Managing the Maelstrom

Self-Regulated Learning, Academic Outcomes, and the Student Learning Experience in a Second-Degree Accelerated Baccalaureate Nursing Program

A Dissertation

Submitted to the Faculty

By

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DEDICATION

This dissertation is dedicated to my parents, Edward and Margaret Yatsko.

Although neither of them had the opportunity to attend college, they have been a source of ongoing encouragement and support for my educational endeavors.

They have had a profound impact on my personal and professional development over the years, and have consistently demonstrated the importance of dedication and determination in pursuit of one’s goals.

This one’s for you, mom and dad…I love you more than you will ever know!
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Second-degree accelerated nursing programs have increased exponentially in response to the escalating nursing shortage. It is assumed that students’ abilities to control learning processes in prior coursework will transfer to the accelerated learning environment. However, it is unclear why some students succeed in these programs, while other seemingly capable students fail.

A mixed method research design was used to investigate the relationship between self-regulated learning, academic outcomes and the experience of self-regulated learning in an accelerated nursing program. A purposive sample of 121 fourth quarter students enrolled in an 11-month curriculum participated in the study. Scores from the Self-Regulated Learning Inventory (Lindner & Harris, 2002) were compared with GPA and program completion using linear and logistic regression analyses.

The linear regression revealed that the overall association of the learning inventory was statistically significant, $F(3, 104) = 2.74, p = .047$ indicating that motivation, knowledge, and executive processing accounted for 6.2% of the
variance in GPA. The logistic regression showed that the ability of motivation, knowledge, and executive processes in predicting the criterion of completing the program in 11-months was statistically significant, ($\chi^2 = 10.193$, $df = 8$, $p = .017$) and accounted for approximately 11.4% of the variance.

Thematic analysis of the focus group interviews revealed themes of: a sense of urgency, expectations versus reality, return to the student role, finding balance, and re-framing the experience. The conclusions were: 1) academic success is predicated on students exercising a significant degree of self-regulation in adapting to the accelerated learning experience, 2) the students’ use of self-regulated strategies is highly contextual, and 3) nursing faculty in an accelerated program have a direct influence on students’ ability to regulate learning and academic outcomes.

This initial study contributes to the understanding of issues influencing student learning and academic success in these rigorous, highly condensed nursing curricula. Further research will enhance understanding, promote curricular innovation, and contribute to the ongoing advancement of contemporary nursing education and practice.
CHAPTER 1: OVERVIEW

Second-degree accelerated nursing programs for non-nursing college graduates have increased exponentially in response to the escalating shortage of registered nurses in the United States. The development of these educational offerings currently exceeds all other types of generic nursing programs in colleges and universities (American Association of Colleges of Nursing, 2005; Auerbach, Buerhaus, & Staiger, 2007). In an attempt to attract new segments of the general population to nursing careers, these educational offerings are directed to non-traditional adult students with a baccalaureate degree (or higher) in another field of study. The accelerated curricular design facilitates completion of required coursework, professional licensure, and entry into practice in an abbreviated timeline.

The proliferation of second-degree accelerated nursing programs has resulted in response to market demand, rather than from a planned evolution in nursing curricula. The majority of these programs evolved as condensed versions of traditional pedagogy and are not grounded in adult learning theory or accelerated learning theory. There is little recognition or accommodation for the complex interplay of adult-life roles with student demands and expectations. It is generally assumed that accelerated students’ abilities to control the process of learning successfully in prior college-level coursework will transfer to the
accelerated learning environment. However, the contextual experience of second-degree accelerated nursing programs is likely to differ substantially from prior academic coursework in traditional undergraduate programs. There is little margin for error. Students in an accelerated nursing program must quickly assume accountability and control of the learning process in order to acquire an extensive theoretical knowledge base, master technically sophisticated clinical skills, and become socialized into complex professional healthcare roles in an abbreviated timeframe. It is essential that accelerated nursing students utilize previously learned and new self-regulated learning strategies to successfully balance adult/student challenges, complete academic requirements and successfully transition to professional nursing roles (Mullen, 2007).

The students enrolled in Drexel University’s second-degree Accelerated Career Entry (ACE) baccalaureate nursing program are adult learners who are highly motivated and have successfully completed a previous baccalaureate (or higher) degree in a field other than nursing. They also possess a rich history of life-experiences which serve as a foundation for new learning. Despite previous academic achievements, however, as many as one-third of the students who enter the ACE program are unable to complete academic requirements of this accelerated nursing program within the 11-month curricular format.
The intense, condensed ACE plan of study requires that students exercise a high degree of independent learning outside the formal classroom and clinical settings. The accelerated learning experience may be substantially different from prior college-level coursework and demands a high degree of student self-regulation. This study examined the relationship between student self-regulated learning and academic outcomes in a second-degree accelerated baccalaureate nursing program. It also explored the student experience of self-regulated learning within the context of a rigorous accelerated nursing curriculum.

Statement of the Problem

Despite the proliferation of accelerated second-degree educational formats in nursing education, there is limited research relating to curricular design, program outcomes and the student experience of learning and professional socialization in these intense educational formats. Acquisition of content and socialization into a complex, rapidly changing healthcare system require students to mobilize previously learned and new self-regulated learning strategies. However, there is a paucity of knowledge regarding the relationship of self-regulated learning and academic outcomes in these challenging educational offerings.
There is also no answer to the question of why some students succeed while other, equally capable students fail to meet program standards within the abbreviated curriculum design. Development and evaluation of baccalaureate nursing programs for adult learners with previous college degrees require both an understanding of how students learn within the context of adult life-roles and the process of accelerated learning within the unique context of the adult-learner experience in these rigorous highly condensed educational offerings.

**Purpose of the Study**

In order to meet the demands of the nursing profession, the market place, and the public, nursing education must be grounded in research to evaluate the efficacy and significance of curricular modifications. This purpose of this study was to examine the relationship between self-regulated learning, academic outcomes and learning experiences of adult students in a second-degree accelerated baccalaureate nursing program. This study also explored the meanings, variations, and experiences of the phenomenon of self-regulated learning in an accelerated nursing curriculum from students immersed in the process.

**Research Questions**

The following research questions served as a foundation for this study.
1. What is the relationship between self-regulated learning and academic outcomes in a second-degree accelerated baccalaureate nursing program?

2. How do adult learners experience self-regulated learning within the context of a rigorous, highly condensed accelerated second-degree baccalaureate nursing curriculum?

Since a significant portion of this study was qualitative in nature, additional terms and themes emerged during the research process and are presented in Chapter 4.

**Background**

The accelerated career entry (ACE) second-degree baccalaureate nursing program, located in a large metropolitan area in the mid-Atlantic region of the United States, has been in existence for more than six years and has graduated more than 800 entry-level nursing practitioners. With an intensive, 11-month curriculum, the ACE program is one of the shortest second-degree accelerated baccalaureate nursing education options available. In addition to the rigorous academic plan of study, students complete the same number of clinical practicum hours as students enrolled in traditional nursing programs, but do so in a highly condensed timeline.
Consistent with principles of accelerated learning, students are immersed in an extremely challenging plan of study that focuses on theoretical, clinical, and socialization constructs of professional nursing practice. Students are discouraged from working during this intense course of study. They are also informed that outside relationships and competing priorities may be negatively impacted by the demanding requirements of the condensed academic program. As a result of the limited time available for formal classroom interactions, students must be self-directed learners and exercise a high degree of academic self-regulation throughout the curriculum.

Despite the challenges and high expectations associated with the ACE experience, this accelerated nursing program has mirrored the exponential growth exhibited by accelerated nursing degree programs throughout the United States. The ACE program began with a class of 50 second-degree students in the fall of 2000. Current enrollment has expanded to admission of two cohorts per year with more than 300 graduate nurses on an annual basis. Consequently, in addition to being one of the shortest accelerated programs in the country, it is also one of the largest.

The ACE program is also somewhat unique, in that progression policies for graduation include summative evaluations in clinical proficiency and achievement of a benchmark score on the HESI comprehensive exit examination.
which has been validated as a predictor of student readiness to pass the National Council Licensure Examination (NCLEX-RN) for registered nurses (Lewis, 2005; Nibert, 2005; Nibert & Young, 2001; Nibert, Young, & Britt, 2003; Yoho, 2006). Students consistently cite the abbreviated 11-month curriculum and the 97-100% first time pass rate on the NCLEX of graduates as primary reasons for choosing to attend the ACE program.

Student persistence to graduation consistently exceeds 90% (which is comparable to other nursing programs); however, historic trends reveal that 25-30% of the students who enroll in this rigorous, accelerated academic program are unable to meet outcome standards within the 11-month curricular timeline. While the majority of these students persevere to degree completion, there is often significant embarrassment, frustration, anger, and financial hardship associated with the process. Clearly, this intensive educational experience is not for everyone. However, for those who have the right balance of motivation, intellectual ability, study skills, personal support, and emotional fortitude accelerated educational offerings like the ACE baccalaureate nursing program afford the ideal facilitated entry into practice.

The premise is that prior educational and life experiences equip the second-degree accelerated nursing student with a strong foundation that facilitates knowledge acquisition and development of clinical skills within a
highly condensed curriculum design. However, there is paucity in the literature specific to the design of accelerated second-degree baccalaureate nursing programs, the students enrolled in them, and how students respond to the educational experience. There is no known research on the relationship between self-regulated learning, academic outcomes and student experiences in this rigorous, condensed curricular design. This knowledge is an integral component in the design of learner-focused curricula recommended by leaders in nursing education (AACN, 2005; National League for Nursing, 2005).

Conceptual Framework

The Model of Strategic Learning (Weinstein, 1994) served as the conceptual framework for this study. The Model of Strategic Learning (Figure 1) demonstrates how relationships among students’ skill, will and self-regulatory strategies influence student academic achievement. The perimeter of the model illustrates examples of contextual influences impacting the learning experience and subsequent learning outcomes. The model was initially created as a conceptual framework for a course aimed at assisting college-level students to become more effective learners. However, it is also applicable to the student experience of accelerated learning in a second-degree accelerated baccalaureate nursing program. It is this researcher’s belief that a strategic approach to learning (academic self-regulation) influences both the experience and outcome
of learning in these challenging course offerings and also provides insight into the question of why some students succeed and other seemingly capable students are unable to meet program outcome standards within the accelerated curriculum design.
Figure 1: Model of Strategic Learning – Weinstein (1994)
Significance of the Study

Teacher-directed pedagogies have historically dominated nurse education. Due to the extremely condensed nature of accelerated nursing programs, however, there is an increased dependence on the student’s abilities to assume accountability and control in the learning process (self-regulated learning). Increasingly, nursing educators are placing emphasis on principles of adult education. An understanding of the learning experience for students enrolled in second-degree accelerated nursing programs is essential for the evaluation of both design and outcomes of these extremely popular educational offerings.

Contemporary nurse educators are challenged to explore innovative methods of educating the next generation of nurses. This study contributes to the understanding of the student experience of self-regulated learning in second-degree accelerated nursing programs. It explored possible relationships between self-regulated learning and academic outcomes within the context of an 11-month curricular design. This study also provides insight into the meanings, variations, and personal experiences of the phenomenon of self-regulated learning from students immersed in an accelerated second-degree baccalaureate nursing curriculum. It is anticipated that this information will assist both prospective students and faculty in understanding the role of self-regulated
learning in this rigorous educational environment and provide insight into student attributes that may contribute to successful attainment of program outcomes within the condensed academic timeframe. In addition, this study contributes to the research base of information needed for ongoing curricular development and evaluation of student and program outcomes in second-degree accelerated nursing programs.

**Overview of Methodology**

Grounded in Adult Learning Theory and Accelerated Learning Theory, this study examined the relationship between self-regulated learning, academic outcomes, and student experiences from multiple perspectives. To achieve this purpose the study used a sequential mixed methods research design. Quantitative student scores on a standardized measure of self-regulated learning were compared with student academic outcome measures of: 1) cumulative grade point average, 2) scores on the comprehensive HESI exit examination, and 3) completion of the academic program in the 11-month timeframe. Qualitative focus group interviews were used to complement quantitative analyses in an attempt to better understand students’ perceptions and perspectives of the learning experience in a highly condensed accelerated nursing baccalaureate nursing program designed for adult learners.
Threads emerging from student focus groups were integrated with quantitative data during the interpretation phase of the study. Information obtained from student focus groups was nested within the larger quantitative data collection in order to better understand both the value and shortcomings of the quantitative instrument in predicting student outcomes in this unique learning environment. Triangulation of quantitative and qualitative data was used to gain a deeper understanding of the relationships between adult learner experiences, self-regulated learning, and academic outcomes within the context of an intense, highly condensed accelerated second-degree baccalaureate nursing curriculum.

**Ethical Considerations**

Permission to access nursing students and facilities during this study was obtained from the Dean of the College of Nursing and Health Professions. All activities related to this study were conducted in accordance with the policies and procedures set forth by the Institutional Review Board for protection of human research subjects at Drexel University. Confidentiality and anonymity of student information and responses was maintained at all times. Student identification codes were used during all quantitative data collection/analyses. Student focus groups were facilitated by nursing faculty who are familiar with the ACE program, but had no prior or current involvement with this student
population. Focus group sessions were held in a private setting and audio-taped for transcription and analysis at a later date.

Student participation was voluntary and students’ decisions related to participation did not influence personal or academic standing in any way. Informed consent was obtained from all study participants identifying: the nature of the research, the researcher’s expectations of study participants, the right to discontinue participation at any time, and the right not answer certain questions or participate in some aspect of the study protocol. Participants were also given the opportunity to obtain additional information, clarify issues and concerns, and access study findings.

The researcher is a member of the nursing faculty in the College of Nursing and Health Professions at Drexel University and has taught in the accelerated program for several years. However, she currently has minimal interaction with students enrolled in the ACE program and had no academic or personal involvement with the cohort of students involved in this study.

Limitations and Delimitations

This study was confined to a purposive sample of students enrolled in the Accelerated Career Entry (ACE) second-degree baccalaureate nursing program. The investigation focused on students enrolled in 4th quarter classes during summer of the 2007-2008 academic year. Study participants included
both ACE students from the fall 2007 cohort who progressed through the curriculum without interruption and a small group of students from prior ACE cohorts who were previously unsuccessful in program completion within the 11-month timeframe due to academic or personal reasons.

A standardized quantitative measure of self-regulated learning designed for undergraduate and graduate student populations was administered to all study participants. Student scores were correlated with cumulative grade point average at conclusion of the 11-month academic program. These scores were also compared with student success in achieving program-specified benchmark exit standards measuring student readiness to successfully pass the NCLEX national licensure examination and program completion within the 11-month curricular design.

This quantitative analysis was complemented by a qualitative inquiry using semi-structured focus-group interviews from a purposive sample of the study population in an attempt to better understand the meanings, variations, and experiences (previous and current) of the phenomenon of self-regulated learning and academic outcomes from students immersed in a second-degree accelerated baccalaureate nursing program.

Due to potential overlap with other planned programmatic activities, a longitudinal study design was not possible. As a result, data reflect student
perceptions and responses at a fixed point in time and do not address student modifications in self-regulated learning or other student adaptations to the accelerated learning experience over time. However, this study represents the first known investigation of self-regulated learning and academic outcomes in a second-degree accelerated nursing program and provides a framework for further study. It also contributes to the understanding of the rich mosaic of issues influencing student learning and academic success in these rigorous, highly condensed nursing curricula.

A longitudinal study design and replication in multiple ACE cohorts would: enrich the data and afford a broader understanding of the ACE experience, contribute to an understanding of self-regulated learning as a predictor of academic success, and further explore the phenomenon of self-regulated learning within the context of an accelerated second-degree baccalaureate nursing curriculum. Replication of this study with students enrolled in other second-degree accelerated baccalaureate nursing programs would further enhance generalizability of the findings and investigate program-specific differences on student experiences and academic outcomes.

This chapter provides a general introduction to the study. Information contained in the varied headings and sub-headings provides an organizational framework of important concepts and foundational principles inherent in the
study design and findings. The next chapter, focusing on a review of the relevant literature, explores information and related research essential to understanding of self-regulated learning, academic outcomes, and the adult student experience of learning in accelerated in second-degree accelerated nursing programs for non-nursing college graduates. The literature review complements the introductory information provided in this chapter and provides the reader with an overall understanding of the conceptual framework, related research questions, and methodology included in this research study.
CHAPTER 2: REVIEW OF THE LITERATURE

A review of the literature was conducted to provide a conceptual background of the interrelated principles from adult learning, accelerated learning, and second-degree baccalaureate nursing programs for non-nurse college graduates. A central tenet of all second-degree accelerated nursing programs is the belief that these academic programs attract adult learners who possess a wealth of personal and educational experiences that provide a strong foundation for the rigorous, condensed, and accelerated nursing curriculum. The number of traditional undergraduate students enrolled in nursing programs remains at its lowest point in forty years. However, there has been a dramatic increase in the numbers of people entering the nursing profession in their late twenties and early thirties after a substantial time period spent in other careers (Auerbach, Buerhaus, & Staiger, 2007). The number of second-degree accelerated nursing programs has increased dramatically in the past ten years in response to the nursing shortage and related shifts in employment opportunities (AACN, 2005).

Despite the popularity and proliferation of second-degree accelerated baccalaureate nursing programs, there is minimal research about curricular design, program outcomes, and the student experience of learning and professional socialization in these intense, condensed educational formats.
Outcome goals of accelerated nursing programs related to graduates’ acquisition of content and socialization into a complex healthcare system require students to immediately utilize previously learned and new self-regulated learning strategies, yet there is a paucity of knowledge regarding the relationship of self-regulated learning and academic outcomes in these challenging educational offerings.

Organizational Overview

This literature review is organized into three major categories: Adult Learning, Self-Regulated Learning, and Accelerated Learning. The section on adult learning includes a description of relevant philosophical orientations that have influenced the design and delivery of adult educational offerings and an examination of several conceptual approaches and theoretical models of adult learning. The closely related construct of self-regulated learning is also explored within the context of the complex inter-relationships of the adult educational experience and adult life roles and responsibilities. The section on evaluation of self-regulated learning includes a description of the Self-Regulated Learning Inventory (SRLI) developed by Lindner and Harris (1992). The self-report SRLI is used in this study as an empirical measure to explore student self-regulated learning and the associated relationships of both the overall SRLI score and its related subscales to student academic success in a second-degree accelerated
baccalaureate nursing program. The section on accelerated learning consists of:

1) the foundational concepts of accelerated learning theory, 2) accelerated course formats, and 3) relevant research concerning time-on task and academic outcomes.

Despite having successfully completed baccalaureate (or higher) degrees prior to enrolling in an accelerated nursing program, second-degree students likely have had minimal exposure to accelerated course formats. Consistent with accelerated learning theory, second-degree nursing students are totally immersed in theoretical, clinical, and socialization components of nursing practice in an abbreviated timeframe. The accelerated, sequential design of these clinical nursing curricula requires that students quickly adjust to the abbreviated course format. Consequently, it is important that any study examining academic success in second-degree accelerated nursing students be grounded in adult learning, self-regulated learning, and accelerated learning theory.

The section on accelerated learning also includes a section dedicated to the information available in the literature pertaining to second-degree accelerated baccalaureate nursing programs for non-nursing college graduates. The evolution and growth of these educational offerings, program outcomes, and relevant student attributes and experiences provide insight and opportunity for
comparison with results of this study. The study also explores the constructs of self-directed learning and self-regulated learning in nursing education.

Planning and evaluation of baccalaureate nursing programs for students with previous college-degrees requires an understanding of how students learn within the context of adult roles and responsibilities. The literature review provides historical and current perspectives of adult learning, self-regulated learning, and accelerated learning as a conceptual base for the study of the student experience of self-regulated learning and the relationship of student readiness for self-regulated learning to academic outcomes in these rigorous, highly condensed educational offerings.

**Perspectives of Adult Learning**

Learning as a process, rather than an end product, focuses on what happens when learning takes place (Merriam & Caffarella 1999, p. 250). The lens used to observe learning interactions undoubtedly influences perceptions of the complex, interconnected dynamics associated with learning activities.

Consequently, various philosophical orientations have had profound effects on the development of theories and practices of adult education.

**Behaviorist Orientation.**

Behaviorists focus on observable behaviors rather than thought processes as the focus of study. Learning is viewed as a change in behavior that
is shaped by the environment through positive and negative reinforcement. The purpose of education is to provide an environment that elicits desired behaviors and outcomes. The systematic design of instruction, behavioral objectives, instructor accountability, competency-based education, adult vocational training programs, and many continuing professional educational programs are grounded in behavioral learning theory. Tyler (1950) and Houle (1996) as the most prominent figures in this movement. Nursing education has traditionally been grounded in a Tylerian approach to teaching and learning. Expert knowledge is dispensed by faculty and the students are expected to passively absorb content without question.

Carroll (2005) predicts that by 2010 knowledge in healthcare will be doubling every two years. The rapid expansion of scientific knowledge has resulted in increased pressures on nursing faculty to continually add new content to existing nursing curricula. This conventional style of teaching persists because faculty members tend to teach as they were taught (Schaefer & Zygmot, 2003). Despite calls from nursing leaders and professional accrediting agencies for a transition to learner-focused educational environments, there is little evidence of change in most nursing curricula (Dalley, Candela, & Benzel-Lindley, 2008; Ironside, 2004; NLN, 2004, 2005).
Faced with the additional challenges associated with a condensed curricular timeline, accelerated nursing students are faced with the challenge of “so much to learn in so little time.” Students must assume control of the learning process quickly and identify new learning strategies to complement previous passive learning experiences and enduring behaviorist teaching strategies in order to meet educational outcome standards within the accelerated timeframe. This study examines the relationship of student self-regulated learning to academic success in a second-degree baccalaureate nursing program. It also explores the adult student experience of learning in a rigorous, highly condensed accelerated nursing curriculum. The philosophical orientations to learning discussed in the following sections of this literature review provide additional insight into the nuances and commonalities of varied approaches to learning and regulation of the learning process utilized by adult students in second-degree accelerated nursing programs.

**Cognitivist Orientation.**

Perception, insight and meaning are essential tenets of the cognitive learning process orientation. Cognitivists assert that the human mind is more than a passive stimulus/response exchange terminal and assert that the thinking person interprets sensations and gives meaning to events. Cognitively-oriented explanations of learning encompass a wide range of topics with a common focus
on internal mental processes that are within the learner’s control. Ausubel (1967) distinguished between meaningful learning and rote learning and suggested that meaningful learning can only occur when it can be linked to concepts that already exist in a person’s cognitive structure. Bruner (1965) developed the concept of learning through discovery which is based upon a theory about the act of learning which involves three processes: acquisition of new information, transformation (the process of manipulating knowledge to make it fit new tasks), and evaluation. The work of Gagne, Briggs and Wenger (1992) and Smith (1990) advanced the concept of learning how to learn which involves acquiring the knowledge and skill to learn effectively in any learning situation.

Academic self-regulation is grounded in a cognitivist approach to education as students are challenged to assume control of the learning process. Cognitive models assume that adult learners possess a rich history of experiences which serve as a foundation for new learning. However, a traditional cognitivist approach to learning in isolation does not address the multitude of variables impacting the adult learning experience and academic outcomes in second-degree accelerated nursing programs. An ongoing dialogue of philosophical orientations to learning contributes to a greater insight of the adult experience of learning in a second-degree accelerated nursing program.
Humanist Orientation.

The humanist perspective on learning emphasizes human nature, potential, emotions and affect. Influenced by the work of Maslow and Rogers, theorists in this tradition believe that learning is a function of motivation, choice, and responsibility, in addition to cognitive processes and overt behavior. Much of adult learning theory is grounded in humanistic assumptions (Merriam & Caffarella, 1999). The humanist orientation is applicable to adult learners whose motivation to learn often is influenced by competing priorities and responsibilities. The social roles (e.g., worker, spouse, partner, and caretaker) characteristic of adulthood distinguish the adult learning experience from that of younger person whose life situation is typically characterized by a high degree of dependency and structure. Adults typically add the role of learner to other full time responsibilities such as work, family, and community.

The humanistic influence of adult roles and responsibilities can profoundly impact the quality of the learning experience. However, there is no evidence of accommodations for adult life roles and responsibilities in existing second-degree accelerated baccalaureate nursing programs. Consistent with early philosophical orientation of adult learning, much of the humanistic lens of learning remains focused on the individual, but the hierarchy of behaviors lends itself to application within the context of life roles that cannot be isolated in the
adult learning experience. More recent philosophical orientations to learning address not only the student, but also the context and process of knowledge acquisition as important variables in the quality of the learning experience.

**Social Learning Orientation.**

Social learning theories contribute to adult education by highlighting the importance of social context and explaining the processes of modeling and mentoring. The social learning framework combines elements from both behaviorist and cognitive orientations while positing that people learn from observing others. A focus on the social setting in which learning occurs distinguishes this perspective from behaviorist, cognitivist, and humanist orientations. Bandura expanded the behaviorist interpretation of social learning requiring imitation and reinforcement and speculated that learning can be vicarious, resulting from direct observation of other people’s behavior and its consequences. Bandura’s observational learning is also characterized by the concept of self-regulation. He contends that individuals can regulate their own behavior by visualizing self-generated consequences (Bandura, 1976, 2001). Bandura also focused on self-efficacy, a personal estimate of competence and confidence in a particular environment, which has particular relevance to adult learning (Lefrancois, 1996). Several useful concepts have emerged from social learning theory including locus of control (motivation, engagement, and
responsibility) and the importance of context in the learning process of adults. In addition, Bandura’s work on observational learning and modeling provides insights into role acquisition, the nature of mentoring and professional socialization which are essential elements of contemporary nursing education (Merriam and Caffarella, 1999).

**Constructivist Orientation.**

Constructivism combines an array of perspectives and posits that learners construct knowledge from experience. The cognitive process is emphasized as both an individual mental activity and a socially interactive interchange. Constructivists believe that learning is a search for meaning, and that knowledge is not simply “out there” to be attained, but must be constructed by the learner. Learning is achieved through the assimilation of information and accommodation which requires that the cognitive structure be created or reorganized (Baumgartner, 2003). The student becomes the central focus of the educational process and the educator serves as a facilitator and guide.

The constructivist approach to learning supports the development of life-long learning skills that are essential for ongoing competence in the rapidly changing healthcare environment. Emphasis on constructing knowledge has been associated with development of critical thinking and clinical decision-making skills inherent in contemporary nursing practice. However, the
complexity of the theoretical knowledge base, clinical skills, and professional
development that must be mastered for entry-level practice as a registered nurse,
combined with the extremely abbreviated timeline in accelerated nursing
programs, requires a balance and blending of the various philosophical
orientations to learning.

**Feminist, Critical and Post-Modern Orientations.**

In Feminist, Critical and Post-Modern orientations to learning, the
process itself is less of a focus than the economic, historical, and socio-cultural
contexts in which learning takes place. Critique of existing systems and beliefs
about the nature of knowledge and power in the learning transaction are
challenged. Common themes characterizing these perspectives are race, class,
gender, the distribution of power and resources, and the construction of
knowledge as it relates to learning (Merriam, Caffarella & , 2007).

