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Accelerated Baccalaureate Nursing Student and Faculty Perceptions of Blended Learning

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Walden University
2020

Abstract

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MSN, Walden University, 2016

BSN, Oregon Health and Sciences University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

In response to the demand for baccalaureate-educated nurses, nursing schools offer an accelerated baccalaureate of science in nursing (BSN). The problem is nursing programs have used blended learning approaches, but it is unclear whether and in what ways accelerated BSN students benefit from this learning design. The purpose of this qualitative case study was to explore how faculty and students perceived the benefits and challenges of an accelerated BSN program utilizing a blended learning format. Knowles's adult learning theory served as the conceptual framework through which interview data were analyzed. Participants included 6 faculty and 7 students from 1 school of nursing in the western United States who provided their perceptions of an accelerated blended program through interviews. Data were analyzed using open coding to identify patterns that were thematically organized. Findings revealed that the combination of accelerated program design and blended learning makes accelerated blended learning (ABL) a distinct but effective teaching and learning approach despite reported frustrations. Students reported new ways of flexible learning, information overload, and reinforced interpersonal connections with peers. Faculty reported the ABL design helped course organization but did not provide enough insight into what students did outside of course meetings. Recommendations for improving ABL include careful review of implementation strategies, organizational design, and technology supports. The findings provide nursing program design insights that can be used to help ensure qualified, competent nurses enter the profession prepared to serve their communities and improve nursing education.

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Dedication

I dedicate this work to my friends and family who supported and pushed me to keep moving as I pursued my doctorate. To my parents, Ann and Andrew Elliott, you always taught me the importance of an education, pursuing my dreams, and never settling for anything less. Your support and guidance have been priceless gifts I will forever cherish and admire about both of you.

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Chapter 1: Introduction to the Study

Introduction

The U.S. nursing shortage has continued to grow (Wise et al., 2016), with recent data indicating that the United States will need 1.1 million actively licensed nurses to avoid a further shortage by the year 2026 (American Association of College of Nursing [AACN], 2017). It is estimated that employment opportunities for nurses will grow at a rate of 15% (U.S. Bureau of Labor Statistics, 2018) because of both the aging baby boomer generation and the aging workforce of nurses, including the estimated 1 million nurses who are older than 50 years old and plan on retiring in the next 10-15 years (Auerbach & Staiger, 2017). Nursing programs have not been able to keep up with the increasing demand and are developing different learning innovations, such as accelerated nursing programs, to address the shortage (Whitcomb, 2015). Additionally, while institutions have used blended learning as advances in technology have been developed (Clark, & Feng, 2018), the perceptions of faculty members and students in an accelerated program with blended learning incorporated into the curriculum have been unclear. Increasing numbers of qualified student applicants have applied to schools, but there has been a lack of open spots to accommodate the numbers, contributing to a nursing shortage (Lindley, Ashwill, Cipher, & Mancini, 2017).

In 2018, 64% of prelicensure baccalaureate nursing programs noted that qualified student applicants were turned away due to lack of spot availability (National League of Nursing [NLN], 2018). Nursing schools only enroll and accept students based on faculty member availability and clinical placement capacity to not overburden hospital and

clinical sites that employ nurses with unlicensed students adding additional stress to work environments (Oregon Center for Nursing, 2018). Forty-one percent of all nursing programs have turned away students because of a lack of clinical placement options (NLN, 2018). Nursing schools have been unable to take on qualified students because of limited enrollment openings and clinical placements, producing fewer nurses to meet community needs. In response, nursing schools have adopted new programs to address the completion gap, spot availability, and clinical site needs.

Accelerated baccalaureate programs began in the 1970s to address the growing need of qualified nurses to graduate and enter the workforce and have multiplied since this time (Nurse Journal, 2018). While traditional baccalaureate nursing programs require 4 years to complete prerequisite and nursing coursework (Thomas, 2018), accelerated, second-degree baccalaureate of science nursing (BSN) programs compress the time it takes to learn to expedite the entrance of new nurses with nonnursing bachelor's degrees into nursing careers (Millett, Stickler, & Wang, 2015). These programs range in 12 to 18 months in duration, often using flipped or blended learning approaches to meet the needs of the adult learner because they focus on subject matter that has immediate relevance and impact on their future job (Knowles, 1984). Accelerated nursing programs have increased enrollment (6.3%) and graduation rates (6.8%) because of the compressed period (Lott, Davis, Montgomery, Burns, & Baker, 2018).

In this study, I explored how faculty and students described their perceptions of teaching or learning within an accelerated BSN nursing program that utilized a blended learning format to disseminate nursing knowledge. Instructors, course designers, and

program developers can use the findings to benefit the adult learner and support faculty who teach accelerate BSN nursing students. The findings from this study have the potential to identify ways to improve learning across the country for qualified nursing students and prepare them to enter the workforce.

In this chapter, I provide an introduction to the study and identify the gap in literature and the need for the study. Chapter 1 includes the background, problem statement, purpose of the study, research questions, conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of this study.

Background

The background for this study comes from research focusing on accelerated nursing programs and blended learning. In this section, I introduce literature that touches on these two areas, which are examined more thoroughly in Chapter 2. Accelerated BSN programs allow schools of nursing to graduate more baccalaureate-prepared nurses over a shorter period than the traditional approach, influencing variables associated with student retention, such as financial status, transportation, and familial support (Lott et al., 2018). Researchers have found a positive direct relationship between self-esteem and academic performance with the use of accelerated baccalaureate programs (El-Banna, Tebbenhoff, Whitlow, & Wyche, 2017). If blended learning can improve student retention and possibly self-esteem, then a combination of accelerated programs with a blended learning design holds promise for program completion.

Students applying to accelerated BSN programs already have a bachelor's degree in a non-nursing-based subject area and, therefore, tend to be older, more self-directed, motivated, and have high academic expectations (Christoffersen, 2017). While accelerated BSN students may possess these traits that can positively affect performance and completion of the programs, such students are a unique population when compared to traditional students. Accelerated BSN students have higher levels of stress; are more likely influenced by life experiences; are actively balancing family and school; and struggle with various environmental factors, such as financial issues (El-Banna, Tebbenhoff, et al., 2017). Despite doubts regarding their age from friends or family members, these students tend to pursue a nursing career later in life because it offers a brighter future, and they have developed positive attitudes towards the challenge but noted the need for support, especially those with non-health-related backgrounds (Yang, Lee, & Chen, 2018). The learning needs of accelerated BSN students are unique because they have many traits and qualities that can result in being successful in these programs. Offering flexibility, as with blended learning, to these motivated adult learners experienced in balancing many factors is necessary; yet, there is not substantial evidence concerning accelerated nursing programs and the use of blended learning informing the perspective of this design.

Blended learning uses traditional face-to-face learning in conjunction with synchronous or asynchronous e-learning (Graham, 2013) and has had mixed results as an effective course delivery mechanism. While some researchers of undergraduate nursing students found no significant difference in academic performance in a blended learning

approach (Li, Tsai, Tao, & Lorentz, 2014; McCutcheon, Lohan, Traynor, & Martin, 2015; Yen, Lo, Lee, & Enriquez, 2018), other research indicated that students had a positive perception of their learning experience, suggesting they more thoroughly understood the content (Liou, Yu, Tsai, & Cheng, 2015; Liu et al., 2016).

Many courses within nursing curriculum are complex and so dense in material that students have difficulty retaining content or applying learned material with clinical judgment and critical thinking (Alfaro-Lefevre, 2017; El-Banna, Whitlow, & McNelis, 2017). Some research has shown that the use of blended learning in nursing curriculum improves knowledge retention, satisfaction, and performance (McCutcheon, O'Halloran, & Lohan, 2018; Plemmons et al., 2018; Shorey, Siew, & Ang, 2018). Researchers have found that students reported high levels of satisfaction and self-reported learning, improved preparation, and a greater understanding of subject matter and nursing skills, such as starting intravenous catheters, when blended learning was used in medical/surgical, pharmacology, psychology, and genitourinary courses in nursing curriculum (Hanson, 2016; Harrington, Bosch, Schoofs, Beel-Bates, & Anderson, 2015; Holman & Hanson, 2016; Mikkelsen, 2015; Terry, Terry, Moloney, & Bowtell, 2018). Even research regarding course-specific competencies, such as communication, has revealed improved performance and student satisfaction with the use of a blended learning pedagogy (Shorey, Kowitlawakul, et al., 2018; Shorey, Siew, et al., 2018). However, researchers have not looked at a nursing program cumulatively.

The use of blended learning among traditional nursing students has been evaluated with specific variables of their learning. Academic performance, satisfaction

with course delivery, communication skills, clinical self-efficacy, and motivation have revealed how traditional nursing students (i.e., those in a 4-year program) have benefited or not with the use of a blended learning environment (Jang & Hong, 2016; Li et al., 2014; McCutcheon et al., 2018; Plemmons et al., 2018; Shorey, Siew, et al., 2018). While the findings reveal valuable insights into blended learning, the research does not address how it applies to accelerated nursing students or faculty teaching this specific population.

Faculty teaching accelerated BSN populations have identified specific factors that contribute to program efficacy. For example, faculty have reported making adjustments to curriculum design because accelerated BSN students differ from their traditional counterparts (Read & Laschinger, 2017). Research focusing on best teaching practices has revealed accelerated BSN program administrators require organized faculty who recognize their students' diversity with mutual respect and set performance standards that are rigorous (Brandt, Boellaard, & Zorn, 2015a; Brandt, Boellaard, & Zorn, 2015b; Christoffersen, 2017). Therefore, there is evidence that effective faculty make instructional adjustments teaching within an accelerated program (Christoffersen, 2017; Read & Laschinger, 2017).

While learning management systems (LMSs) can impact faculty use of technology overall, faculty have not readily accepted blended learning, which is a technology-dependent instructional strategy, in traditional nursing programs (Li, Singh, & Bunk, 2018). Some research has provided evidence that blended learning in undergraduate nursing programs is comparable to or improves upon face-to-face teaching (Broussard & Wilson, 2018). Faculty members have reported that the use of blended

learning approaches allow for a more student-centered approach to teaching (O'Flaherty & Phillips, 2015). Furthermore, faculty members who have taught students in both didactic and clinical settings demonstrate higher levels of technology use because of the advancements in technology in the healthcare setting (Roney, Westrick, Acri, Aronson, & Rebeschi, 2017).

Even though current research indicates the value of accelerated and blended programs (Lott et al., 2018; Shorey, Siew, et al., 2018), there is no substantial body of evidence that specifically addresses accelerated BSN programs utilizing blended learning as a format for education in these evolving and expanding programs from either the student or faculty perspective. There is a lack of information concerning accelerated BSN programs utilizing blended learning as a pedagogical approach. The need for nurses has continued to grow as the nursing population ages, and there are schools of nursing offering accelerated programs to meet the needs of the communities that utilize blended learning with no knowledge base or concrete research addressing the perceptions of students or faculty members involved.

Problem Statement

Historically, there have not been enough alternative instructional pathways to meet the needs of nursing students working towards baccalaureate nursing degrees to keep up with the growing nursing shortage nationally in a timely manner (Wise et al., 2016). The problem is nursing programs have been using blended learning approaches to educate nursing students (McCutcheon et al., 2018; Shorey, Kowitlawakul, et al., 2018; Shorey, Siew, et al., 2018; Swart, 2017; Terry et al., 2018), but it is unclear how

accelerated BSN students benefit from this learning design. Currently, nursing programs around the United States have created and instituted various learning innovations, such as accelerated BSN programs, making some headway in providing more qualified nurses (Schwartz, Sharts-Hopko, & Bhattacharya, 2015). The accelerated BSN programs train and educate students from diverse backgrounds who hold previous bachelor degrees in a variety of nonnursing subjects; however, despite the increasing number of accelerated programs nationwide, a shortage has persisted, in part due to the time it takes to complete a training program (Whitcomb, 2015).

Nursing schools have continued to experience a problem with the lack of enough alternative instructional methods that meet the needs of accelerated nursing students to complete baccalaureate nursing degrees in time to keep up with the demand. These students are nontraditional, mature adults (i.e., 70% are between the ages of 26-35 years old), returning to school to pursue a new career (Schwartz et al., 2015). Unlike traditional students, accelerated BSN students are more motivated to learn and bring valuable life experiences into the programs (Lindley et al., 2017). There is evidence that accelerated learning meets the needs of adult learners (El-Banna, Whitlow, et al., 2017; Kaddoura, Van Dyke, & Yang, 2017; Ramjan et al., 2018).

Researchers examining accelerated BSN programs with nursing students have addressed a wide variety of considerations, such as achievement, attrition rates, and academic success (El-Banna, Whitlow, et al., 2017; Lindley et al., 2017; Lott et al., 2018) but have not addressed the student or faculty member perspectives of learning design, such as blended learning. While researchers have documented that blended learning has

proven to be effective with undergraduate traditional nursing students (Dehghanzadeh & Jafaraghaee, 2018; Plemmons et al., 2018; Shorey, Siew, et al., 2018), there is no extant research concerning accelerated BSN students and faculty, indicating a gap in knowledge.

Purpose of the Study

The purpose of this qualitative case study was to explore how faculty and students described their perceptions of an accelerated BSN program utilizing a blended learning format. The blended learning environment is a course designed with both face-to-face and synchronous or asynchronous e-learning aspects (Graham, 2013). I used a case study design to develop a better understanding of the social phenomenon amongst students and faculty through an exploratory perspective (see Yin, 2009). The case study design was the most suitable to provide rich descriptions of the perspectives of students enrolled in an accelerated BSN program and faculty teaching in an accelerated program utilizing blended learning because little is known about their experiences as evidenced by the gap in the current literature.

Research Questions

RQ1: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?

RQ2: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?

Conceptual Framework for the Study

The conceptual base for this study was Knowles's (1984) theory of adult learning, also referred to as andragogy. Because Knowles's theory addresses the unique learning needs and strengths of adult learners, it is appropriate to use for higher education research, particularly research related to the nontraditional student who was the focus of this study.

The concept of adult learning theory was introduced in the 1920s (Thorndike, Bregman, Tilton, & Woodyard, 1928) and continued to be refined through the end of the 20th century through the work of Knowles (1968, 1970, 1975, 1978, 1984). The five assumptions of Knowles's (1984) adult learning theory address the characteristics of adults and differentiates them from the traditional child learner or pedagogical approach. The first assumption was self-concept, which focuses on how adults move away from being dependent and become self-directed in their own learning. Knowles's second assumption was that maturity allows for a growth of experiences that become a resource for learning. The third assumption was that an adult is ready to learn in relation to the developmental shift in his or her social roles; the more practical the content, the more relevant to the learner. The fourth assumption of orientation to learning was the shift of learning the subject matter to problem-solving so that what students learn they readily applied in a real-world setting. Knowles's final assumption was that the adult learner is self-motivated to learn and, therefore, more likely to learn somewhat independently.

Blended learning aligns with Knowles's (1984) principles because of the focus on relevant and practical applications of what is being learned by learners who are self-

directed and motivated. Blended learning allows the learner, to a degree, to take control of their learning and make decisions about their learning, as advocated by Knowles. Knowles suggested the following ways to facilitate learning with adults: involve students in evaluation of instruction; create learning experiences that relate to what students already know; include immediate relevance within the curriculum; and make sure content is problem centered, not content oriented. Blended learning can help satisfy these requirements by providing students with an element of control over time, place, and/or pace of learning the material as well as by integrating the learning experience with what they need to know for a successful career.

Knowles (1984) did not only explain how adults can learn best but also how faculty can utilize strategies to support adult learners. For nursing faculty teaching in a blended course, the adult learning theory can be used to inform the establishment of learner engagement and motivation so that both classroom-based and online components of learning are relevant, related, and meaningful. In this study, the conceptual framework of the adult learning theory provided a lens through which I explored the perceptions of adult learners as nursing students and faculty members teaching them.

Nature of the Study

In this study, I employed a qualitative, exploratory, case study design to explore how students and faculty described their perceptions of blended course design within an accelerated learning course of study that had no clear boundary and the unit of analysis being one accelerated BSN program (see Yin, 2009). Exploring the phenomenon of blended learning and the perceptions of accelerated baccalaureate nursing students and

faculty members helped provide context to reveal and better understand the delivery method used because it was not clearly evident. In this study, the blended course design was a delivery method used in an accelerated program, but how and why the delivery method supports learning was unclear and complex. The bounded context of this qualitative approach was accelerated BSN students and the faculty who taught them in a program with a compressed timeframe using a blended course design. Data were gathered from individual interviews with a representative group of students enrolled in the accelerated BSN program and from faculty who taught in the same accelerated BSN program. Once collected, I analyzed the data based on the theoretical propositions of the study design through pattern matching logic.

Definitions

Accelerated, second-degree baccalaureate program: Academic programs designed for students who have already obtained a baccalaureate degree or higher in a nonnursing subject matter with a duration of 12 to 18 months for degree completion (El-Banna, Tebbenhoff, et al., 2017).

Blended learning: The integration of classroom and online instruction (Graham, 2013).

Clinical sites: A facility that employs registered nurses and accepts and accommodates nursing education programs to have unlicensed students in their facilities (NLN, 2018).

Flipped classroom: An instructional strategy that moves direct instruction to the individual outside of the classroom and provides the classroom space for dynamic

interactive learning where the educator guides students through concepts (Abeysekera & Dawson, 2015).

Nontraditional student: Any student over the age of 24 years old who has family and work responsibilities that can interfere with the completion of enrolled academic programs (Chung, Turnbull, & Chur-Hansen, 2017)

Traditional student: Any student under the age of 24 years old enrolled in postsecondary education immediately after high school and who attends full time (Chung et al., 2017).

Assumptions

Based on the inclusion criteria for this study, I sought student participants that had a background in a nonnursing area and had experienced the same or similar course progression of an accelerated baccalaureate program at the time in which they were involved in the interview process, assuming that their previous experience was true. I also checked with faculty member participants that they had taught or were currently teaching the specified student population with blended learning, assuming that their current or prior experiences were true based on their voluntary participation in the study. Additionally, I assumed that participants who willingly agreed to be involved in this study would provide truthful, complete information and had a sincere interest in participating in the research study.

Scope and Delimitations

The scope of this study was to explore the perceptions of students and faculty enrolled or teaching within an accelerated BSN program utilizing blended learning. The

study focused on one university system in the northwest United States with an accelerated baccalaureate program utilizing blended learning. I sought to address the lack of alternative instructional pathways to meet the needs of nursing students working towards baccalaureate nursing degrees in a timely manner to keep up with the growing, national nursing shortage. Specifically, the use of blended learning was an alternative instructional method for educating adult learners in accelerated BSN programs.

The needs of adult students enrolled in an accelerated BSN program utilizing blended learning were addressed by the conceptual framework of Knowles's (1984) adult learning theory because they are adult learners enrolled in these programs. The transferability of the results of this study are difficult to measure because it is a qualitative study; however, the results can be as a basis for future research involving this population.

Limitations

There were several limitations to this research study. The first was the small population of participants that fell into the identified category limited to accelerated BSN nursing students in a program utilizing blended learning and faculty actively teaching in an accelerated BSN program utilizing blended learning. As a result, the findings may not be representative of all students or faculty involved in an accelerated BSN program using blended learning.

There is a possibility that I exhibited bias in my actions during the study as a result of my personal experience teaching traditional nursing students with blended learning. To help avoid this, I worked to reduce bias by sharing work with mentors and

advisors in addition to practicing active reflection to help remain objective and neutral in the data collection process (see Yin, 2009).

