The Support Services Questionnaire collected data from a convenient sample of two groups of BSN students: accelerated (n=26), traditional (n=49). The results presented accelerated students as primarily female, financially supported, and holding a variety of college degrees. Traditional students were represented as female, younger, working and not having any baccalaureate degrees. The implications are accelerated students preferred non-institutional support services, while traditional students preferred institutional support services. Recommendations for nursing schools and faculty are offered.

Key words: Accelerated Baccalaureate Student, Support Services, Nursing Student Characteristics, Faculty Practice, and Students.
An Added Dimension to the Faculty Role: The Accelerated Student

Introduction

Nursing schools are utilizing multiple programs including the accelerated program, a condensed traditional nursing program, to meet the nursing shortage (AACN, 2005). An accelerated program creates a distinctive educational environment for students as well as nurse educators. Nursing schools providing these types of programs need research that identifies characteristics and unique needs of the accelerated student in order to develop their programs.

Research is needed to identify specific support services, thus allowing nursing programs to provide resources to better accommodate the accelerated student. The appropriate support services may reduce attrition rates and facilitate student progress through the program. Nursing schools will benefit from comparing valued support services of traditional BSN students versus accelerated BSN students to ensure the most encouraging environment for all students.

Many nurse educators teach accelerated, traditional, RN completion, and repeating students within their role as faculty. Yet, each of these student populations may be identified as having distinctive needs. The data from this study will assist faculty engaged in multiple programs by providing them with information about possible support services valued by a specific student population. With new research identifying what nursing students value as being supportive, nurse educators may be able to more accurately shift pedagogical strategies and support services to meet the needs of these students. More relevant
strategies and services will fulfill the nurse educator’s role in the most efficient and effective way, while meeting the expectations of the students.

**Literature Review**

Effective nurse educators are striving for ways to guide and direct their students. One approach is through holistic guidance. Understanding the many stressors that affect the accelerated BSN student puts nurse educators in a position of mentoring, not only for academics, but also emotional, social and physical needs. Shelton (2003) states, “It is imperative that nursing faculty (nurse educators) extend this holistic approach to the care and nurturing of the next generation of nurses who currently are enrolled in nursing programs” (p. 75).

A study by Seldomridge and DiBartolo (2005) created a profile of the accelerated BSN student. The results of the study showed a demographic difference from traditional students with double the male population in the accelerated student group, and a higher pass rate of the National Council Licensure Examination for Registered Nurses (NCLEX-RN). An accelerated BSN program may be the fastest way to address the nursing shortage; but it also may be the most stressful for students and faculty. These authors also reported that accelerated BSN programs require assimilation of information at a rapid pace and that providing support services improves the likelihood of program completion and success on the licensing examination.

Different categories of support services have been identified through a study performed by Oehlkers and Chere (2001) using interviews to identify the support traditional BSN students had experienced. Specific themes that emerged
were institutional (academic) support such as orientation programs, technical support, mentors, library resources, and prompt feedback from instructors. The non-institutional (social, physical and environmental) support themes identified were family, friends, peers, the workplace and other learners.

Jeffreys (1998) utilized Bean and Metzner's model of academic and environmental variables in a descriptive study that showed personal study skills influenced academic achievement and faculty advisement influenced retention. Further categories of support services needed were found by Seldomridge and DiBartolo (2005), in which they identified the absence of housing, finances, and environmental factors as reasons that students did not attend an accelerated program.

In summary, the literature suggests that nurse educators should support nursing students in a holistic approach (Shelton, 2003). The literature goes on to acknowledge a difference among nursing students. The evidence is developing to show that providing support to students leads to the goal of program completion and NCLEX-RN success (Seldomridge & DiBartolo, 2005). Identified categories of support services that encompass all aspects of the student include academic, social, physical, and environmental themes (Oehlkers & Chere, 2001). These categories of support services were revealed to have an influence on academic achievement and retention of students (Jeffreys, 1998). However, the literature suggests that there are differences between what some students value and how they define support services.
Conceptual framework

Betty Neuman’s systems model (Nicoll, 1997) identifies individuals as a complex organism with the potential for disequilibrium. When too many academic, physical, emotional, or social stressors impact a BSN student’s environment; disequilibrium threatens the academic success of the student as well as their physical health. A research article by Gigliotti (1999) utilized Neuman’s model as a conceptual framework to investigate students and maternal multiple role stress by evaluating support services and disequilibrium. This study suggests that support services could shield student nurses from stressors protecting their equilibrium.

Research Question

The purpose of this study was to analyze the issues facing schools of nursing, nursing faculty, and especially students in an accelerated nursing program. The specific research question is: Do accelerated and traditional BSN students have different characteristics or different valued support services?

Methodology

A descriptive exploratory research design was used in this study to describe the characteristics of accelerated BSN students and their valued support services as compared to traditional BSN students. After Institutional Review Board approval, volunteers answered an investigator-developed Likert scale survey consisting of 27 support service questions. Two items on the survey provided qualitative data specific to perceived strongest support services and services desired but not available. The survey evaluates personal, faculty and
academic support categories. This survey was piloted for clarity with upper division BSN students. A second instrument gathered background demographic data from a larger simultaneous longitudinal study focusing on academic success of accelerated and traditional baccalaureate nursing students. Data included background, educational, and socioeconomic variables. Confidentiality of the demographic survey was maintained by use of identification numbers. The support services survey was anonymous.