The feminist orientation of education employs a political framework
which focuses on consciousness-raising, activism, and a caring and safe
57). Tisdell (2000) suggests several implications for the teaching and learning
transaction including: 1) the differences among learners, 2) the role of power in
shaping and disseminating knowledge, and 3) the redistribution of power among
teachers and students.
Three types of knowledge have been identified by Habermas as central to critical theory: technical, practical, and emancipatory. Technical knowledge focuses on facts that can be easily verified. The practical realm of knowledge requires communication with others to establish validity. Emancipatory knowledge addresses the inherent power relationships in the status quo of accepted knowledge. These three types of knowledge present a framework for understanding and critiquing adult education as a practice and discipline (Merriam, Caffarella & , 2007). Closely related to these three forms of knowledge in critical theory is the concept of reflective discourse which involves minimizing personal bias and concerns in an attempt to foster open communication and consensus through dialogue and debate. Critical theory has also contributed to adult education in the evaluation of educational institutions as learning communities with an emancipatory agenda focusing on the cognitive, oral, technical, and aesthetic potential as essential elements of the adult learning transaction (Merriam, Caffarella & , 2007). Critical theory addresses the close interrelationship between the educational system, interactions of daily life and the responsibility for social change. Brookfield (2001) proposed that a critical theory of adult learning should have at its core an understanding of how adults learn to recognize the predominance of ideology in their thoughts and actions and in the institutions of civil society.
Post-modernism focuses on the state of uncertainly and unpredictability in today’s world. Knowledge is viewed as something that is exercised, not simply owned. Kilgore (2004) suggests that a post-modern approach to adult education results in a re-allocation of power in the social position between student and teacher. In post-modern thought, the individual self is not viewed as a static product, but rather as a dynamic entity in an ongoing state of evolution. The aesthetic, spiritual, affective, and experiential aspects of the self become as important as the rational. Post-modernists celebrate diversity among people, ideas, and institutions. They also promote the reconfiguration of education without traditional academic constraints. A major contribution of this philosophical orientation to adult education has been its focus on previously oppressed and marginalized groups (Merriam, Caffarella & Baumgartner, 2007).

Like many of the other philosophical lenses used to view adult learning, feminist, critical, and post-modern orientations have several applications in contemporary nursing education and practice. Nursing remains a female-dominated profession in a largely patriarchal healthcare environment. Reflecting the needs of modern society, there is a substantial emphasis on attracting both on-traditional adult students and minorities to nursing education programs. Until recently, however, the needs and contributions of these traditionally under-
represented nursing students have largely been ignored in curricular design and program development.

**Learning-Centered Orientation.**

A movement toward learning centered orientation in adult education has the potential to advance nursing education by incorporating the best of conventional pedagogy with newer approaches to learning (Dalley, Candela, & Beanzel-Lindley, 2008). Learner centered education as a model for instruction evolved over the past 30 years in an attempt to extract the best from both traditional and newly emerging approaches to teaching and learning. In traditional educational models, students are considered the only learners. A central concept of learner-centered education is that teachers and students are both learners, working together to explore and develop student’s abilities and achievement of program-defined educational outcomes. The objective of learning-centered education is to improve the quality of student learning and the transfer of learning to real-life situations and practice (Candella, Dalley, and Benzel-Lindley, 2006).

Learning centered education assumes that learners are motivated, self-directed individuals who are able to regulate the learning process and make informed decisions that result in appropriate actions. It is also recognized, however, that individual students differ in motivation, learning styles, personal
development, prior life-experiences and contextual influences on the learning process. The dynamic relationship between student learning and educational outcomes is based on a comprehensive model of and assessment and evaluation strategies including self and peer assessment, faculty and external evaluator evaluations. Frye (n.d.) suggests three essential, interwoven threads for learning-centered education: shifting the curricular focus from content to student learning, developing faculty as effective teachers, and integrating assessment into the curriculum at all levels.

The philosophical lens of learner-centered education is consistent with the increasingly complex demands of professional nursing practice, the needs of adult learners in second-decree accelerated nursing programs, and the evolving needs of contemporary nursing education. The eclectic blending of educational philosophies holds great potential to address the movement from content to process for this non-traditional nursing student population. However, this dramatic shift in educational focus for nursing education will not occur overnight. This study contributes to the understanding of the adult student learning experience in a second degree accelerated baccalaureate nursing program and the relationship of student academic self-regulation to academic success. An enhanced understanding of student experiences and academic outcomes holds the potential to assist both students and faculty in development
of a learner-centered educational environment for adult learners enrolled in an accelerated nursing program for non-nursing college-graduates.

This section of the literature review highlights several of the common philosophical orientations applicable to adult learning, but does not attempt to represent an exhaustive listing of the varied iterations available in the literature. Just as there is no generally agreed upon philosophical orientation to adult learning, there is no single commonly accepted model of the adult learning process. The following section of this literature review presents information about contemporary conceptual frameworks of adult education. These multiple perspectives support the complex nature of learning within the context of adult life-experiences, social roles and responsibilities, and situational contexts. The results of this study contribute to an enhanced understanding of the learning experience of non-traditional adult students enrolled in second-degree accelerated nursing programs. It also provides insight into the relationship between self-regulated learning and academic success in these challenging educational environments. It is hoped that this research will also assist students and faculty in identifying opportunities and supports to facilitate the academic success of nontraditional nursing students now and in the future.
Models of Adult Education

There is no general consensus on adult learning; however, Merriam, Caffarella and (2007) suggest consideration of three theoretical models frameworks in as a complement to the assumptions set forth in Knowles’ Andragogy as a basis for gaining additional insight into individual, environmental, and contextual elements impacting the experience and outcomes of adult learning transactions: 1) McClusky’s Theory of Margin, 2) Illeris’s Three Dimensions of Learning, and 3) Jarvis’s Learning Process Model. A brief overview of these conceptual frameworks and the evolution of Knowles’ Andragogy serve as a conceptual foundation for this study.

McClusky’s Theory of Margin.

The Theory of Margin (McClusky, 1970) is grounded in the belief that adulthood is a time of growth change and integration in which individuals constantly seek a balance of energy needed and energy available. This is conceptualized by the struggle between the “load” of life which dissipates energy and the “power” of life which allows one to manage the load. “Margin in life” is the ratio of load to power. The premise is that to engage in learning, an adult must have some margin of power available for application to the demands of the knowledge acquisition. McClusky’s Theory of Margin also takes into consideration the developmental progressions and complex roles and
responsibilities characteristic of adulthood within the context of life events and transitions. Life events and transitions precipitate some of the most potent learning experiences. As a result the Theory of Margin focuses on when learning is most likely to occur rather than on the process of learning itself. However, Merriam, Caffarella and Baumgartner (2007) question the assumption that a surplus of power in relation to load is a necessary prerequisite for learning. If the subject matter is meaningful and the environment is perceived to be convenient and supportive, research has demonstrated that adult learning is possible in stressful circumstances where load exceeds power.

Clearly a major challenge for adult learners enrolled in second-degree accelerated nursing programs is their ability to maintain a balance between extensive academic demands and adult roles and responsibilities. McClusky’s Theory of Margin is applicable when considering the influence of social supports and environmental context on the adult accelerated learning experience and related academic outcomes.

**Illeris’s Dimensions of Learning Model.**

Unlike the Theory of Margin which focuses on the intersection of learning and life situations, Illeris’s (2002) Dimensions of Learning model is primarily concerned with the learning process itself. The three dimensions involved in learning include cognition, emotion, and environment. The
cognitive dimension involves knowledge and skills, while the emotional dimension encompasses feelings and motivation. Environment focuses on external human interactions and the societal context that both influence and shape the learning process. Illeris (2002) suggests five inputs characteristic of the learning process that can shift in prominence depending on the specific situation of each learning event. These “raw materials” of the learning process include: perception, transmission, experience, imitation and participation.

Merriam, Caffarella, and Baumgartner (2007) assert that the strength of this model is the combination of its breadth and simplicity which suggests that the model can easily be applied to any learning activity. They also note that the model can be useful in understanding resistance to or rejection of learning by stressing that simultaneous changes in all three learning dimensions have the potential to alter the identity of the learner significantly. Since the Dimension of Learning Model is concerned with the processes inherent in learning, it is useful in understanding the adult experience of self-regulated learning in second-degree accelerated nursing programs.

**Jarvis’ Learning Process Model.**

Jarvis’s Learning Process model focuses on the adult’s life situation and suggests that all learning begins with experience. The Learning Process model is based upon a discrepancy between an individual’s biography and experience in
a given situation. Jarvis (1987) suggests that all experience occurs within a social context bounded by the temporality of birth and death. He also asserts that the inability to cope with an unfamiliar situation or the lack of knowledge instinctively is at the heart of all learning (Jarvis, 2006).

In the Jarvis model, the learning process begins with the individual encountering a potential learning experience in which nine different hierarchical responses to the situation are possible. The first three possible responses—presumption, non-consideration, and rejection—do not result in learning. The second tier of responses—preconscious, practice, and memorization—represent non-reflective learning. The final three potential responses—contemplation, reflective practice, and experimental learning—involves higher forms of cognitive processing and active involvement in the learning process on the part of the student. Contemplation is thinking about what is being learned without a behavioral outcome, reflective practice is commonly used in problem solving, and experiential learning is a direct result of a person’s experimental interactions with the environment (Jarvis, 2006). The Jarvis model encompasses a comprehensive framework with multiple levels of learning and several possible outcomes. He suggests that as a result of a potential learning interaction, an individual can respond in any of the following ways: emerge from the process unchanged, respond in a mechanical way through repetition, or grow as a result
of the experience. The emphasis on social context suggests that learning is an interactive phenomenon, not merely an isolated internal process. Jarvis theorizes that all learning begins with the human senses of sound, sight, smell, and touch. These initial sensations are transformed into knowledge, skills, attitudes, values, and emotions. The Jarvis model also recognizes the influence of an individual’s prior life experiences in approaching new learning opportunities (Merriam, Caffarella, & Baumgartner 2007).

While the Learning Process model can easily be applied to all aspects of human learning, Jarvis implies that his model is more appropriate for adults because they have the extensive life context of experience, cognitive skills, emotional range, and action alternatives that are not usually available to children. The processes related to these varied levels of learning may be useful in understanding the myriad of strategies used by adult students to master complex theoretical knowledge, sophisticated clinical skills, and professional assimilation to nursing within a highly condensed timeframe.

**Andragogy.**

More than forty years ago Malcolm Knowles (1968) proposed “a new label and a new technology” of adult learning to distinguishing it from learning experiences of children. Knowles (1980) contrasted the European concept of andragogy, (the art and science of helping adults learn) with pedagogy (the art
and science of helping children learn). Pedagogy places the teacher as fully responsible for what will be learned, how it will be learned, when it will be learned, and how learning outcomes will be evaluated. Andragogy addresses the process of maturation for a learner moving from dependency toward self-directedness and self-regulation while allowing for a variety of learning experiences for different people in diverse dimensions of life (Merriam, Caffarella, & Baumgartner, 2007).

Knowles' Andragogy represents core principles of adult learning that can be applied to both the design and delivery of adult learning experiences. It is a transactional model that speaks to the characteristics of both the learner and the process, not to its goals or aims. The number of andragogical assumptions has increased from four to six over the years as Knowles has responded to criticisms and refined his thinking. These foundational assumptions identified by Knowles, Holton & Swanson, (1998) include the following:

1) Adults need to know why they need to learn something before learning it.
2) An adult’s self-concept is heavily dependent upon a move toward self-direction. This means that adult students can participate in the diagnosis of their learning needs, the planning and implementation of their learning experiences, and the evaluation of those experiences (Merriam and Caffarella 1999, p. 273).
3) Prior experiences of the learner provide a rich resource for learning. Adults come to an educational activity with both a greater volume and different quality of experience than youths.

4) Adults typically become ready to learn when they experience a need to cope with a life situation or perform a task. The timing of learning activities is related to developmental tasks.

5) Adults view education as a process of developing increased competency levels to achieve their full potential; this relevance is an important component of adult learning.

6) An adult learner’s motivation is internal rather than external (Knowles, 1990, p 59).

Critics of Andragogy challenge that Knowles’ assumptions related to adult engagement in participatory and democratic learning, is grounded in a western male concept of individuality, and consequently is not applicable in all cultural contexts (Pratt, 1993). Andragogy has also been criticized by feminists for overlooking gendered structures of power in education (Tisdell, 1998). Critical theorists such as Rachal (2002) argue that Andragogy encompasses an over-simplified view of individual freedom and lacks empirical evidence. A seemingly insurmountable obstacle to empirical investigation of Andragogy’s effectiveness is the element of knowledge acquisition which is traditionally
measured by tests and grades. However, Rachal (2002) points out that Knowles viewed tests and grades as an anathema to the concept of adult learning. Knowles has also been criticized for his initial exclusive emphasis on the individual learner and has been encouraged to consider the social context in the adult learning experience. For example, Grace (1996) criticized Andragogy for focusing solely on the individual and not operating from a critical social agenda or debating the relationship of adult education to society. Holton, Swanson and Naquin (2001) suggest that while the debates about the ends and purposes of adult learning events are important, they should be separate from debates about models of the adult learning process. Wenger (1998) and St. Clair (2002) directly challenged Knowles’ approach by de-emphasizing individual learners in favor of learning communities of practice. Other theorists have embraced a more eclectic perspective in describing adult learning theory, principles, and practices.

**Brookfield’s Model of Adult Learning.**

Brookfield (1986, 1990) suggested that adult education assists adults in their quest for a sense of control in their lives within the context of their respective social forums and structures. Inherent in Brookfield’s theory is the assumption that adult learners become critical thinkers who reflect upon their underlying assumptions, perceptions and behaviors constructively to develop alternate paths of action. Brookfield also distinguished between adult education
and training. He asserted that the aim of education is to help adults become aware of psychological, social, and cultural constructs that shape their behavior. Education’s goal is to assist adults in developing a sense of personal power and self-worth. Consequently adult education is viewed as different from adult training programs which are behaviorally-based (Brookfield, 1986). Brookfield described six principles underlying the effective practice of adult education: 1) participation in learning is voluntary; 2) effective practice is characterized by respect among participants for each other’s self-worth; 3) learning is a cooperative enterprise between facilitator and learner; 4) praxis, a combination of reflection and action, is central to effective facilitation; 5) facilitation aims to foster a spirit of critical reflection in adults; and 6) the goal of facilitation is the nurturing of self-directed, empowered adults (Brookfield, 1990).

**Andragogy in Practice Model.**

The Andragogy in Practice Model (Holton, Swanson, & Naquin, 2001) expands Andragogy’s utility by separating the goals and purposes of learning from the core andragogical principles of the learning transaction. As a result, interactions and adaptations can be more clearly defined. It also accounts for individual situations and subject matter differences within the learning encounter. Holton, Swanson, and Naquin (2001) do not suggest that Andragogy should be the single defining model of adult education. However, they agree
with Merriam and Cafferella (1999) who view Andragogy as an enduring model for understanding certain aspects of adult learning. The Andragogy in Practice model is not a panacea for addressing adult learning practices. Rather, it constitutes one element of a rich mosaic of adult learning.

Figure 2: Andragogy in Practice Model (Knowles, Holton & Swanson, 1998)
Summary of Adult Learning Theory

Although there is no consensus on a single model of adult learning, several themes emerge as characteristic of adult learners and the adult educational experience. It is generally recognized that adults possess educational and life experiences that serve as a foundation for new learning. There is also agreement that adults tend to be self-directed in learning activities and are capable of assuming control of the learning process. Contemporary learning theories also recognize the complex interactions of individual, social and environmental factors influencing the adult learning experience.

A central tenet of second-degree accelerated nursing programs is the belief that these programs attract adult learners with educational and life experiences that provide a strong foundation for the challenges associated with a rigorous, condensed curriculum in an extremely abbreviated timeline. However, the majority of these educational programs evolved from traditional generic curricula in response to changing student demographics, shifting economic demands, technological advances in healthcare, and increasing pressure to alleviate the escalating nursing shortage. This reactionary response to programmatic development focused primarily on a condensed timeframe of study rather than an emphasis on revision, restructuring, and evolution of traditional curricula to meet the needs of adult learners. Consequently, it is
appropriate that research on second-degree accelerated nursing students be grounded in foundational principles of adult learning to gain increased insight into the student experience of learning in these challenging academic programs.

The rigor, pace, and complexity of second-degree accelerated nursing programs necessitate that students exercise a high degree of independent learning and self-regulation to balance academic demands within the context of adult life roles and responsibilities. The next section of this literature review focuses on self-regulated learning theory and research related to the adult student’s capacity to assume control of the learning process. It is this researcher’s belief that investigation of the relationship between self-regulated learning and academic success in second-degree accelerated nursing students will contribute to an enhanced understanding of the adult student experience of learning, as well as achievement of programmatic outcomes in this specialized academic environment.

**Overview of Self-Regulated Learning**

Self-regulation is a multi-level self-steering process that targets one’s thoughts, feelings, and actions toward desired outcomes. Self-regulation is further enhanced by reflection on environmental influences that facilitate or inhibit goal choices, persistence, and goal attainment. Both interpersonal and socio-cultural factors influence an individual’s choice, either to modify behavior...
or to continue acting in his or her preferred way. It can further affect one’s ability to attain goals and prevent undesirable outcomes (Boekaerts, Pintrich and Zeider, 2005). Consistent with the foundational principles of adult learning, academic self-regulation focuses on a student’s self-directed actions in all aspects of the learning process and personal control over the planning, management, and evaluation of learning activities (Garrison, 1997; O’Shea, 2003).

The regulatory facet of self-directed learning integrates self-management (management of the social context, resources, and actions) with self-monitoring (the process whereby learners monitor, evaluate, and regulate their cognitive learning strategies) (Abdullah, 2001). Self-directed students monitor the educational process, evaluate outcomes, and use feedback to regulate subsequent learning situations (Paris & Paris, 2001; Zimmerman, 1998). Feedback helps the learner develop metacognition which has consistently been cited in the literature as an important factor in effective learning (Sperling, Howard, Staley, & Dubois, 2004). Students who are defined as self-regulated learners participate proactively in the education process emotionally, motivationally, and cognitively. These students self-activate and self-direct efforts to acquire knowledge and skills by implementing specific strategies rather than reacting passively, to teacher-directed information and feedback (Nota, Soresi, & Zimmerman, 2004).
Academic self-regulation is broadly defined as the effort put forth by students to enhance, monitor, and manipulate their own learning. Lindner and Harris (1992) described self-regulated learning as a unified process which involves the integration and utilization of cognitive, metacognitive, motivational, perceptual, and environmental components in the successful resolution of academic tasks. Zimmerman (2001) suggested that self-regulated learning is not isolated to asocial independent study, but also includes social forms of learning such as modeling, guidance, and feedback from peers, coaches and teachers. Interest in academic self-regulation grew out of efforts to explain the proactive actions of students to self-direct their learning activities through personal initiative, resourcefulness, persistence, and a sense of responsibility.

Academic self-regulation is multidimensional in scope, contextual in application, and dependent upon perceived outcomes (Zimmerman, 1998, 2002). Proponents of self-regulated learning share a common belief that students’ perception of themselves as learners and their use of varied strategies to regulate the learning experience are critical factors in analyses of academic achievement. A self-regulated learning perspective shifts the focus of education from student abilities and environments as fixed entities to an emphasis on process, whereby students personally initiate strategies to manipulate variables influencing both the learning experience and academic outcomes.
Theoretical Foundations of Self-Regulated Learning

Consistent with the lack of consensus on a single model of adult learning, there are varied theoretical foundations underpinning the concept of self-regulated learning and its relationship to academic achievement.

Behaviorists view self-regulated learning to be a function of its consequences, whereby individuals alter their actions and environment in an effort to avoid negative reinforcement or punishing stimuli (Mace, Belfiore & Hutchinson, 2001).

Information processing (IP) theorists’ views of self-regulated learning evolved from the field of computer science have been used to describe general aspects of human cognitive functioning, including self-regulated learning. Consistent with computer-based models, IP theorists envision human cognition in terms of memory stores and information processing, whereby a recursive feedback loop is used to compare performance to a pre-defined standard through the use of cognitive self-monitoring strategies. Information in long-term memory is depicted as a network of nodes, chunks, or schemas that are connected by links for future information retrieval. Students increase their recall by chunking bits of information into larger units.

Winne (2001) suggests that this cycle of monitoring and control includes perceiving the task, establishing goals and strategies, activating the plan, and
then adapting the plan based upon the feedback received. The cognitive evaluation of matches and mismatches is assumed to provide the impetus for learning. From an IP perspective, learning involves an elaborate rule-governed system, enhanced by age and experience, for utilizing one’s increased capacity to process information (Winne, 2001).

Traditional IP theorists focused on the learner’s knowledge states and methods of reasoning with little emphasis on the role of motivation or social and environmental factors in self-regulated learning. Contemporary IP theorists such as Winne and Hadwin (1998) have expanded the task and context conditions to include these parameters as: 1) resources available for work on a task, and 2) constraints that may affect information processing within a self-regulated learning framework. Although IP theory has not been extensively researched in self-regulated learning to date, it provides a conceptual framework to enhance understanding of cognitive self-monitoring, metacognition, and the recursive nature of feedback loops integral to academic self-regulatory processes (Zimmerman, 2001).

Constructivist views of self-regulated learning are grounded in the seminal works of Bartlett and Piaget, who suggested that cognitive schemas are the foundation for human learning and recall. Constructivist views of cognitive functioning assert that learners actively engage in educational activities, and that
knowledge construction is a result of dynamic, qualitative changes in cognitive schemas. The primary source of a learner’s motivation to construct a more developmentally advanced schema is cognitive conflict between the old representation and the current experience. Constructivists emphasize the value of personal skill in developing strategies to learn. Such strategies involve the decomposition of tasks into parts that are subsequently reorganized in a hierarchical sequence. Although general strategies can be chosen from an individual’s repertoire of skills, they must be adapted constructively to a learning context in order to be effective (Zimmerman, 2001).

Contemporary constructivist models have expanded from an individual focus to include social and historical contexts, as well as collaborative processes associated with the learning experience. Behaviors associated with self-regulated learning are thought to be relative, as thinking and learning are embedded in socially defined situations and practices. Paris, Byrnes, and Paris (2001) suggest that academic self-regulation is constructed by individuals in unique situations and that self-regulating activities are influenced by social, cultural, and environmental influences.

Social cognitive theory focuses on the reciprocal relationships between social processes, environmental factors, and self-regulatory processes. Social cognitivists assume that academic self-regulation is highly context dependent.
and not merely a personal attribute, a particular level of development, or a result of passive educational interactions. Learners are not expected to engage in self-regulation equally in all domains. Although some self-regulatory processes (such as goal setting) may be applicable in multiple settings, learners must understand how to adapt self-regulatory processes to specific domains and must feel confident in their ability to do so. Social cognitive theory also suggests that behavioral consequences serve as a source of information and motivation; people selectively engage in cognitive learning activities that they believe will lead to rewarding consequences (Schunk, 2001).

**Models of Self-Regulated Learning**

All models of self-regulated learning have in common the basic assumption that students can actively regulate their cognition, motivation, and behavior to achieve improved performance. Self-regulatory models are distinctive because they seek to understand the processes of both studying and learning from the student’s perspective and self-image as a learner. Early views of academic self-regulation as a unitary personality trait or stage of development have been supplanted by multidimensional conceptions that envision it as acquired interdependent processes that are selectively used to facilitate learning and academic achievement. Academic self-regulation is multidimensional in
scope, contextual in application, and dependent upon perceived outcomes (Zimmerman, 1998, 2002).

**Bandura’s Model of Self-Regulated Learning.**

The multi-dimensional concept of self-regulated learning was first articulated by Bandura (1977), who used a social-cognitive framework to define self-regulated learning as a complex process involving personal, cognitive, behavioral, and environmental components. A characteristic feature of social-cognitive models of self-regulated learning is the interdependent relationship between social, environmental, and personal variables influencing the learning experience. Bandura proposed that human functioning is explained in terms of a model of triadic relationship in which behavior, personal factors, and environmental events operate as dynamic interactions influencing the process and product of learning (Figure 3).

The personal component of Bandura’s self-regulated learning model includes sub-processes of such as: self-efficacy, motivation, and goal-setting. Self-regulatory skills are of little value if a person is not motivated to use them. Self-efficacy refers to personal beliefs about the ability and means to perform effectively. Goal-setting reflects the outcome expectations about the ultimate ends of performance. A person’s willingness to engage and sustain self-regulatory efforts depends on beliefs about his or her capability to plan and
manage specific areas of functioning (Bandura, 1997, 1986). Research shows that students' self-efficacy beliefs influence such actions as choice of tasks, persistence, effort, and achievement (Schunk, 1995, 2001).

The cognitive component of the model includes metacognition and reflection about performance. The environmental component encompasses social and contextual influences on the learning process. The behavioral component includes the actions the student exerts to manipulate and enhance the learning environment. Bandura posited that the relative strength and temporal association of mutual causation among these three components could be altered through self-regulatory strategies to influence educational outcomes (Bandura, 1986).

Figure 3: Reciprocal Interactions in Human Functioning - Bandura (1986)
**Zimmerman’s Cyclical Model of Academic Self-Regulation.**

Zimmerman (1989, 2000) further built upon Bandura’s work by utilizing a social-cognitive learning perspective to develop a cyclical adaptation model of academic self-regulation. He described learning as a multidimensional process involving personal (cognitive and emotional), behavioral, and contextual components. Zimmerman posited that learners must behaviorally apply cognitive strategies to a task within a contextually relevant setting as a requisite to successful academic learning, and that mastery may require repeated attempts to coordinate both the dynamic and interactive components of the learning experience.

Zimmerman’s model of academic learning is based upon a cyclical process of three phases of self-regulation: Forethought, Performance or Volitional Control, and Self-Reflection (Figure 4). Forethought refers to influential processes that precede efforts to act and set the stage for learning. The sub-processes of forethought include task analysis (including goal setting and strategic planning) and self-motivational beliefs such as self-efficacy, outcome expectations, intrinsic interest/value, and goal orientation. Performance or volitional control involves activities that affect attention and action, such as self-control and self-observation. Self-control processes including self-instruction, imagery, attention focusing, and task-specific strategies (e.g. goal-setting or
strategic planning) help learners to focus on the task and optimize their efforts.

Self-observation refers to a learner’s monitoring of performance, the conditions that surround it, and the effects it produces (Zimmerman & Paulsen, 1995). The related sub-processes of self-observation include self-recording and self-experimentation.

![Figure 4: Phases and Areas of Academic Self-Regulation – Zimmerman, (1998)](image)

The self-reflection phase of Zimmerman’s model includes self-judgment and self-reaction. Self-judgment involves self-evaluation of performance and associating causal attributions to outcomes. Self-evaluation involves comparing self-monitored information with a standard or goal. These evaluative criteria used for self-evaluation typically include mastery criteria (from novice to expert), previous performance criteria, normative criteria (social comparisons with the group effort). Self-evaluative and attributional self-judgments are linked to
perceptions of satisfaction or dissatisfaction with performance and result in adaptive or defensive inferences about the need to adapt subsequent efforts to learn or perform (Zimmerman, 2005).

Zimmerman asserts that academic regulation is not a fixed ability or trait, but rather the result of a self-directive process through which learners transform their mental abilities into academic skills through the emergence of a series of hierarchical regulatory skill levels associated with academic learning experiences. These include: 1) observation (via demonstration of a skill by a proficient model), 2) emulation (imitative performance of a skill with social assistance), 3) self-control (independent display of learned skill under structured conditions) and 4) self-regulation (adaptive use of skill across changing personal, environmental, and contextual conditions). Unlike developmental stage models, this hierarchical representation of self-directive processes does not assume that learners must advance through the four levels in a sequential pattern or suggest that once the highest skill level is attained, it will be used universally.

Since self-regulatory skills are presumed to be dependent on context, new performance challenges have the potential to uncover limitations in existing strategies and may require additional social learning supports and experiences. Zimmerman (2005) also recognizes that, although self-regulated learners have the competence to use forethought, performance or volitional control, and self-
reflection, they may choose not to do so due to the physically and mentally demanding character of these activities. Consistent with learning hierarchy models, Zimmerman’s model of self-regulated learning assumes that students who master each skill level in sequence will: display a higher level of academic skill, experience greater personal satisfaction and self efficacy, and demonstrate increased intrinsic interest in the subject matter and subsequent learning opportunities.

**The Pintrich Model.**

Pintrich (2005) described a theoretical framework based on a socio-cognitive perspective of self-regulated learning. In the Pintrich model regulatory processes are organized into four phases: 1) forethought, planning and activation; 2) self-monitoring; 3) control; and 4) evaluation. Within each of these phases, self-regulatory activities are categorized into one of four areas: cognitive, motivational/ affective; behavioral, and contextual (Figure 5).