Significance

The results of this study can provide insight for curriculum designers and nursing programs to develop alternative instructional pathways that may improve the academic performance of accelerated BSN students. Providing a deeper understanding of the perceptions of both students and faculty regarding blended learning within an accelerated, second-degree baccalaureate program may lead to more universities considering the implementation of this instructional delivery design. Properly educating baccalaureate-prepared, licensed nurses who go on to take care of those in their communities, nationally or from a world perspective, is essential to the well-being of society. If the nursing shortage continues to grow, the solution will require nurses to graduate and fill positions quickly and necessitate alternative instructional approaches, such as blended learning. The findings of this study add to the knowledge base of innovative instructional methods that can improve student learning in professional degrees that are challenging to complete.

Summary

The lack of alternative instructional pathways to meet the needs of nursing students working towards baccalaureate nursing degrees is a problem because the growing nursing shortage continues (Wise et al., 2016). Nursing programs have developed different learning innovations, such as accelerated nursing programs, to address the nursing shortage (Whitcomb, 2015), and blended learning has been utilized as

advances in technology have developed (Plemmons et al., 2018). In this qualitative, exploratory study, I helped to fill the gap in knowledge by analyzing how students and faculty describe their perceptions of a blended learning format in an accelerated baccalaureate nursing program. The goal of this study was to provide insight for curriculum designers and nursing programs to develop alternative instructional pathways that can improve the academic performance of accelerated BSN students.

To set the foundation for this study, in Chapter 2 I present a literature review of student and faculty member views of accelerated BSN programs and blended learning in nursing education. This chapter includes a description of the literature search strategy, an overview of the conceptual framework, and a detailed review of the literature related to the research questions.

Chapter 2: Literature Review

Introduction

The increasing need for qualified, baccalaureate-prepared nurses has challenged nursing schools to create programs that accelerate degree completion. The problem is that universities have struggled to meet the workforce demands for baccalaureate-prepared nurses, and to do so, they have sought alternative ways to prepare students to be competent nurses and pass the national council licensure exam in nursing (Millette, Stickler, & Wange, 2015; Nurse Journal, 2018; Lott, Davis, Montgomery, Burns, & Baker, 2018). Second-degree accelerated programs have attempted to fill the need, but there has been little evidence regarding which instructional delivery strategy, such as blended course design, meets the needs of this unique population of students. The impact of blended course design has been studied amongst undergraduate nursing students (Dehghanzadeh & Jafaraghaee, 2018), but accelerated BSN programs have been studied primarily within face-to-face environments, and very little research has been conducted to examine this population with a blended approach, which many programs have adopted as a delivery method (Christoffersen, 2017). There is little understanding about how students and faculty members respond to a blended format in an accelerated BSN degree program. Therefore, the purpose of this qualitative case study was to explore faculty and student perceptions of an accelerated BSN program utilizing a blended learning format. Accelerated BSN students are nontraditional students who are mature adults, returning to school to pursue a new career, and unlike traditional students, are more motivated to learn (Christoffersen, 2017).

The chapter begins with an introduction followed by a description of the literature search strategy used to locate the current literature and a discussion of the conceptual framework of Knowles's (1984) adult learning theory and its application to nursing. In the literature review, I also explore blended learning in nursing education from the views of faculty members, undergraduate BSN students, and graduate nursing students. Additionally, I explore the views of accelerated BSN program faculty as well as the views of students in accelerated BSN programs, accelerated masters of science in nursing (MSN) or doctorate of nursing practice (DNP) programs, and students who have graduated from an accelerated program and are now working.

Literature Search Strategy

For this literature review, I searched a wide variety of databases accessible through the Walden University Library, including CINAHL and MEDLINE combined searches, Ovid Nursing Journals, ProQuest Health and Medical Collection, Education Source, SAGE Journals, ScienceDirect, Dissertations and Theses at Walden University, and Google Scholar, and peer-reviewed websites. Current research on accelerated nursing programs, accelerated baccalaureate nursing programs, accelerated nursing graduate nursing programs, blended learning and nursing education, faculty perceptions to blended nursing education, flipped nursing classrooms, hybrid nursing education, active learning in nursing programs, and technology use in nursing education was found and reviewed. Considerable research exists documenting the use of blended learning with undergraduate nursing students in a wide variety of courses and nursing skills, but little research exists

on accelerated nursing programs that utilize a blended learning format or on faculty perspectives of educating within this structure.

The keyword search terms used were: *nursing, nursing students, nursing education, blended learning, accelerated nursing programs, accelerated BSN program, second degree, second-degree baccalaureate nurse, undergraduate, flipped classroom, hybrid classroom, active teaching, online teaching, faculty, nursing faculty, teaching strategies,* and *perception*.

The search process started with a specific focus on *accelerated nursing programs* and *blended learning in nursing education*; however, searching with these terms resulted in limited current or seminal research. Separating the two concepts and identifying research that involved students or faculty in either blended learning nursing education environments or within an accelerated program provided more literature related to the topic. It became evident early on in the process that there was not a large volume of extant literature that addressed accelerated bachelor nursing programs, most likely because this model is a recent trend. As a result, the search process, which I began with a very narrow focus on the topic, needed to be broader as more information became available involving either one of the identified and researched topics. Through the iterative process, multiple authors names presented themselves in varying literature until I achieved saturation and the same information re-presented itself within the repetitious searching through the various search engines and databases.

Conceptual Framework

In this study, Knowles's (1984) theory of adult learning was the basis for exploring student and faculty perceptions of the use of the blended course design because this theory addresses the unique learning needs and strengths of adult learners. Adult learning theory, specifically andragogy, focuses on adults and how they learn best with an outline of five assumptions and four principles (Knowles, 1984). In the following subsections, I detail the background of the theory, the major constructs, and the use of the theory in nursing research.

Origin of Adult Learning Theory

How adult learners learn varies greatly from that of children or young adults entering the postsecondary setting, which is what sets Knowles's (1984) theory of adult learners apart from the others. Adult learning theory can be traced to the 1920s, with two different approaches considered: scientific and artistic (Usman, 2015). In 1928, Thorndike et al. published a book from a scientific approach titled, *Adult Learning*, with a specific focus on the learning ability of adults rather than the process of learning that adults use. Two years before that, Lindeman (1926) published *The Meaning of Adult Education*, which focused more directly on the artistic approach and detailed specifics on how adults seek new information and knowledge through intuition and analyzing experiences. By the start of World War II in 1939, educators who focused on teaching adults had scientific evidence that adults' interests and abilities were different from those of children and they could learn differently from children (Knowles, Holton, & Swanson, 2011).

The research and approach to understanding the concept of the adult learner grew exponentially as philosophers and academics provided their views and observations of adults in the process of learning, bringing forth the terminology of andragogy (Knowles et al., 2011). For more than 5 decades there was an effort to conceptualize the theory surrounding what an adult learner meant, and in the 1960s, the term andragogy was provided to organize the concept of adult learning (Knowles et al., 2011). From its Greek roots, andragogy means the art and science of helping adults learn contrary to the frequently used term, pedagogy, which focuses on children as the learner (Knowles, 1970).

Overview of Knowles's Theory

Knowles's (1984) theory is based on five assumptions that separate adult learners from child learners. The first assumption was the adult learner's self-concept as an individual who has matured, resulting in their self-concept moving from dependency on others towards self-direction of their actions. Knowles's second assumption was that as the adult learner acquires life experience and maturity, they build upon those experiences that become a resource for learning. Third was the assumption of readiness to learn, indicating that as adults grow and age, their desire to learn comes from the tasks they need to develop for their social roles. Knowles's fourth assumption was that as adults age, their perspective of time changes from the possible future application of learning to one of immediate application in what they are learning. In this way, learning shifts from being content centered to problem focused. Lastly, the fifth assumption addressed

motivation to learn and stipulated that as adults age, their desire to learn is more self-directed.

From these assumptions, Knowles (1984) constructed four principles designed to guide learning experiences:

1. Instructors need to include adults in planning instruction; therefore, instructors should provide students with options to make choices and decisions about how they learn, how they can provide evidence of their learning, and how learning is relevant to their practice.
2. The experiences adults have, even the mistakes, provide a basis for learning. Providing opportunities for reflection upon performance, offering applied and interactive learning activities, and sharing knowledge are ways instructors can integrate experience into a course.
3. Adults are interested in learning topics that have immediate relevance and impact on their jobs and life. When instructors include subject matter that directly influences students' daily decisions, they provide a lasting impression on adult learners that can then be used outside of the classroom.
4. Adult learning is problem centered. The use of real-life, problem centered concepts, such as disease process case studies, can provide a basis by which students relate and see the applicability of what is being learned to their professional work.

Core to andragogy is the concept of self-directed learning, which involves the learner being responsible for the decisions that they make and letting go of the idea of

required dependency frequently seen in education (Knowles et al., 2011). The application of self-directed learning promotes learner-centered teaching because the student can then work at their own pace in a defined period (Berkstresser, 2016), directly aligning with Knowles's (1984) principles of andragogy. Providing adults with the autonomy to be self-directed in their learning fosters independence and an increased desire to learn (Knowles et al., 2011).

Applications of Knowles's Theory to Nursing

Previous researchers have used adult learning theory to examine undergraduate and graduate nursing students, focusing on asynchronous learning for the post clinical conference (Berkstresser, 2016), integration of a decisional matrix for preceptorship experiences for registered nurses pursuing a bachelor's degree (Leigh, Whitted, & Hamilton, 2015), and the instruction of undergraduate nursing students about core research methods (O'Neal, McClellan, & Jarosinski, 2016). The findings of these studies indicated that the use of the blended course design with online learning tools and cooperative learning meets the needs of the adult learner through the five assumptions outlined by Knowles (1984). Application of this framework with adult learners can be seen in a wide variety of settings, most notably in the undergraduate nursing baccalaureate population and graduate nursing population.

Practitioners can observe Knowles's (1984) adult learning theory, and instructors can replicate real-life settings with manikins or patient actors with nursing simulation education, providing nurses the opportunity to practice nursing skills and knowledge attained through their experiences (Rutherford-Hemming, 2012). This approach to

learning highlights all five assumptions that Knowles set forth regarding the adult learner and aligns with the nursing process taught that outlines patient-centered care with assessment, diagnosis, planning, implementation, and evaluation (Keshk, Qalawa, & Ibrahim, 2018). As an alternative instructional pathway, blended learning is important and benefits from prior studies evaluating Knowles's (1984) adult learning theory within nursing because the findings of those studies helped to set a foundation for its relevance in nursing with mature adult students.

Literature Review Related to Key Concepts

The literature review process was based on the research questions and conducted to provide a background on the use of blended learning within accelerated nursing programs because these programs continue to grow across the nation. The concept of second-degree, accelerated BSN programs is fairly new despite documentation of the first programs being offered in the United States in the 1970s (Cantlay et al., 2017), and the congruent use of the pedagogical adaptation of blended learning challenges the literature to provide studies that address both concepts. I found no substantial body of literature that thoroughly addresses both concepts together; rather, literature exists and provides background on accelerated nursing programs using traditional learning approaches and blended learning with a focus on nursing-specific course categories or skills students learn. As a result, I organized the literature review into sections on accelerated nursing programs and blended learning in nursing education with subsections separating faculty and student studies.

Accelerated Nursing Programs

In this section, I present current literature about accelerated nursing programs, which have been in use for around 40 years in the United States (Schwartz & Gambescia, 2017). I provide an overview of faculty involved in accelerated nursing programs, accelerated baccalaureate nursing students, accelerated graduate nursing students pursuing advanced degrees, and graduates of accelerated programs after completion of the programs.

Faculty. Teaching second degree accelerated baccalaureate nursing students presents its challenges for faculty members because of the unique characteristics of the learner and the compressed time both of which challenges course delivery. In a qualitative descriptive study Christoffersen (2017) interviewed 16 faculty members who taught face-to-face accelerated BSN students across the United States to explore the best practices of faculty instruction. Christoffersen found that this cohort of students had many unique qualities such as being older, highly motivated, more diverse, and more self-directed. Faculty reported that this population of students needed organization, needed to be heard, wanted respect as a peer, and preferred to be immersed early in the nursing role. Similarly, in a qualitative study, Brandt et al. (2015b) explored what advice faculty who were currently teaching in an accelerated program had for newer faculty with no experience teaching in an accelerated BSN program. They identified three major areas of advice including planning and preparation, being student-centered, and upholding curricular standards. Findings from both qualitative studies identified that accelerated

students are a unique group of students whose learning should be adjusted and accounted for in curriculum design.

Some research has indicated that the compressed timeframe of accelerated BSN programs provides difficulty in ensuring effective teaching of critical lessons necessary for nursing students. In a mixed-methods study, DeSimone (2019) evaluated eight faculty perceptions of 29 accelerated BSN students on their degree of moral courage 4 weeks after their program started and at the end of their program 12 months later. The embedded values evaluated of moral courage described by faculty as: honesty, respectfulness, responsibility, fairness, and compassion. Results of the study found that values of moral courage can be strengthened among students when embedded and taught but DeSimone indicates a direct correlation cannot be made. Thus, exposing nursing students to lessons on important topics improves their knowledge but it is unclear if students attained the knowledge through the classroom or clinical experiences with real-life situations.

Faculty perspectives are core to comprehending the instructional strategies used with students enrolled in an accelerated baccalaureate program. In a descriptive qualitative study, Brandt et al. (2015a) sought to find out what 129 faculty from 25 programs perceived about the student population and their preferred teaching approaches. Their results were like Christoffersen's (2017) finding that students had higher levels of maturity, more life experiences, and more useful learning behaviors. Faculty members preferred teaching approaches that integrated lecture, discussion, small group activities, and case studies. Thus, the maturity of older students is a factor to consider because being

an independent learner allows them to be more prepared for the self-driven approach of blended learning.

Accelerated BSN students. Learning strategies and academic support are an integral part of education and have the potential to help students succeed in programs or courses that are challenging to complete. In a quantitative study El-Banna, Tebbenhoff, et al. (2017) examined the relationship of 82 accelerated second degree BSN students in four different cohorts with the variables of self-esteem, motivation, learning strategies, demographic characteristics, and academic achievement using questionnaires. Researchers determined that students use different motivation styles and learning strategies and older students, have good self-esteem, and are more intrinsically motivated with a focus on learning and mastering content rather than focusing specifically on good grades or rewards on performance. In a descriptive qualitative study, Ramjan et al. (2018) explored student experiences of nursing curriculum with established academic learning supports that were optional and not mandatory. Researchers found that because older students are more independently motivated, they are more likely to seek support independently because of their previous educational and life experiences. Thus, older students are more likely to manage the stressors of an accelerated program design and succeed in the demanding and fast-paced course design because of their learning strategies.

Critical thinking is an integral part of nursing and can directly affect patient outcomes necessitating the need for schools to promote the growth of this skill among their students (Cui, Li, Geng, Zhang, & Jin, 2018). In a descriptive correlation design

study, Kaddoura, Van Dyke, and Yang (2017) investigated whether critical thinking skills of students were a predictor of successfully passing the national council licensure exam (NCLEX) on the first attempt with accelerated 110 BSN students. Results indicated that there was a statistically significant relationship between the critical thinking exam and first-time NCLEX pass rates among accelerated BSN students. In a meta-analysis study, Oliver et al. (2018) assessed 184 accelerated BSN students' use of NCLEX practice questions to enhance their critical thinking and pass rates, increasing their practice questions per semester. Researchers found that NCLEX pass rates increased substantially, from 76.7% to 86.2%, with a small alteration in their learning via microsystem-based improvement. Thus, alternative pathways to nursing may have benefits other than a shortened term of learning.

As non-traditional nursing students enter accelerated BSN programs their professional development variables, like joining professional organizations or pursuing higher degrees in nursing, contribute to the pride they feel with their career pathway. Schwartz et al. (2015), examined students enrolled in both traditional and accelerated second-degree nursing programs using a quantitative cross-sectional design examining demographics, professional outcomes, and career satisfaction between the two groups. Results revealed significance in professional outcomes as traditional students had a higher anticipated (76% of students) goal of pursuing an advanced nursing degree compared to accelerated students (53% of students) and accelerated students held more professional nursing memberships than their counterparts. Tornwall, Tan, and Bowles (2018) in a quantitative study examined student pride and competence in an accelerated

BSN program. Surveys distributed to 107 colleges over 7 years, administered at the midpoint and end of the programs, collected data on student demographics, satisfaction with instructional methods, pride, and sense of competence. Findings revealed that students were satisfied, and their pride and competence increased from the midpoint to completion of their program. Thus, accelerated second-degree nursing programs may support students in their professional development.

Content dense material can provide an instructional challenge for faculty members to engage students while attempting to instill clinical knowledge (Nelson, 2017). El-Banna, Whitlow, et al. (2017) conducted a mixed-methods study with a crossover repeated measures design to explore how the use of a flipped classroom on accelerated BSN students affected their academic performance in a nursing pharmacology course. Students received face-to-face instruction and then half were changed to a flipped model at the middle point of the term. Researchers found that students in a flipped course scored higher on the first exam but found no significance on the second exam. While students performed better overall academically with the use of a flipped classroom on one exam they did not appreciate having this teaching approach introduced halfway into the course after they had already established study habits. Booth et al. (2017) looked at a similar instructional design through a qualitative interpretive descriptive study within a mental health hybrid course with simulations exploring learning content and knowledge transfer from students between simulation and a mental health clinical setting. Researchers found that using blended learning refined students understanding of professional nursing behaviors and improved their confidence skills

through simulation use before interacting with patients. Thus, different course designs, such as blended learning, may serve as a strategy to engage students in ways that challenge their habits and improve their academic performance.

Having a supportive atmosphere for nursing students has proven essential in their progression through demanding and complex programs but has not been studied much with students enrolled in accelerated nursing programs. In a quantitative study, Cantwell, Napierkowski, Gundersen, and Naqvi (2015) examined the effect of implementing the Nursing as an Additional Language and Culture (NALC) program with accelerated baccalaureate second-degree nursing students on attrition rates, specifically with minority students. The NALC program addressed attrition rates of accelerated students who struggled or lacked language proficiency, cultural differences financial problems, or insufficient family support. The researchers collected data from 98 participants over 3 years and the results indicated that attrition rates dropped and students who were more academically prone to withdrawing stayed with the inclusion of the NALC program. Lott et al. (2018) investigated what variables affected students enrolled in accelerated bachelor degrees of nursing programs through a descriptive cross-sectional quantitative study from collected questionnaires administrated to 89 students enrolled in two different historically black colleges and universities. Results indicated that environmental variables were the most influential with transportation being the number one factor to their success in their programs. Supporting students academically to succeed is important but their overall success is much more personal and involves their lives that speak to their ability to complete an accelerated nursing program.

Factors related to success in an accelerated program encompasses every aspect of an adult students' life because they balance work, life, and school requirements. Yang et al. (2018), in a qualitative study, explored the perceptions of accelerated BSN students in their first year of schooling. Through focus groups and interviews, data were collected from 25 students over 1 year. The researchers found that adult students had to adjust their study habits for the nursing curriculum, experienced financial burden of being unable to work while enrolled in the program simultaneously, and independently sought support when they needed it. Adults returning to school to pursue an accelerated BSN degree have established habits and coping skills that help them succeed in challenging programs and may require supportive guidance because they will make their own decisions independently.

Nursing schools that allow for and develop ways to expand the capacity of nursing students must find innovative ways in which to accomplish this task and address the looming nursing shortage. Lindley et al. (2017), using quantitative methodology, examined what the demographic and academic outcomes were of a program that offered both traditional and accelerated online programs. Outcome variables and demographic characteristics were collected from existing data, about 737 traditional and 327 accelerated online students, over 3 years. Results demonstrated that students in the online program were older, varied more in ethnicity, and academically did not do as well as students in the on-campus program. The online program had an 8% fail rate compared to 1.6% and graduated 89.3% of their students compared to 95% with the on-campus cohort. Hoffart, McCoy, Lewallen, and Thorpe (2018) in their quantitative study examining

gender differences of 3,502 accelerated BSN students found that men who enrolled were older on average and were less worried about financial concerns while being a student. Accelerated programs had higher female enrollment and men enrolled were more likely to be influenced by economic considerations and were able to obtain jobs sooner than females. Similarly, in a descriptive cross-sectional quantitative comparison study, Read and Laschinger (2017), looked to explore the intrapersonal resources and transition experience of nurses from accelerated and traditional programs. Researchers collected and evaluated self-reported questionnaires from 230 nurses from an accelerated BSN program and 768 nurses from a traditional program, all of whom had worked more than 3 years in the nursing. Results found no real significant difference between the two groups regarding intrapersonal resources and their transition experiences from school to the workforce. Regardless of past life experiences all nurses graduating from any type of program need support to ensure performance and success in accelerated BSN programs and with transitioning into the nursing workforce.