Sample and setting

The questionnaires were distributed to a convenience sample in a state funded baccalaureate school of nursing in California that included participants from both an eighteen month accelerated and three-year traditional nursing program. The subjects included one cohort of 31 accelerated students and one cohort of 62 traditional students, 93 total. These students completed the demographic survey on entry into the nursing program. A subset of 75 of these students, 26 accelerated and 49 traditional, participated in the support services survey after completing a minimum of one semester in a nursing program. The data were collected in a classroom setting.

Results

Description of sample. In answer to the research question: Do accelerated and traditional BSN students have different characteristics? Table 1 describes the demographical profile of 93 nursing students, 31 accelerated and 62 traditional nursing students. In the accelerated cohort 68% are single, 52% are 25 years of age or older, and 74% are female. In addition, 84% were not working, 94% have
full or partial tuition sponsored by a foundation or other means, 55% hold either an associate or baccalaureate college degree, and 61% are without dependents. Relevant data associated with accelerated students are 26% were greater than or equal to 35 years of age, 32% are married and 36% have 1 or more dependents. In contrast, the traditional students were 87% single, 79% equal to or younger than 24 years of age, 85% female, 79% worked, 73% were self-supported for tuition fees, 58% had no previous college degree, and 79% are without dependents.

*Valued support services.* The Support Services Questionnaire was administered to 75 nursing students after completing their first semester in a BSN program. The mean scores ranging from 1-5 and standard deviations were calculated for each question. The scores were used to rank the most valued support services of the students. This ranking was done separately for accelerated and traditional students.

Table 2 illustrates the top five-ranked valued support services. Accelerated nursing students valued: (a) family support, (b) a long-term mentor such as a non-nursing instructor, family member, friend, or co-worker, (c) direct face-to-face faculty time, (d) a short-term mentor such as a clinical instructor, and (e) a nursing library/computer lab. The least valued support service of accelerated nursing students, not shown in Table 2, was disability services.

In contrast, traditional nursing students ranked their most valued support services somewhat differently valuing: (a) the nursing library/computer lab, (b) family support, (c) health care services, (d) available hours at the campus library, and (e) a short-term mentor, such as a clinical instructor. The least valued support
service of traditional nursing students, not shown in Table 2, was childcare services.

Further findings not included in the tables asked about academic satisfaction, access to campus services and unavailable services. These findings revealed that 58% of accelerated students were very satisfied with their academic success, in comparison to 49% of traditional students. Greater than 85% of both groups acknowledged having access from home via a computer to the campus library. In addition, a higher percentage, 32% of traditional students utilized the ability to check out a laptop computer at the campus library compared to 19% of accelerated students.

Strongest support services utilized. This questionnaire included, items that solicited qualitative responses regarding the perceived strongest support services utilized in the past semester, see Table 3. The accelerated nursing students’ responses included the following themes: (a) family support, (b) financial assistance, and (c) a long-term mentor when stress was encountered. The traditional nursing students’ responses identified: (a) family support, (b) informal peer group, and (c) the nursing library/computer lab when they encountered stress.

Discussion

This study profiled a sample of accelerated and traditional students. The characteristics of the accelerated students primarily presented as single females, greater than 25 years of age with no dependents, not employed, financially supported with more than half holding a college degree. The characteristics of the
traditional students were primarily single females, less than 25 years of age, employed with no dependents, financially self-supported with more than half not holding a college degree. This study indicates a demographic difference between the two groups of students, which is supported by Seldomridge and DiBartolo’s (2005) report. Their study states there is an increase in the male students in accelerated nursing programs.

Shelton (2003) emphasized that nursing faculty use a holistic approach to nursing students, and Jeffreys’ model (1998) suggests that student retention is influenced by faculty advisement. This current study supports these approaches, as data reflected accelerated students valuing direct face-to-face faculty time and a short or long-term mentor. In addition, traditional students valued short term mentors and informal peer groups as a main support throughout their semester.

Oehlkers and Chere (2001) identified themes such as institutional and non-institution support services as important to students, which is consistent with these study results. Accelerated students identified non-institutional support such as family, peers and friends as a strong support. Traditional students valued institutional support services such as nursing library/computer lab, healthcare services and campus library.

**Limitations**

This study was limited by sample size, setting and measurement. The sample included one cohort each of accelerated and traditional students for the support services survey, and three cohorts (one accelerated, two traditional) for the demographic questionnaire, making it difficult to generalize data to all nursing
students. The setting was located in a high socioeconomic and culturally diverse area. In addition, the accelerated nursing program that provided the convenient sample was in its early stages. Lastly, the instrument used was developed for this study with no psychometric measurements; therefore, generalizability of data should be used with caution.