Although Pintrich believes that these four phases represent a general sequence for undertaking a task, he also asserts that they are not organized in either a hierarchical or linear function. Rather, they can occur simultaneously and dynamically, thereby producing multiple interactions among the different processes and components. Pintrich also suggests that not all academic tasks explicitly involve self-regulation and that the execution of a given task can be
performed somewhat automatically as a function of the student’s experience (Montalvo & Gonzales-Torres, 2004; Pintrich, 2005).
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Figure 5: Phases of Self-Regulated Learning – Pintrich, (2005)
Kuiper’s Self-Regulated Model of Learning in Nursing.

Kuiper’s Self-Regulated Model of Learning in nursing (1999, 2005) builds upon constructivist conceptual frameworks and highlights the concept of ongoing reflection and feedback as critical elements in self-regulation. Kuiper’s model is the only self-regulated learning model adapted to nursing as of this date. The model represents a synthesis of academic research supporting the conceptual relationships of metacognitive and behavioral processes and environmental structuring for educational settings, with an emphasis on the individual’s efforts to direct thoughts, feelings, and actions toward goal attainment within the context of nursing education and practice (Figure 6).

Figure 6: Reflective Self-Regulated Learning in Nursing (Kuiper, 1999)
The Kuiper self-regulated learning model for nursing has been adapted to clinical nursing with the use of reflective journaling and metacognitive prompts. Findings revealed that both students and practicing nurses consistently used critical thinking activities and higher-order thinking statements, verbalized their actions, and were attentive to contextual considerations in the environment (Kuiper, 1999, 2002, 2005).

There is evidence that in less familiar situations, substantial similarities exist between novice and expert nurses (Corcoran 1986; Powell, 1989; Tabak Bar- tal & Cohen-Mansfield, 1996). Kuiper suggests that reflective self-regulated learning strategies provide building blocks for development of both clinical reasoning and nursing judgment, enabling students and clinicians not only to employ these strategies to adapt to the rapidly changing healthcare environment, but also to promote lifelong learning essential to contemporary nursing practice (Kuiper, 2005).

**Boekaerts’ Model of Adaptable Learning.**

The Model of Adaptable Learning (Boekaerts, 1996; Boekaerts & Niemivirta, 2005) is a holistic framework that suggests individuals inherently self-regulate learning behavior based on two fundamental priorities: 1) increased personal growth through expansion of knowledge and skills, and 2) maintenance of well-being. The model explicitly differentiates between variables that reflect
metacognition and interact with the content of the task (knowledge and skills), and those variables that reflect the individual’s self and motivational beliefs, thereby differentiating two separate types of interpretive processes and the corresponding higher-order control processes of metacognitive control and motivational control. Boekaerts (1999) found that favorable appraisals of tasks and opportunities for learning (such as self-efficacy, interest, and perceived relevance) led students to mastery goals and activities, while a sense of difficulty, disinterest, or stress led students to focus on well-being goals.

Corno (2001) suggested that volitional strategies (such as time and resource management, prioritizing goals, and tracking completed tasks) positively impact academic success. Volition entails sustaining motivation, goal-directed behaviors and strategies of cognition/affect control in the completion of tasks that are complicated by distractions (e.g., unanticipated poor academic performance). Conditions of difficulty that trigger the need for volitional control include unrealistic assessment of task conditions, task overload, and inability to mesh academic goals. Students’ willingness to persist with learning goals in the face of difficulty depends upon their metacognitive knowledge to interpret strategy and the use of self-regulatory volitional strategies to adjust their course of action. Boekaerts and Corno (2005) conclude that when students have access to refined volitional strategies, they are more likely to remain in a
growth/mastery mode, and better able to persist toward goals for productive
mastery when faced with detracting threats to well-being.

**Evaluation of Self-Regulated Learning**

**SRL as an Attribute.**

Theorists have used the term “self-regulated learning” (SRL) to describe
independent, academically effective forms of learning that involve
metacognition, intrinsic motivation, and strategic action (Winne & Perry, 2005;
that measure self-regulated learning as an aptitude and those that measure self-
regulated learning as an event. Historically, research on self-regulated learning
has focused on SRL as an aptitude, which have been defined as relatively
enduring attributes of an individual that can be aggregated or abstracted from
behaviors across multiple events.

These reports relied primarily on survey methods to assess students’
self-reports of actions generalized across settings and situations, such as
strategies used to prepare for academic work. The instruments that measure self-
regulated learning as an aptitude describe student attributes for prediction of
behaviors related to cognition and motivation. Examples of strategies to
measure student aptitude for self-regulated learning include self-reporting
questionnaires and structured interviews (Winne & Perry, 2005, p. 534.).
To date, self-report questionnaires have been the most commonly used tool for measuring self-regulated learning. Examples of such tools include: the Learning and Study Strategies Inventory (LASSI) (Weinstein, Schulte, & Palmer, 1987); the Motivated Strategies for Learning Questionnaire (MSLQ) (Pintrich, Garcia, & McKeachie, 1991); and the Self-Regulated Learning Inventory (SRLI) (Lindner & Harris, 1992, 1998, 2002).

Lindner and his colleagues focused their research on self-regulated learning with students at the college level. The SRLI is grounded in a social cognitive framework and was developed to accomplish the following goals to: 1) help teachers and researchers better understand the construct of self-regulation as it relates to the academic success of students, 2) provide a tool for use in identifying the behaviors, skills and attitudes students need to achieve academic success, and 3) afford diagnostic insight into problems encountered during the learning process. It was also anticipated that the instrument would be useful in predicting future academic success of college students at both the undergraduate and graduate level with a high degree of accuracy (Gordon, Lindner & Harris, 1996). The SRLI self-report assessment tool was developed by identifying empirically-validated successful student behaviors from the literature and using statements regarding those activities to assess students’ use of self-regulated learning strategies.
The initial inventory measured five subscales reflecting the dimensions of metacognition, learning strategies, motivation, contextual sensitivity, and environmental utilization and control (Lindner & Harris, 1994). The SRLI has been empirically tested and related subscales have undergone a series of revisions. The most recent version of the SRLI (V.6.1) contains three subscales: 1) a motivation scale, assessing the student’s motivational profile in terms of goals, attributions, and self-efficacy; 2) a learning strategy scale, assessing both the learner’s knowledge of learning tactics and tendency to develop a plan (strategy) when tackling learning tasks; and 3) an executive processing subscale, which assesses the learner’s tendency to analyze, monitor, and evaluate both the motivational state and the effectiveness of the learning strategy utilized.

Figure 7: Self-Regulated Learning Model (v6.1) (Lindner & Harris, 2002)
Lindner and Harris (1998, 2002) suggest that the inventory can be used for predictive purposes through analysis of an individual’s responses. They further posit that the ultimate value of the inventory lies more in its diagnostic and prescriptive potential, rather than the demonstrated relationship between scores on the inventory and academic performance. The authors suggest that the instrument could also be used for assessing self-regulated learning strategies used by students and identifying educational processes to foster essential behaviors for increased academic success in a remediation setting.

**SRL as an Event.**

Instruments that measure self-regulated learning as an activity collect information on student processes. Strategies to measure self-regulated learning as a process include “think-aloud” measures, such as verbal protocol analysis, error detection tasks, trace methodologies, and observation of performance (Torrano, Montalvo & Gonzalez-Torres, 2004; Winne & Perry, 2005). These investigations have revealed many facets of SRL such as learner’s abilities to: analyze task requirements, monitor progress toward goal attainment, and use of varied and feedback mechanisms to keep them on course. However, they have not revealed what learners actually do versus what they say they do, or how features of a particular context influence learning (Winne & Perry, 2005).
SRL in Context.

Increasingly, researchers are emphasizing the need to attend to the role of context in shaping student cognitions and motivations (Anderman & Anderman, 2000; Perry, 2002). This emphasis accompanies the growing interest in social cognitive, social constructivist, and social cultural theories of learning. These theories prompt investigations of SRL in naturalistic contexts, using methods and measures that can be adapted by both researchers and educators to suit the unique characteristics of a particular learning environment (Paris & Paris, 2001; Perry, 2002; Randi & Corno, 2005). Meyer and Turner (2002) assert that, as researchers move toward more contextualized frameworks of self-regulation and view the relationship between individual and context as central, research methods will need to be re-aligned accordingly. Zimmerman and Schunk (2001) suggest that these alternative conceptualizations are still in the infancy stages both in terms of theoretical knowledge and the ability to employ appropriate methodologies for studying these complex social interactions.

Nursing Research in Self-regulated Learning

In a comprehensive review of nursing literature related to the self-regulatory aspects of self-directed learning, O’Shea (2003) identified the importance of learner assessment, learning styles, and instructional plans in supporting the adoption and development of self-regulating strategies. Kuiper
(1999) examined the transition of new nursing graduates into the workplace and evaluated the development of metacognitive critical thinking skills that would facilitate this transition. The aims of Kuiper’s study were to: 1) describe the extent that self-regulated learning strategies could be prompted during precepted clinical experiences of newly graduated nurses, 2) determine if self-regulating learning strategies could be increased over time, and 3) evaluate the differences in self-strategy use between the associate degree and baccalaureate degree nursing graduates.

Self-observation was the most common strategy used in both groups. The BSN graduates used less behavioral strategies and more metacognitive strategies than the ADN graduate. Kuiper’s data also revealed that BSN graduates had more experience with metacognitive thinking strategies, and that ADN graduates had greater cognitive gains to make in order to achieve some level of proficiency in clinical reasoning. Self-regulated learning is believed to be integral to the development of clinical reasoning skills (Kuiper 2005; Kuiper & Pesut, 2004). It is also positively associated with lifelong learning dispositions and skills that are integral to maintaining competence in the clinical practice of nursing (London & Smither, 1999; Murphy, 2005; O’Shea, 2003; Patterson, Crooks, & Lunyk-Child, 2002).
The pace and complexity of second-degree accelerated baccalaureate nursing programs requires that students engage in a significant amount of independent learning, which in turn requires that students be competent in self-regulated learning strategies. However, only one study was identified that investigated the use of self-regulated learning strategies in this nontraditional nursing student population. Mullen (2007) used the MSLQ (Pintrich, Smith, Garcia, & McKeachie, 1991) self-report questionnaire to explore the presence, types, and use of self-regulatory strategies by students in the second and third trimesters of an accelerated second-degree baccalaureate nursing program. Results of this study revealed that, although both groups of students used self-regulated learning strategies, students who had completed more of the accelerated program used more self-regulated learning strategies than their less experienced counterparts (p. 406). The social cognitive perspective of self-regulated learning was supported by the prevalence of both cognitive and resource management and self-regulatory strategies in both groups (Bandura, 1997, 2001). There were no studies that addressed the relationship between student readiness for self-regulated learning and academic outcomes identified in the literature review.
Summary of Self-Regulated Learning

Theorists have used the term “self-regulated learning” to describe student-initiated, academically effective forms of learning that involve metacognition, intrinsic motivation, and strategic action (Perry, 2002). Although there is no general agreement on one model of self-regulated learning, contemporary approaches focus on cognitive, motivational, social, environmental, and contextual influences on learning. There is consensus that learning is not something that happens to students, but instead happens as a result of active student involvement in the learning process. While individual theories focus on distinctive aspects of self-regulation, collectively they convey a profile of self-regulated learners who achieve academic success by setting goals, monitoring performance feedback, and remaining focused despite distractions and/or adverse outcomes.

Self-regulated learning is a fusion of skill and will at many levels. A strategic learner is one who has learned to plan, control, and evaluate personal, cognitive, motivational/affective, behavioral, and contextual processes in order to achieve academic success. This study examined self-regulated learning as an attribute as a means to identify at-risk students. At the same time, the study examined self-regulated learning as a process to enhance the development of learner-centered environments in contemporary nursing education and practice.
With so much to learn in so little time, it is essential that second-degree accelerated baccalaureate nursing students quickly adapt to the academic rigor and rapid pace of these educational programs and assume control of the learning process. However, it is not possible to evaluate academic self-regulation without consideration of context. As a result, it is important that research on second-degree nursing programs is also grounded in the study of accelerated learning.

**Accelerated Learning**

*Theoretical Overview.*

Accelerated learning is based on a multi-sensory approach to learning which incorporates a variety of theories and strategies. This approach enables learners to move beyond traditional, limiting beliefs and misconceptions, to maximize learner engagement, and to facilitate the effectiveness and pace of learning. Accelerated learning involves both the packaging of content and conditioning of learners, enabling students to absorb and retain material effectively in a condensed timeframe (McKeon, 1995). Accelerated learning theory is grounded in neuroscience, learning styles theory, research into multiple intelligences, cognitive psychology, constructivism, and diverse approaches to learning and human development. It is based upon the work of Marian Cleeves Diamond, Howard Gardner, Mortimer Alder, and Georgi Lozanov (DePorter, 2006).
The common denominator of accelerated learning theory is brain-based learning and the recognition that the hemispheres of the brain control different types of mental activity. The left brain controls linear, logical thinking and analysis, while the right brain controls global thinking, creativity, and spatial awareness. Accelerated learning theory recognizes personal attributes and potential by utilizing the spectrum of individual resources for learning. Three areas of research contribute to the accelerated learning experience and the related assumptions regarding accelerated formats and adult learning: 1) intensity and time involvement in course learning, 2) studies of collegiate-based time-compressed intensive course formats, and 3) specific research on accelerated degree programs (Kasworm, 2003).

**Intensity and Time Involvement in Accelerated Courses.**

Historically, it has been generally accepted that a substantial time allocation is needed to create effective learning environments and subsequent learning outcomes. A significant number of studies that examined the relationship between “time on task” and learning in K-12 educational research suggested a positive relationship between focused time, expectations on learning tasks, and learning outcomes (Karweit, 1984). Research studies in higher education, however, suggest that there are no differences in outcomes between
accelerated and traditional courses across formats and degrees of intensity (Scott & Conrad, 1992; Karweit, 1984; and Walberg, 1988).

Time related to intensity appeared to have little influence on educational outcomes when considered in isolation. However, traditional thinking related to the association of time to learning still persists (Kasworm, 2003). Characterizing these assumptions, Astin’s (1984) Theory of Involvement suggests that student involvement in learning reflects both a quantitative and qualitative immersion in both the physical and psychological dimensions. Astin also asserts that the amount of student learning and personal development associated with any educational program is directly proportional to the quality and quantity of student involvement in that program (Astin, 1985, p. 136). However, critics of accelerated curricula argue that compression of content into time-condensed formats does not allow adequate time for reflection and deep learning. They remain steadfast in the belief that the quality of learning is related to the amount of time spent in classroom interactions.

**Non-Nursing Accelerated Course Formats.**

Intensive accelerated course formats have been criticized for lacking breadth, diluting academic standards, and forcing students to cram information, thereby lessening the possibilities for learning and development (Scott & Conrad, 1992). In response to the dramatic growth of accelerated curricular formats in
university settings, and prevailing criticisms that accelerated courses were too compressed to produce anything of educational value, Scott and Conrad (1992) conducted a comprehensive literature review on the topic of accelerated course formats. This activity resulted in the conclusion that intensive accelerated courses present equivalent – and sometimes superior learning outcomes compared to traditional length courses. They also found that several fields of study presented outcomes which favored accelerated course formats over traditional educational models.

In comparative courses such as law, computer science, and business administration, the outcomes showed either no significant difference between traditional and condensed formats, or superior outcomes in the accelerated courses. Time was not the principal driving force regarding learning when isolated as a variable. However, when time was evaluated with other factors such as accelerated curricula, it was noted that concentrated in-depth experiences facilitated student development and learning in ways not yet understood (Kasworm, 2003). Scott and Conrad (1992) also cited that students were often motivated, excited, and inspired by accelerated course experiences, and that concentrated learning generated a level of satisfaction that was not realized in traditional length coursework.
Research on Non-Nursing Accelerated Education Programs.

Academic achievement by adults in accelerated programs has been consistently documented in the literature. A study by Jonas and Weimer (1999) examined comparative scores on the Educational Testing Service field achievement test of business students and national norms. It also compared student grades in traditional educational settings and nontraditional programs at five institutions. Their results indicated that, when considering matched pairs of traditional and nontraditional students, the accelerated students outperformed their counterparts enrolled in the traditional curriculum at the same institution.

Seamon (2004) compared short and long-term differences in instructional effectiveness between accelerated and semester-length psychology classes. Students in the accelerated, intensive course format performed significantly better than students in the semester length course on posttests of content and questions measuring higher-order learning. The two groups did not differ significantly in their affinity for learning, demographics, or GPA, suggesting that the superior performance was the result of the intensive course format and not any pre-existing student characteristics.

Wlodkowski and Westover (1999) evaluated learning outcomes and attitudes of adults in accelerated courses across three private colleges. Assessments of content and performance mastery as conducted by faculty panels
noted that students in these accelerated courses were performing more than satisfactorily at college level work (p.14). In a comparative examination of the relationship between time in class and length of course on adult student learning between traditional and accelerated course formats, there were no statistically significant differences between dimensions of performance. When the performance of younger traditional students was compared to that of adult students taking the same courses in an accelerated format, the results indicated no difference in the levels of learning (Wlodkowski & Westover, 1999; Wlodkowski, 2003). In addition, factors other than time spent in learning activities such as student capability, quality of instruction, and personal motivation have been identified (Wlodkowski & Westover, 1999).

In examining adult persistence in accelerated degree programs, Root (1999) noted that adults reported the following strategies for success: 1) highly detailed degree plans, 2) structured daily lives, 3) prioritization for use of limited time, 4) meticulous class preparation, and 5) adoption of a coping attitude. Adults held a strong belief that the experience of the program would help them succeed as long as they took individual responsibility for the learning process. Kasworm (2001) explored the adult learner experience of pursuing an applied management degree in an accelerated degree completion program at a liberal arts institution. In this study, adult students in the accelerated degree program
identified personal qualities of motivation, dedication, responsibility, and commitment as requisites for successful program completion. In addition, they noted a period of adjustment requiring the development of a different set of attitudes and learning strategies than those used previously in response to the unique demands of an accelerated curriculum. Students also expressed paradoxical beliefs about learning in an accelerated degree program. They valued the applied, work-based and predictable focus of the courses, yet at times they desired choice and exploration of other content beyond the confines of the program.

Students also stressed the desirability of an abbreviated timeline for course completion, but acknowledged that the time-compressed nature of the program was sometimes overwhelming. As they reflected on the experience of accelerated learning, students reported the following: 1) high levels of stress that created difficulties in balancing academic and personal responsibilities; 2) the need to adjust both academic and personal strategies to accommodate the heavy demands of study, research, assignments and tests; 3) the need for time management and re-negotiation of family and personal involvement to ensure adequate time to meet program requirements; and 4) the need to balance the mental and physical demands of pace associated with accelerated coursework.
Second-degree Accelerated Baccalaureate Nursing Programs.

Accelerated nursing programs for non-nursing college graduates have proven to be an increasingly popular strategy for addressing the escalating nursing shortage in the United States by attracting new segments of the general population to nursing careers (AACN, 2005; Auerbach, Buerhaus, & Staiger, 2007). Directed at nontraditional adult students with diverse educational backgrounds, these educational offerings build upon previous learning experiences, enabling students with a baccalaureate degree (or higher) in another field of study to progress through nursing curricula, obtain professional licensure, and begin practice as a registered nurse in an accelerated timeframe. Though not new to nursing education, the number of second-degree accelerated nursing programs has increased dramatically in the last twenty years. In 1987, there were only 10 nursing programs specifically designed for college-graduates with non-nursing degrees (Diers, 1987). Three years later, in 1990, 31 accelerated baccalaureate nursing programs (BSN) were offered in the United States. Recent statistics reveal the existence of 197 accelerated second-degree baccalaureate nursing programs with 37 more in the planning stages (AACN, 2005). Data from the AACN (2005) indicate that the development of accelerated second-degree baccalaureate nursing programs continues to exceed all types of entry-level nursing programs in colleges and universities across the United States.
More than 4,700 students were enrolled, and more than 1,300 students graduated from these programs in 2003 (Meyer, Hoover, & Maposa, 2006). Accelerated nursing programs are available in 35 states and provide the most expeditious route to professional licensure as a registered nurse for individuals who already hold a 4-year degree (AACN, 2005).

Academic admission standards are high, typically requiring a minimum of a 3.0 grade point average in prior college-level coursework. By receiving credit for previously completed basic liberal arts requirements, forgoing breaks between academic sessions, and carrying heavy course loads (comprised of highly sophisticated theoretical, clinical, and social components), accelerated nursing students are able to condense the timeframe for completion of degree requirements, eligibility to sit for the National Counsel Licensure Examination (NCLEX-RN), and entry-level practice as a registered nurse.

Although all students have successfully completed baccalaureate (or higher) degrees prior to enrolling in an accelerated nursing program, second-degree students have likely had minimal exposure to accelerated course formats. Consistent with accelerated learning theory, second-degree nursing students are immersed in the theoretical, clinical, and socialization components of nursing practice in an abbreviated timeframe. The accelerated, sequential design of these clinical nursing courses requires that students quickly adjust to the highly
condensed format and assume control of the learning process. Consequently, it is important that any study examining academic success in second-degree accelerated nursing students be grounded in both adult learning theory and accelerated learning theory.

**Accelerated Nursing Program Outcomes.**

Despite the rapid proliferation of these educational formats, there is relatively little research on the effectiveness of accelerated baccalaureate nursing programs. A review of the literature by Cangelosi and Whitt (2005) reveals that research related to second-degree programs is scant and not current. Studies conducted in the 1990s were limited in scope and may not apply to current accelerated students and academic programs. Much of the published literature to date is comprised of narrative accounts that are comparative in nature. Due to concerns about the ability to prepare nurses for complex healthcare roles in an abbreviated timeline, the primary focus has been the development of accelerated BSN curricula and program outcome measures such as NCLEX-RN pass rates and employer satisfaction with accelerated BSN program graduates (Bennet, Bremmer, & Sowell, 2003; Cangelosi & Witt, 2005; Duke, 2001; Meyer, Hoover, & Maposa, 2006; Renaud and Miller, 2003; Shiber, 2003; Seldomridge & DiBartolo, 2005). Outcome data in all instances reveal that accelerated nursing students perform at a higher level than their traditionally educated counterparts.
However, there is little research on practices that build upon prior student education and life experiences or emphasis on learning outcomes beyond NCLEX-RN pass rates (Tanner, 2006).

**Accelerated Nursing Students.**

The second-degree accelerated nursing student population demonstrates many attributes characteristic of adult learners. Second-degree nursing students have been described as having more life experiences and being more inclined to take initiative in gaining clinical experiences than traditional undergraduate nursing populations. They tend to be chronologically older, exceptional learners, and are not afraid to confront their instructors (AACN, 2005; McDonald, 1995; Vinal & Whitman, 1994). Studies describing second-degree BSN students reveal that students come from a multitude of educational backgrounds, including basic sciences, health sciences, social sciences, liberal arts, education, and business. Their work backgrounds are equally as varied, with many having no healthcare experience at all (Hammer & Bently, 2007). Most students are between the ages of 22-29, and begin their nursing studies within 3-7 years after completion of their first degree. Seldomridge and DiBartolo (2007) also noted that a significant number of accelerated nursing students had also earned at least one other degree beyond the primary bachelor’s degree. Although the majority of accelerated nursing students are white females,
there has been a consistent increase in both male and ethnically diverse student populations reported over time (AACN, 2007; Beeman & Waterhouse, 2003; Hammer & Bently, 2007; Seldomridge & Di Bartolo, 2005).

Accelerated nursing students are often characterized as being self-directed with the ability to draw on previous knowledge and experiences as a foundation for new learning. They possess a desire to learn how to manage real-life situations and they view education as a way to become more competent and to achieve their full potential. This nontraditional nursing student population has also been described as possessing a high level of maturity and critical thinking skills, which are thought to increase their ability to master complex material quickly and enable them to make competent professional decisions (AACN, 2005; Cangelosi & Whitt, 2005; Meyer, Hoover, & Maposa, 2006). Another study found that second-degree accelerated nursing students characterized themselves as highly motivated self-directed learners with high standards for themselves, their faculty, and for meaningful learning activities (Walker, Martin, Haynie, Norwood, White & Grant 2007).

**The Accelerated Nursing Experience.**

Accelerated nursing programs for non-nursing college graduates have been proven to produce highly qualified nurses, yet they pose significant challenges for adult students. College graduates in accelerated nursing
programs must adapt quickly to the academic rigor and expeditious pace associated with accelerated nursing programs within the context of adult life roles. Some students struggle with the transition from being a competent practitioner in another field of study to returning to an undergraduate student role in a new discipline.

The limited availability of financial aid to offset the costs associated with second-degree accelerated nursing programs is also problematic, and in instances where employers are not repaying educational debt, the costs can be prohibitive. The financial burden is further exacerbated by rigorous academic demands which prevent working during the accelerated nursing education experience. Some students find the pace of accelerated programs to be too intense and are unable to assimilate student expectations into their daily routines and responsibilities (AACN, 2005).

Although student persistence to graduation is characteristically high among students enrolled in second-degree accelerated nursing programs, there is often substantial anxiety reported by the population as a result of the pace and intensity of the curriculum. These sentiments are often coupled with the opinion that prior educational experiences are not adequate preparation for the demands associated with the pace of the highly condensed nursing curriculum (AACN, 2005; Cangelosi, 2007; Meyer, 2005; Seldomridge & DiBartolo, 2005; Shiber, 2003).
Historic models for the measurement of student retention and attrition are of limited use in the evaluation of second-degree accelerated nursing programs, due primarily to the variations in programmatic design, duration, and reporting mechanisms.

**Summary of Accelerated Nursing Program Literature.**

Accelerated second-degree nursing programs have consistently graduated competent professional nurses in an abbreviated timeframe. Despite the proliferation of these educational formats, there is little reported research on the student experience in these challenging course offerings (Meyer et al., 2004). There is also no differentiation of the retention data to reflect the number of students who, although they persist to graduation, are unable to achieve programmatic outcomes within the planned curricular timeframe.

A central tenet of all second-degree nursing programs is the belief that these academic offerings attract adult learners who possess a wealth of personal and educational experiences which provide a strong foundation for the highly condensed, accelerated nursing curriculum. The rigor, pace, and complexity of second-degree accelerated nursing programs necessitate that students exercise a high degree of independent learning and self-regulation in order to balance academic demands within the context of adult life roles and responsibilities.

Student persistence to graduation in Drexel University’s ACE program is
consistent with results reported in the literature, ranging between 93-97%.

However, hidden behind this impressive statistic is the reality that as many as 30% of the students from any given cohort are unable to complete program requirements within the 11-month curricular timeline.

Given the rapid proliferation of second-degree accelerated nursing programs, the number of students entering these programs, and the complexity of contemporary adult lifestyles, it is likely that other students and programs face similar difficulties. It is readily acknowledged by experts in the field that an accelerated nursing program is not for everyone; however, there is also no clear explanation of why some students succeed (often despite significant odds) and other (sometimes seemingly more capable) students fail to achieve program outcome criteria within the accelerated timeline.

This literature review provides background and insight on the principles of adult learning, self-regulated learning, and accelerated learning as a conceptual foundation for this study. The research base of all three components represents a historical emphasis on outcomes rather than process. Experts have identified the need to complement quantitative studies with qualitative inquiry in order to provide a more holistic understanding of these important concepts both individually and collectively. This study used a mixed methods approach to investigate the relationship between student self-regulated learning, student
achievement (GPA and HESI exit examination scores), and program completion within the 11-month curriculum format. The study also explored the student experience and related processes inherent in self-regulated learning in a second-degree accelerated nursing baccalaureate nursing program. Chapter 3 provides detailed information about the proposed methodology for data collection and analysis.
CHAPTER 3: METHODOLOGY

Planning and evaluation of baccalaureate nursing programs for adult students with previous college degrees requires an understanding of how they learn within the unique context of the adult-learner experience in these rigorous highly condensed educational offerings. The purpose of this research study is to better understand the relationship between self-regulated learning and academic outcomes in a second-degree accelerated baccalaureate nursing program. It also explores the meanings, variations, and perceptual experiences of self-regulated learning from students currently immersed in the process.