Accelerated graduate program students. Students enrolled in accelerated nursing programs bring a wide variety of background experiences and maturity that must be accounted for in the development of pedagogical approaches they learn best from. McKenna, Copnell, Butler, and Lau (2018) studied the learning style preferences of students in an accelerated masters of nursing program through a quantitative study. Seventy participants enrolled in an Australian metropolitan university completed questionnaires for two study instruments used. Researchers found that students had higher preferences for practical, kinesthetic learning styles and least preferred

reading/writing experience and aural learning styles. Thus, students enrolled in accelerated nursing programs preferred learning material in a direct and hands-on nature. Suggesting that accelerated students benefit from hands-on learning and direct practical information which may be challenging to achieve in a blended context.

Providing accelerated program opportunities that award advanced nursing degrees either at the master's or doctoral levels have grown and necessitate an understanding of whether or not they ensure students are ready for practice (Quellet, MacIntosh, Gibson, & Jefferson, 2008). Cantlay et al. (2017) wanted to establish a master of nursing student's perceptions of their readiness for clinical practice when educated through an accelerated nursing program. Through a mixed-method design the researchers collected data from 49 Melbourne university students through surveys that offered both closed and open-ended questions regarding how they felt they were being prepared in an accelerated advanced nursing degree program. Results of the data identified that students felt that they were adequately prepared for nursing practice. This study however did not address the curriculum design of the accelerated masters of nursing program and only identified what students perceived if they were adequately trained and educated for clinical practice. While students enrolled within an accelerated nursing degree program that offered advanced nursing degrees reported being prepared for clinical practice, it is unclear what principles informed the curriculum design.

Graduates of accelerated programs. All nursing students experience the transition from the role of the student to professional practice as a nurse but is not clearly understood for students enrolled in an accelerated nursing program. For example, Brandt,

Boellaard, and Wilberding (2017) conducted a descriptive qualitative study looking to explore accelerated program nursing graduates' transition to professional practice with the education they had received. The authors interviewed seven nurses who had graduated from a midwestern university 12 to 15 months before data collection. The themes that emerged from the data collected through interviews with the new nurses focused on their perceived preparation for taking the national licensure exam, the experience within orientation, when they finally completed orientation, and practicing on their own. Students noted that because the program was so condensed and short that they felt prepared for the licensure exam and the intensity of the accelerated program helped prepare them for the fast-paced environment of working as a nurse. Also, results of the interviews demonstrated that students from an accelerated program felt just as fearful and scared as their traditional counterparts but the experience that the students had in the workforce helped them to foster communities among the experienced floor nurses providing them with experienced peers to whom they could ask questions of to safely provide care. Thus, accelerated programs accentuate skills acquired by students with previous degrees and help to aid in their success once graduated and practicing independently in the nursing workforce.

As the number of accelerated nursing programs has grown in the United States (Christoffersen, 2017), it is unclear whether this type of program is sufficient to adequately train students with previous non nursing degrees so quickly. In a hermeneutical phenomenological study, Hennessy (2018) explored the lived experiences of 12 nurses who had graduated from an accelerated second-degree BSN program within

the prior 2 to 7 years, of whom were from five different accelerated programs and who lives in seven different communities in the southwest United States. All participants in this study completed interviews for 90-120 minutes and data included both verbal, nonverbal cues, and behaviors. Through a paradigm case the researcher found that the nurses who had graduated were all drawn to nursing to serve, utilized their prior work experiences before nursing within nursing, loved the career, and were likely to continue to pursue advanced degrees within nursing. The existence of this type of program drew in perspective students who offered more to the nursing profession, were committed and passionate about nursing as a second career suggesting a need for the continued development of these programs.

Blended Learning and Nursing Education

Researchers have studied the use of hybrid and flipped classrooms with other types of nontraditional students, such as registered nurses, seeking to obtain their bachelor's in nursing. Buxton, Buxton, and Jackson (2016) in a mixed-method case study examined student and faculty member perceptions of the use of a hybrid and flipped teaching approaches in an RN to BSN program. Participants included 14 nursing students and 15 full-time faculty who answered both qualitative and quantitative questions through surveys and open-ended questions comparing the experience of previous face-to-face teaching/learning with the hybrid and flipped approach. The findings of this study noted that 78.6% of the students who participated believed that they were more engaged in the learning process and the biggest advantage of this program design, from the students' perspectives, was the flexibility of time. Faculty noted increased satisfaction,

support provided and were highly likely to use the hybrid and flipped format again identifying that they felt it was the best of both worlds. The use of hybrid and flipped classrooms have identified benefits for both students and faculty members alike, specifically with the non-traditional student population of RN to BSN students.

Faculty. With the increasing amount of accelerated BSN programs and different adaptations of pedagogical approaches to learning with students the degree of technology acceptance amongst faculty teaching these students may be key to the effective application of blended learning through technology use. Tacy, Northam, and Wieck (2016), through a quantitative hierarchical regression, explored how the stress of using technology (technostress) affected technology use, job satisfaction, and intent to remain teaching among nurse educators. Through purposive sampling, 1,017 nurse educators agreed to participate from across the southeastern United States. Faculty were educators of all types of programs (including associate, baccalaureate, and graduate) and provided data through an online questionnaire via a secure web server. Results found that technostress was inversely related to all model variables. Technology use and job satisfaction both demonstrated lower levels of technostress and higher levels of usefulness, intent, and attitudes while intent to stay in the profession was only predicted by high levels of usefulness, ease of use, and job satisfaction. In this case decreasing stressful mediators in daily educational activities for nurse educators improved the acceptance of technology use in their work.

As some accelerated BSN programs utilize and incorporate technology-based applications into the curriculum, some research has focused on the faculty member's

demonstrated competence with the use of this approach to nursing knowledge. In a descriptive quantitative study, Roney et al. (2017) evaluated the degree to which faculty who were actively teaching undergraduate nursing students utilized technology within their classrooms. With an electronic survey, researchers collected data from 272 nursing faculty currently teaching undergraduate nursing students across the united states. Results found that faulty who primarily taught didactic material reported using technology a moderate amount of time in contrast with faculty who taught both didactic material and clinical/laboratory with students who reported that they had high levels of technology integrated in their course. Thus, the more hands-on or real-life skills taught by faculty the greater the use of technology utilized with the students to disseminate the information.

Faculty perceptions may play a key role in the implementation and coordination of nursing courses from a traditional, online, or blended approach. In a qualitative study Broussard and Wilson (2018) examined the attitudes of 58 nursing faculty who were actively teaching undergraduate or graduate nursing students through face-to-face, hybrid, or online-only courses at three different institutions in the same geographical region using self-reported surveys. Their findings indicated that 71% of the faculty member respondents believed that a blended/hybrid approach offered the same outcomes as a course designed for face-to-face teaching and learning. Similarly, Long, Cummins, and Waugh (2017), in a qualitative case study, explored the perceptions of instructors utilizing a flipped classroom through interviews with eight instructors. Data indicated that instructors felt students liked the flipped classroom as it provided freedom and independence to learn. They also reported that the use of the flipped classroom allowed

for more in-class time with the students, helping to develop higher-order thinking and provided more support for challenging concepts, which emerged during the longer class time the instructors had with the students. Thus, blended learning at varying levels of education is supportive for the learner and helps facilitate more in-depth teaching in the classroom for faculty because the design is more student-centered.

Teaching in a program that uses blended learning has its challenges but the transition from traditional to blended provides different issues that are important to address. In a qualitative study, Sweeney et al. (2016) conducted focus groups and semi-structured interviews with eight faculty members tasked with converting their traditional nursing program into one that incorporated a blended learning approach over the course of one year. Researchers found that six of the participants had never taught or designed any e-learning course and reported significant reluctance to move forward with the project. Despite the initial struggle with the transition regarding staff and student readiness, participants, in the end, reported benefits that they had not anticipated, including better engagement with students in a large classroom, which was more effective with the blended design than traditional face-to-face approach. To make a transition like this, there needs to be supportive measures in place to help faculty with the conversion to a blended learning approach.

BSN students. Blended learning design has met the needs of nursing students within the literature for a variety of subjects that are challenging to effectively teach even in a traditional setting. Shorey, Kowitlawakul, et al. (2018) examined the effectiveness of a blended learning pedagogy related to a redesigned communication module through a

quasi-experimental study with 124 first-year undergraduate nursing students over 4 months. Using a redesigned communication module that offered both online and face-to-face communication for the course, researchers used a single group pretest and posttest to evaluate the use of the communication blended pedagogy design with satisfaction amongst students. Results indicated better satisfaction levels with the incorporated blended learning pedagogy for learning communication skills, improved satisfaction with attitudes in learning communication skills, self-efficacies with their communication skills, and statistically significant increases in scores from pretest to posttest. Thus, blended learning pedagogy improved student understanding of complex material and overall learning satisfaction.

Not only is communication an important skill to master for nurses but equally important is the ability to practice person-centered care because they complement each other. In an exploratory mixed methods study, Saunders, Green, and Cross (2017) examined student, tutors, and clinical faculty perspectives on an integrated teaching intervention (flipped and simulated learning), on the concept of person-centered care, satisfaction, and preparation for clinical placement. Results from 153 first-year nursing students indicated that students found the flipped education model to be beneficial in delivery of the person-centered content, format, and overall delivery enhancing their satisfaction. Data collected from tutors and clinical faculty was positive noting that the unit seemed to translate well into practice with students improving their ability to communicate and empathize with patients in a variety of clinical settings. Thus, the flipped learning approach improved student satisfaction and preparation for patient-

centered care but the small number of participants with interviews adds more questions to the validity of these results.

Ensuring the academic success of students enrolled in nursing programs is essential for students educated with alternative instructional methods. Through a quasi-experimental study, Missildine, Fountain, Summers, and Gosselin (2013) wanted to determine the effects of a flipped classroom on 589 BSN nursing student's satisfaction and academic success overall with the content. Data collected via questionnaires and examination scores over three semesters was analyzed through priori analysis. Results found that students performed better on exams but noted that they were less satisfied with the flipped classroom method over the traditional lecture approach. In this case the flipped classroom model resulted in improved exam performance but lower student satisfaction of the course delivery method. It is unclear if these results were affected by the fact that students were taught via the traditional method and then switched to the flipped causing a needed adjustment to what they had already been exposed to and prepared for.

Applications of blended learning in nursing programs are not just reserved for complex concepts but apply to all variations in the nursing curriculum. In a mixed-methods study, Li et al. (2014) investigated if the blended learning model would provide better academic results for students enrolled in an undergraduate traditional BSN program courses that were either heavy in concepts, history events, and terminologies or that focused on application of the nursing process. Researchers collected and evaluated academic performance and interview data from 268 students, 131 of whom took courses

in the traditional approach, and 137 who were in the blended courses. Results indicated that students performed better academically in the blended course with content that was dense in concrete concepts compared to those enrolled in the traditional course. Thus, a curriculum that is content dense with challenging concepts provides better outcomes for students when taught in a blended environment compared to material about nursing processes, where a faculty member might be able to guide with the material in a face-to-face design.

Blended learning design provides a variety of variables to consider with students because it is a continually evolving process within learning management systems (O'Flaherty & Phillips, 2015). Jang and Hong (2016) examined and analyzed satisfaction and critical thinking levels in a quasi-experimental study involving 79 second-year nursing students with 39 students in the control group and 40 in the experimental group. Students enrolled in either a blended design or traditional face-to-face classroom course studied the genitourinary system for 3 weeks. They conducted a pre posttest study design in addition to questionnaires to evaluate learning satisfaction and critical thinking. The findings established that students in the experimental group had statistically significantly higher scores for critical thinking and found no statistical significance for learning satisfaction with blended learning. The mixed-methods study done by Swart (2017) supports these findings where critical thinking and student engagement were examined in traditional BSN nursing students in their 2nd year of schooling with a technology-enhanced approach to learning. Data collected from 43 nursing students through a Likert scale skills test, online discussion postings, and open-ended survey questions reveal that

the use of both in-class and online technology over the course of an entire term enhanced students critical thinking skills. Thus, blended learning can improve critical thinking skills, but the time spent utilizing this learning strategy is important to consider for learning satisfaction in students who are traditionally familiar with lecture-style format. Clinical skills can be challenging to retain concerning process and practical application necessitating the need to evaluate the best approach to educate nursing students. In a quasi-experimental study of 102 first-year nursing students in Queensland Australia, researchers Terry et al. (2018) evaluated students' clinical competence in the use of intravenous (IV) pumps with medication administration. Students were separated into three groups: group one was taught about the IV pumps online; group two through face-to-face teaching on campus; and group three was taught both online and through face-to-face teaching. Students then completed tests on their skills after 26 weeks of no application to assess their retention of the knowledge and skillset associated with the use of IV pumps. The results of the study found no statistical difference in students' clinical competence with IV pumps between groups one and two but identified that group three had the highest assessment score. In the context of mastering a physical skill with the associated knowledge base, the application of a blended approach utilizing online, and face-to-face instruction provides students with better retention and improved performance but does not consider theoretical or concept only based nursing education.

Application of a blended learning approach to coursework that is theory-based also has the potential to be effective in providing students necessary content information. Harrington et al. (2015) conducted a quantitative study, at a public university in the

Midwest over 4 months, with an experimental design randomizing a convenience sample of 82 first-year nursing students in a medical-surgical theory course. Students randomly placed in either a traditional face-to-face course or a blended course learned with the selected approach and took the same quizzes, exams, and tests at the same time of day. The researchers found no statistical difference in the teaching pedagogies implemented because students from both groups performed the same and the blended classroom was equally as effective in disseminating the necessary knowledge for student learning. The blended learning design did not result in any advantage to the learner with a theory-based nursing curriculum. Thus, both pedagogical approaches to this type of course provide students with the necessary knowledge to demonstrate competence but do not take consideration of courses that may be more content dense or skills oriented.

Instructional designers and faculty member's understanding of the implementation process of a blended learning design is important, given the growing trend of online learning in nursing (McCutcheon et al., 2015). In a qualitative study, McNally, Azzopardi, Hatcher, O'Reilly, and Keedle (2019), explored the perspectives and expectations of undergraduate nursing students using blended learning. Researchers collected data from 30 students through focus groups and interviews. Thematic analysis found that students favored blended learning, especially those for whom English was their second language Similarly, Ota, Peck, and Porter (2018), in a quantitative study, explored the attitudes of 109 undergraduate nursing students on the use of blended learning. Results indicated students struggled with technical aspects and workload expectations of blended learning but students with traits of autonomy and flexibility

adapted and performed well. Thus, blended learning may be beneficial for those independent, self-directed learners who need more time with the course material. Blended learning incorporates a pedagogical approach that uses a mixture of face-to-face instruction and online work but the use of only an online approach may produce different outcomes. A mixed-methods study done in Northern Ireland by McCutcheon et al. (2018) evaluated the effectiveness of blended learning versus online learning with 122 undergraduate nursing students in their final year of school utilizing a posttest randomized control trial and open-ended questioning of students regarding clinical supervision. Results from this study indicate that the use of a blended learning approach to education demonstrated higher scores that were statistically significant when comparing motivation, attitudes, knowledge, and satisfaction. Thus, clinical supervisee skills training in conjunction with the use of a blended learning approach demonstrated improved outcomes compared to an online-only approach but it is unclear if similar strategies would work for nursing students in the initial years of education.

Theoretical concepts, such as the use and implementation of communication-based ideas, can be challenging for nursing students to fully understand and grasp with dense material covered in coursework. Shorey, Siew, et al. (2018), through a descriptive qualitative study, examined the experiences of 74 first-year undergraduate nursing students enrolled in a redesigned blended learning communication module taken in their first semester of schooling. The program historically delivered via face-to-face lectures weekly and was altered to combine an online component, integrated with various virtual technologies to cover course content and with face-to-face interactions. Analysis of

reflections submitted by the students revealed six themes: helpful and engaging classroom experience, valuable online activities, meaningful assessment, appreciation for interprofessional education, personal enrichment, and overall feedback and recommendations. The use of online resources was key to providing students with the knowledge and in helping them grasp theoretical concepts related to communication with the incorporation of face-to-face interactions with facilitators. Thus, blended pedagogy-based design helped undergraduate nursing students to understand the theoretical concepts of communication and complemented their experiences with the tutorials and when in person.

Blended learning can help maximize learning effectiveness in both formal and informal training situations (Noh & Kim, 2019) such as with lifesaving nursing skills. In a quasi-experimental study, Park, Woo, and Yoo (2016) evaluated the effectiveness of a blended e-learning program teaching cardiopulmonary resuscitation (CPR) and defibrillation with student self-efficacy, problem-solving, and psychomotor skills. An analysis of pre- and posttest scores of 79 undergraduate nursing students revealed that students had improved problem solving, self-efficacy, and psychomotor skills related to CPR and defibrillator use. Similarly, Moon and Hyun (2019), in a randomized control study, looked at the use of blended learning with CPR education. The researchers analyzed pre- and posttest scores of 120 undergraduate nursing student's performance using paired *t*-test analysis focusing on students' knowledge, attitudes, behavior, and self-efficacy. The intervention group with 60 students received CPR education with blended learning using videos and face to face education. The control group with 60 students

received traditional face-to-face education. Researchers found no significant difference in nursing students' behavior or self-efficacy but did reveal that students taught with blended learning had significantly higher scores in CPR knowledge and attitude. Variations in the reported results of the studies, such as self-efficacy, could be a result of differing aspects that each study evaluated but both conclude that the use of blended learning with hands-on skills works well in the undergraduate BSN population.

The development and growth of critical thinking skills is an essential function that nurses must develop to efficiently and effectively care for patients with a variety of requests and disease processes. Dehghanzadeh and Jafaraghaee (2018) evaluated the development of critical thinking skills through the effectiveness of a traditional lecture versus a flipped classroom in a quasi-experimental approach with 85 second-year nursing students in a medical-surgical course. Data were collected via questionnaires and Rickett's Critical Thinking Disposition Inventory. The results of the study demonstrated that students who were in the flipped classroom had significantly higher scores of critical thinking and engagement compared to those who were in the traditional lecture class. Thus, the use of a flipped-classroom approach provides students with the content and time to develop their critical thinking skills necessary for nursing curriculum and future careers.

Implementing a flipped classroom model for the first time requires many considerations to be successful. Holman and Hanson (2016) conducted a descriptive mixed-methods study that compared how a flipped classroom compared to a traditional lecture-based approach worked with undergraduate associate degree nursing students in

their first two semesters of their program. The researchers gathered data through exam scores, course evaluations, and interviews from 236 students taking a first-semester pharmacology course and a second-semester psychiatric nursing course. The results of this study indicated that students have better outcomes with the use of a flipped model despite the initial introduction of the model which students perceived as adding work to their nursing curriculum assignment load. Students favored a passive approach with a lecture-based model but reported that they felt they learned more, were more prepared, and were more engaged with the flipped model. Thus, how a flipped model is implemented may have implications on nursing students within the variable course content and has a positive impact on student outcomes.