**Implications**

The implications of this study suggest that accelerated students rate the personal (non-institutional) support services as more valued when encountering stress, where traditional students rate academic (institutional) support services as more valued. The unique characteristics of accelerated students, such as, age, maturity, more education, and life experience creates a different challenge to faculty who are more familiar working with traditional students who are younger and have less life experience.

The faculty challenge that is created by having two unique student populations is compounded by the requirement to address two different identified valued support service arenas. Accelerated students value more direct faculty time in the area of mentoring, while traditional students value referral to academic services. This added requirement for faculty increases the current full load of the nurse educator role.

The combination of distinct multiple programs and defined support needs will impact the schools of nursing. Funding accelerated programs, providing relevant faculty development, and possibly recruiting additional faculty imposes a further burden for schools of nursing. Balancing identified student needs, and an
increased faculty role while managing an accelerated program is a challenge to nursing programs, but necessary if an effort to generate quality nurses is to be met.

Recommendation/ Future Research

Schools of nursing could incorporate supportive efforts that collaborate between families and institutions. In order to achieve this, schools could include families in orientation and other family centered events to provide an environment creating equilibrium for the student. In an effort to support faculty, staff development should be focused on mentoring skills, university resources and time management. Faculty can increase the use of student centered teaching strategies, working collaboratively on curriculum development, and broadening mentoring services to include personal and academic support.

Further research is required to explore the dynamics of accelerated students and programs. A larger sample size would make the information generalizable to nursing students in programs elsewhere. Supplementary research to identify successful faculty teaching strategies and balancing workload in programs with accelerated student populations is important. Further, effectiveness of accelerated education related to employer’s expectations and quality of nursing care should be explored.

Conclusion

The results of this study suggest that there is a distinct difference between the characteristics of accelerated and traditional students. In addition, data reflect that family support, faculty time, and access to nursing libraries/ computer labs
are support services valued by accelerated nursing students and nursing library/computer lab, family support, and healthcare services, were valued by traditional students. A new dimension of the faculty role is occurring that requires adaptation to the new environment of multiple programs and unique student groups.
References

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http://www.aacn.nche.edu/Publications/issues/Aug02.htm


Author Note

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Table 1

**Characteristics of BSN students**

<table>
<thead>
<tr>
<th>Demographic Categories</th>
<th>Accelerated n=31</th>
<th>Traditional n=62</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Martial status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>68%</td>
<td>87%</td>
</tr>
<tr>
<td>Married</td>
<td>32%</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤24</td>
<td>45%</td>
<td>79%</td>
</tr>
<tr>
<td>25-34</td>
<td>26%</td>
<td>18%</td>
</tr>
<tr>
<td>≥35</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>74%</td>
<td>85%</td>
</tr>
<tr>
<td>M</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Working</td>
<td>84%</td>
<td>21%</td>
</tr>
<tr>
<td>≤20 hours per week</td>
<td>13%</td>
<td>40%</td>
</tr>
<tr>
<td>&gt;20 hours per week</td>
<td>3%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Financial source</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 100% self supported</td>
<td>6%</td>
<td>73%</td>
</tr>
<tr>
<td>Full/partial support by other</td>
<td>94%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Current degree</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>35%</td>
<td>58%</td>
</tr>
<tr>
<td>AA/AS</td>
<td>29%</td>
<td>37%</td>
</tr>
<tr>
<td>BA/BS or more</td>
<td>26%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Number of dependents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>61%</td>
<td>79%</td>
</tr>
<tr>
<td>1</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>2 or more</td>
<td>17%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note: Due to rounding, totals may not sum to 100%. Some survey items have missing data, as all participants did not complete all items.
Table 2

*Most valued support services*

<table>
<thead>
<tr>
<th></th>
<th>Accelerated Mean (SD) n=26</th>
<th>Traditional Mean (SD) n=49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
<td>1.58 (0.8)</td>
<td>Nursing library/computer lab 1.59 (0.9)</td>
</tr>
<tr>
<td>Long term mentor</td>
<td>1.88 (1.1)</td>
<td>Family support 1.71 (1.1)</td>
</tr>
<tr>
<td>Direct face-to-face</td>
<td>2.04 (0.9)</td>
<td>Health care services 1.73 (1.0)</td>
</tr>
<tr>
<td>Faculty time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term mentor</td>
<td>2.04 (1.1)</td>
<td>Available campus library hours 1.73 (1.1)</td>
</tr>
<tr>
<td>Nursing library/computer lab</td>
<td>2.08 (1.1)</td>
<td>Short term mentor 1.76 (0.9)</td>
</tr>
</tbody>
</table>

Note: *Support service ratings ranged from 1-5, 1=most valued, 2= very valued, 3= valued, 4 = somewhat valued, and 5 = not valued.*
Table 3

*Strongest support in the past semester*

<table>
<thead>
<tr>
<th>Accelerated students</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Family support</td>
</tr>
<tr>
<td>• Financial assistance</td>
</tr>
<tr>
<td>• A long term mentor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traditional students</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Family support</td>
</tr>
<tr>
<td>• Informal peer group</td>
</tr>
<tr>
<td>• Nursing library/computer lab</td>
</tr>
</tbody>
</table>