The following research questions served as a foundation for this study:

1. What is the relationship between self-regulated learning and academic outcomes in a second-degree accelerated baccalaureate nursing program?

2. How do adult learners experience self-regulated learning within the context of an intense, highly condensed accelerated second-degree baccalaureate nursing curriculum?

This chapter describes the research design, methodology, processes, procedures and limitations of the study.
Research Design

Consistent with the complex and dynamic nature of adult learning, an examination of student-specific attributes is complemented with an exploration of the process and context of self-regulated learning in a second-degree accelerated nursing program. Consequently, this study used a sequential mixed method research design incorporating both quantitative and qualitative research methodologies. In mixed methods research, the researcher bases the inquiry on the assumption that the combined use of closed-ended quantitative data and open-ended qualitative data will be most advantageous in addressing a complex research problem. A sequential mixed method design is typically characterized by the collection and analysis of quantitative data followed by an analysis of qualitative data in order to assist in interpreting the findings of a primarily quantitative study. The priority is typically given to the quantitative data, and the two methods are integrated during the interpretation phase of the study (Creswell, 2009).

The quantitative portion of this study examined student scores on the Self-regulated Learning Inventory (Lindner & Harris, 2002), program data related to student cumulative grade point average, and achievement of program-specific benchmark scores on the HESI comprehensive exit examination within the 11-month curriculum design. Qualitative data was obtained through student
focus groups from a purposive sample of the overall study population. Powell and Single (1996) define focus groups as a set of individuals selected and assembled by researchers to discuss their personal experiences relative to a specific topic.

Focus groups elicit a multiplicity of views and enable the researcher to obtain a larger amount of information in a shorter period of time. They are particularly useful when one wants to explore the degree of consensus on a given topic (Gibbs, 1997; Morgan & Kreuger, 1993).

Focus groups elicit information in ways that allow researchers to find out not only why an issue is salient, but also what is salient about it (Morgan, 1997). Unlike the single flow of information in a one-on-one interview, focus groups generate data through multi-directional, multi-faceted discussion. The narrative exchange generated as people share their knowledge, understanding, and experience, compare differing points of view, and comment on the experiences of others provides a wealth of information, not just about what they think, but why they think the way that they do. Group participants may develop new perspectives as a result of talking with others who have had similar experiences. The use of student focus groups in this research provides rich information to complement the quantitative data, resulting in a holistic approach
to the interpretation and understanding of the adult student experience of selfregulated learning in a second-degree accelerated nursing program.

**Sequential Exploratory Design of this Study.**

This study used a three-phase sequential exploratory design. Data was collected sequentially using a quantitative instrument to examine the constructs of self-regulated learning as measured by the SRLI. Focus group interviews complemented the quantitative data and provided rich descriptions associated with the meaning and perspective the adult student experience in a second-degree accelerated nursing program. A second quantitative data collection and analysis focused on cumulative grade point average, student achievement of program-specified benchmark scores on the HESI exit examination, and program completion within the 11-month curricular design. Threads emerging from student focus groups were integrated with quantitative data during the interpretation phase of the study (Table 1).

Information obtained from student focus groups was nested within the larger quantitative data collection in order to better understand both the value and shortcomings of the SRLI in predicting student academic outcomes in this unique learning environment. Triangulation of quantitative data (student responses on the SRLI, student achievement of program benchmark scores on the HESI exit examination, program completion in 11 months within the 11
month curricular design, and cumulative nursing GPA) with qualitative data obtained through focus groups (with a purposive sample of second-degree ACE students nearing completion of their academic program) afforded a deeper understanding of the relationships between adult learners’ experiences of self-regulated learning and academic outcomes within the context of an intense, highly condensed accelerated second-degree baccalaureate nursing curriculum.

Table 1: Sequential Exploratory Design of this Study

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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<tbody>
<tr>
<td>• Student completion of SRLI Inventory &amp; Demographic survey</td>
<td>• Semi-structured student focus groups</td>
<td>• Secondary data analysis</td>
</tr>
<tr>
<td>• Preliminary Quantitative data analysis</td>
<td>• Analysis of qualitative data</td>
<td>• Examination of relationship of student-specific SRLI scores to cumulative nursing GPA and student performance on the HESI exit examination</td>
</tr>
<tr>
<td>• Identification of a purposive sample of students for participation in focus groups</td>
<td></td>
<td>• Interpretation of results</td>
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</table>

Site Selection and Study Population

This study was conducted with second-degree accelerated nursing students enrolled in Drexel University’s Accelerated Career Entry (ACE) second-
degree baccalaureate nursing program. The ACE program has been in existence since 2001, and was the first accelerated degree program for non-nurse college graduates in the Philadelphia metropolitan area. The rigorous, highly condensed nursing curriculum is designed to be completed in 11-months. In addition, with more than 800 graduates to date, the ACE program has the distinction of not only being one of the shortest second-degree accelerated nursing programs in the country, it is also one of the largest. Classes are scheduled in 10-week quarters, rather than the 16-week semesters typical of many university settings, which further accentuate the accelerated progression of the curricular design.

As part of a capstone course at the end of the 11-month course of study, ACE students are required to achieve a program-specified benchmark score on the comprehensive HESI exit examination as a measure of readiness to take and pass the national licensure examination (NCLEX-RN). Students who do not meet this program progression standard are retained in the academic program beyond the 11-month course of study and complete a program of directed remediation to assist them in meeting this important program requirement. Graduates of the ACE program are highly recruited by employers and consistently demonstrate a 97%-100% first time pass rate on the National Council Licensure Examination for Registered Nurses (NCLEX-RN), compared to a national first time pass rate of 85.5% (NCSBN, 2007). Students consistently cite the abbreviated timeframe for
program completion and the first-time success rate for new graduates on the NCLEX-RN examination as primary factors in choosing to attend the Drexel University ACE program.

All of the students who matriculate into the ACE program have a proven track record of previous academic success in college-level studies. Additionally, they have earned a minimum of a bachelor’s degree in another field of study and have also satisfied pre-requisite coursework in science and sociology courses. Consistent with the accepted characteristics of adult learners, the ACE students possess a history of academic, personal, and professional experiences that serve as a foundation for new learning. However, while more than 90% of ACE students persist through the program to degree completions, as many as 25-30% are unable to successfully complete academic requirements of this accelerated nursing curriculum within the 11-month timeframe.

The intense, time-limited curriculum requires that students exercise a high degree of independent learning outside the formal classroom and clinical setting. A typical 10-week quarter consists of 21-23 credits. Multiple clinical nursing courses (Medical Surgical Nursing, Mental Health, Obstetrics, Community/Public Health, Pediatrics, Gerontology, and Critical Care) are taken concurrently. Students must master a diverse theoretical knowledge base and related clinical skills in an abbreviated timeframe. Additional coursework in
Health Assessment, Health Promotion, Pharmacology, Leadership/Management, and Nursing Research are also threaded throughout the curriculum.

A typical ACE student schedule involves full day of in-class sessions on Monday and Tuesday from 8 A.M. until 5 P.M.. Three full days are also spent in structured clinical practicum rotations (e.g., Medical-Surgical on Wednesday, Mental Health on Thursday, and Obstetrics on Friday). Students are required to do extensive preparation for each of the clinical practicum days, and they are often required to prepare summary reports or care plans at the completion of each clinical assignment. Evenings and weekends are spent in independent and/or group study activities, completion of assignments, and clinical skills sessions. This immersion into the ACE learning experience may be substantially different from prior college-level coursework and demands a high degree of academic self-regulation. This study examined the relationship between self-regulated learning and academic outcomes in this accelerated baccalaureate nursing program. It also explored the adult student experience of self-regulated learning within the context of a highly condensed nursing curriculum.

The site and student population offered a rich opportunity for study and represented a convenient and accessible population for the researcher who is a full-time faculty member in the College of Nursing and Health Professions at Drexel University. The researcher’s in-depth understanding of the ACE
curriculum, prior experiences with ACE students and alumni, and collegial relationships with Drexel nursing faculty and staff also contributed to study completion and interpretation of results.

**Study Participants**

A purposive sample of students who were enrolled in a fourth quarter research course in the ACE program was recruited for participation in the study. The total enrollment in the class was 132 students. A group of 121 students from this study population agreed to participate in the study. These students provided rich insight into the relationship between self-regulated learning and academic outcomes, as well as the adult student experience of learning in this nontraditional educational format.

Student participation in the overall study and student focus groups was voluntary. After University Institutional Review Board (IRB) approval, students received information about the study during class time that was dedicated for that specific purpose. At that time, the researcher presented the purpose of the study, details of participation, and answered questions relevant to the study. It was communicated to the students that their decisions related to study participation would not influence personal or academic standing in any way. Informed consent was obtained from all study participants which included: an explanation of the nature of the research, participant expectations, the right to
ask questions, and access to study findings. It was also noted that this would be
the only direct research-related contact between the researcher and students until
completion of the study. Students were assured that all data would be coded by
an independent third party, and that the researcher would remain blind to the
source of information throughout data collection, analysis, and interpretation.
Confidentiality of data and student-related information was maintained at all
times.

Participants received compensation for their time and research-related
activities. Students who completed both the SRLI and the demographic data
sheet each received $5. In addition, each of these students was also entered into a
random lottery with an equal chance of receiving one of three $50 gift cards.
Students who voluntarily participated in the focus groups each received an
additional $10 at completion of the focus group session. Those students were
entered into a second lottery exclusively for focus group participants. The
winner of the focus group lottery received a $50 gift card.

Data Collection

Specific plans for collecting and analyzing data are essential components
of mixed methods research, and it is useful to have such a plan to guide the
sequential design of the investigation. The schedule used to guide research
activities is presented in Table 2.
Table 2: Schedule of Research Activities

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Activity</th>
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| After IRB Approval| • Identification of a minimally obtrusive class time with fourth quarter faculty for introduction of the study and recruitment of student volunteers  
                     • Orientation individuals who assisted with data collection and coding                                                               |
| Week 1            | • Recruitment of student volunteers for study participation  
                     • Collection of quantitative data using demographic survey and SRLI instrument                                                        |
| Weeks 2 – 3       | • Preliminary Quantitative data analysis  
                     • Award of additional financial remuneration from lottery #1  
                     • Identification of a purposive sample of students for participation in focus groups                                                   |
| Weeks 4 – 6       | • Student focus group(s) conducted by independent third party observer(s)                                                                  |
| Weeks 7 – 12      | • Analysis of qualitative data from student focus groups  
                     • Award of additional financial remuneration from focus group lottery                                                                    |
| Weeks 13 – 15     | • Secondary Data Analysis (Examination of student-specific SRLI scores to cumulative nursing GPA and student performance on the HESI exit examination) |
| Weeks 16-20       | • Interpretation of results                                                                                                                |

The researcher was granted access to the study population during a large-group class session at the start of the fourth quarter to introduce the study and recruit student volunteers. Negotiation with and support from nursing faculty in this regard was an initial emphasis of the researcher’s activities. A one-hour block of time at the end of a scheduled class period was allocated for
this activity. This timeframe provided ample time for introduction of the study, response to student questions and concerns, and student completion of both the SRLI and demographic questionnaire.

**Demographic Data Collection.**

Collection of demographic information about study participants was essential to understanding the context of academic self-regulation and the experience of accelerated learning with adult students immersed in this accelerated nursing program. The use of descriptive statistics enhanced the researcher’s ability to move beyond a mere analysis of numbers and provided additional insight into the personal, social, and environmental factors influencing the student experience in the ACE program. This information was also used to compare demographics of this accelerated nursing student population with others reported in the literature.

Students who agreed to participate in this study were asked to complete a demographic data sheet upon initiation of the study. The data sheet was coded by an independent third party to insure participant confidentiality. The demographic information sheet used in this study (Appendix D) represents a compilation of items from: 1) a demographic data set used by Mullen (2006) in the only other known study examining the use of self-regulated learning strategies used by students in a second-degree accelerated nursing program.
(permission obtained from the author); 2) student profile characteristics and environmental factors identified in a model of nontraditional undergraduate nursing student retention and success (Jeffreys, 2004); and 3) variables identified by former ACE students, faculty, and program staff. Information obtained from the demographic data collections was summarized using descriptive statistics.

**Self-Regulated Learning Inventory (SRLI).**

The Self-Regulated Learning Inventory (SRLI) version 6.1 was used as the primary quantitative instrument in this study (Appendix E). This tool was selected because of its multifaceted approach to factors influencing student learning and the ease of administration. The SRLI was developed by Lindner, and Harris in 1992 from a theoretical model of self-regulated learning specifically designed for college students. The instrument has been tested in empirical research and has undergone several revisions over the years (Lindner & Harris, 1992, 1998, 2002).

The most recent version of the SRLI (2002) consists of 65 items divided among three subscales: 1) a 20 item executive processing subscale; 2) a 20 item motivation subscale; and 3) a 25 item cognitive processing/knowledge subscale. Each item requires a response based on a 5-point Likert scale ranging from “Almost always typical of me” (5) to “Not typical of me” (1). Students identified
a level of personal agreement with the statement by circling the corresponding number.

The Executive Processing subscale includes items designed to evaluate: metacognitive knowledge and strategy use, deliberate processing, and ongoing monitoring and evaluation. The Cognitive Processing subscale includes items designed to evaluate automatic and habitual processing with statements regarding attention, information storage-retrieval, and tactic execution such as attention focusing, organization, and elaboration. The Motivation subscale utilizes comments regarding self-efficacy, attributions and goal orientation (Lindner & Harris, 2002).

This latest version of the SRLI was empirically tested with 525 college students enrolled in 21 classes representing a diverse group of academic majors at a medium size Midwestern comprehensive university. Study results revealed that reliability (Cronbach’s alpha) for each subscale ranged between .85 and .87, and it was .93 for the overall SRLI total score related to the criterion measure of student grade point average. These findings indicate a high degree of internal reliability. Further assessment revealed concurrent validity with the supporting literature at a p<.001 level (Lindner & Harris, 2002). In an analysis of the utility of the instrument, Lindner and Harris (1998) identified that the ultimate value of the inventory lies more in its diagnostic and prescriptive potential than in the
mere fact that a significant relationship between scores on the inventory and academic performance exists. Therefore, this tool has potential value to the following groups: students considering matriculation to a second-degree accelerated baccalaureate nursing program, college officials for admission screening, and nursing faculty for the early identification and remediation of high-risk students.

The SRLI (version 6.1) was administered to all study participants in their usual classroom setting during class time allocated to support completion of this activity. Students who choose not to participate were given the option to either remain in the classroom or to leave and pursue other activities. Although the SRLI was distributed to all students remaining in classroom, those who chose not to participate in the study remained anonymous. A Volunteer research assistant who had no connection with the ACE program (or its students) collected survey forms as students left the classroom. Participant names and student identification numbers were requested on the SRLI student response sheet so that data obtained could be compared to student-specific outcome measures of cumulative GPA and achievement of program-specified benchmark scores on the cumulative HESI exit examination. However, information from the SRLI data sheet was coded by an independent observer and student confidentiality was maintained at all times.
Comprehensive HESI Exit Examination Scores.

Student scores on the Comprehensive HESI examination were obtained from internal program records and compared to programmatic benchmark criteria established by faculty of the ACE program as a proxy for student readiness to pass the NCLEX-RN examination. Drexel nursing faculty established this benchmark after careful review of existing research on the predictive accuracy of the HESI exit examination and an ongoing review of success/failure rates of ACE graduates on the NCLEX-RN licensure examination. Students must achieve a minimum raw score of 950 or a conversion score of 87% in order to qualify for graduation from the ACE program. Students who fail to meet this program established benchmark within the 11-month curricular design are retained in the ACE program and registered for additional remedial coursework focusing on reinforcement of theoretical knowledge, critical thinking, decision-making, and test-taking strategies until the academic outcome measure is met.

In studies conducted over four consecutive years (1996-2000) with a sample of 17,342 RN students, the HESI exit examination was reported to be 96.36-98.30% accurate in predicting NCLEX RN success (Lauchner, Newman, & Britt, 1999; Newman, Britt, & Lauchner, 2000; Nibert & Young, 2001; Nibert, Young, and Adamson, 2002). Yoho (2006) further validated the ongoing, highly
predictive value of the HESI exit examination with a more recent version of the NCLEX-RN examination. The 2002 study also quantified the degree of risk for failure on the NCLEX-RN within specified scoring intervals of the HESI exit examination. As the HESI exit examination scores decreased, the percentage of NCLEX-RN failures increased significantly.

Lewis (2005) examined both the predictive accuracy of the HESI exit exam on NCLEX-RN pass rates and the effect of progression policies on nursing student HESI exit exam scores. Lewis’ research results not only substantiated previous reports about the predictive accuracy of the HESI examination in predicting NCLEX pass rates, but also revealed that student performance on the HESI exit examination was positively influenced by progression policies such as required remediation and deferral of graduation until program-specific benchmark scores on the HESI exit examination were achieved.

Student scores on the HESI exit examination were treated as a binary variable and used as a proxy for program completion within the 11-month curricular design. This binary variable was compared to both the total score and related subscales on the SRLI using generally accepted statistical analyses in order to evaluate the usefulness of the tool in predicting student performance on this important academic outcome measure. Consistent with data collection and analysis measures throughout this study, all student scores on the
comprehensive HESI examination were collected and coded by an independent third party to ensure participant confidentiality prior to review and analysis by the researcher.

**Cumulative ACE Grade Point Average (GPA).**

A student’s cumulative grade point average (GPA) is generally accepted as a valid and reliable measure of academic achievement and mastery of course content in educational settings. Academic policies at Drexel University require that a student must achieve a cumulative GPA of at least 2.0 (on a 4.0 point scale) to earn an undergraduate degree. Consequently, for the purposes of this study cumulative GPA was reported using the following interval scale: 2.0-2.4, 2.5-2.9, 3.0-3.4’ and 3.5-4.0. Data associated with student cumulative GPA in accelerated nursing coursework was obtained from program data with permission of the student. Consistent with other methods of quantitative data collection, the data was retrieved, analyzed, and coded by an independent research assistant. Confidentiality and student anonymity was maintained at all times. Student cumulative GPA in the ACE program was compared to both the total score and related subscale scores on the SRLI using generally accepted statistical analyses in order to evaluate the usefulness of the tool in predicting student academic achievement in this rigorous, highly condensed academic program.
**Student Focus Groups.**

Information regarding the student experience of self-regulated learning in the ACE curriculum was obtained via student focus groups in an effort to generate rich insights through group dialogue. Focus group research involves organized discussion with a selected group of individuals to gain information about specific subject matter. It is particularly suited for obtaining several perspectives on the same topic. Focus groups serve as a useful tool for obtaining a better understanding of the results of quantitative analyses. Furthermore, under the direction of a skilled moderator, they uncover respondent’s attitudes, feelings, beliefs, experiences, and reactions in a way which would not be feasible using other methods of qualitative inquiry such as observation, one-to-one interviews or questionnaire surveys (Gibbs, 1997). The benefits of focus group research include gaining insights into individual and shared understandings of a common experience (Marshall & Rossman, 2006).

**Focus Group Sessions.**

Qualitative data for this study was obtained using student focus groups from a purposive sample of the overall student population of the fall 2007 ACE cohort. Due to the large number of students in each cohort, each group is divided into two sections prior to the start of the academic program. These smaller sections of students remain together as unit for the duration of the
curriculum. Although each section progresses through the same curriculum at the same pace, there may be differences in both class schedules and course faculty. Due to the rigorous pace and academic demands of the program, there is limited time for student socialization and interaction between sections.

Consequently, two separate focus groups (each drawing participants from one of the student cohorts) consisting of 8-10 students were planned for this study. The use of two distinct focus groups allowed for exploration of commonly shared ACE student experiences, and also the emergence of any differences resulting from student interactions specific to each of the cohorts.

Focus group sessions were held in a private, neutral setting that was convenient and non-threatening to student participants. The timeframe allotted for focus group sessions was 60-90 minutes to allow for substantive dialogue among group members. Student and facilitator schedules, as well as, the availability of suitable accommodations were taken into consideration in the scheduling of focus group sessions. Since focus group activity demands a significant personal investment, students who participated in study-related focus group activities received additional financial remuneration for their contribution to this portion of the research study.
Recruitment and Selection of Focus-Group Participants.

Students received initial information about the focus-groups during the introduction of the study by the researcher. Students who agreed to participate in the quantitative portion of the study were also given the opportunity to indicate whether or not they were interested in participating in the focus-group sessions as part of the agreement to participate in the study. This information was maintained by an independent third-party research assistant, who managed all aspects of coordination and student communication regarding the focus group sessions. Students who indicated that they were willing to participate in the focus groups received detailed information about volunteering for specific focus group sessions via e-mail. A random numbers table was used for the assignment of study participants to focus group sessions. Consistent with other aspects of data collection in this study, student confidentiality was maintained at all times, and the researcher remained blind to the identity of student participants in the focus group sessions.

Focus Group Facilitators.

Careful attention to the selection of a focus group facilitator is an essential component of focus group research. Focus group facilitators must be highly skilled in group dynamics and clearly understand the underlying objectives of the study. Data quality in focus groups depends upon how
effectively the facilitator asks the questions, encourages the sharing of information, and keeps the discussion targeted on the research objectives (ASA, 1998; Krueger & Casey, 2000).

The focus groups in this study were facilitated two nursing faculty members who are familiar with the ACE curriculum and highly vested in student success, but had no involvement with this student group. The facilitators used both scripted questions and supplemental probing questions woven into the discussion to elicit richer details from participants throughout the group discussion process. Faculty focus group facilitators were supported by a graduate student in the School of Education at Drexel University who was responsible for obtaining audiotapes and field notes for each focus group session.

Focus Group Questions.

The information gained through focus-group dialogue will provide an enhanced understanding of the student experiences influencing learning in the ACE program and will be used to complement the qualitative information obtained with the quantitative SRLI instrument. The focus groups facilitator will use open-ended semi-structured questions to explore the student experience if learning in the ACE program. Preliminary focus group questions were developed based on the researcher’s understanding of the related literature and
from six years of personal interaction with ACE students in a faculty/mentoring relationship. The preliminary focus group questions were piloted with ACE graduates and consistent with a qualitative approach to inquiry were modified prior to use. As a result, the following questions were used as a guide for the facilitation of focus group dialogue in this study.

1. Why do you think students choose to attend the ACE program over other nursing education options?

2. How do your experiences in the ACE program compare with your expectations before entering the program?

3. How does studying and learning in an accelerated curriculum differ from your previous educational experiences?

4. How do previous personal and work-related experiences influence student achievement in an accelerated nursing curriculum?

5. What are the three biggest challenges faced by students in the ACE program?

6. What are the strengths of the ACE program?

7. How could the ACE program be improved?

Group dialogue was audio taped (with participant permission) by the research assistant who did not participate in the discussion, but was responsible
for taking detailed notes during the group interaction and monitoring the audio
taping of the session. At the conclusion of each focus group, the facilitators
compared observations and notes for coherence. Both audiotapes and written
notations were submitted for transcription and coding.

Data Analysis

Student Scores on SRLI.

This research study evaluated the extent to which student scores on the
Self-regulated Learning Inventory (SRLI) subscales (i.e., Executive processing;
Cognitive processing, and Motivation) and total score (SRLTOT) impacted end-
of-program grade-point-average (GPA) and student achievement of program-
specific benchmark score on the HESI exit examination within the 11-month
curriculum design. To accomplish the predictive goals, bivariate correlations
were calculated between the SRLI total score and the GPA and HESI benchmark
criteria. In addition, the two criteria (GPA, HESI scores) were regressed on
students’ scores on the four predictors underlying the Self-Regulated Learning
Inventory. The total score was not included in the multiple regression analyses
(MRAs) because it is a linear composite formed from the three subscales of the
SRLI instrument. Consequently, inclusion of the total score would result in
multicollinearities among the predictors and void results from the MRA
(Dabchick & Fidell, 2007).
MRAs for the first two criteria (GPA, HESSI exams) were completed using direct-entry (simultaneous) methodology (Keith, 2006). A priori power was assessed for the proposed direct-entry MRAs. Following the recommendation of Green (1991), the a priori analysis evaluated both: (a) the overall significance of the MRA model, and (b) the unique contribution of individual predictors. The significance level for both analyses was set to $p =/\leq .05$, as per standard scientific conventions. Results from the power analysis for a large effect size showed 40 cases would be necessary to evaluate the overall model and 25 cases would be necessary to evaluate individual predictors. The largest $N$ was chosen so that the MRA would be sensitive to the least powerful comparison (i.e., 40 participants). Results from the power analysis for a medium effect size showed 85 cases would be necessary to evaluate the overall model and 55 cases would be necessary to evaluate individual predictors. The largest $N$ was chosen so that the MRA would be sensitive to the least powerful comparison (i.e., 85 participants).

**Focus Groups.**

Following completion of the audio-taped focus group sessions, the data was transcribed verbatim. Each transcript was read several times by the investigator. The first reading was compared to the audiotape in order to assure accuracy of the transcription. Intricacies of the focus group dialogue and
emotional tones evident throughout the discussions were also noted. An ongoing process of reading and re-reading the data allowed the researcher to become intimately familiar with the information. Research question #2 and relevant information obtained from the literature review served as guide for data review and interpretation. A process of inductive analysis, which Patton (2002) describes as discovering patterns, themes and categories on one’s data, was used during this phase of the study.

During data analysis, the data was clustered into categories and themes by the researcher and reviewed repeatedly. These categories were generated through prolonged engagement with the text of the focus group interviews. As a coherent interpretation with related concepts and themes emerged from the analysis, troublesome or incomplete data led to an ongoing re-examination and analysis that served to strengthen the interpretation. Marshall and Rossman (2006) suggest that as interpretation takes shape, major modifications become rare and concepts will fall into established categories and themes. Analysis will be sufficient when critical categories are defined, relationships between them are established, and they are integrated into an elegant, credible interpretation. Data is reported in a matrix format identifying common themes and embellished by the use of embedded student quotes. Themes emerging from focus group discussions were compared with quantitative findings and supplemental student
responses to open-ended questions contained in the demographic survey during the interpretation phase of the study. This enabled the researcher to gain a deeper understanding of the relationship between adult learners’ experience of self-regulated learning and academic outcomes within the context of an intense, highly condensed accelerated second-degree baccalaureate nursing curriculum.

**Reliability and Validity**

The quantitative instrument used in this study, the Self-Regulated Learning Inventory (Linder & Harris, 2002) has been empirically tested in multiple research studies and has proven to be a valid and reliable measure for predicting student academic outcomes. Student scores on the HESI Exit Examination have also been identified as a valid and reliable predictor of student outcomes on the National Council Licensure Examination for Registered Nurses, and consequently are they are frequently used as a proxy measure of successful student achievement in academic nursing programs.

The traditional concepts of reliability and validity of research in qualitative investigations do not carry the same connotations as they do in quantitative research. It is difficult not only to generalize about qualitative data, but also consider it as reliable since the qualitative research results can rarely be applied to new settings, people or samples (Cresswell, 2003). Since qualitative research occurs in the natural setting, it is extremely difficult to replicate studies.
The credibility of a qualitative study is a function of validity. In qualitative research, validity focuses on the accuracy of findings from the standpoint of the researcher, the participant, or readers of an account (Merriam, 2009).

An in-depth description illustrating the complexities of processes and interactions will be so embedded with data derived from the setting that it is convincing to readers (Marshall & Rossman, 2006). In addition, triangulation of multiple sources of data inherent in the mixed methods research design enhances the credibility and generalizability of the findings and enhances the study’s usefulness in other settings. Consequently, in order to enhance internal validity of focus group data analysis and interpretation in this study, the following strategies were employed:

1) Narrative text was complemented by varied schematic and visual representations to support the both the plausibility and the credibility of the researcher’s interpretation and conclusions.