The flipped learning approach in nursing education allows students to take an active role in their learning process and has shown to increase attention and engagement (El-Banna, Whitlow, et al., 2017). In a randomized control trial, Kim, Kim, Cho, and Jang (2017), evaluated the effectiveness of a flipped learning model with 62 undergraduate nursing students on their clinical confidence, motivation, and satisfaction. Researchers provided students with pre class, in-class, and post class activities as part of the flipped learning model and found an increase in student confidence and motivation when taught in this manner. Similarly, Kim, Yoon, Hong, and Min (2019) in a quasi-experimental study, examined the effectiveness of flipped learning in a patient safety course that involved 75 undergraduate nursing students looking specifically at attitude, skills and knowledge. Researchers administered pre- and posttest surveys to students and found a significant difference in increased patient safety skills and knowledge with

students taught with the flipped approach. Thus, the use of an innovative teaching approach may improve the undergraduate nursing student knowledge base, but it is unclear what effect this might have on accelerated BSN students.

Many nursing courses focus on theory-based concepts and not solely on clinical skills because critical thinking is a vital component of the nursing curriculum. In a qualitative study, Hanson (2016) sought to elicit the responses of second-year undergraduate nursing students on their perceptions of the use of a flipped classroom design for a pharmacology course. Fifty-one students enrolled in the pharmacology course that was changed to a flipped design completed open-ended questionnaires. Three primary post course themes emerged from student responses: increased understanding, wider and deeper thinking, and pause and replay. The results obtained from this study found that the nursing students had an increase in understanding of the dense content, contributed by the idea that students could pause and replay the material as many times as needed for their understanding and at their own pace. Additionally, by preparing before class, using interactive group activities, students noted that they had a better understanding of the material before class and this subsequently allowed for them to extend their knowledge of the lecture providing a wider and deeper linkage to concepts that were being reviewed in the pharmacology course. Thus, utilizing a flipped-classroom approach with coursework that is dense and difficult in theoretical concepts contributed to a positive student perspective of this teaching model.

Satisfaction and experience with nursing curriculum may be related to the teaching approach utilized to disseminate the information. Mikkelsen (2015) conducted a

qualitative study looking to explore the perceptions, behavior, and experiences of first-year undergraduate nursing students' in a flipped anatomy and physiology classroom. The 48 nursing students who participated in the study completed a survey about their experiences with the flipped classroom design after the course. The results of this study demonstrated that students who participated expressed a high degree of satisfaction with the course design and reported that they felt they acquire better knowledge of the course concepts because they were thoroughly prepared for the in class activities. Similarly, in a quasi-experimental study, Noh and Kim (2019) collected data from 91 nursing students using a pre- post-test non-synchronized intervention design to evaluate self-directed learning education that used blended learning in clinical practice. Noh and Kim found students taught with a blended learning approach to self-directed learning had significantly higher satisfaction than those who were not but found no difference in either group's clinical competency. The use of a flipped classroom improved student satisfaction and knowledge amongst undergraduate nursing students improving their overall education.

The professional development of self-efficacy and attitudes for nurses is an important factor to consider with course design because it has a direct effect on safety considerations in nursing. Plemmons et al. (2018), in a quasi-experimental designed study, compared undergraduate nursing student's development of clinical self-efficacy and attitudes towards teamwork with either a blended, dedicated education unit (DEU) or traditional teaching approach within the clinical setting. The authors found that the DEU and blended approach was better in promoting clinical self-efficacy than the traditional

approach but noted that there was not any more improved attitude toward team process amongst the nursing students with the DEU and blended models when compared to the traditional approach. Thus, the blended or DEU model demonstrated to be more effective with nursing students at promoting their self-efficacy but the smaller group sizes that utilizing these methods were half as small questioning if the results would be different in groups that had the same number of students.

Another pedagogical approach to teaching nursing students' complex topics is the process of gamification to disseminate important information. In an exploratory mixed methods study, Castro and Goncalves (2018), explored the reaction of ten undergraduate nursing students and five nursing faculty members using the process of gamification within their nursing informatics course to evaluate its effectiveness. Researchers collected data over 10 months through surveys and interviews based on the different learning management platforms used, such as Moodle. Researchers found that students and faculty alike had both positive and negative comments based on the design of the course. Negative comments primarily focused on technological implementation, whether the games had sufficient instruction for play or if they effectively worked without glitches. Positive comments were related to effective supplemental links within the games for self-reading to increase their knowledge base and effective dissemination of key informatic concepts. The use of gamification within this nursing course retained student attention and helped motivate them through a competitive approach but the small number of participants lacks a complete understanding of the implication that gamification through blended learning could have on a larger class of nursing students.

Graduate nursing students. Learners with work experience may have different needs and understanding about how blended learning supports their unique requirements can help to improve design or content, particularly for students who are already nurse practitioners. Sigaroudi, Ghiyasvandian, and Nasabadi (2016) explored doctoral nursing students' blended learning experience in a descriptive phenomenological qualitative study. Through interviews conducted with eight students, data saturation was achieved, and three primary themes emerged: failure, synergy, and specific interaction. The primary themes revealed what was learned from failure and indicated that proper implementation, delivery, and evaluation of a blended learning approach to teaching needs to be carefully considered to ensure that both students and faculty members understand what blended meaning means for them. The theme of synergy necessitated that the components of electronics and physical presence be aligned for high-quality learning to take place. Without an alignment of both electronics and physical presence within the classroom, a disjointed experience occurred, leading to negative experiences and poor learning quality. Specific interactions revealed that the course design should have occurred with the faculty. For example, the inability to directly ask questions to the faculty member regarding content was frustrating for students, indicating a requirement for alignment.

Similarly, in a mixed-methods study Vogt and Schaffner (2016) explored the perceptions of satisfaction and learning in an advanced pharmacology course with 46 master of nursing degree students enrolled in a family nurse practitioner program. Divided into groups, students completed assignments for the course over 3 weeks through a different technology-driven approach online of either: a blog, wiki group, or an audio-

video conference group. Researchers collected data through a case study assignment, course grades, surveys, and open-ended questions. Results revealed that students reported improved satisfaction with the course design and implementation but no significant difference in learning outcomes. These studies indicated that blended learning works when all components align appropriately to ensure proper implementation and dissemination of knowledge. It is unclear if findings are specific to students obtaining graduate degrees who may have needs different from other populations.

The blended approach with flipped classrooms is another approach that many programs utilize to help condense large quantities of information into short periods. In a mixed-methods study, Shatto, L'Ecuyer, and Quinn (2017) evaluated the effectiveness of a flipped classroom design in a medical-surgical course on knowledge retention with accelerated MSN students. The researchers compared Health Education Systems scores, a standardized test given to nursing students, on a control group taught face-to-face with 21 students and the flipped group of 26 students at 3 month and 12 month intervals to evaluate students short- and long-term retention of the information from the course. Results identified that students in the flipped classroom had no statistically significant improvement in the short-term retention compared to the face-to-face group but did perform better on the Health Education Systems standardized test demonstrating statistical significance at the twelve-month evaluation. Furthermore, surveys given to students at both the beginning and end of the semester showed a 39% increase in overall satisfaction of the flipped course design with 85% satisfied at the end of the course. For accelerated MSN students the use of a flipped design class improved both knowledge

retention and overall course satisfaction. The flipped classroom approach appeared to work well in the context of medical-surgical nursing knowledge in an accelerated program, but the advanced degree sought, and the type of accelerated program may be relevant when interpreting this data.

The nursing curriculum involves many complex topics that instructors expect students to learn, retain, and then implement when in clinical or career settings addressed through various pedagogical approaches to learning. In a qualitative case study, Tiffany and Hoglund (2016) explored 15 graduate nurse educator student's reactions to the use of a virtual reality assignment utilizing the educational platform of Second Life on inclusivity. Students assumed the role and background of different avatars created within Second Life, all of which designed as a marginalized person seen in day to day interactions in the real world, such as someone in a wheelchair or a struggling homeless veteran. Students then socialized within the educational platform with other real avatars in pre-designed coffee shops, dance clubs, and medical/health-related spaces, and wrote about their experiences in two separate assignments. Themes from student writing assignments included microaggression, recognizing bias and projective identity issues, and demonstrated higher-order thinking skills. This approach of blended learning allowed students to experience and demonstrate professional practices that are difficult to achieve in a classroom setting when not personally afflicted by something that marginalizes someone, enhancing understanding and the importance of inclusivity.

Summary and Conclusions

The research presented in this chapter provides valuable insight on blended learning use in the nursing curriculum from a variety of viewpoints summarizing published research about accelerated BSN programs and the nursing curriculum using blended learning course design.

Many studies evaluated the benefit of blended learning within traditional undergraduate nursing from multiple viewpoints of either subject, including pharmacology, psychology, medical/surgical, and the genitourinary systems (Hanson, 2016; Harrington et al., 2015; Holman & Hanson, 2016; Mikkelsen, 2015), or with complex variables such as critical thinking, academic success, communication, and satisfaction (Dehghanzadeh & Jafaraghaee, 2018; Jang & Hong, 2016; Missildine et al., 2013; Saunders et al., 2017). These studies noted benefits such as improved student performance, and knowledge retention when utilizing blended learning in the context of the nursing curriculum. Furthermore, literature addressing the increasingly prevalent and developing accelerated BSN programs provided information on their overall success with pass rates and attrition (Kaddoura et al., 2017; Lott et al., 2018; Yang et al., 2018). But there remains a lack of substantial literature addressing both blended learning with accelerated BSN students. Since accelerated BSN programs are growing in numbers (AACN, 2020) and using blended learning, there is a gap in the literature about how students and faculty perceive the use of blended learning in an expedited nursing program. This study aimed to lessen this gap and help nursing schools understand alternative instructional pathways.

The following chapter details the research design and rationale covering the research questions, central phenomenon, research tradition, and the rationale behind the chosen tradition. Next, I describe the role of the researcher, biases, and other ethical issues in the study. I then detail methodology, identifying the participant selection logic, instrumentation, recruitment of participation, data collection, and the data analysis plan. I then explain the issues of trustworthiness, ethical procedures, and the chapter ends with a summary.

Chapter 3: Research Method

Introduction

The purpose of this qualitative, exploratory case study was to explore faculty and student perceptions of an accelerated BSN program utilizing a blended learning format. The blended learning environment is a course designed with both aspects of face-to-face and synchronous or asynchronous e-learning (Graham, 2013). I used a case study design to develop a better understanding of the social phenomenon experienced by students and faculty to provide an exploratory perspective because little is known about this phenomenon (see Yin, 2009). The case study design was the most suitable to provide rich descriptions of the perspectives of students enrolled in an accelerated BSN program and faculty teaching in an accelerated program utilizing blended learning. There is a scarcity of current literature addressing this topic.

This chapter is organized in five sections to describe the methodology used in this study. In the first section, I restate the research questions, define the phenomenon of this study, identify the research tradition, and provide a rationale for the identified tradition. The second section includes an explanation of the role of the researcher, including a description of my role, any relationships that may be present, how I managed research bias, and how I addressed ethical issues. In the following methodology section, I identify the population and participant selection, including the instrumentation used for data collection to provide transparency for others to be able to replicate the study. The next section addresses issues of trustworthiness evaluating credibility, transferability,

dependability, confirmability, reliability, and ethical procedures. A summary concludes the chapter and contains a review of the main points.

Research Design and Rationale

Research Questions

I developed the qualitative research questions that guided this study to focus on two groups of participants able to provide a rich understanding of the use of blended learning within an accelerated BSN program. The questions were as follows:

RQ1: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?

RQ2: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?

Research Tradition and Rationale

The need for more alternative instructional pathways to educate nursing students and help facilitate their graduation with BSN degrees to keep up with the demand of society is essential (Wise et al., 2016). The aim of this study was to gain a deeper understanding of the perceptions of accelerated BSN students and faculty concerning the use of blended learning in the program. I used an exploratory case study to explore the blended course design in an accelerated learning course of study because the case has no clear boundary (see Yin, 2009). Exploring the phenomenon of blended learning and the perceptions held by accelerated baccalaureate nursing students and faculty members through a variety of data sources helped provide context to reveal and better understand the delivery method used.

I chose a qualitative tradition because it provided a strategy for exploring a topic without predetermined outcomes, allowing me to form a rounded, all-inclusive understanding of the phenomenon; in this case, how student and faculty members describe their perceptions of blended learning use in an accelerated BSN program (see Patton, 2015). I gathered rich data from qualitative student and faculty interviews. This approach also allowed for the collection of data concerning different factors, such as motivations, values, feelings, and behaviors to provide a deeper understanding of the perceptions held by students and faculty (see Seers, 2012).

Qualitative research allows for flexible design unlike quantitative research, which relies on predefined categories and standardized measures (Patton, 2015). I wanted to explore the contemporary phenomenon in the real-life context of how accelerated BSN student and faculty described their perceptions of the use of blended learning in an accelerated nursing program (see Patton, 2015; Yin, 2009). A single case study approach was representative of this, and I used this design to capture the circumstances of a specific nursing program using a specific alternative instructional pathway (see Yin, 2009). The qualitative research tradition provides insight into aspects of life that would otherwise go unknown because understanding the outcomes from this tradition provides valuable insight (Britten, 2011).

In quantitative research, the researcher collects numeric data and quantifies it from a large number of responses to look for statistically significant relationships that are correlational (Maxwell, 2010). The quantitative approach provides a general overview of the subject but cannot relay the underlying processes occurring (Yilmaz, 2013).

Quantitative research focuses on structural aspects, while qualitative research approach more on processual aspects (Bryman, 2017). While collecting data from many participants can provide findings that could be generalizable to other populations, in this study I focused on a small group of people to deeply explore the range of perceptions with blended learning, which allowed me to look for patterns (see Yin, 2009). The qualitative case study approach was the most appropriate for this study because the topic and origin of the research questions did not lend itself to variables associated with quantitative data collection, like characteristics of students or degrees of behavior.

Role of the Researcher

My role as the researcher in this study was to gather information and facilitate the data collection process. Given the bounded context of a case study approach (Yin, 2009), I also functioned as an observer. The study took place in a university setting that had both an active accelerated BSN program and used blended learning. Given that I taught at the university in the study 5 years prior to data collection, none of the students who volunteered to participate in the program knew me. I knew some of the faculty who volunteered to provide their perceptions for the study. In that context, I only had professional relationships as an instructor in the undergraduate program acute care series, had no familiarity with the accelerated program, and was never in any form of supervisory position over any of the potential participants. While I never taught accelerated BSN students, I have taught traditional BSN students utilizing a blended learning approach. As a researcher, I did not communicate these specific details of my background to participants.

The experience I brought as a seasoned bedside nurse, readily adapting to technology with various systems, and having taught within the university system were all areas that posed a potential for bias, and as such, I acted to mitigate any influence that could have distorted the results of this study (see Polit & Beck, 2014). Transparency and self-reflection regarding any preconceptions and relationship dynamics through data collection is of utmost concern for all researchers (Galdas, 2017). I planned to approach this study with an open mind by listening carefully and making reflexive notes of all interactions and information gathered. Because I was employed with the school of nursing at the university, I had historical knowledge of policies, procedures, and curriculum as well as collegial relationships with administrators and faculty. Given this, I took specific actions to ensure that this did not influence the research through reflexive journaling. The nursing program was associated with a large hospital system, inclusive of various health science schools, and at the time of the study I was employed as a bedside nurse by the hospital.

To avoid any researcher bias, I used specific mitigation strategies. First, I did not collect any data from my current place of employment within the system; instead, I collected data from another institution within the system offering accelerated BSN programs with blended learning. Therefore, it was less likely I would know the study participants. Other strategies used to avoid bias included keeping a reflexive journal of what was happening in the moment; member checking; acknowledging my own reactions and interpretations; and working to thoroughly understand others' reactions, interpretations, and judgments (see Roulston & Shelton, 2015).

Methodology

I used a qualitative case study approach as the methodology for this study. This section includes descriptions of the selected population, instrumentation, procedures for recruitment, data collection, and data analysis plan for the study.

Participant Selection Logic

The population selected for this study were faculty teaching and nursing students enrolled in an accelerated BSN program within a university that was using blended learning as an alternative instructional pathway for the curriculum. I chose this population because of their bounded context in a setting with rigorous admission standards and curriculum design. I used purposive sampling for this qualitative study to select participants based on their admission to a specific program using blended learning as the pedagogical approach to provide information-rich data (see Yin, 2014). According to Patton (2015), use of this approach allowed me to collect rich data.

The inclusion criteria for student participants were: already having a previous bachelor's degree in a nonnursing subject, current enrollment in an accelerated BSN program that uses blended learning for curriculum design, and voluntary participation in the study. Faculty participants were selected based on the following criteria: currently teaching accelerated BSN students with blended learning or having recently taught accelerated BSN students with blended learning in the last 6 months.

The number of participants in this study were seven students and six faculty members. These numbers were based on the recommendations of Morse (1994) who suggested that the idea of saturation would need at least six participants and Creswell

(1998) who recommended five to 25 participants. In similar studies, Brandt et al. (2017) interviewed seven accelerated, second-degree BSN students to explore their transitions to the workforce, while Sweeney et al. (2016) conducted two focus groups with eight faculty to explore their perceptions of the transition to a blended learning teaching approach. Despite these studies and recommendations, I determined the number of participants by the degree of saturation achieved through the data collection process. I kept participants' identities confidential and coded to maintain their anonymity; their identities were not shared with the university's administration.

I determined the relationship between the sample size and attainment of saturation based on the data collected from the participants. Saturation was attained when the data collected and analyzed demonstrated the same outcomes repeatedly, making further collection and analysis unnecessary (see Saunders et al., 2018). The sample size for both participant populations was manageable and provided a starting point for the collection of rich and meaningful information with depth that helped me to determine the level of saturation and whether I needed more data.

Instrumentation

For this study, I used individual interviews with two different groups of participants as data sources. Sources of data included interviews with accelerated BSN students and faculty who had current or recent experience teaching this population with blended learning. This approach to data collection was insightful and targeted, focusing directly on the case study (see Yin, 2014).

To gain a deeper understanding of student and faculty perspectives regarding the use of blended learning, I conducted interviews as guided conversations rather than structured inquiries, allowing for a fluid conversation between myself and the participants (see Yin, 2014). I developed an interview protocol (see Appendices A and B) informed by Knowles's (1984) adult learning theory for both faculty and students. The correlation between the research questions, data sources, and relation to Knowles's (1984) adult learning theory and data are detailed in Table 1.

Table 1

Research Questions, Data Sources, Relation to Knowles Adult Learning Theory, and Information

Research question	Data sources	Relation to Knowles	Data focus
RQ1. How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?	Faculty interviews	Adult learner experience Readiness to learn Motivation to learn	Interviews: Perceptions and descriptions
RQ2. How do students describe their perceptions of learning with a blended learning format in an accelerated BS? program?	Student interviews	Adult learner experience Readiness to learn Motivation to learn	Interviews: Perceptions and descriptions

Procedures for Recruitment, Participation and Data Collection

Once I received the approval of the Institutional Review Boards (IRBs) from both Walden University and the university research site, I began recruiting participants for this study in preparation for data collection. The first step in my plan was to meet with the

associate dean of the campus to help me identify participants that met my inclusion criteria. Then I sought permission from administration to make an announcement and speak directly to students and faculty in a classroom for no more than 5 minutes, either pre- or postclass, to present background on the study, ask for volunteers, and provide my contact information. The third step was to reach out to students and faculty that met the study criteria via e-mail. In e-mails, I again explained the study and asked for volunteers to participate in interviews. Students and faculty were then able to decide if they wished to participate in the study and contact me to express their interest. I kept the names of students and faculty who contacted me and expressed interest in participating in the study confidential to protect their anonymity. I had them contact me directly through e-mail or phone to help keep their identities confidential.

Data Collection

I collected data through individual interviews of currently enrolled accelerated BSN students and nursing faculty for this study. I planned to interview each student and faculty participant for approximately 45 to 60 minutes asking questions from the interview protocol developed, see Appendix A and Appendix B. The interview protocols were used to help keep the conversation on track and ensured that I answered my research questions. I provided the option to participants to meet directly in person in a quiet secure location or through Skype or phone if distance or time were an issue for the participants. I then digitally recorded each interview separately with an electronic device, assigned a numerical ID to each participant to ensure anonymity, and then transcribed verbatim the entire interview, coded, and looked for themes in the data that both students

and faculty provided. I assigned pseudonyms for students and faculty who expressed interest in participating in my study based on their numerical order response of interest to prevent identification. I named students with the letter "S" and the number of when they responded, for example S1 was the first student to respond via e-mail, and S6 was the sixth student with expressed interest. I identified faculty similarly but with the letter "F" preceding the numerical order of interest. To ensure confidentiality I kept the recorded interviews and transcriptions of the interviews in a secure file on an encrypted password-protected external hard drive and did not store data on any publicly sourced system, such as an online storage platform. I stored this hard drive in a locked file cabinet when not in use.

Once I collected and transcribed the interviews, I provided participants with a synthesized summary of their interview through either e-mail, a hard copy, or the audio version for their review. I asked participants to review their summaries provided to confirm it accurately represented what they said and then I provided the opportunity for them to make changes. I instructed participants to contact me with changes they wanted to make to their summaries through e-mail, via Skype, or phone.

Data Analysis Plan

The analytic strategy that I used relies on theoretical propositions based on Knowles (1984) adult learning theory and the analytic technique I used is pattern-matching logic (see Yin, 2014). Data I analyzed included transcripts and notes from individual interviews from students and faculty. I used the data collected to answer the research questions regarding the described perceptions of students and faculty in the

accelerated BSN program that uses blended learning. In the following three sections I have outlined the data analysis plan with tables to indicate the precodes aligned with the research questions based on Knowles's (1984) adult learning theory.

Individual data analysis. I collected data from individual interviews recorded in the form of audio transcripts and notes. This data answered the research questions for each participant population about how they described their perceptions of the use of blended learning in their accelerated BSN program. I developed an interview protocol, one for students and another for faculty members (see Appendix A and B), based on Knowles' (1984) theory of adult learning and the assumptions and principles that he outlined.

I conducted semi-structured interviews with both students and faculty who agreed to interviews as participants. Once I completed the interviews and had an audio record of what they said, I then transcribed the interviews verbatim to paper. I used NVivo software to import the text into the data analysis program assisting with linking codes to the data I had collected. This approach helped me to analyze a large amount of data and I carefully reviewed all actions taken within the software and my own actions ensuring that I interpreted the information appropriately based on the data gathered.

I started this process of analysis from data collected via the interviews by linking a set of initial precodes I developed each for students and faculty (see Table 2 and 3) to each interview question. The development of the pre-codes was based on each associated question and based on literature (Saldaña, 2016) and with alignment to Knowles's (1984)

adult learning theory. Faculty interviews that I conducted focused on how they described their perceptions of blended learning in an accelerated BSN program (see Table 2).

Table 2

Faculty Research Question, Interview Questions, Connections to Adult Learning Theory, and Initial Precodes

Research Question 1 - Qualitative: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?				
Interview guiding questions	Further guiding questions	Connection to adult learning theory	Perception (attitude, belief, opinion)	Initial precodes
Tell me about your background in nursing education and why you are teaching in the accelerated BSN program.	How many years have you taught? Tell me about the course or courses you teach within?	Experience Self-concept	Belief Opinion	Experience with teaching nursing students
How would you define blended learning?	What do you think the benefit of blended learning is with accelerated BSN students?	Adult learner experience Orientation to learning	Belief Opinion	Experience with teaching nursing students, Blended learning
Tell me what the hardest aspect of blended learning is? Easiest aspect?	Do you think blended learning is helping you to achieve course goals?	Motivation to learn Readiness to learn	Belief Opinion	Blended learning, Takeaways
Tell me about your experience teaching classes with a blended learning approach	What would you change with blended learning as a teaching approach with this student population? What would you not change?	Readiness to learn Motivation to learn	Belief Attitude Opinion	Benefits Drawback Things to change
How do you describe your experience teaching with blended learning?	What has been most important for you to consider with this type of teaching?	Readiness to learn	Belief Attitude	Teaching approach impact
What is helpful about class time with this teaching approach?	What do you think students would say about this approach?	Self-concept Motivation to Learn	Belief Opinion	Teaching approach impact
What is helpful about the online aspect with blended learning?	Can you describe what the biggest benefit would be? Biggest drawback?	Adult learner experience	Belief Opinion	Teaching approach impact,

	Readiness to learn	Takeaways
Do you have anything else you would like to add before we end the discussion?		

I focused student interviews on how they described their perceptions (attitudes, beliefs, and opinions) as adult learners enrolled in an accelerated BSN program that utilized blended learning. Knowles's (1984) adult learning theory is the foundation that I framed questions after and the initial precodes that I developed for each interview question is reflects this approach (see Table 3).

Table 3

Student Research Question, Interview Questions, Connections to Adult Learning Theory, and Initial Precodes

Research Question 2 - Qualitative: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?				
Interview guiding questions	Further guiding questions	Connection to adult learning theory	Perception (attitude, belief, opinion)	Initial precodes
Tell me about your previous education experiences before nursing and why you decided to enroll in an accelerated BSN program.	What did you do before nursing school? How do you think your previous experience prepared you for this program?	Adult learner experience Self-concept	Belief Opinion	Life experience prior to nursing school
How would you define blended learning?	What do you think the benefit of blended learning is in the accelerated BSN program?	Adult learner experience Orientation to learning	Belief Opinion	Life experience prior to nursing school Blended learning
Tell me what the hardest part of blended learning is? Easiest part?	Do you think blended learning is helping you to achieve your learning goals?	Motivation to learn Readiness to learn	Belief Opinion	Blended learning Takeaways
Tell me about your experience learning nursing curriculum with a blended learning approach	What would you change with blended learning as a teaching approach in the accelerated program? What would you not change?	Readiness to learn Motivation to learn	Belief Attitude Opinion	Benefits Drawback Things to change
How would you describe your experience learning with blended learning?	How have you benefited, in your own opinion, from this style of teaching?	Readiness to learn	Belief Attitude	Blended learning impact
What is helpful about class time with blended learning?	What do you think faculty would say about this approach?	Self-concept Motivation to learn	Belief Opinion	Blended learning impact
What is helpful about the online aspect with blended learning?	Can you describe what the biggest benefit would be? Biggest drawback?	Motivation to learn Adult learner experience	Belief Opinion	Takeaways

Issues of Trustworthiness

Trustworthiness helped to establish and define the quality of study results (Ravitch & Carl, 2016). In this section, I detail how I achieved trustworthiness in each of the four different components required to establish quality: credibility, transferability, dependability, and confirmability. I ensured that my study presented accurate findings and analytic quality. I conclude this section with a discussion of the ethical procedures I used to protect study participants.

Credibility

To ensure credibility, or internal validity, I used both triangulation and member-checking. Triangulation allowed me to use data sources of evidence from interviews with students and interviews with faculty to develop a converging line of inquiry about blended learning (Yin, 2014). By supporting data collected through these sources of evidence I was able to avoid potential problems associated with construct validity.

The process of researcher self-reflection and the research relationship dealing with the interactions taken place through the interviews and data collection is known as reflexivity (Korstjens & Moser, 2018). Through this process, I ensured transparency by being self-aware of the role I played as a researcher with the collection of data and through the analysis process. Through recognition I reduced subtle biases that might have arose during the formation of relationships with participants, whenever possible (see Yin, 2014). I worked to reduce this through the reflexive process by examining my own preconceptions, values, and assumptions through note taking and being self aware of the need for objectivity (Berger, 2015).

I used member checking, both formally and informally, to help establish the validity of the study by ensuring that participants agreed with what they reported within the data. Member checking requires that participants check the accuracy of their accounts provided to help ensure the trustworthiness of the data provided (Candela, 2019). This helped participants to corroborate findings and evidence the research came to through a summary of the interactions (Yin, 2014). Throughout the interview I confirmed with the participant to ensure that I fully understand what she or he said. After each interview I provided the participant a summary of her or his responses to questions for review to ensure that I accurately captured their experiences, perspective, and realities (Harvey, 2015). I applied this approach holistically to ensure that I applied principles of credibility throughout the study, built directly into the interview, and not simply applied at the end only (Harvey, 2015).

Saturation occurs when no new information or ideas presents themselves through the data collection process (Saunders et al., 2018). A good indicator that I achieved data saturation is when I could discuss data collected in more generalized terms and I provide examples without thinking (Morse, 2015). I was only able to determine that saturation had occurred after the completion of all data collection and I had heard the same ideas repeated by participants.

Transferability

Yin (2014) noted that transferability, or external validity, of a case study, focuses on whether the results of a case study conducted are generalizable beyond the current one currently studied. Findings are valuable when results can be applicable to other similar

cases. To ensure transferability I provided a thick detailed description of my experience during the data collection process so that others could understand my process of research. I illustrated how I collected data and the setting it occurred in by using a thick description process to provide a fuller and richer understanding. By doing this readers can make their own determination on the transferability of this study to their own context (Houghton, Casey, Shaw, & Murphy, 2013).

I also clearly detailed my participant selection to increase transferability, allowing others to understand how I selected participants and their characteristics to determine if other groups share critical attributes that I applied to this group (see Wu, Thompson, Aroian, McQuaid, & Deatrick, 2016). I used a purposive sampling strategy to select nursing students already enrolled in an accelerated BSN program in which faculty members use blended learning in their curriculum, designed for degree completion in 12 to 18 months. I selected faculty members who were already teaching in an accelerated BSN program that used blended learning as a teaching approach or who had taught in one year prior to data collection. Because cohorts of students were typically small and as a result had fewer faculty teaching, resulting in a limited participant pool. I did not apply any additional criteria to faculty member selection, such as years of teaching blended courses or type of class teaching.

Dependability

Dependability is based on the idea that the context of a future study using the same methods and participants will produce similar results to this study (Shenton, 2004). Yin (2014) noted that the dependability of a study relates to how other researchers can

replicate the study based on the methods of case study design. I used triangulation to ensure that I addressed any weak aspects of data collection. The process of reviewing data from interviews with both students and faculty through triangulation supported dependability and helped to ensure accuracy and consistency.

I also used a code-recode procedure method during data analysis (Anney, 2014) see Tables 2 and 3, for precodes established for interviews of both students and faculty. This allowed me to code sections of data and after 1 week or 2, I recoded the data to evaluate the results and compare. Ensuring that both coding efforts were similar or the same helped to further validate the dependability of this study and helped me gain a deeper understanding of the patterns noted.

Confirmability

Confirmability addresses how other researchers confirm the results of the data from the study (see Anney, 2014). One strategy I used is reflexivity to address the events in the field, my own personal reflections, and how my background and perceptions affected the study results so that I did not produce data that originated from my imagination or inherent biases. Using reflexivity also helped to ensure the transparency of the data and increased the ability of other researchers to confirm the results (Korstjens & Moser, 2018).

I used triangulation of data between interviews to ensure the confirmability of the study (see Marshall & Rossman, 2016). This helped remove my personal bias and interpretations of information as data is cross-checked from various approaches (see Fusch, Fusch, & Ness, 2018). The process of data triangulation also ensured that the

interpretations were authentic with the deep quality of information processed (Ravitch & Carl, 2016).

Ethical Procedures

I followed the highest ethical standards set forth by the Walden University IRB to protect student and faculty participants that agreed to voluntarily participate in this study. I used special care and sensitivity with the human subjects that go beyond the research design (see Yin, 2014). I worked to ensure that no harm or deception came to students or faculty in the study and I protected their privacy and confidentiality (see Yin, 2014).

Institutional permissions. I obtained Walden University IRB permission, approval number: 10-24-19-0529936, as well as the study site university, as deemed necessary per their review board. To address ethical concerns related to the recruitment of participants I abided by IRB standards and followed guidelines in accordance with the National Institutes of Health (2018). I maintained participants confidentiality, for their safety and privacy, by removing all identifying information from documents and materials submitted to me for review. I also renamed participants with a pseudonym on material reviewed and provided to the study site or Walden.

Ethical concerns. The importance of carefully evaluating the ethical implications and concerns with the recruitment of participants, materials, and processes is imperative and foundational to the study (Borden, 2009). I worked to protect confidentiality, respected participants autonomy, understood my limits, responsibilities, and documented every step to address ethical concerns relevant to this study in my reflexive log and interview notes.

Through recruitment, I contacted participants through verifiable sources, which helped to ensure that they met the inclusion criteria of the study. I kept participant's identities private for the study including the names of potential participants that matched my criteria which were identified with the help and assistance of the study site's administration. It was essential that their participation was voluntary and not portrayed as coerced by a superior (Appelbaum, Lidz, & Klitzman, 2009). I distributed and collected a signed or electronically signed (in a replied message) informed consent from each participant that followed Walden University's IRB procedures.

Concerns related to the process of data collection included a participant's refusal to take part in the study or withdraw. If a participant withdrew from the study I attempted to find more participants that met the study criteria. I took preventative steps to mitigate withdrawals by ensuring that there was clear and timely communication between myself and participants.

To explore the perceptions of faculty and students who were a part of an accelerated BSN program, complete and thorough interviews were integral to the data collection. Participant autonomy was ethically important because a participant's right to self-determination is critical to the research process for the researcher to understand perceptions and encourage them to ask questions back to the researcher (see Ursin, 2009), thus I did not force individuals to provide data. I worked to ensure that participants were well informed about the research process and clearly understood the background and rationale of the study.

Treatment of data. Data collected remained anonymous and confidential. I recorded interviews with student and faculty participants with a digital recording device and then transcribed the interviews verbatim for analysis. I kept the recorded interviews on a password-protected external hard drive accessible only to me and I did not save data on any public cloud storage system. I kept the transcribed interviews in word processing files saved via pseudonyms for each participant on the password-protected external hard drive.

As required by Walden University's IRB policy, I will keep all study data for a period of 5 years. After this period, I will destroy all research data in an appropriate manner to maintain the confidentiality and privacy of the voluntary participants. No one other than myself had access to the recordings for this study. I worked to ensure that I maintained the ethical standards of this study with open communication and transparency regarding all aspects of the processes taken. If at any time anyone had requested the names of the participants, such as by the university where the study took place, I would have referenced the consent signed by myself and each participant, to confirm the ethical rationale to maintain their anonymity.

Summary

In this chapter, I presented the exploratory case study methodology that I used to explore how accelerated BSN nursing students and faculty teaching described their perceptions of the use of blended learning in an accelerated BSN program. The research questions for this study focused on an alternative instructional pathway that is an educational innovation in nursing education and because of this I chose a qualitative

approach to explore and seek how to understand this a blended learning approach. I collected data through interviews with students and faculty to look for patterns and found converging lines of inquiry forming triangulation of the data regarding blended learning in the accelerated program. In the following chapter, I present the setting, demographics, data collection, data analysis, evidence of trustworthiness, and results of this study.

Chapter 4: Results

Introduction

The purpose of this qualitative, exploratory case study was to explore a blended learning format in an accelerated bachelor's degree in nursing program. The following two research questions guided the study:

RQ1: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?

RQ2: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?

I used a case study design to explore faculty perceptions regarding teaching and student perceptions regarding learning to gain insight into this innovative learning approach given the compressed context of the accelerated program. In this chapter, I discuss the setting, demographics, data collection, data analysis, evidence of trustworthiness, and results and conclude with a summary.

Setting

The setting for this study was one, public, academic university located on the west coast of the United States. I was familiar with this university system because I had previous experience teaching undergraduate, traditional nursing students there 5 years prior to conducting this study but had never taught accelerated nursing students or with the blended approach. Because this institution may be identifiable by a thorough description, I have omitted some details to preserve the anonymity of the study site. This institution offered two types of undergraduate nursing degree programs. Both were

pathways for students to complete a BSN. The difference between the pathways was the timeframe for degree completion with either a traditional undergraduate bachelor approach or an accelerated timeframe that took only 15 months.

This program annually accepted 64 nursing students: 32 for the traditional undergraduate program and 32 for the accelerated bachelor's program. At the time of this study, there were 31 students enrolled in the accelerated nursing program. The study site offered 27 faculty contacts with current or recent experience teaching in the nursing program, and from this list, I was unable to determine how many faculty members only taught traditional, accelerated, or in both nursing programs. The program design for the accelerated BSN pathway involved both online and on-campus courses, skills lab time, in-person and virtual clinical rotations, and simulations with high-fidelity mannequins.

Demographics

The participants for this study included seven students currently enrolled in the accelerated BSN program that used blended learning and six faculty members with current or recent experience teaching in the accelerated BSN program using blended learning. The student participants consisted of five females and two males with self-reported prior degrees, including five in science-based fields and two with degrees in fine arts (see Table 4). Of the six faculty members who participated in the study, there were four females and two males; four held master's degree and two had doctoral degrees (see Table 5). Their years of teaching experience ranged from less than 5 years to over 20 years cumulative with students and nursing professionals. I omitted specific details to protect the confidentiality of participants.

Table 4

Student Participant Demographics

Pseudonym	Gender	Previous Reported Degree	Prior Degree Year of Graduation
S1	Female	Bachelor's	2016
S3	Female	Master's	2014
S4	Male	Bachelor's	1997
S5	Female	Bachelor's	2014
S6	Male	Bachelor's	2010
S7	Female	Bachelor's	2017
S10	Female	Bachelor's	2013

Table 5

Faculty Participant Demographics

Pseudonym	Gender	Degree	Years Teaching
F1	Male	Master's	5-10
F2	Female	Master's	11-15
F5	Female	Doctorate	>20
F6	Female	Master's	5-10
F7	Male	Master's	<5
F8	Female	Doctorate	5-10

Data Collection

After receiving conditional study approval from Walden IRB in October 2019, I received an institutional authorization agreement letter from the study site IRB that allowed me to receive official Walden IRB approval. I began recruitment for the study in January of 2020 after a short recruitment delay due to the timeframe of the program terms start and end dates. Data were collected through participant interviews based on the two different participant groups.

Data collection took place over 5 weeks, and I scheduled interviews either over the phone or face-to-face through online video based on participant preference. I conducted 10 interviews via phone and three interviews face-to-face via video conferencing software. Each interview took less than 35 minutes, with the average being around 25 minutes.

I recorded data with a stand-alone, hand-held recording device with its own internal storage memory that was compatible with clearly capturing the interviews over the phone or through the computer. I was transparent with participants as to when I was starting to record the interviews and when I stopped. Using a stand-alone recording device provided an additional layer of security because it did not require me to upload the recorded interviews to a computer or storage device.

There was only one variation in the recruitment process with a flyer that I had planned to utilize. I did not use the IRB-approved flyer for recruitment because I found that the e-mail invitation and in-person informational announcement proved to be enough to achieve data saturation amongst each participant group. The only other unusual circumstance encountered in the data collection process was that a technology mishap occurred during one interview that caused problems trying to meet in a video conferencing setup, so the interview was subsequently switched to a phone call me and the participant agreed on this change.

Data Analysis

The bounded context of this qualitative case study allowed for an in-depth look at faculty and student perceptions regarding blended learning in an accelerated BSN

program and served to reveal the relationship within this phenomenon (see Yin, 2014). In this section, I detail the process of data analysis, including coding, forming themes, and identification of discrepant cases.

After conducting semistructured, recorded interviews supplemented with interview notes, I manually transcribed the interviews verbatim into a text document. After each interview, I reflexively journaled about the conversation, noting any personal feelings, assumptions, or highlights in a separate journal as a self-check for potential bias as I analyzed data. I then organized the data into codes, sorted the codes into categories until I observed saturation, and then themed the categories. I knew I had obtained data saturation as I analyzed the data because I was unable to find new codes and categories.