2) Since the real-life experiences of students often result in differing perceptions and experiences, information that is inconsistent with emerging themes was also detailed within the study to enhance the credibility of the data.

3) The researcher used peer debriefing as a means to minimize researcher bias and to enhance the credibility of information and conclusions.
Role of the Researcher

During this study, the researcher was an external observer. The only interaction with student subjects was during the initial introduction of the study. It is felt that the researcher would best be able to answer student questions relative to the purpose, design, and data analysis. From that point forward, the researcher assumed a non-interactive role with study participants and was removed from both the quantitative and qualitative data collection procedures. The external observer role proved to be compatible with the mixed research design, allowing for unbiased data collection and minimizing any potential threat to student participants who might have been intimidated by the researcher’s dual role as faculty and member of the administrative staff in the College of Nursing and Health Professions at Drexel University. However, it was also anticipated that the researcher’s six years in a faculty/mentor role with ACE students and alumni, as well as personal experiences with a family member who completed the program, contributed to a better understanding and more thorough description of themes that emerged from the qualitative component of the study.

This chapter outlined the methodology used in this study. Consistent with the purpose of this research, the mixed methods design afforded the opportunity to gain a deeper understanding the adult learners’ experience of
self-regulated learning and the relationship of self-regulated learning to academic outcomes within the context of a rigorous, second-degree accelerated baccalaureate nursing program. In this mixed methods research design the researcher based the inquiry on the assumption that the combined approach of closed-ended quantitative data and open-ended qualitative data would prove to be most advantageous in understanding the research problem (9, 2003). Triangulation of quantitative and qualitative data inherent in this research also enhanced credibility and generalizability of the findings.

After more than six years of working with accelerated nursing students, the researcher remains impressed by the multitude of students who are able to successfully meet these programmatic outcome criteria and transition to professional nursing roles in such a short time. Yet the question remains why some succeed while other (often seemingly more capable) students are unable to do so. A consistent pattern has emerged in which 25-30% of students from any given cohort have difficulty completing academic and clinical program standards within the 11-month time frame. Persistence to graduation (consistently exceeding 90%) attests to the ability of adult ACE students to achieve programmatic outcome standards when given the support and time to do so. The premise has been that prior educational and life-experiences equip adult second-degree accelerated nursing students with a diverse repertoire of skills to
facilitate knowledge acquisition, professional judgment, and clinical competence within an accelerated timeframe. However, these students are also challenged to adapt quickly to the academic rigor and expeditious pace associated with accelerated nursing programs within the context of adult life roles and responsibilities.

The extremely condensed nature of accelerated nursing programs requires that students assume accountability and control of the learning process in order to successfully acquire an extensive theoretical knowledge base, master technically sophisticated clinical skills, and become socialized into complex professional health care roles in an abbreviated timeframe. It is essential that students use previously learned and new self-regulated learning strategies to successfully balance adult/student challenges, complete academic requirements, and successfully transition to professional nursing roles.

This study provides greater insight into the time-on task differences, the associated strategic learning processes, and contextual influences impacting adult learners enrolled in a second-degree accelerated baccalaureate nursing program. It also contributes to the ongoing study of the rich mosaic of adult learning and student academic success in second-degree accelerated nursing programs.
CHAPTER 4: RESULTS

Although a relatively new phenomenon in nursing education, second-degree accelerated baccalaureate nursing programs have become increasingly popular educational offerings, yet there is a paucity of research related to the student experience of learning and student-specific attributes associated with successful academic outcomes. Due to the extremely condensed nature of accelerated curricular design, there is an increased dependence on the student’s ability to assume accountability and control of the learning process.

This study explored possible relationships between student readiness for self-regulated learning and academic outcomes in an 11-month accelerated baccalaureate nursing curriculum and the student specific experience of learning in this challenging curricular design. The following research questions served as a foundation for this study:

1. What is the relationship between student readiness for self-regulated learning and academic outcomes in a second-degree accelerated nursing program?

2. How do adult learners experience self-regulated learning within the context of a rigorous, highly condensed accelerated baccalaureate nursing curriculum?
Grounded in adult learning theory and accelerated learning theory, this research study utilized a mixed method research design to examine the relationship between student readiness for self-regulated learning, student outcomes and experiences from multiple perspectives.

This chapter presents results of the quantitative data related to student scores on a standardized self-regulated learning inventory and academic outcomes of grade point average, program completion in 11-months and student scores on a standardized exit examination that is highly predictive of student performance on the national nursing licensure examination. Student survey responses were entered into the Statistical Package for the Social Sciences (SPSS) software (version 16) and data was analyzed using descriptive and inferential statistics. Consistent with the mixed methods research design, results of the qualitative inquiry utilizing student focus groups will also be presented in an effort to contribute to the understanding of the student experience of learning in a second-degree accelerated baccalaureate nursing program. The results are presented in the following order: 1) descriptive statistics; 2) analyses of the relationships between student scores on the SRLI; and academic outcomes of final grade point average, achievement of program-specific benchmark scores on a standardized exit examination (as a proxy for readiness to successfully pass the NCLEX-RN national licensure examination), and program completion in 11-
months; and 3) experiential themes emerging from student focus groups and student free text narrative comments to related items on the demographic survey instrument.

Descriptive Statistics

The primary population of interest for this study was the fall 2007 cohort of ACE students whose anticipated program completion date was summer quarter 2008. Of the 132 students who comprised this cohort, 84 students (62%) successfully completed all academic program requirements and completed the program as scheduled in the 11-month timeframe. Of the 52 students (38%) who did not complete the program in the 11-month curricular design, 4 students withdrew in the first quarter due to personal and/or medical reasons; 21 students fell off track during the course of the 11-month curriculum; 27 students completed nursing coursework, but they failed to achieve the requisite benchmark score on the comprehensive HESI exit examination and required additional remediation coursework extending beyond the normal eleven month course of study. These statistics are consistent with trends exhibited by previous ACE cohorts and suggest that this student population is a representative sample of the academic outcomes of the ACE student population over time.
Socio-demographic Characteristics of the Study Participants.

Study participants were recruited from the 131 students enrolled in the fourth quarter Nursing Research course during summer session 2008. Total enrollment for this course consisted of 123 students from the fall 2007 ACE cohort and 8 students from the prior cohort (spring 2007) who still had outstanding course work for degree completion. All were invited to participate in the study. Student response was favorable with a participation rate of 92% yielding study sample of 121 students who participated in some aspect of this research study.

Descriptive statistics for the study sample (n=121) are summarized according to socio-demographic characteristics of the study participants (Table 3) and previous education and work experience (Table 4). Study participants were predominantly female with 104 women (86%), however 16 males (13%) were also engaged in this research activity. One person did not specify gender. Data collection on age was grouped into categories ranging from, less than or equal to 24 years, to greater than 45 years. The age distribution of the sample was skewed to the lower range of the scale with most study participants (84%) between 24-30 years old and only 15% over the age of 30. One person did not report age at the time of the study.
Survey responses revealed that 67% were Caucasian, 14% were African American, 12% were of Asian descent, and 4% were Hispanic. One individual did not report ethnicity. The vast majority of study participants (95%) were United States Citizens or permanent residents and identified English as their primary language.

Almost one-half of the study participants (49%) categorized their marital status as single at the time of the study. Another group of students (38%) identified that they are in established relationships and described themselves as an unmarried couple. Married students represented 12% of students who participated in the study. One student did not respond to this question.

Most of the students (82%) reported that they live with other people in the household. Almost two out of three of these students live with family or a significant other, while 29% report they are living with un-related people while attending the ACE program. Only 18% of respondents reported living alone. The majority of respondents reported that they do not have any caretaker responsibilities at the present time. Of the remaining study participants, 23% did report caregiver responsibilities while enrolled in an accelerated coursework. Of this group, 17 out of 28 students reported that caretaking responsibilities were shared with other responsible adults in the household. Only 9% respondents
reported that they had major domestic caretaking responsibilities in addition to student demands.

The majority (71%) of the 121 study participants reported that their permanent home was less than 50 miles from school, which is consistent with the number of students reporting that they live with family or significant other. When the radius from home to school is increased to 100 miles, this statistic increases to 83% of the total student sample. An additional 6% of the respondents stated that the distance from home was more than 100 but less than 300 miles. However, 11% of the students reported that they were more than 300 miles from home while enrolled in the ACE program. Analysis of daily commute time for the vast majority of students was sixty minutes or less with slightly over one-half (52%) citing average commute time from home to school as less than 30 minutes. Only thirteen students reported a daily commute time of more than one hour.

The majority of the fourth quarter students, 84% (n=100) stated that they were not employed while enrolled in the accelerated nursing program. Of the 14% (n=19) who responded that they were employed while attending classes, twelve students reported that they worked 8 or less hours per week. Only three students in the study sample reported working more than sixteen hours per week.
Table 3: Socio-demographic Characteristics of the Study Sample (N=121)

<table>
<thead>
<tr>
<th>Item</th>
<th># of responses</th>
<th>% of Study Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>104</td>
<td>86%</td>
</tr>
<tr>
<td>Male</td>
<td>16</td>
<td>13%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤24 yrs</td>
<td>41</td>
<td>34%</td>
</tr>
<tr>
<td>25-30 yrs</td>
<td>61</td>
<td>50%</td>
</tr>
<tr>
<td>31-35 yrs</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>36-40 yrs</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>41-45 yrs</td>
<td>3</td>
<td>2.5%</td>
</tr>
<tr>
<td>&gt;45 yrs</td>
<td>3</td>
<td>2.5%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>81</td>
<td>67%</td>
</tr>
<tr>
<td>African American</td>
<td>17</td>
<td>14%</td>
</tr>
<tr>
<td>Asian</td>
<td>14</td>
<td>12%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Legal Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Citizen or permanent resident</td>
<td>115</td>
<td>95%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>15</td>
<td>12%</td>
</tr>
<tr>
<td>Unmarried couple</td>
<td>46</td>
<td>38%</td>
</tr>
<tr>
<td>Single</td>
<td>59</td>
<td>49%</td>
</tr>
<tr>
<td>Not reported</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives alone</td>
<td>22</td>
<td>18%</td>
</tr>
<tr>
<td>Lives with others</td>
<td>99</td>
<td>82%</td>
</tr>
<tr>
<td>Caregiver Responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>93</td>
<td>77%</td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
<td>23%</td>
</tr>
<tr>
<td>Majority of care</td>
<td>(11/28)</td>
<td></td>
</tr>
<tr>
<td>Shared responsibility with others</td>
<td>(17/28)</td>
<td></td>
</tr>
</tbody>
</table>
Previous Education & Work Experience.

More than 96% of the study participants reported previous educational experiences and degrees from colleges and universities in the United States. Only three students stated that they were educated in other countries. One student did not provide information about prior educational experiences. The most common prior academic majors were in Social/Behavioral Sciences with 38% students reporting prior college degrees in related fields. The second most-represented majors were from the Natural Sciences disciplines for 17% of the study sample. The academic disciplines of Health Sciences, Business/Computer Sciences, and Humanities represented 13%, 11%, and 10% respectively.
The vast majority (91%) of study participants (110/121) reported having some work experience prior to enrolling in the ACE program. It is interesting to note that more than half of the 110 (n=60) students reporting work-related experience had never been employed in positions related to their prior academic degree. However, there were a substantial number of the 110 students who reported some type of work-related experience in a healthcare setting. Eight students (7%) indicated that they had no prior work experience. Three students did not provide any information in response to this question.

Table 4: Previous Education & Work Experience

<table>
<thead>
<tr>
<th>Item</th>
<th># Responses</th>
<th>Percent of Study Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Education in U.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>117</td>
<td>97%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Previous College Major</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural Sciences</td>
<td>21</td>
<td>17%</td>
</tr>
<tr>
<td>Social/Behavioral Sciences</td>
<td>46</td>
<td>38%</td>
</tr>
<tr>
<td>Health Sciences</td>
<td>16</td>
<td>13%</td>
</tr>
<tr>
<td>Business/Computer Sciences</td>
<td>13</td>
<td>11%</td>
</tr>
<tr>
<td>Humanities</td>
<td>12</td>
<td>10%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>13</td>
<td>11%</td>
</tr>
<tr>
<td>Prior Work Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>7%</td>
</tr>
<tr>
<td>Yes</td>
<td>110</td>
<td>92%</td>
</tr>
<tr>
<td>In area of prior major</td>
<td>(60/110)</td>
<td></td>
</tr>
<tr>
<td>In health care</td>
<td>(48/110)</td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>
The Accelerated Nursing Experience.

Information obtained from the demographic questionnaire completed by study participants during initial data collection provided insight to the accelerated nursing education experience from the student perspective. Students were asked to rank order the following variables from most to least important on a scale of 1 (most important) to 10 (least important): length of program (11 months), cost of the program, integration of technology into the curriculum, first-time NCLEX-RN pass rate, program/faculty reputation, clinical placements, location of the program, referred by ACE graduate of Drexel affiliate, and applied to other program(s) but not admitted. Data related to student reasons for choosing to attend the ACE program over other educational options was analyzed in two different ways: 1) numeric ranking on a scale of 1-10 with 1 being the most important reason, and 2) the number of times each variable was selected in respective student surveys. The student rankings of reasons for choosing this accelerated program over other educational offerings revealed that length of program and location were the two dominant factors influencing student matriculation patterns. The first-time pass rate of graduates on the National Council Licensure exam (NCLEX-RN), the reputation of the University and academic program, were also frequently cited by students as contributing to the decision-process (Table 5).
The majority of study participants indicated a substantial amount of time spent per week involved in independent academic activities beyond structured class time and clinical hours. Only 14% of students estimated that they spent ten hours or less per week in supplemental academic activities. Many students (42%) reported spending between eleven and twenty hours per week, and about the same number of respondents (44%) of respondents indicated that they spent in excess of twenty hours per week engaged in independent study activities beyond classroom and assigned clinical rotations.

Although time spent in collaboration with others in supplemental course-related activities was reported by all participants, the amount of time spent in such interactions was substantially less than the amount of time spent in independent study associated with the accelerated nursing curriculum. Most of
the students (82%) reported that they spent 10 hours or less per week in collaborative study activities. An additional 12% of student responses indicated collaborative study time ranging from 11 to 20 hours per week. Only 6% of the students reported spending more than twenty hours per week in collaboration with others.

When asked about differences between prior college experiences and the accelerated learning environment, almost two-thirds of the students (63%) reported problems encountered with adjusting to studying/learning in the rigorous, condensed curriculum. Many respondents (80%) identified difficulties in balancing the demands of an accelerated nursing curriculum with their personal lives and related responsibilities. Some students (29%) identified problems adjusting to a science-based curriculum despite the rather diverse academic background of the overall study population. While the majority of student responses (55%) indicated that studying/learning in an accelerated curriculum which is superimposed on a ten-week, quarter-based academic calendar was not problematic, many students (45%) indicated that they encountered some degree of difficulty in adapting from prior college educational experiences to the fast-paced learning environment associated with the accelerated nursing curriculum.
<table>
<thead>
<tr>
<th>Item</th>
<th># responses</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time spent on independent academic activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(beyond class/clinical hours)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-10 hrs/wk</td>
<td>17</td>
<td>14%</td>
</tr>
<tr>
<td>11-20 hrs/wk</td>
<td>50</td>
<td>42%</td>
</tr>
<tr>
<td>21-30 hrs/wk</td>
<td>35</td>
<td>30%</td>
</tr>
<tr>
<td>&gt;30 hrs/wk</td>
<td>16</td>
<td>14%</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Time spent in collaboration with others</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-10 hrs/wk</td>
<td>97</td>
<td>82%</td>
</tr>
<tr>
<td>11-20 hrs/wk</td>
<td>14</td>
<td>12%</td>
</tr>
<tr>
<td>21-30 hrs/wk</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>&gt;30 hrs/wk</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Adjustment from prior college experiences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Studying</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem/No Difference</td>
<td>44</td>
<td>37%</td>
</tr>
<tr>
<td>Problems</td>
<td>75</td>
<td>63%</td>
</tr>
<tr>
<td>Some Problem</td>
<td>(63/75)</td>
<td>(84%)</td>
</tr>
<tr>
<td>Major Problem</td>
<td>(12/75)</td>
<td>(16%)</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>Working for Pay</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem/No Difference</td>
<td>42</td>
<td>39%</td>
</tr>
<tr>
<td>Problems Encountered</td>
<td>65</td>
<td>61%</td>
</tr>
<tr>
<td>Some Problem</td>
<td>(27/65)</td>
<td>(42%)</td>
</tr>
<tr>
<td>Major Problem</td>
<td>(38/65)</td>
<td>(58%)</td>
</tr>
<tr>
<td>No Response</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td><em>Balance ACE Demands with Personal Life</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem/No Difference</td>
<td>22</td>
<td>19%</td>
</tr>
<tr>
<td>Problems Encountered</td>
<td>96</td>
<td>81%</td>
</tr>
<tr>
<td>Some Problem</td>
<td>(52/96)</td>
<td>(54%)</td>
</tr>
<tr>
<td>Major Problem</td>
<td>(44/96)</td>
<td>(46%)</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>Managing Science-Based Curriculum</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem/No Difference</td>
<td>84</td>
<td>71%</td>
</tr>
<tr>
<td>Problems Encountered</td>
<td>34</td>
<td>29%</td>
</tr>
<tr>
<td>Some Problem</td>
<td>(30/34)</td>
<td>(88%)</td>
</tr>
<tr>
<td>Major Problem</td>
<td>(4/34)</td>
<td>(12%)</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Academic Quarter System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem/No Difference</td>
<td>66</td>
<td>55%</td>
</tr>
<tr>
<td>Problems</td>
<td>53</td>
<td>45%</td>
</tr>
<tr>
<td>Some Problem</td>
<td>(46/53)</td>
<td>(87%)</td>
</tr>
<tr>
<td>Major Problem</td>
<td>(7/53)</td>
<td>(13%)</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
When asked if they would recommend an accelerated nursing program to others, 92% (n=109) responded favorably, however only 10% (n=12) indicated that they would definitely recommend the accelerated educational experience for facilitated entry into practice as a registered professional nurse, while 82% (n=97) indicated that the recommendation to do so would be accompanied by minimal to significant some degree of reservation.

Students were also asked to rate themselves on attributes associated with academic success in the following areas: time management, organizational skills, critical thinking, interpersonal skills, problem solving skills, test-taking skills, study strategies, flexibility, conflict resolution, drive to achieve, ability to manage stress, and resourcefulness/willingness to seek help (Table 7). Responses tended to fall in the range of average to above average for the majority of characteristics in comparison to other individuals of the same age.
There was a notable difference, however, in the category of drive to achieve with more than 83% of respondents identifying with the categories of above average to the top ten percent in comparison to peers.

Table 7: Student Self-rating on Attributes Related to Academic Success

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Top 10%</th>
<th>&gt; Average</th>
<th>Average</th>
<th>&lt; Average</th>
<th>Bottom 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Management</td>
<td>16 (13.6%)</td>
<td>41 (33.9%)</td>
<td>46 (39%)</td>
<td>15 (12.7%)</td>
<td>0</td>
</tr>
<tr>
<td>Organizational Skills</td>
<td>19 (16.1%)</td>
<td>52 (44.1%)</td>
<td>37 (31.4%)</td>
<td>10 (8.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>16 (13.6%)</td>
<td>63 (53.4%)</td>
<td>37 (31.4%)</td>
<td>2 (1.7%)</td>
<td>0</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>35 (29.7%)</td>
<td>45 (38.1%)</td>
<td>36 (30.5%)</td>
<td>2 (1.7%)</td>
<td>0</td>
</tr>
<tr>
<td>Problem-Solving Skills</td>
<td>19 (16.1%)</td>
<td>61 (51.7%)</td>
<td>38 (32.2%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Test-Taking Skills</td>
<td>16 (13.6%)</td>
<td>39 (32.2%)</td>
<td>49 (41.5%)</td>
<td>13 (11.0%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Study Strategies</td>
<td>8 (6.8%)</td>
<td>32 (27.1%)</td>
<td>69 (58.5%)</td>
<td>9 (7.6%)</td>
<td>0</td>
</tr>
<tr>
<td>Flexibility</td>
<td>27 (22.9%)</td>
<td>49 (41.5%)</td>
<td>39 (32.1%)</td>
<td>2 (1.7%)</td>
<td>1 (0.8%)</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>15 (13.6%)</td>
<td>62 (52.5%)</td>
<td>37 (31.4%)</td>
<td>3 (2.5%)</td>
<td>0</td>
</tr>
<tr>
<td>Drive to Achieve</td>
<td>40 (33.9%)</td>
<td>58 (49.2%)</td>
<td>18 (15.3%)</td>
<td>2 (1.7%)</td>
<td>0</td>
</tr>
<tr>
<td>Ability to Manage Stress</td>
<td>19 (16.1%)</td>
<td>46 (39.0%)</td>
<td>42 (35.5%)</td>
<td>11 (9.3%)</td>
<td>0</td>
</tr>
<tr>
<td>Resourcefulness/Help-seeking</td>
<td>19 (16.1%)</td>
<td>47 (39.8%)</td>
<td>41 (34.7%)</td>
<td>10 (8.5%)</td>
<td>1 (0.8%)</td>
</tr>
</tbody>
</table>
Statistical Analysis

The empirical analysis of quantitative data presented in this section addresses research question #1 and examines the relationship between student scores on the Self-Regulated Learning Inventory (version 6) and the academic outcomes of grade point average, achievement of programmatic benchmark standards on the HESI exit examination, and program completion in the 11-months.

Empirical analysis is based upon student responses to version five of the Self-regulated Learning inventory (SRLI) which is a 65 item Likert scale self-report questionnaire (Lindner & Harris, 2002). Students were asked to identify the level to which each statement on the questionnaire described study related behaviors/attitudes on a scale of: a= almost always typical of me; b= frequently typical of me; c=somewhat typical of me; d= not very typical of me; and e= not at all typical of me. Student responses were entered on a scantron form and calculated electronically. Scores were tabulated using a reverse order 5-point scale ranging from 5 points for a response of “a” to 1 point for a response of “e” resulting in a SRLI total score and subscale scores in knowledge, motivation, and executive processing for each student.

The Reliability Coefficient (Cronbach’s Alpha) for the SRLI instrument utilizing the variables associated with the subscales of motivation, executive
processing and knowledge was calculated to determine the internal consistency of the items. Internal consistency is a reflection of the correlation among subscale items and the correlation of each individual item with the total score. As with other correlation statistics, this index ranges from 0.00 to 1.00. Therefore a value that approaches .90 is considered high and the scale can be considered reliable (Portney & Watkins, 2009). Results of this data analysis indicated a Cronbach’s Alpha of .92 for all variables. Reliability coefficients (Cronbach’s alpha) for each subscale were also calculated to determine internal consistency of the items. The Cronbach’s alpha was 0.83 for the knowledge subscale, 0.77 for the motivation subscale and 0.85 for executive processing. The acceptable standard for reliability coefficients (Cronbach’s alpha) is 0.7, but values lower than 7.0 have been deemed acceptable if the research is exploratory in nature (Hair, Anderson, Tatham, & Black, 1995) The Statistical Package for the Social Sciences (SPSS version 16.0) was utilized for all quantitative data analysis in this study.

Distributional statistics (means, standard deviations) are presented (Table 8) for the predictors and criterion.
Table 8: Distributional Statistics

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPAfinal</td>
<td>3.43</td>
<td>.345</td>
<td>108</td>
</tr>
<tr>
<td>Motivation</td>
<td>76.7407</td>
<td>8.51428</td>
<td>108</td>
</tr>
<tr>
<td>Knowledge</td>
<td>91.3426</td>
<td>12.21089</td>
<td>108</td>
</tr>
<tr>
<td>ExecProcess</td>
<td>73.6296</td>
<td>10.29980</td>
<td>108</td>
</tr>
</tbody>
</table>

Multivariate associations are generally superior to univariate correlations because they better capture the full network of relations among predictors and criteria (Stevens, 2002; Tabachnick & Fidell, 2007). Therefore, data were analyzed using a direct-entry (standard) multiple regression analysis (MRA). Motivation, knowledge, and executive processing served as predictors. Final grade point average (GPA) was used as the criterion.

Results from the MRA are summarized in Table 9. The overall association was statistically significant, $F (3, 104) = 2.74, p = .047$. The multiple $R^2 = .062$, indicating that the three predictors, as a set, accounted for 6.2% of the criterion variance in GPA. However, only one of the three of the predictors made statistically-significant, unique contribution to the estimation of GPA ($p = .017$). Restated, only motivation was necessary to predict students GPAs and information about their knowledge or executive processes added to this prediction. The effect size for motivation was calculated using Cohen’s (1988) $f^2$,
where values of .02 represent a small effect, values of .15 equal a medium effect, and values of .35 denote a large effect (Meyers, Gamst, & Guarina, 2006). Results show that motivation had a small-to-medium effect size ($f^2 = .06$) in predicting GPA.

Table 9: Regression Analysis Summary for Variables Predicting GPA

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>SE $B$</th>
<th>□</th>
<th>$sr^2$</th>
<th>$f^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>.012</td>
<td>.005</td>
<td>.307*</td>
<td>.053</td>
<td>.057</td>
</tr>
<tr>
<td>Knowledge</td>
<td>-.004</td>
<td>.004</td>
<td>-.150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Processes</td>
<td>.001</td>
<td>.006</td>
<td>-.016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>2.906</td>
<td>.312</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: $sr^2$ = squared semi-partial coefficient, $f^2$ = Cohen’s (1988) effect size statistic for multiple regression analyses. * $p = .05$.

The second analysis employed logistic regression and evaluated the ability of motivation, knowledge, and executive processes in predicting the binary criterion of completing the program in 11-months. In addition to tests for the overall utility of the analysis (i.e., tests of model fit), logistic regression produces an odds ratio for each predictor. Odds ratios vary from a lower bound of 0.00 to an upper bound that approaches infinity, with a scale center of 1.00.
Values significantly higher than 1.00 in the current analyses show a positive impact in estimating completing the program in 11-months. Values significantly lower than 1.00 represent a negative impact.

A total of 119 individuals had complete scores on all of the predictors and criterion and were included in the logistic analysis. Results showed that the three-predictor model provided a statistically significant improvement over the constant-only model, (\( \beta = 10.193, df = 8, p = .017 \)). The Nagelkerke pseudo \( R^2 \) indicated that the model accounted for approximately 11.4% of the total variance in predicting program completion within 11-months. The pseudo \( R^2 \) was converted to Cohen’s (1988) \( f^2 \) statistic, where .02 equals a small effect size, values of .15 identify a medium effect, and values .35 and above connote a large effect. The obtained \( f^2 \) (.129) suggested a medium effect size for the predictors, as a set, in discriminating between individuals who completed the program in 11-months and those who did not do so.

Table 10 presents regression coefficients (\( B \)), Wald statistics, significance levels, odds ratios, and 95% confidence limits for the odds ratios.
Table 10: Logistic Regression Analysis Summary for Variables Predicting Program Completion within 11-months

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>Wald</th>
<th>p</th>
<th>Odds Ratio</th>
<th>95% CL for Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Motivation</td>
<td>.090</td>
<td>7.049</td>
<td>.008</td>
<td>1.094</td>
<td>1.024</td>
</tr>
<tr>
<td>Knowledge</td>
<td>-.033</td>
<td>1.361</td>
<td>.243</td>
<td>0.967</td>
<td>0.915</td>
</tr>
<tr>
<td>Executive Processes</td>
<td>-.044</td>
<td>1.394</td>
<td>.238</td>
<td>0.957</td>
<td>.891</td>
</tr>
<tr>
<td>Constant</td>
<td>.172</td>
<td>.008</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: DSTP = Delaware State Testing program. \( B = \) unstandardized coefficient. Odds ratios and confidence limits (CL) are presented only for statistically-significant predictors.