While reviewing transcripts, I coded in the margins to identify interesting, repetitive, or relevant information that answered the research questions. Descriptively coding the interview transcripts allowed me to summarize the topics participants shared while in vivo coding helped me to capture the behaviors and processes they expressed (see Saldaña, 2016). Next, I analyzed the data using precodes where applicable. I could not find direct application of all precodes, including life experience before nursing school, teaching approach impact, and takeaways.

Throughout the coding process, new codes emerged, such as flexibility, teaching to be lifelong learners, unstructured instruction, learning adjustment, time, and evaluation tools. I then returned to the previously coded transcripts and recoded them using the emergent codes. This approach was used for both groups and led to the creation of a running list of the descriptive and in vivo codes that were identified as each transcript

was analyzed. I kept this list in a Microsoft Word document for ease of review. After I completed reviewing all transcripts through the first and second coding cycle, I was able to copy and paste each code into similar groups. The groupings I created from rearranging the codes identified in the two coding cycles provided the basis for my categories.

I took the a priori and in vivo codes from the student transcripts and rearranged them into similar groupings. From 136 student codes, I created the following 12 categories for the students: control of self-learning, professional development, student-described course experiences, steep learning curve, technology support issues, faculty allocation, blended course planning, student-perceived faculty frustrations, student-perceived positive factors, face-to-face benefits, intercommunication, and cohort culture. I used these categories to form themes for the student perceptions of blended learning in an accelerated BSN program.

For example, I coded student experience responses of blended learning as time, taking it in my own hands, and setting learning pace. I categorized these codes as control of self-learning because it allowed students to determine what, when, where, and how they learn the content provided to them by faculty. I also coded the student experience with blended learning as blended learning is hard and brutal, less time to grasp the material, and challenging to adjust to. I categorized these codes as a steep learning curve given that students related their previous traditional education experience as being hard to adjust from. I then themed both categories as learning new ways.

I completed the same process for the faculty interviews and rearranged the codes into similar groupings. I initially developed 126 faculty codes that were used to create the following 11 categories for faculty: teaching benefits, essential skills, curriculum design, faculty-perceived challenges of students, acceptance of technology, blended in an accelerated program defined, faculty view of accelerated students, evaluative processes, curricular fluctuation, face-to-face teaching considerations, and clear organization. From these categories, I formed specific themes and described them.

Among all the interviews conducted between students and faculty there were no obvious discrepant cases noted. The experiences reported by each participant was unique in nature to their personal view, which provided a deeper and richer background of how they perceived the use of blended learning in an accelerated BSN program. The data collected that I did not use in the theming process were data that were already known, well established in the literature, and did not provide any new or insightful information to this study. For example, how students defined blended learning was already known, and those definitions reported did not provide any new meaningful insight into the study; therefore, I did not include it as part of results.

Evidence of Trustworthiness

To establish trustworthiness in this study, I applied several elements of research integrity to help establish and define the quality of the study as previously identified and outlined in Chapter 3 (see Ravitch & Carl, 2016). I addressed four different components to establish quality: credibility, transferability, dependability, and confirmability. By adhering to my outlined approaches for trustworthiness, I was able to ensure that the

study results indicated accurate findings and analytic quality. In the following subsections, I describe how the findings and quality of the study were established.

Credibility

To establish credibility, I used both member checking and the data obtained from two groups (i.e., the students and faculty) to corroborate findings. By using the data obtained from both students and faculty, I was able to develop a converging line of inquiry about blended learning (see Yin, 2014). I explored the data collected from the interviews collected from each participant group and connected this to my initial precodes that were in alignment with the study framework to develop emerging codes. The process of researcher self-reflection through reflexive journaling was undertaken after each interview to help ensure transparency by being self-aware of the role I played with the collection of the data. Journaling helped identify any bias because it allowed me to examine my assumptions, preconceptions, and values from what each participant said.

I used member checking both formally and informally as another way to ensure validity. During the interview process I made sure I clearly understood participant responses by asking for clarification when needed and sent participants interview summaries to review. This allowed participants the ability to check the accuracy of their accounts that I identified and helped to ensure the trustworthiness of the data (see Candela, 2019). This helped participants to corroborate findings and confirmed that I fully understood their experiences, perspectives, and realities (Harvey, 2015).

Transferability

Transferability focuses on whether the results of the case study are generalizable beyond this current study (see Yin, 2014). The accelerated BSN students and faculty in the study were selected through purposive sampling to explore the phenomenon of blended learning as their perceptions were not clearly evident given the bounded context of this exploratory case study. I provided a detailed description of the setting and my experience with data collection so others can understand my process and make their own determination on the transferability of this study to their context (see Houghton et al., 2013). As the case study was exploratory in nature, I wanted to explore the perceptions described by student and faculty experiences.

Dependability

Yin (2014) noted that the dependability of a study relates to how other researchers can replicate the study based on the methods of case study design. Dependability is based on the idea that the context of a future study using the same methods and participants will procedure similar results to this study (Shenton, 2004). I used data from interviews with both students and faculty to corroborate my findings and support dependability, helping to ensure accuracy and consistency.

I recorded each interview and manually coded the transcripts by hand and in the same manner for each participant to ensure that I maintained consistency in the data analysis process. I used first and second coding cycles during data analysis for the pre-codes and developed emerging codes as a need to code the data accurately (Saldaña, 2016). I coded each student and faculty interview in the same manner and approach to

help further validate the dependability of this study, which helped me gain a deeper understanding of the patterns noted.

Confirmability

To ensure that I remained objective with the study I used reflexivity to address events or feelings that came up in the field, in my reflections, and with how my background and perceptions may have affected the study results. I took notes and journaled after each interview to write down my thoughts, feelings, perceived highlights mentioned by the participant, and important considerations. This allowed me to reflect on data that I had just heard and helped me remain neutral.

Using reflexivity also helped to ensure the transparency of the data and increased the ability of other researchers to confirm the results (see Korstjens & Moser, 2018). I corroborated the data that I collected from both the student and faculty participants to ensure confirmability of the study (see Marshall & Rossman, 2016), which helped remove my personal bias and interpretation of information as the data were cross-checked (see Fusch et al., 2018).

Results

The purpose of this study was to explore how faculty and students described their perceptions of an accelerated BSN program utilizing a blended learning format Because faculty and student results have overlapping themes, I organized this section by themes, rather than by research question, which reflects how they emerged during the analysis process. There are six themes with the first four overlapping both students and faculty. The last two themes are specific to student participants. The results of this study

may be useful to course designers and academic systems who are looking to implement their accelerated programs utilizing blended learning design or those who may be looking to make a current one better.

Theme 1: Support of Learning and Teaching in Accelerated Blended Learning

The first theme is the most dominant and captures the largest cross over between the accelerated student and faculty participants. Support of learning and teaching with accelerated blended learning (ABL) highlights both student and faculty perceptions on meeting multiple learner's needs taking into consideration the social, cognitive, emotional, and teaching aspects. Through descriptions of their experiences, participants recalled multiple attributes of ABL design that had helped their learning or teaching needs. Three subthemes emerged through analysis: timeframe flexibility, student and faculty engagement, and lifelong learners. In this section, I discuss the essential aspects of an accelerated blended program design that both students and faculty indicated supporting their learning and teaching.

Timeframe flexibility. Both student and faculty participants quickly stated that key aspects of using a blended course design in an accelerated program was that it offered a wide range of flexibility and timing for learning in a variety of ways. Faculty indicated that it provided the opportunity to cover more content 100% face-to-face instruction and provided opportunities to bring outside experts to the students. F7 summed this up by stating "we're [faculty] able to focus on depth of content when we meet face-to-face with students" as the delivery of the breadth of material online supported classroom teaching. F6 corroborated noting the flexibility of blended course

design allowed instructors to offer “a learning module that was created by experts” in their fields who otherwise would not physically be able to come and present the material, which provided a valuable learning experience.

All but two faculty members indicated they felt the blended design freed them up to do other things for students, as F6 stated “it frees up the teacher to load things ahead of time and let them [students] do some self-management.” A reoccurring comment was the ability to load all the course content ahead of time and organize projects, homework, or resources. F1 offered that such course access to materials “gives students something to fall back on, there has to be something written, something tangible that isn’t just face-to-face, in terms of students building their calendars, looking at due dates, and what the course outcomes are.” Furthermore, faculty participants noted that because the program is accelerated there just is not enough time to cover all the content. F7 stated, “I don’t know that, given how tight this program is, that we would be able to achieve all of our course outcomes if this was strictly face-to-face learning. There just are not enough hours in the day.” ABL support for teaching was confirmed by F8 who said “you get more content in… students can learn when they can, when they can fit it in as opposed to having a specific time when you sit in a classroom.”

Students identified similar benefits to using a blended course design in an accelerated program, given the volume of content instructors expect students to learn. S5 stated “I’m able to complete assignments on a schedule that works for me” and S4 found that “the blended learning activities are pretty self-directed, so having that flexibility” allowed them to choose how much or how often they reviewed the material based on

their self-assessment of their understanding of the material. An aspect that supports learning from the student perspective, as S6 put it, is “all the calendars, all the due dates, everything is in one system, all your links, and all of your resources. I think that it's easy to check where you are.”

Students highlighted the timing and flexibility of reviewing material as being key aspects to supporting their learning in an accelerated blended program. The ability to learn in a blended design with content uploaded in an electronic format provides a flexible opportunity for repeated learning as S1 noted that “being able to go back and listen to a lecture again, you’re not scrambling to write notes, because you can spend as much time as you want on a certain topic, which is a nice advantage.” Having electronic resources available for students to review on their own time provides for greater learning according to S4 who reported “online resources I think can be pretty valuable, especially if they involve self-testing… because that is like one of the most effective ways that we can be exposed to the information and retain it.”

The availability of having material to review when it works for the student is unique to the ABL student population because of the accelerated timeframe that students must learn content. This affordance provides learning benefits for students as they can review the material as much as needed to understand and grasp the material per their self-assessment despite not having a traditional face-to-face course design. Even in an accelerated program with a compressed timeframe to learn complex material, students benefit from the flexibility of being able to self-regulate their learning pace.

Student and faculty engagement. Students and faculty talked about the importance of engaging with each other for meaningful learning and teaching to take place. Faculty felt that given the blended learning design in an accelerated program, the face-to-face classroom time was of utmost importance because they could physically see students and assess their level of comprehension, make them accountable for individual learning, and identify any misunderstandings. Key to this was student engagement during the class time and student preparation with pre-work completed. For example, F7 said the "idea is that they come prepared to learn and they also come with some beforehand information so that we can engage them in discussion, engage them in critical thinking and get them involved with foundational concepts versus just memorization." Apart from students being prepared, faculty noted that face-to-face time offered other benefits as F2 said "it's the ability to see their faces and say do you understand and engage them more…and if they look confused, you're [faculty] able to then spend a little more time on the topic." Additionally, F5 noted that "students appreciate the ability to have a voice, to be engaged, and to use their experiences and bring that to the classroom" allowing them to learn from each other and support their learning.

Students found learning from each other to be equally important, both with themselves and with faculty who they felt needed to be passionately engaged about the curriculum and provide learning experiences students could build upon from their pre class work with real world experiences to support their learning. One helpful aspect that S3 noted was that "the class time, just checking in with expectations is important and we can get clarification" on material with the faculty. S7 also said that "having everyone's

experiences makes it [learning] richer and gives it a more realistic expectation…and can sort of help fill in the gaps from how you've taught yourself" when everyone comes together and participates. The reported engagement and learning that students obtained from each other and faculty align with Knowles's (1984) principles of andragogy where adult learners experience provides a basis for learning and that they like to be involved in the learning.

Lifelong learners. Both students and faculty recognized the need to keep informed of current medical information and take on the role of being lifelong learners. Students and faculty expressed a need to be adaptable with learning with changes involving technology use and the evolving nursing education. All but one student reported that ABL helped them developed intrinsic motivation and academic self-awareness, pushing them to grow as an intentional learner to take responsibility for learning, actively engaging with the volume of work instructors expected students to cover independently. S7 stated that "you can focus on what you need to know personally… you can really choose the areas that you struggle with or that you need more time with." When asked about the personal benefits of the ABL design, S7 said "its helped me get better with time management, organization and being more engaged in what I'm learning" which helped her develop skills she will use moving forward in her career. S10 corroborated this stating "it [style of teaching] has made me more accountable…so it does emphasize intentional learning" which fosters the skills necessary to be a lifelong learner.

Faculty members repeatedly confirmed that teaching students to be life-long learners meant they should be independent and intentional in their approach to gaining information. Intentional learning occurred when students were self-motivated, actively engaged in the process, and self-directed with the blended aspect of an accelerated program. F5 said students need to be "present learners and engaged," F7 supported this by saying "that whole being engaged in their [students] learning and being proactive about evidence-based care, we put a big portion of the responsibility for learning on their shoulders." F1 stated that using blended learning provided students with the skills to be "anticipatory thinkers…and have ownness of their learning" and F6 said "we're [faculty] trying hard to teach professional behaviors like lifelong learning, evidence-based practice…and being proactive in their [students] own learning." These statements reaffirmed the growth and development of these skills given the blended design in an accelerated program. Thus, the development of being a lifelong learner is important within ABL, especially in nursing, because material moves quickly and both students and faculty need to adapt to changes by seeking out information.

ABL offers many supporting facets participants identified in this study. The data offered here by students and faculty presents revelatory information about ABL regarding timeframe flexibility, engagement, and lifelong learner development occurring within this teaching and learning design. It is clear from both faculty and student responses that they have had positive experiences with ABL which provides a clear basis of why using blended learning in an accelerated program is supportive and works for these participant groups.

Theme 2: Learning and Teaching Partnerships

Beal (2012) reported that partnerships in nursing were most successful when participating groups recognized their self and mutual assessments of strengths and opportunities. The second theme, learning and teaching partnerships, stems from the reports provided by both faculty and students about needing to work together to be successful, given the accelerated timeframe and overall blended design of the program. Both participants groups reported adjusting aspects of the curriculum and themselves within the program given the challenging nature of teaching and learning with the volume of compressed content required in an accelerated program. This led to the emergence of two sub-themes: participant ownership and compressed content utilization.

Participant ownership. Both student and faculty participants reported shifting from a traditional to a blended accelerated program is incredibly challenging and as a result they created partnerships because of the ABL design. For example, F6 said "it's a total shift of how they [students] think and they circle with that the first term" and F7 stated "the students usually are used to being 100% in class and so getting them oriented…where they have to do work outside the classroom, it really does challenge them." ABL forces students to be self-directed learners creating a different academic culture for the students, as S3 said "I think that, I as a student, should be encouraged to take the burden of my own learning and take control and lead myself into understanding" and S1 stated "it's [ABL] a very largely self-driven mode of education" which prompts faculty to continuously ask for feedback from students ensuring they are making necessary adjustments that will support learning.

These considerations are specific to the ABL program characteristics that afford learning and teaching partnerships. S6 said “our individual faculty give us a lot of feedback on everything we do” and S1 elaborated stating “the professors know that we’re academically self-aware, we know how to learn and they seek out our feedback quite a lot and adjust the program to our needs.” Even faculty receiving feedback from students was valued as F8 said “ I get feedback from them [students] about which direction I need to be going with the material” and F7 said “I was able to take that classroom experience and modify it… and I got a lot of feedback from the students over that experience.”

Given challenges reported by students and faculty as they transitioned from teaching or learning in a traditional program to the unique ABL design it was important that both students and faculty partnerships develop. Faculty perceptions of teaching students with an ABL focused on the challenge of shifting to a blended environment and students taking ownership of self-directed learning. Past experiences inform participant ownership of learning developed between students and faculty supporting the ABL design. As such, both groups work with each other in an effective manner realizing that ABL is a unique and new approach to learning and teaching.

Compressed content utilization. All but two faculty participants talked about ABL design regarding content transferred from the traditional undergraduate program. The approach of ABL to curriculum design is what faculty used to compress the content that they disseminated to the accelerated BSN students and the adjustments they made for the student cohort needs. In their design, F1 stated that “I just kind of scrunched it [traditional course material] up and sort of made them [accelerated course material]

workable, but with the same course competencies, same course outcomes and we just refined our assignments." Understanding that there is a large volume of content is essential for this particular teaching design, as F5 said they "take away some of the fluff around the content, really the learning part and making sure that I'm just getting to the crux of it. Still teaching, still learning, but not a lot of extra" and F2 said "what's most important is sitting down and assessing…what content I feel could be given in that online self-learning versus the content I feel is maybe more complex that needs to be talked about face-to-face."

Both students and faculty reported that the compressed nature of the curriculum increased the value of the time spent face-to-face and helped to foster partnerships. F6 said "I love the idea of doing some [teaching] in person, it allows everyone a chance to bond", F7 stated "I absolutely love the interaction with the students…being able to have those face-to-face interactions and read the body language of the students to see when they're not getting the concept" and F1 stated "the biggest help to having the class time available is being able to digest questions or go through the course content" given how dense the material is. Students and faculty noted having the face-to-face class time provides an opportunity for direct instruction and a chance for students to clarify knowledge obtained, helping to reinforce the self-learning process, which is beneficial given the compressed content design.

Students felt the same way as S10 said "what's most helpful about the class time are how the instructors apply it [content] to nursing" and S5 stated, "it's nice to be able to ask questions of your teachers in person…it benefits the whole group and a lot of time

one person questions are the same questions that everyone has." Students also made a point to say that given the compressed learning material it is important that they have clarification. With face-to-face time, S6 said that "there's a little more direct question and answering, that clears up a lot of the logistical questions and confusions from the online system, so it's a good check-in that's definitely necessary weekly."

Taking program material and information normally taught over 3 to 4 years and compressing it into fifteen months poses not only challenges with presenting but also learning the material. It highlights the importance of only presenting essential information and having time in person with face-to-face teaching given the complexity of ABL. Students and faculty identified important aspects that help with the compressed content utilization.

Partnerships established between students and faculty with ABL highlights the importance of their actions through participant ownership with the compressed learning content. With the ABL design it is important to note that time is a commodity participants must make the most of. Both students and faculty working together in the established shared interest creates a union that helps to explain their perceptions of teaching and learning with ABL.

Theme 3: Technology Interferes with Learning and Teaching

The title of this theme came from student and faculty reports of how technology use in ABL can interfere with learning and teaching. Given that the framework of this program design relies heavily on the use of technology, it is an element that participants needed to adapt to for effective teaching and learning to occur. The identified issues

participants brought up were not about technology applications but from user complications, whether it was student or faculty user error.

Students described their biggest issue with technology and its interference in their learning being around technology support issues. These included how links to resources faculty provided did not work, that they did not have proper access to assigned websites, or external modules that faculty assigned had broken hyperlinks. S5 said "the hardest part is probably just the technology part, getting the technology to kind of support the goals of the educators and our needs as learners in terms of getting onto websites in a timely fashion, stuff like that," S10 reported that "they [faculty] seem to enjoy it [ABL], but I know that the technical difficulties are an issue for them," and S1 said they wished faculty would go through their learning platform "with a fine-toothed comb and make sure that all the links work…broken links happen all the time." The frustration felt with technology focused on wasted time students used trying to mitigate the technical issues when they felt the time should have been devoted to learning the assigned material.

Faculty identified a differing view of technology and its interference in ABL indicating more of an issue with acceptance of using technology due to comfort level or general skill ability. F8 brought up "technology limitations" amongst faculty as they felt that "faculty that struggle with using technology have an added layer of complexity when they're not doing face-to-face teaching," further stating "I don't have any training in it and I don't think I've gotten great direction on how best to do it, so I don't think I'm going it very well." F6 said "a lot of educators are older and their ability for tech manipulation is not very good." Even prior faculty self-learning experiences fostered

improved use of ABL as F7 stated “I think that if I had only learned in a classroom then I would really struggle with the blended learning component,” but with past experience learning online, ABL has been easier to adapt to. This identifies the need for faculty to have experience and education about proper technology use within the system. Understanding the value technology contributes to ABL is important however, both faculty and students acknowledged that identifying user skills and comfort levels should be addressed as a way to minimize learning and teaching barriers.

Theme 4: Learning and Teaching Frustrations

Through the analysis of both student and faculty interviews it became apparent that despite the positive aspects of ABL, there were areas that both participant groups felt needed improvement. The title of this theme stems from the reported frustrations that both participant groups felt dealing with ABL. Students reported feeling a disconnect with how faculty communicated with them and faculty reported similar sentiment with students with ABL.

All faculty members felt that ABL met their course goals each term but expressed frustration with not having a measurable way to evaluate or assess online work completed by students. F6 said “they’re doing modules and hit the course completed and they send that in but how do I really know they’re doing the work.” F7 said “educators don’t have a way to truly quantify the amount of work that students are doing outside of the classroom.” Thus, the faculty expressed a need to verify that students had completed all assigned online activities before coming to class.

Contrary to the oversight and confirmation faculty wanted, students felt differently as expressed by S7, "[faculty] have to assess where students are in terms of knowledge, it doesn't matter how much of the material they got through as long as they've grasped the material, sort of quality versus quantity" and S4 said, "it's being able to engage in self guidance and say, all right I get it, I've watched three cardiac videos and I'm going to skip these remaining three videos." S5 acknowledged that "they [faculty] probably think its [ABL] chaotic as hell, it's probably really hard for them honestly, but it's really hard for some students too." Students did not report expecting or needing constant contact with faculty and trusted their self-assessment of what they needed to do to be adequately prepared.

One most expressed student frustration with ABL was how more than one faculty individually uploaded content to the same team-taught courses, resulting in information overload. However, students felt the faculty did not factor in the time needed to learn the volume of material. S4 stated "the amount of time that we kind of spend trying to mine the gems out of the sheer amount of content that's presented…you've given us 200 hours of content and realistically we can only absorb 20" and S3 said, "there's so many resources there's no way we could possibly access them all in the time that we have." S10 confirmed the overwhelming amount of added materials saying, "the instructors give us so much material to cover, the hardest part is really picking out what is the most important that I absolutely have to know."

Within the content provided for students to learn and faculty to teach it is apparent that both participant groups had their frustrations within ABL design. Faculty wanted

verification that students did the work assigned to them outside of class and students want autonomy and manageable content to go through which is a frustration expressed by the perceived lack of faculty communications with uploads of content to the courses.

Theme 5: ABL: New Ways of Learning

ABL was a new learning approach for students who participated in this study as none had prior experience with ABL. This theme focuses on how students, coming from traditional education backgrounds, explain the learning adjustments they had to make as they developed new ways of learning with ABL. This theme originates from students only responses from the interviews conducted.

ABL is designed to put a portion of learning in the control of the students and many found it challenging to adjust from being told exactly what to do in a classroom setting to being self-directed, determining when and how they taught themselves the material. Students pointed out that their prior degree experiences taught them how to learn and what style worked for them, as S1 stated,

> I'm really happy I went to a 4 year program before coming here just in terms of, I needed to be 4 years older than I was in order to be ready for this kind of learning and this kind of program…and then I also really learned how I learn. Through that process and what works for me and what doesn't work for me. And that was really important before I came here and I think that everyone in our program pretty much has it nailed down, like what works for them and what doesn't.

S5 stated that "being an older learner I had the time to get my study habits and I just think all the experience cumulatively helped and helps me in this program" S3 said

"we have learned how to learn and then to come to this accelerated program and the blended classroom and we have not learned how to learn this way" and then followed up saying "it's [ABL] brutal and I know that part of it is teaching style [ABL]." The term "brutal" was used to describe the excessive time demands and was confirmed by other students. For example, S7 said "the biggest drawback is just having less time to grasp material and really digest it." S6 stated "the hardest part is getting a real sense of the time crunch because you get the benefit of doing things on your own time."

Despite the challenges of developing new ways of learning students also pointed out that once they had figured out their learning approach to the new way of learning that it was beneficial. S1 said "I think that I wouldn't be able to progress at the accelerated rate as easily if we didn't have the blended learning style" and S10 stated ABL "just allows all of the information in a short amount of time. I think it would, in my opinion, be impossible to do this program if I had to do it all in person." All but two students claimed the ABL design is compatible with learning once they adjusted to the new way of learning. All students indicated they had already learned how to learn in their previous degree and that adjusting to a new way of learning allowed them to realize their learning style and adjust their approach to be most effective. Developing new ways of learning with ABL brings to focus Knowles's (1984) principle of experience and how it provides the basis of new learning for adult students with ABL.

Theme 6: Reinforced Interpersonal Connections

This is the second theme that focuses only on student perspectives. The title of this theme came from my analysis of student transcripts regarding their perceptions of

learning with ABL. Given the current design of the accelerated program and use of blended learning, all but one student spoke to the cohesive formation and communication of their student cohort. Students reported that they developed ways amongst themselves to help learn given the ABL timeframe which lead them to create a communication framework to help them lean on each other.

The cohort culture and their interpersonal communication methods with each other made it apparent that the students relied on each other for support and learning. When asked about their experience learning with blended learning, one unexpected explanation came about with S5 saying "we rely on our team a lot, we have a Facebook page, and we are really good at reminding each other about due dates" and S4 who said students,

> …got a WhatsApp group and another pretty active text group, and we've got a Facebook page, so we've got 30 people in the cohort and we're all pretty active on all those things for assignments that aren't clear, for sheer resources, kinds of tips and tricks, we've got a lot of tools that we can rely on. I guess I would add that perhaps that with the blended classroom, having those, you know student-driven resources to get help, that's been a real strength of it.

Students relying on each other with ABL was corroborated by other students such as S3 who said "my cohort is incredibly supportive of each other and that's our own culture… we all bring a lot of different things to the table and I learn so much from my peers" and S5 stated, "I feel that I'm carried along by my cohort quite a bit, we're all in the boat together and not everyone has to paddle all the time."

Reinforced interpersonal connections revealed itself to be an important aspect that students identified in their experiences with ABL. Students finding and utilizing outside communication resources to support their learning in this type of program also confirms the assumptions that Knowles (1984) expressed as a need for adult learners to use their experience, motivation, readiness, self-concept, and orientation to learning to inform their learning is clearly in seen from student responses on their experience learning with ABL.

Research Question Results

Research Question 1: Faculty. The first research question focused on faculty: how do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program? Faculty described ABL as a design that offers a wide timeframe of flexibility for different learning modalities and allowed students to cover more content in a shorter period. Their perceptions of ABL indicated they felt it freed them up, once the course was in progress, to focus on student's other needs. They described how ABL helped them organize courses because they could upload all material in one location, accessible at any time for students. Lastly, faculty described how their positions of technology acceptance varied within the ABL design, some stated that they were comfortable with using technology because they had learned with it and others reported discomfort due to lack of experience, education on use, and applicability. Faculty also identified frustrations with the ambiguity and unknown level of work students completed outside of the classroom.

Research Question 2: Students. The research question for students was: how to students describe their perceptions of learning with blended learning format in an

accelerated BSN program? Students described ABL as a design offering significant flexibility in scheduling self-learning given the volume of content provided in each course. Students reported that ABL helped them become academically self-aware and pushed them to be intentional lifelong learners given the design of the program. The frustrations that students described with ABL focused on technology support issues, such as dealing with broken links or not having access to assigned web content, as it interfered with their learning and the perception of lacking communication amongst faculty regarding content uploads in the courses.

Summary

This study looked to answer the research questions; how faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program and how students describe their perceptions of learning with a blended learning format in an accelerated BSN program. The purpose of this study was to explore how faculty and students described their perceptions of an accelerated BSN program utilizing a blended learning format. The themes found in the analysis were: Support of learning and teaching in ABL, Learning and teaching partnerships, Technology interferes with learning and teaching, Learning and teaching frustrations, ABL: new ways of learning, and reinforced interpersonal connections.

The results of this study found both positive and negative considerations from both faculty and students alike. Faculty found ABL to be overall positive as the design offered them the flexibility to teach a wide range of compressed nursing content in an accelerated timeframe and provided them multiple ways to prepare students for nursing

careers. The frustrations revealed by faculty with the ABL design concerned the issues with technology and the inability to verify work done by students outside of the classroom. Students reported enjoying the ABL design for its flexibility of self-directed learning, immediate access to material, variety of resources given the type of learner they are, and their cohort support that formed. Student frustrations similarly involved issues with technology support in a program heavily reliant on online access, transitioning from traditional learning to ABL, and volume of content provided with consideration to the compressed timeframe they need to learn.

Chapter 5 includes an introduction, a discussion on the interpretation of the findings, describes the limitations of the study, recommendations, implications related to positive social change, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore how nursing faculty and students described their perceptions of an accelerated BSN program utilizing a blended learning format. I used a qualitative, exploratory case study to explore the design of an accelerated learning course, which has no clear boundary (see Yin, 2009). Exploring the phenomenon of blended learning and the perceptions of accelerated baccalaureate nursing students and faculty members helped to provide context to reveal and better understand the delivery method used because it was not previously well documented.

The findings of this study can be used by instructors, course designers, and program developers to make informed decisions to benefit the adult learner and support faculty teaching accelerate BSN nursing students with ABL. The findings from this study can also be used to identify ways to improve the learning of qualified nursing students across the country and prepare them to enter the workforce. Key findings of this study show that ABL offers various benefits from both student and faculty perspectives, specifically considering the learning flexibility that meets multiple adult learner needs. In this chapter, I provide a summary of the research study findings and my interpretations based on the conceptual framework of Knowles's (1984) adult learning theory and the findings of the literature review located in Chapter 2.

Interpretation of the Findings

In this study, faculty and students reported consistent and distinct perceptions of their ABL experiences. It became evident that both student and faculty participant groups

had complementary perceptions of some facets of ABL and differed on others. Their views, both those that are supportive of each other and those that differ, correlate with the conceptual framework of Knowles's (1984) adult learning theory and contribute to the existing research that addresses accelerated nursing programs and the use of blended learning in undergraduate nursing programs.

Complimentary Perceptions of ABL

The aspect of ABL most discussed by students and faculty was the unique benefit of time flexibility given the fast pace of the accelerated program design. Time, specifically as it relates to the accelerated nature of the program, and flexibility as the blended approach provides multiple options for learning and teaching content. The combination of both the accelerated program and blended approach to learning and teaching is what makes ABL work and be uniquely beneficial to both students and faculty.

Both participant groups appreciated the flexibility of the blended design that allowed options for when and how course content could be accessed. Faculty reported they could not cover all the course content without ABL, and students reported they could not learn the content if not for the ABL design. Therefore, in this case, ABL offered a unique and valuable learning and teaching design that helped instructors cover more content in a shorter timeframe while providing flexibility for students to self-learn. This finding corroborates with those of previous researchers who identified flexibility in blended learning in nursing as a benefit to both students and faculty (Buxton et al., 2016;

Noh & Kim, 2019; Ota et al., 2018) as well as adds knowledge to the field regarding accelerated program design.

Previous research have noted the benefits of face-to-face time in a blended learning environment (Long et al., 2017; Ota et al., 2018; Roney et al., 2017) in nonaccelerated nursing programs. In this study, both participant groups agreed about the importance of face-to-face class meetings as beneficial to content comprehension so that students could build on knowledge learned outside of the classroom. The findings support Knowles's (1984) principle of adult learner motivation when students attending face-to-face classes built on their experiences, which supported their learning.

Both students and faculty identified that they were problem-solving with ABL but not in the way adult learning theory (Knowles, 1984) indicated they should. Students felt they needed to self-learn large volumes of content before face-to-face class time, which was overwhelming. The problem students experienced was cognitive overload (see Kehrwald & Bentley, 2020) and an inability to select resources to best support their self-directed learning from the additional content faculty would upload. In contrast, Knowles's (1984) idea of problem-solving states that individuals build on their prior experiences related to the content; students are learning, not problem-solving barriers of learning the content. Students felt that faculty focus should be on comprehensive knowledge obtained regardless of the quantity of content reviewed.

The findings of this study revealed faculty were also problem-solving by trying to figure out if students were reviewing the uploaded material and if they had done the work outside the classroom prior to the face-to-face meeting. Independently of others, some

faculty in team-taught courses uploaded additional content throughout the courses but did not necessarily determine how the materials were organized in the LMS or if students were effectively accessing them. Faculty believed that uploaded resources to the online component of the courses were helpful to meet different learning styles, which was confirmed by prior research (see Holman & Hanson, 2016; Shorey, Siew, et al., 2018). However, faculty reported frustration and appeared to be uncomfortable with the inability to track and document or measure whether students accessed and learned from the content outside of the classroom. Both students and faculty appeared to be distracted by the interface usability of the LMS in ABL. This was not supportive of learning content according to adult learning theory (see Knowles, 1984), particularly for students.

Based on what faculty and students reported, ABL appears to offer uniquely different opportunities of both blended and accelerated learning. Students self-reported that the ABL design allowed for more autonomy with course content, and they became more self-directed and self-regulated in their learning, developing lifelong learning skills, as a result. Both groups agreed that the ABL design helped reinforce the need to be intentional and motivated in learning and teaching. These findings provide insight into aspects of ABL that help support the development of motivation and self-direction, which otherwise are not clearly observed.

ABL put students in control of their learning outside of the classroom and helped to foster intentional, self-directed, and self-regulated learning. Faculty reported that they strove to teach students to be lifelong learners because it will help the students once they enter their careers. ABL, by design, appears to help foster the development of

independent learning and is supported by Knowles' (1984) assumption of the adult learner's foundation of prior learning through active experience and fulfilling self-concept through self-direction.

Divergent Perspectives of ABL

In this study, I also found that students and faculty had differing perceptions regarding ABL. Students reported the design of ABL made them feel they were expected to teach themselves course material given the volume of content available online. Faculty reported the ABL design allowed students to cover a breadth of nursing content rather than a depth of complicated concepts on their own time, outside of class. Faculty members' intention with online content was to support different learning styles and use face-to-face time to address more complex topics by covering them in-depth because they perceived such topics were more challenging for students to self-learn. This finding conflicts with Knowles's (1984) adult learning theory because the online learning focused only on nursing content rather than problem-solving and building on prior experiences. Faculty thought they were helping students, but in actuality, students felt overwhelmed by the volume of content faculty wanted them to independently learn and students reported that instead they just tried to learn what was essential.

Both groups agreed on technology challenges, but faculty and students differed in what they perceived to be the problem. The students experienced frustrations and decreased learning when technology failed, such as broken links to resources or deleted or moved resources that were inaccessible. Students indicated when links within ABL worked correctly, they learned more rather than spending time troubleshooting

technology issues. The findings of the current study corroborated with other research regarding the importance of having functional technology in blended learning that works as intended (see Castro & Goncalves, 2018; Sigaroudi et al., 2016; Vogt & Schaffner, 2016).

While faculty acknowledged difficulty keeping up with maintaining hyperlinks, they were more concerned with being ill-prepared, in some cases, to adequately or effectively use technology with no prior experience. Nursing faculty inexperience with online teaching has been well documented (Roney et al., 2017; Sweeney et al., 2016; Tacy et al., 2016). Faculty reported a desire to further their technical abilities and improve how they used technology, possibly attributed to generational differences that increased the challenges. Faculty who sought to further their technological competence were also self-directed learners, aligning Knowles's (1984) ideas of motivation and orientation to learning (i.e., they were not only instructing but also learning). Other researchers have found that faculty need support transitioning to blended course design (Sweeney et al., 2016), situating support in instructor self-directed learning is an unexplored area for nursing educators

The last diverging perception between students and instructors is about uploaded course materials and their locations in the LMS. The findings revealed that faculty believed having all the content uploaded into the LMS benefitted students because they had access to all the information at their convenience. Similarly, students also found this to be beneficial but went further indicating that while it was convenient to have all materials in one centralized location, courses organized by different faculty had course

materials in different locations and it varied course to course. Therefore, students had to figure out the organizational schema for each course. This is contrary to what Knowles (1984) suggested related to building on past experiences. Students had already learned where the content was in the previous course, and they then reported having to learn to renavigate the LMS with each new course. This meant they spent valuable time that could have been used to learn trying to find course outlines, assignments, and syllabi. Students indicated it would be better if faculty uploaded and placed course materials and content in the same place across all courses in the accelerated program.

Previous researchers looked at the need for course organization and the preparedness of accelerated nursing programs from faculty perceptions (Brandt et al., 2015b; Christoffersen, 2017); however, they did not include the blended learning framework that ABL provided for students and faculty in the current study. Therefore, the results of this study add to the larger body of knowledge about ABL in nursing and the need to ensure that both students and faculty build on their prior experiences within courses (see Knowles, 1984) to improve upon their learning and teaching.

Limitations of the Study

There were several limitations to this research study. The first limitation stemmed from the small population of participants that were limited to accelerated BSN students and faculty with experience teaching in an accelerated BSN program utilizing blended learning. Consequently, the results of this study may not be representative of all students or faculty involved in an accelerated BSN program using blended learning.

The second limitation of this study was that I only selected and used one academic setting to recruit student and faculty participants from. Because only one academic setting was used, the results of this study may not be representative of other nursing programs that have accelerated BSN programs using blended learning. Each academic institution may have its own approach to teaching accelerated BSN students if they use a blended design.

The third limitation of this study was the timeframe provided to recruit and collect participant data. I had set a specific allowance of time to recruitment and to conduct in-person, Skype, or phone interviews. Shortly after I achieved data saturation, the world experienced the Covid-19 viral pandemic, which subsequently led to significant social distancing and the cancellation of in-person meetings. It would be interesting to gather a more diverse representation of student and faculty perceptions of ABL from across the nation but that would require more time and coordination.

The last limitation of this study was the possibility of me exhibiting bias in my actions as researcher. This was a possibility given my personal experience teaching traditional undergraduate nursing students with blended learning. I made every effort to reduce the potential for bias by taking notes, sharing work with mentors and advisors, and journaling reflexively after each interview conducted to help remain objective and neutral in the data collection process (see Yin, 2009).

Recommendations

Academic institutions that currently use ABL or are thinking of doing so, can build programmatic organization based on study findings. In 2018, there were 282

accelerated BSN programs compared to 996 traditional undergraduate BSN programs (AACN, 2020), but it is unknown how many of those accelerated BSN programs utilized a blended course design. A limitation of this study was that it only explored one accelerated BSN program utilizing ABL.

Second, further research should focus on a broader view of those ABL nursing programs that exist. The qualitative findings are not generalizable to larger populations and because of this limitation this study should be replicated. Exploring other ABL nursing programs from different regions of the United States would provide context of whether or not the results can be corroborated. This would allow researchers to obtain data and evaluate whether the findings of my research are specific to the study site or if other accelerated BSN programs using ABL have similar results.

Third, further research should look at attrition and completion rates of nursing students in an ABL program. Researchers have looked at these variables in traditional face-to-face, traditional blended undergraduate nursing programs and accelerated programs utilizing face-to-face program design but not in nursing programs specifically using ABL (Cantwell et al., 2015; Kaddoura et al., 2017; Oliver et al., 2018). It would be valuable to see how ABL nursing programs perform compared to their nonblended accelerated and traditional counterparts or traditional blended programs.

Lastly, further research should compare the satisfaction levels of students in ABL nursing programs to those of students in traditional undergraduate blended learning nursing programs. Prior research has looked at satisfaction levels among faculty and students in traditional undergraduate programs using blended learning (Buxton et al.,

2016; Saunders et al., 2017; Shorey, Kowitlawakul, et al., 2018; Tacy et al., 2016). But it would be informative to explore how the accelerated nature of ABL nursing programs compares to their traditional counterparts.

Implications

Positive Social Change

The societal problem I identified prompting this study was the growing nursing shortage in the United States (Wise et al., 2016) with recent data indicating that the United States will need 1.1 million actively licensed nurses to avoid a further shortage by the year 2026 (AACN, 2017). Nursing programs trying to fulfill the need of communities and graduate more qualified nurses began using blended learning design in ABL programs, but it was unclear how the ABL students benefited from this design.