The Wald test was statistically significant for only one predictor: motivation \( (p = .008) \). This same predictor was also the only one found to be important in predicting GPA in the first analysis. Its odds ratio is 1.094. At first glance this value does not appear to be important because it is barely above the change rate of 1.00. This is typically the case for interval-level predictors in a logistic regression analysis (Hosmer & Lemeshow, 2000). An odds ratio of 1.094 indicates that for every one point increase in motivation, the odds of completing the program go up by .094 percent. Again, the odds ratio does not appear to be impressive. However, we also need to consider that the sample-based standard deviation \( (SD) \) for motivation. Its value was 8.5. Thus, if we were to compare two
students, one whose motivation is average versus another student whose
motivation is one standard deviation above average, we would see that the more
motivated student is \((1.094 \times 8.5 = 9.299)\) or greater than 9 times more likely to
complete the program within the anticipated 11-month timeline. Consequently,
it is reasonable to conclude that student motivation has a substantial impact on
whether or not they complete the program within 11-months.

**Focus Groups**

The information gained through focus group dialogue is intended to
address the lived-experience of second-degree students enrolled in an
accelerated nursing curriculum. Student participation in focus group sessions
was voluntary. Two focus group sessions were scheduled during non-class
times in the student’s daily schedule. A total of 19 students participated (8
students in the morning focus group and 11 students in the afternoon focus
group). The focus groups were co-facilitated by two nursing faculty volunteers
who both had experience working with ACE students in the past, but who had
no influence on the academic standing or outcomes of the study population. The
following questions served as a guide for focus group dialogue:

1. Why do you think students choose to attend the ACE program over
   other nursing education options?
2. How do your experiences in the ACE program compare with your expectations before entering the program?

3. How does studying and learning in an accelerated curriculum differ from your previous educational experiences?

4. How do previous personal and work-related experiences influence student achievement in an accelerated nursing curriculum?

5. What are the three biggest challenges faced by students in the ACE program?

6. What are the strengths of the ACE program?

7. How could the ACE program be improved?

Unabridged transcripts of the focus groups were used as the basis for analysis. This information was complemented by field notes of the focus group facilitators. A summary of student responses and dialogue to focus group questions is provided in Appendix F.

An ongoing process of reading and re-reading the data was employed by the researcher to become intimately familiar with the information. Inductive analysis was used to cluster information into emerging concepts and categories. The resulting focus group data is reported in a matrix format embellished with
student quotes. The following themes and sub-themes (summarized in Table 10) emerged during the process of data analysis: 1) a sense of urgency; 2) expectations vs. reality; 3) returning to the student role; 4) finding balance and 5) re-framing the experience.

Table 10:
Themes and Sub-themes emerging from focus group dialogue

<table>
<thead>
<tr>
<th>Theme</th>
<th>Associated Threads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of urgency</td>
<td>• Condensed curricular timeline</td>
</tr>
<tr>
<td></td>
<td>• Added “value” of expedited baccalaureate degree for professional advancement</td>
</tr>
<tr>
<td></td>
<td>• Ease of matriculation</td>
</tr>
<tr>
<td></td>
<td>• Financial burden</td>
</tr>
<tr>
<td>Expectations vs. reality</td>
<td>• Contextualizing the experience</td>
</tr>
<tr>
<td></td>
<td>• Perceptions about fellow students</td>
</tr>
<tr>
<td></td>
<td>• Program organization and structure</td>
</tr>
<tr>
<td></td>
<td>• Focus on clinical skills</td>
</tr>
<tr>
<td>Returning to the student role</td>
<td>• Need for recognition and respect as adult learners</td>
</tr>
<tr>
<td></td>
<td>• Dependence on others</td>
</tr>
<tr>
<td></td>
<td>• Personal Responsibility</td>
</tr>
<tr>
<td></td>
<td>• Relationships with faculty and fellow students</td>
</tr>
<tr>
<td></td>
<td>• So much to learn…so little time</td>
</tr>
<tr>
<td>Finding balance</td>
<td>• Establishing priorities and managing time</td>
</tr>
<tr>
<td></td>
<td>• Adapting study practices</td>
</tr>
<tr>
<td></td>
<td>• Stress Management</td>
</tr>
<tr>
<td>Re-framing the experience</td>
<td>• Looking back…moving forward</td>
</tr>
<tr>
<td></td>
<td>• Words of Wisdom</td>
</tr>
</tbody>
</table>

Student narrative responses to optional comment sections in the demographic survey that correspond to emerging themes and threads identified
from the analysis of focus group data are also reported to enhance understanding and interpretation of dialogue complement information obtained during student focus group discussions.

**Theme 1: Sense of Urgency.**

*Associated Thread: Condensed Curricular Timeline.*

A sense of urgency to move on was a predominant theme that emerged in response to focus group question 1 related to reasons for choosing the ACE program over other nursing education options. Focus group discussion consistently identified that the ability to complete the nursing degree in an abbreviated timeline was a dominant factor in program selection. Student comments such as “it’s the shortest program available”, the “need to get settled and move on” and “we’re all second-degree students so we would like the amount of time spent in continuing education for a degree to be minimal” highlighted the feelings of urgency in both focus groups.

*Associated Thread: Added “value” of a baccalaureate degree in nursing.*

Students also recognized the value of a bachelor’s degree as a professional nursing credential within the context of urgency by discussing that “an associate’s degree takes two years, and when you can get a bachelor’s degree in less than a year it is possible to be a step ahead and enter the workforce a year sooner”.

**Associated Thread: Ease of Matriculation.**

Related issues of fewer pre-requisite course requirements than other second-degree nursing programs in the area and the academic calendar facilitated matriculation and also characterized the sense of urgency for program completion. Student discussion identified that additional pre-requisite courses would have “tacked on another year to program completion”. The sense of urgency was also evident in the response of a student who stated, “You don’t want to be 30 and still doing pre-requisites.” Students who completed their primary bachelor’s degree 3-4 months before starting the ACE program identified that the September cohort enabled them to matriculate “within a few months of graduation rather than having to wait a long time to start” consistent with the recurring theme a sense of urgency for program completion.

**Associated Thread: Financial Burden.**

There was general agreement among focus group participants that financial constraints added additional stressors to the academic and social challenges of associated with a second-degree accelerated nursing program.

I actually know people who are struggling to the point where they can’t pay their bills…it’s really putting a stress on them, and extra stress that They don’t need in the program.
Difficulties in obtaining adequate financial aid, the inability to work due to academic demands, and the associated loss of income were commonly cited as substantial challenges influencing the student experience and significantly contributing to the sense of urgency for program completion.

**Theme 2: Expectations vs. Reality.**

*Associated Thread: Contextualizing the Experience.*

The discrepancy between student expectations and realities faced by students enrolled in the ACE program also emerged as a dominant theme in the focus group discussions. Students identified that prior academic success and work experience gave them a false perception of the demands and stressors encountered in an accelerated nursing program. Comments such as:

- It’s harder than I thought it would be
- I thought the combination of classes and clinical would be like working full-time, but did not realize the amount of studying and preparation involved. I don’t know why I didn’t factor all that in. It’s definitely harder because it’s a lot more than 40 hours.

It is also interesting to note that it may be impossible for students to conceptualize the inherent challenges in these complex, highly condensed curricula until they are actually immersed in the process. Student comments such as:

- I was warned I’d fail
I had a friend who attended a 12 month nursing program in another state... she hated it and she warned me, but I didn’t listen”, and

Nothing can prepare you for this

add further support for the divergence between common student expectations and the reality of the lived-experience.

*Associated Thread: Perceptions of Fellow Students.*

Another discrepancy area identified by the focus groups was the expectation that fellow accelerated nursing students would be adult learners who were older than traditional undergraduate students and possessed substantial life and work-related experiences. However, the perception voiced during focus group dialogue is that a majority of students in the program are in their early twenties, recent college graduates with minimal experience in the workforce, and lack maturity. There was substantial discussion about the value of personal and professional life experiences, personal responsibilities, and accountability in successful adaptation to the rigors of the accelerated experience. The following examples of dialogue between focus group participants characterize the nature of the discussion in this regard:

This program is not like the typical four-year bachelor’s degree. If you come from a full-time job, had responsibility and accountability, and had to answer to someone, it is an easier adjustment to come to this program than if you just finished college. If I started this program immediately after completing my previous degree I think I would have had a harder time adapting.
I don’t like to generalize, but anybody who’s coming in after working for a number of years in another field already has a desire to do something different, knows where they are going, can focus on what needs to be done to achieve that goal and is better equipped to go with the flow. I’ve found that the younger group who just completed one degree and they’re starting on another lacks that perspective and whines at the drop of a hat.

When I first started college I was in a challenging accelerated program. I was 18 and described it as being thrown into graduate school. I wasn’t ready for the intensity so I transferred out of the program. When I came here I already had experience with an intense academic program and realized that there were no electives or fun classes and that everything was science and everything was relevant. The difference is that I knew what to expect going into this accelerated nursing program. I anticipated that most of my life was going to be focused on school so it wasn’t a shock like it was when I was 18.

After highlighting the advantages associated with substantial personal and professional work experiences, focus group participants also discussed inherent advantages of recent experience in an academic setting and the associated difficulties in getting back into the rhythm and routine of academic coursework. The following narrative is representative of that discussion.

I didn’t expect so many younger students. I thought there would be a lot of people around my age. When you’re away from school for so long, coming back to something as intense as this is not easy. Somebody who just graduated is still in the routine of studying, exams, and coursework. It’s been a long time for me to get back into that rhythm. Working 9 to 5 is one thing, but picking up a book after a full day of coursework and making that part of my routine is a huge transition for me. I was expecting people that had come from the workforce and hadn’t been in school for a long time to be in my corner, and kind of overwhelmed.
Associated Thread: Program Organization and Structure.

Another associated thread emerging related to discrepancies between student expectations and experiences is a perceived lack of organization and structure associated with both academic and clinical components of the curriculum. Students expected that a designated group of professors would be assigned to teach all accelerated classes. The exposure to varied faculty teaching styles and evaluation strategies was often interpreted as fragmented and detrimental to learning in an accelerated environment. The need to adapt study strategies for different courses and professors was perceived as adding an additional layer of complexity and challenge to the rigorous, condensed curriculum.

I saw the 99% pass rate on NCLEX and that it was a successful 11-month program. I assumed that it was a very rigid, very organized 11-months where the same professors would teach the same classes every time. Coming in and realizing that it wasn’t like that and that some of our professors may be specialized in pediatrics but were teaching something else seemed disorganized, but at the same time, I do believe my expectations might have been unreasonable.

Students consider themselves to be experienced consumers of the educational product and consequently had little tolerance for lack of preparation or disorganization on the part of faculty and activities/assignments that were not calculated into the overall course grade.
Sometimes it seems like you work so hard on things that don’t count towards your grade and aren’t worth anything. In the long run, they may be, but now the time you spend on these activities takes time away from studying. There should be a better balance.

There was also a significant amount of time spent discussing the problem of inconsistencies in the opportunities available in clinical practicum settings and differing expectations of adjunct clinical faculty. The discrepancy between expectations for an emphasis on “hands-on” learning experiences and the opportunity to practice clinical/technical skills in clinical settings was significantly less than anticipated and was a source of disappointment and insecurity. Despite age-related differences in perspective and experience, there is a general consensus that the disparity between expectations and reality are common among second-degree students and can significantly influence the perception and experience in an accelerated baccalaureate nursing program.

**Theme 3: Returning to the Student Role.**

*Associated Thread: Relationships with Faculty and Fellow Students.*

There was a significant amount of discussion in both focus groups surrounding the related issues of recognition and respect between students and faculty. Students expected to be treated as adult learners and acknowledged as individuals who bring both prior academic success and life experience to the educational setting. However, there was also acknowledgement that there is an
undercurrent of disrespect for faculty by some students which leads to a vicious cycle of tension and animosity between students and professors.

There are faculty that can connect with us, but there are others who treat us as if we are 20 year-olds in the third year of our first degree. You can talk in a certain way to first degree students, but we are all adults now and some professors have a hard time because they only used to teaching 18-19 year-olds.

Some people are emotionally immature and disrespectful. In my prior undergraduate degree I never had people yell at teachers or demand grades. It was totally different. During the first quarter a student screamed at the instructor and called her an idiot. The teachers are really defensive because students attack them.

I see the disrespect among students to other students and to the professors, that’s clear, but then I do see the professors being disrespectful to students in return. It’s hard to tell which came first, but at the same time, I feel that, as a professor, it is their job to teach. I’m paying a lot of money to be in the class and to be learning.

I agree with that, but there are a handful of students that ruin it for everyone. I’m not one of those students, and I’m looking at how the teacher’s response to those students affects me and I don’t believe it should.

Students also recognized that sometimes, in trying to make sense of complex material, there is a tendency to be perceived as challenging and demanding.

They acknowledge that some instructors are better able to deal with the unique needs of second-degree adult-learners in an accelerated curriculum and are extremely appreciative of their efforts.
Associated Thread: Dependence on Others.

Students identified the return to varying states of dependency in the student role as a major challenge associated with the accelerated learning experience. They shared common stories of needing financial, social, and emotional support from family and friends as essential for survival during the intense program of study. This change in lifestyle was a dramatic transition that was frequently associated with a loss of autonomy and sense of vulnerability.

The lack of income has really been hard for me, and moving back home with my parents was difficult too. I love the fact that I don’t have to worry about making dinner or doing the laundry, but I have given up my freedom to a certain extent.

I still lived at home, but I helped pay the bills, had car payments and insurance, had a full-time job and helped coach high school sports…and now I have no income. If I want to go grocery shopping I need to borrow money from a family member. I can’t afford to keep my car here at school so I depend on public transportation or somebody to get a ride for me. It’s a blow to the ego.

They tell you there is no way you can work in this program, but you don’t realize what an impact it’s going to have until you’re actually living it.

Without a strong support system, there’s no way I’d be able to do this program. I told my family and loved ones to give me the next 11-months. Put up with me. Deal with my moods, deal with my stress, and with me crying to you because I’m scared to death of the next exam. I promise in 11-months it will be better. This is going to be the most stressful thing I have ever done. I had no idea that it would be above and beyond what I ever thought it would be.
Despite the need for a strong support system, students also discussed the difficulty of maintaining personal relationships due to the academic demands of the program. The general consensus was that demands of an accelerated program influence the quality of personal relationships. Student responses from minimal impact in personal relationships and the need for scheduled time with others to a profound negative impact of relative isolation from friends and family.

The hardest challenge is maintaining relationships, personal relationships. Everybody says I’m not the same. And it’s hard…really hard. It’s emotionally hard too. You have one focus and that’s it.

In an accelerated program there is no consideration that you have an outside life, and mostly that’s understandable. However, I have a wedding in two weeks and I either miss clinical and make it up later or I miss my best friend’s wedding. I think it’s the nature of an accelerated program. I can’t imagine that someone with kids and other responsibilities could do this.

Students also described the importance of supportive relationship with other accelerated nursing student colleagues. They suggested that only fellow students could understand the unique perspective of lived-experiences in this extremely challenging learning environment.
No one understands what you’re going through besides your friends at school. I live with someone who tries to be supportive but he really doesn’t get it. He thinks he can relate, but that is not possible. You definitely do need the people at school who are living the experiences with you. I always heard that, but I never really knew what that meant until I was actually here.

_Associated Thread: Sense of Responsibility._

Students consistently described an added sense of responsibility and accountability related to course outcomes. They respected the reality of being faced with the responsibility for life/death decisions in practice as a registered nurse citing the high stakes for mastering theoretical knowledge and clinical skills. There was also general agreement that the level of maturity and responsibility gained from prior work experiences and juggling multiple priorities was an asset in maintaining academic discipline and perspective on demands associated with the highly condensed curricular design. Focus group participants also acknowledged that the personal financial responsibility of a second baccalaureate degree also added to the sense of responsibility to succeed. The following comments are representative of this dialogue.

I find myself taking studying a lot more seriously now than I ever did before. I’m responsible for somebody’s life now.

I had to learn to take responsibility. In undergrad if I got a “C” on a test I always blamed the teacher. It was never me. In this program I had to become responsible since every action has a consequence. Now I’m taking it on my shoulders and it has really helped.
I have more responsibility and I don’t think I developed that in my first four years of college. I developed that while I was outside of school working, and now I’m taking that experience and applying it to how I approach studying. It’s almost like another job to me.

**Theme 4: Finding Balance.**

The theme of finding balance between personal and academic needs and priorities was evident in both focus group sessions.

*Associated Thread: Establishing Priorities and Managing Time.*

There was general consensus that the ability to establish priorities and manage time was essential to academic success in an accelerated nursing program. Students perceive that the highly condensed nature of the learning environment leaves no margin for inefficiencies in this important skill set. They also acknowledged that the need for establishing priorities and managing time also influenced the quality of personal relationships during the course of the curriculum and described varying degree of compromise ranging from the need for scheduled time with family and friends to relative isolation in response to academic demands.

When I was at work, I had a budget. I had a timeline. This is really no different. You really have to prioritize and figure out what’s really worth your time. You need to identify what’s important and adjust accordingly. It’s essential to focus on the important stuff and not worry about the rest.
**Associated Thread: Adapting Study Strategies.**

Students generally viewed themselves as competent learners; however, they also acknowledged the need for self-awareness, flexibility, self-discipline, and adaptation of previous study strategies while adjusting to the demands of the accelerated learning environment. They discussed the need to move beyond memorization and recall to an emphasis on identifying priority content and understanding relationships between theory and clinical application. The ability to prioritize what, when, and how to learn was also viewed as essential to academic success in the abbreviated course design. The use of technology, collaboration with fellow students, and strategies such as visualization were cited as valuable complements to course materials, textbooks, and class notes.

I really didn’t have to study much in my previous college experiences so I came into this program having really poor study skills. This program really whips you into shape and now I obsessively study. I fall so far behind if I don’t study so it’s the way I get through. This program is like fight or flight. You learn strategies that you never knew before which I think will benefit me in the future. You can’t come into a program like this without being fully aware of how you learn best. I was a teacher before this, so I actually did assessments on my learning style. A lot of my strategies still work, but the one thing I have noticed is that when you are trying to assimilate so much information so quickly it helps to study with other people. I do not do all of my studying with other people, but it helps to discuss things with other students. I never had to do that before.
*Associated Thread: Stress Management and Maintaining Focus.*

Stress management and the ability to maintain focused on academic goals were consistently described by students in both focus groups as a critical determinant of success or failure in the accelerated nursing program. Students described the importance of having a positive self-image, finding time for themselves, and maintaining a sense of well-being as essential priorities in maintaining the balance and reserve needed to persist through challenges inherent in the rigorous, condensed program design. Altruistic activities were also identified as a strategy to reinforce a personal sense of humanness that is sometimes overshadowed by the extreme self-centeredness associated with academic survival.

I play soccer twice a week. It’s an outlet where I don’t think about school. You need that time to have your mind relax.

I take a ½ hour walk after school, put on headphones and use relaxation techniques. It recharges me so when I get home I can get work done and gives me the discipline to focus when I need to.

Taking time...even to do something like this is beneficial and gives a sense of accomplishment. We could have stayed home and studied before senior seminar, but instead we chose to be part of this study and help someone’s efforts toward getting their PhD. When we leave here we can feel that we’ve accomplished something. After being in the ACE program where we’ve come to expect ourselves to be selfish, horrible human beings for a year, it’s a really great feeling.
There was also agreement that isolating oneself from negativity was an important strategy for stress reduction and maintaining focus.

One of the major keys to getting through this program successfully is to be able to recognize your own strengths as a way to manage stress. Everyone I have who was unable to keep their level of stress under control has failed. You cannot let your level of stress become debilitating or you will not get through.

We were told at orientation to be selfish and not surround ourselves with negative people or those who have serious issues going on in their lives. I’ve learned to be selfish. You almost have to put yourself in a bubble and just let everything bounce off. You really need to focus on yourself. At the same time it’s really important to separate yourself from individuals who will bring you down, because they will make the program more difficult.

**Theme 5: Reframing the Journey.**

**Associated Thread: Looking back…moving forward.**

After much discussion about challenges and insecurities inherent in a second-degree accelerated baccalaureate nursing program, there was general agreement that they were gaining new perspectives on the quality of the educational experience and need for ongoing education and professional development in nursing practice. Dialogue with students from other nursing programs also served to provide a sense of security that they were not alone in their feelings of insecurity as novice practitioners. Focus group participants also cited the high academic standards as strength of the accelerated nursing program. They also discussed previously unrecognized advantages completing
the course of study in an abbreviated timeline and a sense of pride in their accomplishments.

They really seem to be giving us what we need to know in order to pass boards and the minimum of what we need to come out as RNs. While I have no idea if I will be qualified to be on my own with a patient in a couple months, it seems as if I’m going to be as qualified as any other new graduate. It’s not possible to learn everything you need to know as a nurse in school. After speaking to students from other reputable programs, nursing schools you realize that we’re all in the same boat. It’s just that our program is a little faster.

Despite the frustrations throughout the program as I’m starting to study for the exit HESI exam and the NCLEX, I realize the information that we have been given is a mirror image of what’s needed to pass boards. That’s all I want. I don’t have to agree with someone’s teaching style or like them as a friend. If you can get a professor like that it adds to the experience, but when it’s all said and done, that’s all I wanted out of the program.

I remember the first and second quarter the teachers were saying don’t worry it will all come together. I realize now that it really is coming together that I am thinking like a nurse, but it only took nine months as opposed to a four or five year program where you’re forgetting those little important details in the beginning and I feel like it might be harder to fit the pieces together if you were doing it over a longer stretch of time. There’s been a lot of drama this year, but I’m glad I did it. It’s 11-months…it’s going to be done, and I’m going to be a good nurse.

Associated Thread: Words of Wisdom.

While the majority of students stated they would recommend a second-degree accelerated nursing program, there was general agreement that they
would do so with varying degrees of reservation. There was also consensus that
the highly abbreviated timeline and condensed curriculum is not for everyone.

It takes a certain type of person to do this program. You need to consider if you’re willing to deal with the sacrifices and frustration. You really need to evaluate what you are willing to give up, how you learn, and if you can really handle this with your personality and lifestyle.

I would recommend the program to people 100%, but I’d also put stipulations on it. You really need to decide if you have the resources to balance the intense demands, and to know yourself. It’s not program for anybody by far. The ability to handle stress is essential.

I think the biggest thing is determination. You have to be really committed and able to remain focused if you’re getting a career change in 11-months. I know a lot of people who are not happy here, but in my case it’s a lot better than my last job and I’ve consistently reminded myself of that and why I’m here.

When I talk to other people who are considering an accelerated program I tell them that you are going to be pushed to a level where you’re not always comfortable but will be able to look back with a sense of accomplishment.

The discussions in the focus groups were consistent with free text narrative comments in the demographic survey regarding advice for others who may be considering a second-degree accelerated nursing program in the demographic survey are consistent with focus group discussions. A summary of focus group discussions, related student comments, and recommendations for others considering a second degree accelerated baccalaureate nursing program and are summarized in Appendix F and Appendix G. The themes- a sense of urgency;
expectations vs. reality, returning to the student role, finding balance and refraiming the experience - and the related associated themes provide insight and appreciation for the lived-experience of students enrolled in these challenging, condensed academic programs.

This chapter presented the results of the mixed methods study design examining the relationship between self-regulated learning, academic outcomes, and student experiences in an accelerated second-degree baccalaureate nursing program. The following chapter focuses on the interpretation of findings, conclusions, and recommendations for further study.
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

This study focused on self-regulated learning, academic outcomes and the adult student experience of learning a second-degree accelerated baccalaureate nursing program. Chapter 5 presents a synthesis of information that includes: a synopsis of the background and purpose of the study, an overview of the research methodology, conclusions, implications for practice, and recommendations for future research.

Background and Purpose of the Study

Directed at adult learners with diverse educational backgrounds, second-degree accelerated baccalaureate nursing programs build upon previous learning experiences and enable students with a baccalaureate degree (or higher) in another field of study to progress through nursing coursework, obtain professional licensure and begin practice as a registered nurse in an accelerated timeframe. Students must learn a complex theoretical knowledge base, advanced clinical skills and professional socialization into a rapidly evolving healthcare delivery system within a condensed timeline that leaves little margin for error. The underlying premise is that the student’s prior academic achievements, ability to self-regulate the process of learning, and life experiences provide a strong foundation for success in the accelerated learning environment.
It is generally accepted that these extremely challenging academic programs are not for everyone, but there is a paucity of research-based inquiry into the question of why some students succeed and other, seemingly capable students are unable to do so within the abbreviated curricular design. As a result of personal and professional interactions with second-degree accelerated nursing students over a six year period, it is the researcher’s observation that the student’s ability to effectively balance the personal and academic demands of the accelerated curriculum and direct the learning process significantly impacts both the quality of the educational experience and the academic outcome.

The positive relationship between self-regulated learning and academic outcomes is well documented in the literature (Benbenutty & Zimmerman, 2003; Boekaerts & Corno, 2005; Lindner & Harris, 1992, 1996, 1998, 2002; Pintrich, 1995). However, there have been no studies to date that examine the association of self-regulated learning and academic outcomes in accelerated baccalaureate nursing programs for non-nursing college graduates. Contemporary nursing education must be grounded in research to evaluate the efficacy and significance of curricular changes. As a means to that end, this study examined the relationship of self regulated learning to academic success and learning processes of adult learners in an 11-month second degree accelerated baccalaureate nursing
program and explored the meanings, variations and experiences of the accelerated learning experience from students immersed in the process.

**Overview of Methodology**

Consistent with the complex and dynamic processes of adult learning, a sequential mixed methods research design incorporating both quantitative and qualitative methodologies was used for this study. Empirical analysis of the relationship between self-regulated learning and academic outcomes in this study was based upon a comparison of student scores on version 6.1 of the Self-Regulated Learning Inventory (Lindner & Harris, 2002) to: 1) end of program grade point average, 2) student scores on the HESI exit exam (as a proxy for student readiness to sit for the national nursing licensure examination) and 3) program completion within the 11 month curricular design.

Student focus group dialogue complemented the quantitative data and was used as a means to gather information on the lived experience of studying and learning in a second-degree accelerated baccalaureate nursing program. Triangulation of data afforded insight into the relationship between the adult learners’ experience of self-regulated learning and academic outcomes within the context of an intense, highly condensed accelerated second-degree baccalaureate nursing curriculum. The following questions served as a foundation for the study:
1. What is the relationship between self-regulated learning and academic outcomes in a second degree accelerated baccalaureate nursing program?

2. How do adult learners experience self-regulated learning within the context of an intense, highly condensed accelerated second degree baccalaureate nursing curriculum?

Conclusions

This study underscores the complexity of challenges encountered by adult learners in a second-degree accelerated nursing program and provides insight into the importance of self-regulated learning for successful attainment of programmatic outcomes within the abbreviated academic timeline. Based upon triangulation of results, the researcher has identified three conclusions that answer the two research questions.

1. The student’s ability to self-regulate the learning process (especially the motivation variable) is an essential element for academic success in a second-degree accelerated nursing program.

Empirical analysis of the relationship between self-regulated learning and academic outcomes in this study is based upon a comparison of student scores on version 6.1 of the Self-Regulated Learning Inventory (Lindner & Harris,
2002) to end of program grade point average, student scores on the HESI exit exam (as a proxy for student readiness to sit for the national nursing licensure examination) and program completion within the 11 month curricular design. Multiple regression analysis of the relationship between SRLI scores student grade point average revealed statistical significance of the combined predictors (motivation, knowledge and executive processing), however, the three subscales as a set accounted for less than ten percent of the variance in student grade point average. Only the motivation subscale made a statistically significant, unique contribution to estimation of student grade point average.

Several students who were encountered academic difficulties in clinical courses during the final quarter of study voluntarily withdrew from one or more of classes, rather than obtain a failing grade and consequently did not complete the academic program in 11 months. As a result, no end of program GPA was available for these students at the time of the study and the information was not included in the statistical analyses. This incidental finding suggests that future studies investigating academic outcomes should consider the variables associated with strategic student manipulation of grade point average in study design and methodology.

Logistic regression analysis was used to evaluate the relationship of SRLI scores to the binary criterion of achievement of program established
benchmark scores on the HESI exit examination and program completion within the 11 month curricular design. In this instance, the SRLI model provided a statistically significant improvement over single predictor analyses. While the combined subscales accounted for only 11.4% of the total variance in predicting program completion within 11 months, further statistical analysis revealed a medium effect for the subscales, as a set, in discriminating between individuals who completed the program in 11 months and those who did not. This finding suggests that the combined subscales inherent of the SRLI are relevant to the outcome variable of program completion.

Analysis of student scores on specific subscales using logistic regression revealed that only the motivation subscale was statistically significant in predicting program completion in 11 months. The sample-based standard deviation of the odds ratio for the motivation subscale further enhanced this finding by demonstrating that a one standard deviation from average motivation scores substantially influenced the odds of students successfully meeting program outcome standards within the accelerated curricular timeline. The motivation subscale of the SRLI assesses motivational profile in term of goals, attributions, and self-efficacy (Lindner & Harris 2002). It is also interesting to note that a number of the items associated with the motivation criterion focus on not only the nature and quality of student motivation, but rather the ability to
sustain motivation in the face of unexpected setbacks or challenges. Corno (2001) identified the relationship between the ability to sustain motivation when faced with challenges in the learning situation and the use or self-regulated learning strategies as having a direct influence on academic outcomes.

The quantitative analyses in isolation also do not provide insight into possible explanations and/or intervening variables influencing these findings. However, information obtained from student focus groups and student comments on the demographic survey instrument also suggests that students enrolled in a second-degree accelerated nursing program recognize the importance of both self-regulated learning and the ability to sustain motivation as important variables associated with academic success in these challenging academic offerings. Students articulated the need to: “remain focused”; “prioritize and figure out what’s important”; “maintain a sense of control”; and “adapt previous study strategies to the accelerated timeline” as essential strategies for academic success. There was also a sense of “urgency to move on with life” evident throughout focus group dialogue reflecting the high degree of motivation associated with program completion.

Walker et. al. (2007) identified that second-degree accelerated nursing students characterized themselves as highly motivated self-directed learners which supports the associated findings of this study. The pace, complexity, and
social challenges inherent in these highly condensed educational experiences necessitates that students quickly assume control of the learning process. Yet, there is a paucity of research related the construct of self-regulated learning in the nursing literature. The question of why some students succeed and other seemingly capable students fail in second-degree accelerated baccalaureate nursing programs remains. However, empirical data and student self-reports inherent in this research study support the premise that the fusion of skill and will associated with self-regulated learning has a significant influence on the student outcomes in these rigorous, highly condensed course offerings. This research represents a first step in an ongoing process toward an enhanced understanding of the complex inter-relationships inherent in self-regulated learning and academic outcomes in second-degree accelerated nursing programs.

2. **Student’s use of self-regulated learning strategies in a second-degree accelerated baccalaureate nursing program is highly contextualized and grounded in both personal and shared experiences.**

Increasingly, researchers are emphasizing the need to consider the role of context in shaping student cognitions and motivations inherent in self-regulated learning (Perry, 2002). Until recently, there has been a paucity of nursing literature addressing the contextual influences affecting the student experience of learning in a second-degree accelerated nursing program. Cangelosi (2007), Hamner &
Bentley (2007) used face-to-face interviews to gain insight into the student experience of studying and learning in an accelerated nursing program for non-nursing college graduates. Utley-Smith, Phillips and Turner (2007) identified the potential for student frustration and hostility resulting from a mismatch between adult-learner expectations and the student-role in a fast-paced, intense nursing curriculum.

In this study, focus group discussions provided a glimpse into the lived experience of adult students enrolled in a second-degree accelerated nursing program and provided additional insight into both personal and shared contextual experiences of studying and learning in a second-degree accelerated nursing program. The following themes emerged during focus group dialogue and highlighted the both common and individual contextual student experiences: 1) A sense of urgency, 2) Expectations vs. reality, 3) Returning to the student role, 4) Finding balance, and 5) Re-framing the experience. Student dialogue vividly described shared perceptions of a highly stressful learning experience as a result of being immersed into a highly concentrated nursing curriculum. Yet, students who participated in this study identified highly individualized strategies to cope with stress by attempting to maintain controlled order at all times as a means of personal and academic survival.
Focus group discussions and student responses to optional, open-ended comment sections contained in the demographic survey suggest that prior educational and life experiences provide both advantages and challenges to this unique student population. The following excerpts from student discussions highlight the diversity of needs and perspectives of study participants:

Nothing can prepare you for this.

Anyone who’s coming to the program after working in another field has the desire to do something different, can focus on what needs to be done and is better equipped to go with the flow…I’ve found that the younger group lacks that perspective.

When you’re away from school for some time, coming back to something this intense is not easy.

I already had experience with an intense academic program and knew what to expect so it wasn’t a shock like it was when I was 18.

Although self-regulated learning as a construct was not specifically addressed in focus group discussions, student comments consistently identified examples of: 1) the need for highly refined organizational strategies (executive processing skills), 2) diversity, adaptation and flexibility in the use of study strategies (knowledge skills), and 3) the need to remain focused (motivation) as critical elements for success inherent in these condensed, demanding educational offerings.
Triangulation of data was used to gain a deeper understanding of the relationship between adult learner experiences, self-regulated learning, and academic outcomes within the context of an intense, highly condensed second degree baccalaureate nursing program. This process revealed that academic success in these challenging educational offerings is predicated on students exercising a significant degree of self-regulation in adapting to this accelerated learning experience. A recurring theme of student motivation and the ability to remain focused despite the related challenges surfaced as a key variable in academic success in both quantitative outcome variables and qualitative student descriptions of the accelerated learning experience.

Students noted that prior educational and life experiences were important foundational elements for academic success. However, they also noted that these experiences, in isolation, did not provide sufficient preparation for the unique accelerated learning environment and the associated academic, clinical and professional socialization challenges inherent in a facilitated transition to contemporary nursing practice. Students also identified the need to adapt study strategies and life circumstances to accommodate academic demands and financial constraints associated with the student experience of learning in a second-degree accelerated nursing program.
Faculty in second-degree accelerated nursing programs have a direct influence on students’ ability to regulate learning and academic outcomes in these rigorous, highly condensed course offerings.

Participants in this study like the second-degree students in studies conducted by Vinal and Whitman (1994) and Cangelosi (2007) were highly motivated to become competent professional nurses but voiced associated challenges of balancing an accelerated curriculum with complex, and often competing life priorities. They also brought a consumer-orientation to the educational setting and help high expectations for fellow students, nursing faculty and the academic program. Consistent with principles of adult learning and results of Cangelosi’s (2007) study students focused on importance of meaningful learning activities and were extremely intolerant busy-work, lack of organization or information that they did not perceive as relevant to their goal of becoming nurses. Consequently, it was not surprising that these conversational threads were evident throughout focus group discussions.

An unanticipated finding of the study was the degree of frustration and student-faculty conflict described by students as barriers to successful program completion. Over the past seven years in a nursing faculty role, the researcher has discussed challenges inherent in working with this highly-motivated, consumer-oriented student population with faculty colleagues. However, there
has been little discussion about faculty responsibility for student success or how best to meet the needs of adult learners in this diverse student group. A general assumption is that as a result of previous college-level coursework and related experiences, students entering second-degree accelerated nursing programs need minimal faculty direction and support. It is not uncommon for faculty to utilize similar teaching methods and evaluation strategies for both traditional and second-degree accelerated student populations. Accelerated students are expected to be self-directed adult learners with a repertoire of skills than enables them to adapt effectively and efficiently to the highly condensed curricular design. When students encounter difficulties in coursework, clinical skills, or professional socialization, there is a general consensus that “accelerated nursing programs are not for everyone”, rather than an introspective evaluation of faculty practices, teaching methods and programmatic issues that influence student experiences and outcomes.

While focus group participants readily acknowledged student responsibilities and problems inherent in student/faculty interactions, there was a consistent theme of frustration related to a perceived lack of understanding, respect, and support for adult learners in an accelerated learning environment on the part of nursing faculty and program administrators. In several situations, faculty actions were actually perceived as barriers to student academic success.
Study participants also articulated the need for enhanced communication, organization, and structured learning experiences. These student-identified needs for structure and guidance initially appear to be incongruent with the self-directed nature of adult learning, however, when viewed within the contextual demands of mastering a highly complex knowledge base, sophisticated clinical skills and a high degree professional socialization within an extremely abbreviated timeline it is understandable the these elements become integral tools for students to assume and maintain control of the learning process.

A recent study of stressors and supports inherent in second-degree accelerated nursing programs by Weitzel and McCahon (2008) revealed that students identified: too many assignments, heavy workload, family responsibilities, and the accelerated pace of the program, the absence of vacation breaks, group assignments and the limited time in clinical practice settings as exacerbating the stressors associated with the accelerated learning experience. This same study also suggested that while there are aspects of the accelerated educational experience that are beyond faculty control there are many ways faculty can modify teaching strategies in efforts to enhance student-faculty relationships and support student achievement (Weitzel and McCahon, 2008). Scharf-Kohn and Truglio-Londrigan (2007) identified that an imbalance in distribution of power between students and faculty and poor communication as
significantly adding to the stress associated with the accelerated learning experience. These recurring themes highlight the need for faculty to re-evaluate teaching practices, remove educational barriers, and actively contribute to student academic success in these highly condensed course offerings.

**Recommendations and Implications for Practice**

The practice of nursing comprises a unique blend of art and science. Professors emphasize the need for students to develop a strong sense of compassion and caring in addition to mastery of a complex nursing knowledge base and sophisticated clinical skills, yet the responsibility for academic success traditionally rests disproportionately upon students’ shoulders. Consistent with reports in the literature (Dahlberg, 2003; Halstead, 2005; Ironside, 2004; NLN, 2005) faculty tends to remain entrenched in teaching in the same manner they were taught and consequently there is an ongoing proliferation of behaviorist models in nursing education. In addition, the extreme shortage of doctorally prepared nursing faculty has resulted in an increased number of nursing clinicians, with minimal theoretical background or experience with contemporary pedagogies and teaching methods, in academic nursing faculty roles (Tanner, 2006).

Since self-regulated learning plays an important role in academic success, it is important that teachers Diekelmann (2001) challenged nursing
faculty to examine alternative pedagogies in an effort to better understand the educational experience from the student’s point of view as a starting point for the development of new educational practices in nursing education. Both Diekelmann (2001) and Bankert and Kozel (2005) identified that “becoming a student” is different for adults who have life experiences in other educational settings and professional backgrounds. Bankert and Kozel (2005) suggest that, “all members of an adult educational process must be active participants in learning. Dialogue is critical and teacher and learner need respect for one another as contributors” (p. 228). They further assert that, “support for adult learners can be achieved by a caring learning environment that is founded in partnerships and collaboration, mutual respect and commitment, self-direction and creativity” (p. 229).

Contemporary educational models recognize the complex interactions of individual, social, and environmental factors influencing the learning experience. The voices of students in this research study cannot be overlooked. They represent both a plea and challenge for nursing faculty to become actively involved in developing educational strategies and supports that recognize and support the diverse learning needs of second-degree accelerated nursing students. Grounded in adult learning theory, accelerated learning theory, and self-regulated learning, this study contributes to the research base of information
needed for ongoing curricular development and evaluation of student and programmatic outcomes in second degree accelerated nursing programs directed at adult learners. In addition, the mixed methods research design addresses a gap in the nursing literature related to complex interplay of student attributes, learning processes and contextual influences on academic outcomes in this highly condensed curricular design. While the question of why some students succeed and other seemingly capable students are unable to complete academic requirements in an accelerated timeframe remains, this study represents an important step in attempting to understand the complex relationships inherent in self-regulated learning and academic success in these challenging course offerings.

My experiences during the course of doctoral study and research have helped me to expand my understanding of contemporary educational theories, strategies, and perspectives. I have also gained an appreciation and respect for students as active participants in the educational process. In the true spirit of caring inherent in the nursing profession, I do not believe that ongoing faculty entrenchment in traditional behaviorist approaches to nursing education is a result of a lack of respect or insensitivity to student needs, but rather the result of differences in perspective, communication and understanding of alternatives. I recognize my responsibility to not only seek to continually enhance my abilities
as an educator and educational administrator, but to also assist others (both students and faculty) in exploring better models for educating the next generation of nursing professionals. It is anticipated that the dissemination of findings from this research study would be another step in a process of ongoing professional development and contributions to the enhancement of nursing education now and in the future.

**Recommendations for Future Research**

The limitations of this study, the paucity of research examining the relationship between self-regulated learning and academic outcomes in second-degree accelerated nursing curricula, and related findings of this research suggest several considerations for ongoing study.

1. Student scores on the Self-Regulated Learning Inventory (SRLI) demonstrated statistical significance related to academic outcomes, however, the relationship between the motivation, knowledge, and executive processing components of the Lindner-Harris model and student success in a second-degree accelerated nursing curriculum remains unclear. In addition, although student motivation scores were statistically significant in predicting both GPA and program completion in 11 months, the quantitative data, in isolation, do not explain the complex interplay of factors influencing student motivation and academic
outcomes in this rigorous, condensed learning environment. Replication of this study with a longitudinal design following student progression throughout the accelerated course of study would provide enhanced insight into the utility of the SRLI instrument, related student adaptations in academic self-regulation over time, and the relationship between self-regulated learning to academic outcomes in second-degree accelerated nursing programs.

2. Replication of this study evaluating other self-regulated learning measures and other student characteristics (such as related demographic variables) would also provide insight into the complex inter-relationships inherent in self-regulated learning in the adult second-degree accelerated nursing student population.

3. This study demonstrates the value of mixed methods research and triangulation of results as a means to evaluate nursing curriculum design and outcomes. It is important that educators move from a focus on student characteristics and program outcomes to include an emphasis on the complex experiences and processes inherent in the facilitated transition to professional nursing practice afforded by second-degree accelerated nursing programs. Further study utilizing mixed methods research methodologies is needed to better understand the dynamic
processes associated with mastery of a complex knowledge base and skills and professional socialization of adult students enrolled in second-degree accelerated nursing programs.

4. Results of this study also emphasize the need for nursing faculty to actively include the voices and experience of students in program planning and curricular evolution. With the complexity of contemporary lifestyles, continued expansion of nursing roles and the exponential advances science and technology, nursing educators must shift from an emphasis on teaching content to an emphasis that cultivates a student’s ability and commitment for ongoing learning and professional development. The challenge is even more compelling within the context of accelerated nursing curricula directed at adult learners. Consistent with the development of a caring and supportive environment for adult learners enrolled in second-degree nursing programs, nursing educators are also challenged to explore student-faculty relationships influencing the quality and outcomes of the accelerated learning experience.

Second degree accelerated nursing programs for non-nursing college graduates have proven to be a successful strategy for addressing the nursing shortage and attracting a more diverse population of nursing professionals.
However, it is evident that prior educational and life experiences, in isolation, do not explain why some students succeed and other seemingly capable students are not successful in these highly condensed academic programs. Ongoing research grounded in contemporary learning theories, accelerated learning and self-regulated learning will enhance understanding of student attributes, learning processes and contextual influences of self-regulated learning in second-degree accelerated nursing programs for non-nursing college graduates. It also has the potential to maximize student acquisition of complex knowledge and skills student achievement though: early identification of at-risk students, enhanced academic support systems, and the evolution of a more supportive learning environment.

This study represents the first known investigation of self-regulated learning and academic outcomes in a second-degree accelerated nursing program and provides a framework for further study. It also contributes to the understanding of the rich mosaic of issues influencing student learning and academic success in these rigorous, highly condensed nursing curricula. Further research and widespread dissemination of related findings will serve to enhance understanding, promote curricular innovation, and serve as a basis for ongoing advancement of contemporary nursing education and practice.
REFERENCES


APPENDIX A Institutional Review Board Approval for Research Study

DREXEL UNIVERSITY
Office of Regulatory Research Compliance

TO: Elizabeth L. Hastam, Ph.D.
School of Education / School of Education
Mailstop: DREXEL

FROM: John C. Medendorp, M.S., B.S.N., R.N.
Assistant Director of Regulatory Research Compliance
Drexel University College of Medicine
1931 Cherry Street, Suite 1044, 3-Parkway, Philadelphia, Pa 19102
Tel: 215-255-7857 Fax: 215-255-7874

SUBJECT: EXEMPT APPROVAL
TITLE: Managing the Mainstream: Self-Regulated Learning, Academic Outcomes, and the Student Experience of Learning in a Second-Degree Accelerated Baccalaureate Nursing Program
SPONSOR: Internal
PROJECT No: 1042531, PROTOCOL No: 1792, ACTION No: 49352 Type: New Period: 1 Seq: 1
DETAIL No: 249197
CURRENT APPROVAL: 06/24/2008

RE: 06/24/2008 Approved Exempt Category 2
Approval includes: Pretest/Enrollment of 150 Subjects; Participant Demographic Survey; Self-Regulated Learning Inventory; Information for Potential Study Participants; Permission Letter.

Date: 06/24/2008

On behalf of the Committee, I am pleased to inform you that the subject protocol has been reviewed and approved as EXEMPT research (45 CFR 46, 101(b)(1)) for the period indicated above. We operate under many Government requirements. As a result, this approval is granted with the following understandings:

1. If this is a sponsored project, then the study may not be activated until the Clinical Research Group has received BOTH a fully executed sponsored agreement AND appropriate letter(s) of indemnification by the sponsor. If this is not a sponsored study (designated "Internal"), the costs of the project must be identified and a cost center designated. Please call 215-255-7857 if you have any questions regarding these procedures.
2. You must advise the IRB of the activation date. Use the attached form for this purpose.
3. Protected Health Information (PHI) cannot be collected without a Waiver of Authorization per HIPAA regulations.
4. Any change to the protocol must be submitted in writing and approved by the IRB in advance.
5. Any adverse reaction must be reported to the IRB as soon as it occurs.
6. Should the IRB decide to monitor your project directly, please cooperate fully. Failure to do so may result in withdrawal of this approval and notification to the sponsor and/or Federal agencies. Specific information regarding monitoring appears in the book: "Guidelines for Biomedical and Behavioral Research Involving Human Subjects", obtainable through this office or via the website http://research.drexel.edu.
7. Whether or not this protocol is activated, the IRB will conduct a Continuing Review at least annually. Should you fail to respond to this Federally-required progress report, the project may become ineligible for re-approval and the IRB may choose not to consider other projects for approval.
8. A final progress report must be submitted to the IRB in format similar to that of a periodic report.

The IRB welcomes your research project into the list of approved protocols. Your compliance with the above conditions will help to protect the continuation of all research activity at the University. With your project and others like it, we look forward to additions to knowledge of human health and benefits to science, our patients, and society.

cc: Dept Chair, Tenet, and Drexel

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www.research.drexel.edu • www.drexelmed.edu
MEMORANDUM
Institutional Review Board (IRB #3)
ACTIVATION NOTICE

TO:  Institutional Review Board (IRB #3)
    1601 Cherry Street, Suite 10444, 3-Parkway, Philadelphia, Pa 19102
    Tel: 215-255-7864 Fax: 215-255-7874

FROM:  Elizabeth L. Haslam, Ph.D.
        School of Education / School of Education

SUBJECT: ACTIVATION OF HUMAN RESEARCH PROTOCOL ENTITLED:
Managing the Maelstrom: Self-Regulated Learning, Academic Outcomes, and the Student Experience of Learning in a Second-Degree Accelerated Baccalaureate Nursing Program
PROJECT No: 1042531, PROTOCOL No: 17862, ACTION No: 46352 Type: New Period: 1 Seq: 1
DETAIL No: 246197
DATE OF APPROVAL: 06/24/2008

Date: 6/24/2008

This is to inform the IRB that the subject protocol was activated* on 6/24/2008. I understand that a Periodic Report for Continuing Review or Final Summary is due on or before the above Expiration Date.

[ ] Yes [x] No

I have a copy of the University's Human Subjects Guidelines and Federal Wide Assurance (FWA) to the OHRP, as required in 45 CFR Part 46.

NOTE:
The University Guidelines for Biomedical and Behavioral Research for the protection of human subjects have been posted on the Office of Research website.
There are two sets of Guidelines - one each for Medical and Non-Medical Research.
You must have a hard copy and read these Guidelines to make sure that these Guidelines are met.
To download a copy of the University Guidelines, follow the below instructions:

1. Go to http://research.drexel.edu
2. Click "Medical IRB" or "Non-Medical IRB" in Quick Links
3. Under "Go to", click "Medical IRB" or "Non-Medical IRB Guidelines"
4. Please keep a copy of the University Guidelines in your office.

(Signed) Haslam, Elizabeth L.

* "Activated" means that the first new human subject was accrued, or an experimental procedure was performed, or records were reviewed under this protocol on or after the date of last approval: 06/24/2008.
Accordingly, this notice must be sent to the IRB ONLY for the FIRST such accrual since that date.
APPENDIX B Access to Study Population

June 10, 1008

Mr. Sree Murthy
Associate Vice Provost for Research
Drexel University College of Medicine
Office of Regulatory Research Compliance
1601 Cherry Street; 3 Parkway Bldg.
Mail Stop 10-444
Philadelphia, Pennsylvania 19102

Re: Access to Student Population & Related Academic Records
IRB Application for Dissertation Research - Faye Pearlman Meloy

"Managing the Maclethron: Self-Regulated Learning, Academic Outcomes, and the Student
Experience of Learning in a Second-Degree Accelerated Baccalaureate Nursing Program"

Dear Mr. Murthy

Please be advised that both Dean Donnelly and I have granted Faye Pearlman Meloy access to the
Accelerated Career Entry (ACE) student population and related academic records for her research
towards a PhD in Educational Leadership & Learning Technologies at Drexel University.

As Associate Dean for Undergraduate & MSN Programs, I acknowledge that this research proposed by
Dr. Haslam and Ms. Meloy is in keeping with the standards and objectives set by the College of Nursing &
Health Professions and Drexel University and that it meets all departmental requirements for review and
approval of this project. I also believe that the design and proposed methodology for the study qualifies it
for Institutional Review Board approval as Exempt Category 2 research.

I am confident that this proposed study will contribute to the understanding of the adult learning
experience in an accelerated curriculum and also to the ongoing curricular development and evaluation of
the ACE program. If you have any questions or need additional information, please do not hesitate to
contact me.

Sincerely,

Mary Ellen Glasgow, PhD, RN, CS
Associate Professor and Associate Dean, for Undergraduate Programs, MSN Programs and Continuing
Nursing Education

Mary Ellen Glasgow, PhD, RN, CS
Associate Professor & Associate Dean of MSN Programs,
Undergraduate Programs and Continuing Nursing Education
APPENDIX C Information to Potential Study Participants

Dear Students,

I am currently a doctoral candidate in the School of Education at Drexel University. My research interest is promoting academic success for students enrolled in second-degree accelerated baccalaureate nursing programs. My dissertation will concentrate specifically on self-regulated learning and the experience of adult learners enrolled in Drexel’s ACE program.

Despite the proliferation of accelerated second-degree educational programs in nursing education, there is limited research related to curricular design, student experiences, program outcomes and professional socialization in these intense educational formats. Planning and evaluation of baccalaureate nursing programs for adult learners with previous college degrees requires an understanding of how students learn within the context of adult life-roles in an extremely condensed academic timeline.

It is anticipated that this information will assist both students and faculty in understanding the role of self-regulated learning in this challenging educational environment and provide insight into student attributes and strategies that contribute successful attainment of program outcomes. In addition, this study will contribute to the research base of information needed for ongoing curricular development of student and program outcomes in second-degree accelerated nursing programs.

This study will be conducted in three phases. Phase I of the study requires that student participants complete both a demographic questionnaire and a survey developed as a research tool to evaluate the study habits and attitudes towards learning of college students. Phase II of the study will involve student participation in focus groups which will explore the experiences of adult learners in an accelerated course format. In Phase III of the study, data from the learning survey will be compared to student specific grade point average and scores on the HESI exit examination.

All activities related to this study will be conducted in accordance with the policies and procedures set forth by the Institutional Review Board for academic research utilizing human participants at Drexel University. Confidentiality and anonymity of student information and responses will be maintained at all times. Student identification codes will be used during all data collection/analyses and
student focus-group interviews will be conducted by an third party unaffiliated with the nursing program using audio-taped recordings in a private setting for data collection. The student identification codes will be secured in a confidential locked file in the Dean’s office and will be destroyed at the conclusion of the study.

Student participation is voluntary and students’ decisions related to participation will not influence personal or academic standing in any way. Participants may also choose to drop out of the study without penalty at any time. The only contact between the students and the researcher will be during the introduction to the study when the researcher will describe the study, outline details of participation, and answer student questions. Any concerns or problems identified during the study can be reported directly to the Office of Regulatory Research Compliance at Drexel University (215) - 255-7857.

Participants will receive compensation for their time and research-related activities. All fourth quarter ACE students who agree to participate in the study and complete both the SRLI and the demographic data sheet will each receive $5 at the time the participation consent, demographic questionnaire and SRLI score sheet are completed and returned at the end of the class session. Each of these students will also be entered into a random lottery with an equal chance of receiving one of three $50 gift cards.

Students who volunteer and participate in the focus group will each receive an additional $10 at completion of the focus group sessions, and will be entered into a second lottery exclusively for focus group participants. The winner of the focus group lottery will also receive a $50 gift card.

Thank you for consideration possible participation in this research study. Hopefully our combined efforts will provide information and insight that will improve the learning environment and academic outcomes for ACE nursing students now and in the future.

Sincerely,

Faye Pearlman-Meloy
APPENDIX D Demographic Survey Instrument

Participant Demographic Data

Study #________________________________

1. Sex: Male:_____ Female:_____

2. Age
   o < or = 24
   o 25 – 30
   o 31 – 35
   o 36 – 40
   o 41 – 45
   o 46 – 50
   o > 50

3. Ethnicity (please select as many as applicable)
   o African American/Black (not of Hispanic Origin)
   o Hispanic/Latino
   o Southeast Asian (Cambodian, Laotian, Vietnamese, Filipino, Thai)
   o Other Asian (Chinese, Indian, Japanese, Korean, Malaysian, Pakistani, Taiwanese, Indonesian)
   o White (not of Hispanic Origin)
   o Native Hawaiian/Pacific Islander
   o American Indian/Alaskan Native
   o Other (please specify)____________________________________________________________

4. Legal Status
   o U.S. Citizen or lawful Permanent Resident
   o Other (please specify)____________________________________________________________

5. Marital Status
   o Married
   o Non-married Couple
   o Single/Separated/Divorced
   o Other (please specify)____________________________________________________________
6. Current Living Arrangement
   o Live Alone
   o Live with family
   o Live with non-related people
   o Other (please specify)________________________________________________________

7. Number of children/adults living in your household while you are attending the ACE program?
   o # of children ______________ age(s)___________________________________________
   o # Adults ______________ age(s)_______________________________________________
   Comments (optional)___________________________________________________________
   ____________________________________________________________________________

8. Primary Caregiver Arrangements (for dependent children and adults) while a student in the ACE program
   o Not Applicable
   o ACE Student responsible for majority of caretaker activities
   o Care of dependent children/adults shared equally among members of household
   o Other adults in household assume majority of caregiver activities
   Comments (optional)___________________________________________________________
   ____________________________________________________________________________

9. Distance from center city Philadelphia to location you consider “home” (near family and/or longtime friends and other support systems).
   o <50 miles
   o 50-100 miles
   o 101-150 miles
   o 151-200 miles
   o 201-250 miles
   o 250-300 miles
   o >300 miles
   Comments (optional)____________________________________________________________
   ______________________________________________________________________________
10. Mode of transportation from residence during ACE program to Center City Campus location (15th & Vine)
   - Walk/bicycle
   - Public transportation
   - Car
   - Other (please specify)_________________________________________________________
   Comments (optional)______________________________________________________________
_______________________________________________________________________________

11. Amount of time it usually takes you to travel from your residence while in the ACE program to Center City Campus location (15th & Vine)
   - <15 minutes
   - 16-30 minutes
   - 31-45 minutes
   - 46-60 minutes
   - > 60 minutes
   Comments (optional)_________________________________________________________________
__________________________________________________________________________________

12. Is English your primary language?
   - Yes _________
   - No __________
     - If you answered “no” to this question, please specify your primary language bellow
     Comments (optional)______________________________________________________________
__________________________________________________________________________________

13. Education completed in the United States (Please check all that apply)
   - Elementary School (Grades 1-6)
   - Middle School (Grades 7-9)
   - High School (Grades 10-12)
   - College/University- Number of years completed _________
14. Previous College Experience

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<tr>
<th>Institution</th>
<th>Major</th>
<th>Degree Awarded (specify degree)</th>
<th>Dates Attended</th>
<th>Final GPA</th>
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15. Work Experience(s). Indicate dates of employment for each position held and approximate number of hours worked each week.

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<tr>
<th>Employer</th>
<th>Position</th>
<th>From – To (month/yr – month/yr)</th>
<th>Hours per week</th>
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Comments (optional)________________________________________________________________________________

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16. What factors influenced your decision to pursue a career in nursing?

(Please state reasons in your own words listing the most important factors first

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
17. **Reason(s) for choosing Drexel’s ACE Program?** (Please rank in order of importance - #1 most important → #10 being least important)

- Length of program (11 months)
- Cost of Program
- Integration of Technology into curriculum
- First Time NCLEX Pass Rate
- Program/Faculty Reputation
- Clinical Placements
- Location of Program
- Referred by ACE graduate or Drexel affiliate
- Applied to other program(s) but not admitted
- Other (please specify)

Comments (optional)

18. **Current GPA in ACE Program**

19. **Average number of hours you work per week while attending the ACE program?**

- 0 (Not working)
- 1 - 8 hours per week
- 9-16 hours per week
- 17-24 hours per week
- 24-36 hours per week
- >36 hours per week

Comments (optional)
20. **How many hours beyond scheduled classroom and clinical hours do you usually spend on independent activities related to the ACE academic program (studying, clinical preparation, assignments, projects etc)?**
   - < or = 5 hours per week
   - 6-10 hours per week
   - 11-15 hours per week
   - 16-20 hours per week
   - 21-25 hours per week
   - 26-30 hours per week
   - > 30 hours per week

   Comments (optional)________________________________________________________________________

________________________________________________________________________

21. **How many hours beyond scheduled classroom and clinical hours do you usually spend in collaboration with others on activities related to the ACE academic program (studying, clinical preparation, assignments, projects etc)?**
   - < or = 5 hours per week
   - 6-10 hours per week
   - 11-15 hours per week
   - 16-20 hours per week
   - 21-25 hours per week
   - 26-30 hours per week
   - > 30 hours per week

22. **Additional Comments**

Please feel free to include any additional comments/information you feel would be helpful in clarifying your responses to specific questions in this survey and/or other information that will help others understand factors influencing the student experience in the ACE program.
APPENDIX E Self-Regulated Learning Inventory

For the following items, please respond as candidly and completely as possible by selecting the response most descriptive of your usual approach, and/or attitude, toward academic coursework. Try to rate yourself according to how well the statement describes you, not in terms of how you think you should be or what others think of you. There are no right or wrong answers. Your responses will be kept strictly confidential and are for research purposes only. Please complete all the items. Please read each statement and then mark your response on the accompanying Scantron Sheet according to the following key (please do not write on this form):

a = Almost always typical of me
b = Frequently typical of me
c = Somewhat typical of me
d = Not very typical of me
e = Not at all typical of me

1. After completing all the items on an exam, if time permits, I go back and check and review my answers.

2. When preparing for one of my classes, at the end of each study session I pause and perform a mental review in order to check how much of what I have studied I am able to recall.

3. Mastery of new knowledge or skills is more important to me than how well I do compared to others in a class.

4. I come to my classes having reviewed and prepared to discuss any assigned reading materials (e.g., text chapter, handouts, articles, etc.).

5. When reviewing my class notes I try, as I study, to identify the main or key points of a lecture.

6. I develop specific, short-term goals for the courses in which I am enrolled.

7. If struggling to understand material presented in a course, I try to get help from someone whom I know how to understand it.

8. When reading or reviewing my text or class notes, I periodically stop to check how well I am understanding what I am studying or learning.

9. Even if I fall behind most of the other students in a class, I never worry that I may not be smart enough to succeed.

10. When reading a text or listening to a lecture I separate the main points or ideas from the supporting ideas.

11. Before taking an exam, I carefully evaluate my level of readiness to determine if I am fully prepared to do my best.

12. If I'm struggling in a class, I promise to reward myself if I improve or stick it out.

13. In classes where note taking is necessary, I review my notes from the previous class meeting sometime before the next class meeting.

14. If my attention begins to drift when I am studying, I get myself back on task by either mentally telling myself things like 'you need to stay focused', 'careful, you need to stay on task', etc., or by taking a short break.

15. If I find I am not performing as well as I hoped in a course, I increase the time and effort put into studying for that class.

16. If I find that concepts or ideas presented in a class are difficult for me to understand, I try to locate and read different sources (e.g., books, articles) which will help me to improve or clarify my understanding.

17. When I am not doing as well in a course as I would like, I try to identify the problem and then develop a plan to help me improve.

18. I strive to do my best in all my courses, even when they are not that interesting to me personally.

19. To help me retain what I am studying or learning, I develop an outline to help me organize the material I am learning.
<table>
<thead>
<tr>
<th>Question</th>
<th>Very Typical</th>
<th>Typical</th>
<th>Somewhat Typical</th>
<th>Occasionally Typical</th>
<th>Not Typical</th>
<th>Uncertain</th>
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<tr>
<td>20. After studying for an exam, I try to reflect on how effective my</td>
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<td>approach has been in helping me understand and retain the information</td>
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<td>and/or concepts which I have been learning.</td>
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<td>21. Even when a course turns out to be more challenging than I</td>
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<td>expected, I continue to work hard and try to do my best.</td>
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<td>22. To help me understand the material I am studying, I try to</td>
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<td>interpret it on the basis of my own experiences.</td>
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<td>23. When reviewing material previously studied, instead of simply</td>
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<td>rereading, I focus my attention on the information, concepts, ideas</td>
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<td>or procedures I found most difficult to understand or remember.</td>
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<td>24. I feel confident as a student and have a clear vision of what my</td>
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<td>25. To help make it easier for me to retain and understand what I am</td>
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<td>studying, I try to relate it to or think of examples from my own life</td>
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<td>26. Before I begin studying anything new, I first examine and analyze</td>
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<td>the material to determine the type, familiarity and/or difficulty</td>
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<td>level of the information I will be encountering.</td>
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<td>27. I don’t allow the unavoidable conflicts and distractions of student</td>
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<td>life to interfere with my academic goals and progress.</td>
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<td>28. Rather than simply “cramming” a day or two before an exam, I try</td>
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<td>to break my studying into shorter units or segments over many days.</td>
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<td>29. I tend to be fairly accurate in predicting the grade I will receive</td>
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<td>30. How well I do or progress in a given course or class is primarily</td>
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<td>determined by my own attitude and level of effort.</td>
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<td>31. When taking an exam, I bypass questions I am unsure of and return</td>
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<td>32. When faced with a problem or learning related task in my classes</td>
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<td>(e.g., preparing for an exam, term paper to write, etc.), I construct</td>
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<td>a plan or strategy to guide and help me evaluate my progress.</td>
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<td>33. I approach most of my courses with considerable confidence.</td>
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<td>34. When I have to learn or recall a lengthy set of related items from</td>
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<td>memory, I try to associate each with an unusual image.</td>
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<td>35. During class presentations (e.g., lectures, discussions, etc.), I</td>
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<td>attend carefully to, and note, any implicit cues the instructor</td>
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<td>learn and retain.</td>
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<td>36. Even if I don’t learn a concept, skill or subject quickly, I rarely</td>
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<td>become discouraged enough to stop working hard and trying to do my</td>
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<td>37. When unsure if I am understanding what is being taught or presented</td>
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<td>in a class, I ask for clarification or more examples.</td>
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<td>38. Before I hand in an exam, I review my answers to make sure I have</td>
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<td>actually answered the question(s) correctly.</td>
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<td>39. My academic performance is pretty much based on how hard I work</td>
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<td>and the amount of time I put into studying.</td>
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<td>40. To help me focus on the most important ideas in what I am learning</td>
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<td>when reading a text or reviewing my class notes, I highlight or</td>
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<td>underline those ideas in the book or in my notes.</td>
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<td>41. I carefully analyze and evaluate my performance on learning tasks</td>
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<td>(exams, term papers, performances, etc.) on a regular basis.</td>
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<td>42. I enjoy courses that are at least moderately challenging, or cover</td>
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<td>relatively unfamiliar topics, because they represent the greatest</td>
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<td>opportunity for learning.</td>
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<td>Question</td>
<td>Not at all typical of me</td>
<td>Not very typical of me</td>
<td>Somewhat typical of me</td>
<td>Frequently typical of me</td>
<td>Almost always typical of me</td>
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<td>43. To help me remember and understand what is being taught or presented in a class, I try to generate a concrete example of what is being presented.</td>
<td>a b c d e</td>
<td></td>
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</tr>
<tr>
<td>44. When reading a textbook chapter in preparation for an exam, I first look the chapter over to see how the content is organized or sequenced.</td>
<td>a b c d e</td>
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<tr>
<td>45. I find that my success in school is rarely a matter of chance and is largely under my own control.</td>
<td>a b c d e</td>
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<tr>
<td>46. To help me remember and understand what is being taught or presented in a class, I try to visualize an image of the concept or situation being presented.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>47. If I get discouraged and/or sense my motivation dropping in a course I am taking, I remind myself of past successes and how I have overcome similar types of challenges in the past.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>48. I am able to stick to a study schedule and complete course assignments on time, even when I would rather be doing something else.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>49. To help me remember and understand what is being taught or presented in a class, I try to compare or relate that information to ideas or skills I have in other classes.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>50. I am pretty good at keeping my effort up in a course even when the content does not interest me that much.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>51. When presented with unfamiliar concepts or ideas I try to organize them into related clusters or categories.</td>
<td>a b c d e</td>
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<tr>
<td>52. I am able to sustain my motivation to do well in school all the way through to the end of the semester.</td>
<td>a b c d e</td>
<td></td>
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<td></td>
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<tr>
<td>53. During the process of learning/studying, I adjust my pace and effort relative to the difficulty and amount of material I need to cover.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>54. I am able to solve or overcome even difficult problems or challenges as long as I put sufficient effort into them.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>55. When studying information presented in textbook form, I mark or otherwise highlight any information that my instructor has emphasized in class.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>56. When devising a plan of action relative to some learning task or problem with which I am confronted, I ask myself: is there anything in my prior knowledge or experience that I can use to help me with this task?</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>57. When I study, I set aside a specific amount of time and choose a place or location where I am unlikely to be disturbed or interrupted.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>58. I look forward to the lectures, discussions and readings in my courses or classes.</td>
<td>a b c d e</td>
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<tr>
<td>59. When studying information presented in textbook form, I pay particular attention to section headings and/or topic sentences.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>60. During the process of learning/studying, I try to determine which information is the most important to remember.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>61. Before taking an exam, I try to either test myself or have someone else test me with potential questions from the material covered.</td>
<td>a b c d e</td>
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<tr>
<td>62. I enjoy having a sense of personal control over outcomes (how well I do) in my courses or classes.</td>
<td>a b c d e</td>
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<tr>
<td>63. To help me learn and remember new concepts or ideas I try to think of practical uses or applications for them.</td>
<td>a b c d e</td>
<td></td>
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<tr>
<td>64. During an exam, I try not to read things into questions or make them more complex than they were intended to be.</td>
<td>a b c d e</td>
<td></td>
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</tr>
<tr>
<td>65. When studying, I isolate myself, as much as possible, from any potential distractions.</td>
<td>a b c d e</td>
<td></td>
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</tr>
</tbody>
</table>

Thank you for your time in completing this questionnaire.
210

Self-Regulated Learning Inventory v. 5 (Lindner, R.W. & Harris, B. R., 2003)
Agreement Form 6/5/2008

I, [Signature] agree that I will use the Self-Regulated Learning Inventory for my own research purposes only. I also agree not to modify the inventory in any way without written permission from the authors. I recognize that I have no right to distribute the inventory to persons other than those participating in the study in which I am engaged.

SIGNED: [Signature]

DATE: 6/10/2008
FOCUS GROUP SUMMARY

**Question #1** – Why do you think students choose to attend this accelerated BSN program over other nursing education options?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputation of Program</td>
<td>• NCLEX pass rate/ high quality</td>
</tr>
<tr>
<td></td>
<td>• Reputation of University/Nursing Program</td>
</tr>
<tr>
<td></td>
<td>• Reputation of ACE grads in clinical practice</td>
</tr>
<tr>
<td></td>
<td>• Referred by ACE grad</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Location</td>
</tr>
<tr>
<td></td>
<td>• Wanted to stay in “area”</td>
</tr>
<tr>
<td></td>
<td>• Geographically accessible from transportation standpoint</td>
</tr>
<tr>
<td></td>
<td>• Relatively affordable; better job prospects than other areas</td>
</tr>
<tr>
<td></td>
<td><strong>Ease of Matriculation</strong></td>
</tr>
<tr>
<td></td>
<td>• September start date accessible for students completing prior college degree in Spring</td>
</tr>
<tr>
<td></td>
<td>• Less Pre-requisites than other area accelerated nursing programs</td>
</tr>
<tr>
<td></td>
<td>o Additional pre-requisites would have tacked on another year of study</td>
</tr>
<tr>
<td></td>
<td>o “Don’t want to be 30 and still doing prerequisites”</td>
</tr>
<tr>
<td></td>
<td>• Timely acceptance/follow-up</td>
</tr>
<tr>
<td></td>
<td>o Accepted, deposit paid, &amp; decided to attend before hearing from other programs</td>
</tr>
</tbody>
</table>
**Question #2 – How do your experiences in the accelerated BSN program compare with your expectations before entering the program?**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
</table>
| **Academics**    | • Prior degree does not guarantee readiness for pace and intensity of accelerated program; maturity may be a factor  
|                  |   o Thought it would be like working full time – “It’s a lot more” (did not realize the amount of study and preparation in addition to time spent in classes)  
|                  |     ▪ Unable to understand until you actually do it  
|                  |   o Much greater emphasis on study  
|                  |     ▪ “in the first quarter I studied more than in my 4½ years undergrad”  
|                  |   o Underestimated the academic demands associated with clinical component of nursing courses  
|                  |   o Multiple clinical courses at one time add complexity to the theory & clinical skills to be mastered in 10 week quarter  
|                  | • “Rhythm” of studying & learning  
|                  |   o Different for students directly out of first undergrad program vs. those who have been out of school and in workforce for some time  
|                  |     ▪ Directly from first degree still “in the groove” studying, test taking etc. but lack understanding of “realities” and demands of adult roles  
|                  |     ▪ Students who completed degree previously and have substantial work experience view demands of accelerated program as comparable to demands of workplace roles but may need time to refresh study skills  
|                  | • Expected to be treated like adult learners  
|                  |   o Incivility & disrespect  
|                  |     ▪ Students quick to challenge professors which often led to defensive response by faculty  
|                  |     ▪ Viscous cycle started by minority of disrespectful students (student/student and student/faculty) escalated to general tone of negativity throughout the program  
| **Fellow students** | • Expected that majority of fellow-students were adult learners working on second career & established in their area of expertise  
|                  |   o Students directly from completion of first degree without professional life experiences characterized as being disrespectful, whining & monopolizing faculty time  
|                  |   o Significant work experience and related accountability make adaptation to demands of ACE program easier  
|                  | • Surprised at differences in maturity level of students  
|                  | • Pretty much all type “A” with high motivation to succeed and with high standards for achievement  
| **Faculty Support** | • Expected more support from faculty – some are amazing but others are not  
|                  | • Defensiveness on the part of some faculty felt to limit learning |
opportunities
• Challenges for both related to content & time

| Clinical Experiences | • Expected more “hands on” opportunities with skills (meds, injections, suctioning, catheterization etc) during clinical experiences
  o Need to be pro-active in seeking out clinical learning opportunities rather than rely solely on clinical instructor
  o Fear of not being clinical competent in short timeframe
    ▪ “I wish I felt more competent at medications and other things that are potentially dangerous”
    ▪ “I’ve talked to other nursing students who cite similar concerns and frustrations”
    ▪ Nurses have told me that “you learn these things when you get out”
  • Clinical experiences and expectations vary between clinical sites and clinical faculty |

| Organization/Structure | • Expected program to be rigid with same professors always teaching same courses with same expectations program viewed as disconnected and disorganized due to perceived shortcomings in this area
  o Need to adapt study strategies for different courses/professors
  • Some professors disorganized; “reading from PowerPoint”.
  • IT problems and lack of related support contributed to needless class delays
  • Lack tolerance for activities perceived as “busywork” |

| Clinical | • Expected more “hands on” clinical learning
  • Question relative value of “care plans” vs actually performing clinical skills
  • Importance of clinical faculty
  • Stressed need for enhanced communication and consistency among faculty |
**Question #3 – How do studying and learning in an accelerated curriculum differ from your previous educational experiences?**

<table>
<thead>
<tr>
<th>Differences</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>• No “down time”</td>
</tr>
<tr>
<td></td>
<td>• No consideration that students have a life outside the program</td>
</tr>
<tr>
<td></td>
<td>• Time management &amp; skills critical to success in program - no margin for error</td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>• Pushed toward a higher level of achievement outside normal comfort zone</td>
</tr>
<tr>
<td></td>
<td>• Accelerated pace facilitates ready recall for subsequent coursework and NCLEX-RN</td>
</tr>
<tr>
<td></td>
<td>• Adaptability in learning styles and flexibility in use of strategies essential</td>
</tr>
<tr>
<td></td>
<td>• Use of outside resources and collaboration with others more than in prior educational experiences</td>
</tr>
<tr>
<td></td>
<td>• From casual approach &amp; poor study skills to extensive study as means for academic survival</td>
</tr>
<tr>
<td></td>
<td>• Prioritization in studying essential – focus on “need to know”; disregard minute disparities with emphasis on “putting the pieces together”</td>
</tr>
<tr>
<td></td>
<td>o Reading text seen as supplemental to lecture content rather than essential</td>
</tr>
<tr>
<td></td>
<td>o Busywork assignments seen as detracting from focused study time</td>
</tr>
<tr>
<td></td>
<td>o Balance of emphasis on background material (Pathophysiology) to nursing content and priorities in classroom discussion and testing</td>
</tr>
<tr>
<td></td>
<td>• More collaboration with other students as a complement to independent study in effort to assimilate quantity of information in a timely and effective manner</td>
</tr>
<tr>
<td></td>
<td>• Emphasis on on-line standardized examinations in preparation for NCLEX-RN</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td>“snowball effect” from few disrespectful students towards faculty ➔ defensive attitude from some faculty which limits effectiveness of teaching/learning</td>
</tr>
<tr>
<td>Between Faculty &amp;</td>
<td>• Some faculty are not respectful of adult learners and perceived as being condescending</td>
</tr>
<tr>
<td>Students**</td>
<td><strong>Level of Organization</strong></td>
</tr>
<tr>
<td></td>
<td>• Previous educational experience far more structured</td>
</tr>
<tr>
<td><strong>Stress</strong></td>
<td>• High degree of stress associated with accelerated curriculum</td>
</tr>
<tr>
<td></td>
<td>• Faculty not viewed as supportive</td>
</tr>
<tr>
<td></td>
<td>• Student self-imposed performance standards contribute to excessive stress levels- unrealistic expectations for self</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>• “stakes” higher in mastering knowledge</td>
</tr>
<tr>
<td></td>
<td>o will be dealing with life/death situations as RN</td>
</tr>
<tr>
<td></td>
<td>o no time to slack off – increased accountability that decisions likely</td>
</tr>
</tbody>
</table>
to have direct effect on performance
• Paying for this degree myself
• Increased level of maturity & responsibility as a result of work experience
  o Studying viewed as job so more disciplined than prior undergrad degree
  o Need to “get the job done”
**Question #4** – How do previous personal and work-related experiences influence student achievement in an accelerated baccalaureate nursing curriculum?

<table>
<thead>
<tr>
<th>Experience</th>
<th>Summary or Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Experience</td>
<td>• Health science/healthcare background viewed as helpful but not essential</td>
</tr>
<tr>
<td></td>
<td>• Prior work experiences seen as asset in maintaining academic discipline and perspective on demands of program</td>
</tr>
<tr>
<td></td>
<td>• Prior work experience provides valuable framework for nursing coursework…especially in application</td>
</tr>
<tr>
<td>Sense of Responsibility</td>
<td>• Personal responsibility required to determine priorities in balancing life/demands of accelerated program</td>
</tr>
<tr>
<td></td>
<td>• Differences in accountability &amp; responsibility related to course outcomes- high consumerist orientation “we’re paying a lot for this program and deserve to do well as a result “ → despite challenges “I accept responsibility for degree of success in studying/learning</td>
</tr>
<tr>
<td></td>
<td>• Discussion that individuals with substantial work experience with need to juggle multiple priorities simultaneously have more realistic expectations about demands of accelerated program and better able to manage personal responsibilities related to demands of program</td>
</tr>
</tbody>
</table>
Question #5 – What are the biggest challenges faced by students in an accelerated nursing program?

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Management</td>
<td></td>
</tr>
</tbody>
</table>
| Ability to Manage Stress | • Seen as critical element determining success or failure  
                            • Studying as debilitating vs. form of “control”  
                            • Financial stressors exacerbate academic stressors  
                            • Separation from negative individuals - focus on positive and self-survival  
                            • Schedule time for “Self“ as priority (physical exercise or other enjoyable diversion such as doing something altruistic)  
                            • Anxiety increased related to sense of readiness clinically nearing program completion |
| Dependency on Others     | • Strong support system both (family, loved ones & friends) essential  
                            o Strong supportive relationships with fellow students benefit academically and to focus energies positively  
                            o Benefits of living at home vs. loss of independence  
                            o Shift from relative independence seen as “blow to ego” |
| Maintaining Personal Relationships | • General consensus that demands of accelerated program influence quality of personal relationships  
                                          • Student responses varied from minimal impact on personal relationships with others ➔ planned time reserved for relationships with others ➔ program demands resulting in relative isolation and significant negative impact on personal relationships |
| Loss of Control          | • common theme of loss of control in learning process and academic outcomes  
                            • faculty generally viewed as not supportive (or lack understanding) of student needs  
                            • high personal and professional “stakes” in academic success in program  
                            • stressors exacerbated by accelerated timeline and inability to work during academic program  
                            • frustration and vulnerability associated with return to student role added source of stress |
### Question #6 – What are the strengths of the ACE Program?

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>• clinical faculty&lt;br&gt;• quality clinical sites with wide variety of experiences avail in metropolitan area&lt;br&gt;• simulation experiences</td>
</tr>
<tr>
<td>High Academic Standards</td>
<td>• quality of overall course content in prep for licensure exam “what we need to pass”&lt;br&gt;• higher standards than other programs&lt;br&gt;• more prepared to function as new graduates compared to new grads from other programs&lt;br&gt;• reputation of program and grads in profession</td>
</tr>
<tr>
<td>Standardized Testing</td>
<td>• standardized testing as good prep for NCLEX-RN&lt;br&gt;• expectations and implications not clear prior to start of accelerated program&lt;br&gt;• end-of program standard source viewed as significant source of stress</td>
</tr>
<tr>
<td>Preparation for Professional Roles</td>
<td>• Sound theoretical knowledge base&lt;br&gt;• Preparation to pass NCLEX on first attempt&lt;br&gt;• Conflict resolution skills&lt;br&gt;• Time management &amp; prioritization skills&lt;br&gt;• Reputation of program and graduates</td>
</tr>
<tr>
<td>Faculty</td>
<td>• Experts in subject matter and specialized clinical expertise</td>
</tr>
</tbody>
</table>
Question #7 – How could the program be improved?

<table>
<thead>
<tr>
<th>Weakness</th>
<th>Summary of Student Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More clinical experience- more effective utilization of limited clinical time.</td>
<td>• More effective use of limited class time.</td>
</tr>
<tr>
<td>• Increase academic load in first quarter to better balance curricular demands.</td>
<td>• Inconsistency in clinical instructors with assignments and expectations.</td>
</tr>
<tr>
<td>• Limited lead time with course syllabi, clinical assignments, and exam schedule.</td>
<td>• Limited lead time with course syllabi, clinical assignments, and exam schedule.</td>
</tr>
<tr>
<td>• Hidden financial costs of program.</td>
<td>• Hidden financial costs of program.</td>
</tr>
<tr>
<td>• Need more effective advising system.</td>
<td>• Need more effective advising system.</td>
</tr>
<tr>
<td>• Limited availability of IT technical support for faculty.</td>
<td>• Limited availability of IT technical support for faculty.</td>
</tr>
<tr>
<td>• Minimal emphasis on career transition and resume writing.</td>
<td>• Minimal emphasis on career transition and resume writing.</td>
</tr>
<tr>
<td>• Lack of sensitivity to needs/expectations of adult learners.</td>
<td>• Lack of sensitivity to needs/expectations of adult learners.</td>
</tr>
<tr>
<td>• Team teaching formats resulting in inconsistency and fragmentation.</td>
<td>• Team teaching formats resulting in inconsistency and fragmentation.</td>
</tr>
<tr>
<td>• Large class size limits opportunity for professor to provide individualized learning experiences.</td>
<td>• Large class size limits opportunity for professor to provide individualized learning experiences.</td>
</tr>
<tr>
<td>• Increasing program size.</td>
<td>• Increasing program size.</td>
</tr>
<tr>
<td>• Re-balancing sections.</td>
<td>• Re-balancing sections.</td>
</tr>
<tr>
<td>• Limited minority representation on faculty.</td>
<td>• Limited minority representation on faculty.</td>
</tr>
<tr>
<td>• Test security limits effective feedback &amp; review.</td>
<td>• Test security limits effective feedback &amp; review.</td>
</tr>
</tbody>
</table>
APPENDIX G  Student Comments and Recommendations to Future Students

Recommendations for others considering a Second-degree Accelerated Baccalaureate Nursing Program

- I would warn how they can’t do anything else
- Financial issues; time commitment; willingness to give up personal life and ability to deal with uncertainty
- I would try to give them an idea of how difficult it is
- This program is not for everyone
- 11 months is too short
- Ability to handle stress is essential
- Warning it will be a crazy year due to pace and demands of the program
- Must have a good support system
- Warn them to put life on hold and that there is a lot of work involved
- Would only recommend if person has minimal family obligations and can put social life aside for a year- I can’t imagine having a family and kids in this program
- Need to take personal responsibility for academic performance
- Financial concerns due to inability to work during academic program; financial constraints significantly increase academic stress
- Program is intense- but doable; need to be flexible and have minimal distractions
- Be aware that lifestyle will have to change while in accelerated nursing program
- Need to have a good self-image and be content with not getting “A”s
PERSONAL BIOGRAPHY

I share the common experience of being an adult-learner with participants in this research study. My personal history of life-experiences served as a foundation for learning during doctoral study. My educational background includes a Master’s of Business Administration in Health and Medical Services Administration from Widener University, a Master of Science in Nursing from the University of Pennsylvania, a Bachelor of Science in Nursing from Thomas Jefferson University, and a PhD in Educational Leadership and Learning Technologies from Drexel University. My educational endeavors are complemented by more than thirty years of experience in nursing practice, education, health policy, and health care administration.

I have taught in the classroom, on-line, and clinical instruction of nursing students at the associate, diploma, baccalaureate and master’s levels and have been a full-time faculty member at Drexel University since 2002. I am currently the Department Chair for Drexel University’s Cooperative Baccalaureate Nursing Program. My primary research interests are in the areas of curriculum redesign, student academic achievement and faculty development.