There is a potential impact on positive social change at the organizational level of academic institutions who are using or looking to use ABL design to increase enrollment and graduates of nursing programs. By understanding how students and faculty experience ABL, course designers and administrators can use findings to improve and inform their program designs. Areas that they can focus on, or evaluate in their respective programs, may include use of technology, preparation, and content uploads. Ensuring that ABL in nursing programs offers a learning and teaching approach that fulfills curriculum needs will help to ensure qualified competent nursing graduates to serve their communities and reduce the nursing shortage gap.

Implications for Method

I chose a qualitative exploratory case study because the study context had unclear boundaries (see Yin, 2009) and produced findings limited in generalizability to other ABL programs. If I were to repeat this study, I would include focus groups in data collection. Focus groups would allow me to hear what both students and faculty had to say collectively in a cohort setting versus individual interviews. Individual interviews provided rich data, but I found that some faculty members spoke to only one course, others referenced specific lectures, and some faculty talked about ABL regarding course design. Some students fixated on one course, some would talk about their current course, and others would go back to the first term with ABL. Focus groups would provide insight into student and faculty collective experiences rather than isolated individual experiences.

Other methodological approaches may provide different insights. For example, a quantitative correlational design could examine the relationship between multiple variables related to ABL. Regarding faculty analysis of variables such as instructor age, years of teaching experience, and technology acceptance could reveal issues of generational and prior knowledge of teaching and technology skills. A mixed-method approach could provide a quantitative evaluation of technology acceptable of both ABL faculty and students, followed by a qualitative analysis of both those who are most likely to accept ABL technology-based designs and those reluctant to do so.

Implications for Practice

Recommendations for nursing education practice in teaching adult learners using ABL are meant to inform educators and course designers. Based on the findings, there are

four recommendations I make. First, institutions need to understand and be aware of the prior experience faculty have teaching with ABL. Faculty who have never experienced the online environment or, conversely, who have never taught in person should have access to support they may need when they encounter a challenge. Knowles (1984) advocated building on prior experience, as such it is important to consider faculty experience when assigning courses to teach and providing support for faculty when they need help with ABL.

Second, teams of faculty taught ABL courses in this study. For other team-taught courses, faculty should carefully consider their policy for posting additional course content and resources, required or optional, in conjunction with both their peers and students. Knowles (1984) suggested that students are a part of course design, thus consulting students, if not engaging them in the course design process, can inform how materials are handled and reviewed. This would help to ensure that students are less overburdened given the restricted timeframe of ABL design.

Third, academic institutions using ABL should have clear and organized approaches for each course and provide resources for different learner needs. Faculty would benefit from assessing student comprehension and knowledge over the expectation of completing assigned online resources given outside of the classroom. This includes a well-articulated determination of how face-to-face time with students is offered and how it builds on the knowledge students independently learned outside the classroom. The speed of the program dictates the need for content clarification when face-to-face. Knowles (1984) stated that adult students are most interested in learning content that is

immediately relevant to them, so building upon self-learned content can build student comprehensive knowledge preparing them to be competent nurses.

Lastly, students requested more interface organization. They want to be able to consistently see where various parts of the course are located across all ABL courses. As different faculty taught different courses, students found that course material such as the syllabus, course outline, or assignment guides, were placed in different locations in each course. This forced students to spend time relearning how to navigate the different locations in the LMS each course, which they felt was a waste of valuable time they could have used with self-directed learning.

Conclusion

With the growing need of qualified nurses to enter the workforce to care for individuals nursing school must establish effective innovative teaching designs that meet learning and teaching needs. ABL is an emerging course design that is likely to be in more demand as the need for qualified nurses grows. Given the increased demand, particularly with the impact of the Covid-19 pandemic per the Centers for Disease and Control (2020), that occurred at the end of data collection, the United States is even more challenged to train nurses fast enough to meet evolving demands. Social distancing restrictions removed nursing students nearing degree completion from clinical sites to preserve personal protection equipment as Covid-19 spread, leading many programs to transition to virtual online simulation to supplement lost clinical experience (see Wild et al., 2020). Educating nursing students to meet societal demands, even within a pandemic, is essential (see Alduraywish, West, & Currie, 2019), and developing innovative

approaches, such as ABL, can do it if designed and implemented effectively for both students and faculty.

References

Abeysekera, L., & Dawson, P. (2015). Motivation and cognitive load in the flipped classroom: Definition, rationale, and a call for research. *Higher Education Research & Development, 34*(1), 1-14. https://doi.org/10.1080/07294360.2014.934336

Alduraywish, T., West, S., & Currie, J. (2019). Investigation of the pandemic preparedness education of critical care nurses. *LIFE: International Journal of Health and Life-Sciences*, *5*(1). https://doi.org/10.20319/lijhls.2019.51.4061

Alfaro-Lefevre, R. (2017). *Critical thinking, clinical reasoning, and clinical judgement: A practical approach* (6th ed.) Philadelphia, PA: Elsevier.

American Association of Colleges of Nursing. (2017). *Nursing shortage fact sheet.* Retrieved from https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

American Association of Colleges of Nursing. (2020). *Accelerated baccalaureate and master's degrees in nursing*. Retrieved from https://www.aacnnursing.org/Nursing-Education-Programs/Accelerated-Programs

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2), 272-281.

Appelbaum, P. S., Lidz, C. W., & Klitzman, R. (2009). Voluntariness of consent to research: A conceptual model. *Hastings Center Report, 39*(1), 30-39.

Auerbach, D. I., & Staiger, D. O. (2017). How fast will the registered nurse workforce grow through 2030? Projections in nine regions of the country. *Nursing Outlook, 65*(1), 116-122. https://doi.org/10.1016/j.outlook.2016.07.004

Beal, J. A. (2012). Academic-service partnerships in nursing: An integrative review. *Nursing Research and Practice, 2012*, 1-10. https://doi.org/10.1155/2012/501564

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research, 15*(2), 219-234. https://doi.org/10.2277/1468794112468475

Berkstresser, K. (2016). The use of online discussions for post-clinical conference. *Nurse Education in Practice, 16*(1), 27-32. https://doi.org/10.1016/j.nepr.201506.007

Booth, R. G., Scerbo, C. K., Sinclair, B., Hancock, M., Reid, D., & Denomy, E. (2017). Exploring learning content and knowledge transfer in baccalaureate nursing students using a hybrid mental health practice experience. *Nurse Education Today, 51*, 57-62. https://doi.org/10.1016/j.nedt.2017.01.006

Borden, S. L. (2009). Avoiding the pitfalls of case studies. *Journal of Mass Media Ethics, 13*, 5-13. https://doi.org/10.1207/s15327728jmme1301_1

Brandt, C. L., Boellaard, M. R., & Wilberding, K. M. (2017). Accelerated second-degree bachelor of science in nursing graduates' transition to professional practice. *Journal of Continuing Education in Nursing, 48*(1), 14-19. https://doi.org/10.3928/00220124-20170110-05

Brandt, C. L., Boellaard, M. R., & Zorn, C. R. (2015a). The faculty voice: Teaching in accelerated second baccalaureate degree nursing programs. *Journal of Nursing Education, 54*(5), 241-247. https://doi.org/10.3928/01484834-20150417-01

Brandt, C. L., Boellaard, M. R., & Zorn, C. R. (2015b). Faculty to faculty: Advice for educators new to teaching in accelerated second baccalaureate degree nursing programs. *Journal of Nursing Education, 54*(6), 343-346. https://doi.org/10.3928/01484834-20150515-06

Britten, N. (2011). Qualitative research on health communication: What can it contribute? *Patient Education and Counseling, 82*, 384-388. https://doi.org/10.1016/j.pec.2010.12.021

Broussard, L., & Wilson, K. (2018). Nursing faculty attitudes and practices related to online teaching. *Nursing Education Perspectives, 39*(1), 40-42. https://doi.org/10.1097/01.NEP.0000000000000208

Bryman, A. (2017). Quantitative and qualitative research: Further reflections on their integration. *Mixing methods: Qualitative and quantitative research* (pp. 57-78). New York, NY: Routledge. https://doi.org/10.4324/9781315248813-3

Buxton, T., Buxton, J., & Jackson, A. (2016). Hybrid and flipped strategies in a blended RN-BSN program: Determining student and faculty perceptions. *Nurse Educator, 41*(1), 1-2. https://doi.org/10.1097/nne.0000000000000183

Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report, 24*(3), 619-628.

Cantlay, A., Salamanca, J., Golaw, C., Wolf, D., Maas, C., & Nicholson, P. (2017). Self-perception of readiness for clinical practice: A survey of accelerated master's program graduate registered nurses. *Nurse Education in Practice, 24*, 34-42. https://doi.org/10.1016/j.nepr.2017.03.005

Cantwell, E. R., Napierkowski, D., Gundersen, D. A., & Naqvi, Z. (2015). Nursing as an additional language and culture (NALC): Supporting student success in a second-degree nursing program. *Nursing Education Perspectives, 36*(2), 121-123. https://doi.org/10.5480/12-1007.1

Castro, T. C., & Goncalves, L. S. (2018). The use of gamification to teach in the nursing field. *Revista Brasileira de Enfermagem, 71*(3), 1038-1045. https://doi.org/10.1590/0034-7167-2017-0023

Centers for Disease Control and Prevention. (2020*). Coronavirus disease 2019 (COVID-19): Cases, data, and surveillance*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html

Christoffersen, J. E. (2017). Teaching accelerated second-degree nursing students: Educators from across the United States share their wisdom. *Nursing Forum, 52*(2), 111-117. https://doi.org/10.1111/nuf.12174

Chung, E., Turnbull, D., & Chur-Hansen, A. (2017). Differences in resilience between 'traditional' and 'non-traditional' university students. *Active Learning in Higher Education, 18*(1), 77-87. https://doi.org/10.1177/1469787417693493

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage Publications.

Cui, C., Li, Y., Geng, D., Zhang, H., & Jin, C. (2018). The effectiveness of evidence-based nursing on development of nursing students' critical thinking: A meta-analysis. *Nurse Education Today, 65*, 46-53. https://doi.org/10.1016/j.nedt.2018.02.036

Dehghanzadeh, S., & Jafaraghaee, F. (2018). Comparing the effects of traditional lecture and flipped classroom on nursing students' critical thinking disposition: A quasi-experimental study. *Nurse Education Today, 71*(1), 151-156. https://doi.org/10.1016/j.nedt.2018.09.027

DeSimone, B. B. (2019). Curriculum redesign to build the moral courage values of accelerated bachelor's degree nursing students. *SAGE Open Nursing, 5*, 1-10. https://doi.org/10.1177/2377960819827086

El-Banna, M. M., Tebbenhoff, B., Whitlow, M., & Wyche, K. F. (2017). Motivated strategies for learning in accelerated second-degree nursing students. *Nurse Educator, 42*(6), 308-312. https://doi.org/10.1097/NNE.0000000000000391

El-Banna, M. M., Whitlow, M., & McNelis, A. M. (2017). Flipping around the classroom: Accelerated bachelor of science in nursing students' satisfaction and achievement. *Nurse Education Today, 56*(6), 41-46. https://doi.org/10.1016/j.nedt.2017.06.003

Fusch, P., Fusch, G. E., & Ness, L. R. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change, 10*(1), 19-32. https://doi.org/10.5590/JOSC.2018.10.1.02

Galdas, P. (2017). Revisiting bias in qualitative research: Reflections on its relationship with funding and impact. *International Journal of Qualitative Methods, 16*, 1-2. https://doi.org/10.1177/1609406917748992

Graham, C. R. (2013). Emerging practice and research in blended learning. In M. G. Moore (Ed.), *Handbook of distance education*, (3rd ed., pp. 333–350). New York, NY: Routledge.

Hanson, J. (2016). Surveying the experiences and perceptions of undergraduate nursing students of a flipped classroom approach to increase understanding of drug science and its application to clinical practice. *Nurse Education in Practice, 16*(1), 79-85. https://doi.org/10.1016/j.nepr.2015.09.001

Harrington, S. A., Bosch, M. V., Schoofs, N., Beel-Bates, C., & Anderson, K. (2015). Quantitative outcomes for nursing students in a flipped classroom. *Nursing Education Perspectives, 36*(3), 179-181. https://doi.org/10.5480/13-1255

Harvey, L. (2015). Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education, 38*(1), 23-38. https://doi.org/10.1080/1743727x.2014.914487

Hennessy, L. (2018). The lived experience of registered nurses educated in accelerated second degree bachelor of science in nursing programs: A hermeneutic phenomenological research study. *Nurse Education in Practice, 28*, 264-269. https://doi.org/10.1016/j.nepr.2017.09.010

Hoffart, N., McCoy, T. P., Lewallen, L. P., & Thorpe, S. (2018). Differences in gender-related profile characteristics, perceptions, and outcomes of accelerated second

degree nursing students. *Journal of Professional Nursing*. *35*(2), 93-100. https://doi.org/10.1016/j.profnurs.2018.10.003

Holman, R., & Hanson, A. D. (2016). Flipped classroom versus traditional lecture: Comparing teaching models in undergraduate nursing courses. *Nursing Education Perspectives, 37*(6), 320-322. https://doi.org/10.1097/01.NEP.0000000000000075

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher, 20*(4), 12-17. https://doi.org/10.7748/nr2013.03.20.4.12.e326

Jang, H. J., & Hong, S. Y. (2016). Effect of blended learning in nursing education. *International Journal of Multimedia and Ubiquitous Engineering, 11*(5), 297-304. https://doi.org/10.14257/ijmue.2016.11.5.27

Kaddoura, M. A., Van Dyke, O., & Yang, Q. (2017). Correlation between critical thinking skills and national council licensure examination for registered nurses success in accelerated bachelor nursing students. *Teaching and Learning in Nursing, 12*, 3-7. https://doi.org/10.1016/j.teln.2016.08.004

Kehrwald, B. A., & Bentley, B. P. (2020). Understanding and identifying cognitive load in networked learning. In N. Dohn, P. Jandric, T. Ryberg, & M. de Laat (Eds.), *Mobility, Data and Learner Agency in Networked Learning* (pp. 103-115). Cham, Switzerland: Springer.

Keshk, L. I., Qalawa, S. A., & Ibrahim, N. M. (2018). Effectiveness of an educational program regarding nursing process on acquiring advanced skills among internship

nursing students. *International Journal of Nursing, 5*(2), 32-44. https://doi.org/10.15640/ijn.v5n2a4

Kim, H. S., Kim, M. Y., Cho, M. K., & Jang, S. J. (2017). Effectiveness of applying flipped learning to clinical nursing practicums for nursing students in Korea: A randomized controlled trial. *International Journal of Nursing Practice, 23*(5), 1-10. https://doi.org/10.1111/ijn.12574

Kim, Y. M., Yoon, Y. S., Hong, H. C., & Min, A. (2019). Effects of a patient safety course using a flipped classroom approach among undergraduate nursing students: A quasi-experimental study. *Nurse Education Today, 79*, 180-187. https://doi.org/10.1016/j.nedt.2019.05.033

Knowles, M. S. (1968). Andragogy, not pedagogy. *Adult Leadership, 16*(10), 350-352.

Knowles, M. S. (1970). *The modern practice of adult education: Andragogy versus pedagogy*. Oxford, England: Association Press.

Knowles, M. S. (1975). *Self-directed learning: A guide for learners and teachers*. New York, NY: Association Press.

Knowles, M. S. (1978). Andragogy: Adult learning theory in perspective. *Sage Journals, 5*(3), 9-20. https://doi.org/10.1177/009155217800500302

Knowles, M. S. (1984). *The adult learner: A neglected species* (3rd ed.). Houston, TX: Gulf Publishing.

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2011). *The adult learning: The definitive classic in adult education and human resource development*. Burlington, MA: Butterworth-Heinemann.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Leigh, K., Whitted, K., & Hamilton, B. (2015). Integration of andragogy into preceptorship. *Journal of Adult Education, 44*(1), 9-17.

Li, R., Singh, J. T., & Bunk, J. (2018, June). Technology tools in distance education: A review of faculty adoption. In T. Bastiaens et al. (Eds.), *Proceedings of EdMedia: World Conference on Educational Media and Technology* (pp. 1982-1987). Amsterdam, Netherlands: Association for the Advancement of Computing in Education (AACE).

Li, Z., Tsai, M. H., Tao, J., & Lorentz, C. (2014). Switching to blended learning: The impact on students' academic performance. *Journal of Nursing Education and Practice, 4*(3), 245-251. https://doi.org/10.5430/jnep.v4n3p245

Lindeman, E. C. (1926). *The meaning of adult education*. New York, NY: New Republic Inc.

Lindley, M. K., Ashwill, R., Cipher, D. J., & Mancini, M. E. (2017). Expanding capacity with an accelerated on-line BSN program. *Journal of Professional Nursing, 33*(1), 5-10. https://doi.org/10.1016/j.profnurs.2016.03.010

Liou, S. R., Yu, W. C., Tsai, H. M., & Cheng, C. Y. (2015). Teaching information literacy in nursing using blended learning pedagogy. *Creative Education, 6*, 1446-1455. https://doi.org/10.4236/ce.2015.613145

Liu, Q., Peng, W., Zhang, F., Hu, R., Li, Y., & Yan, W. (2016). The effectiveness of blended learning in health professions: Systematic review and meta-analysis. *Journal of Medical Internet Research, 18*(1). https://doi.org/10.2196/jmir.4807

Long, T., Cummins, J., & Waugh, M. (2017). Use of the flipped classroom instructional model in higher education: instructors' perspectives. *Journal of Computer Higher Education, 29*, 179-200. https://doi.org//10.1007/s12528-016-9119-8

Lott, S., Davis, B. L., Montgomery, A. J., Burns, D. P., & Baker, S. R. (2018). Accelerated baccalaureate nursing students' perception of and the variables influencing their retention: An HBSC perspective. *The Association of Black Nursing Faculty Journal, 29*(3), 76-85.

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: SAGE Publications.

Maxwell, J. A. (2010). Using numbers in qualitative research. *Qualitative Inquiry, 16*(6), 475-482. https://doi.org/10.1177/1077800410364740

McCutcheon, K., Lohan, M., Traynor, M., & Martin, D. (2015). A systematic review evaluating the impact of online or blended learning vs. face-to-face learning of clinical skills in undergraduate nurse education. *Journal of Advanced Nursing, 71*(2), 255-270. https://doi.org/10.1111/jan.12509

McCutcheon, K., O'Halloran, P., & Lohan, M. (2018). Online learning versus blended learning of clinical supervisee skills with pre-registration nursing students: A randomized controlled trial. *International Journal of Nursing Studies, 82*, 30-39. https://doi.org/10.1016/j.ijnurstu.2018.02.005

McKenna, L., Copnell, B., Butler, A. E., & Lau, R. (2018). Learning style preferences of Australian accelerated postgraduate pre-registration nursing students: A cross-sectional survey. *Nurse Education in Practice, 28*, 280-284. https://doi.org/10.1016/j.nepr.2017.10.011

McNally, S., Azzopardi, T., Hatcher, D., O'Reilly, R., & Keedle, H. (2019). Student perceptions, experiences and support within their current bachelor of nursing. *Nurse Education Today, 76*, 56-61. https://doi.org/10.1016/j.nedt.2019.01.032

Mikkelsen, T. R. (2015). Nursing students' experiences, perceptions and behavior in a flipped-classroom anatomy and physiology course. *Journal of Nursing Education and Practice, 5*(10), 28-35. https://doi.org/10.5430/jnep.v5n10p28

Millett, C. M., Stickler, L. M., & Wang, H. (2015). Accelerated nursing degree programs: Insights into teaching and learning experiences. *ETS Research Report Series, 2*(1), 1-32. https://doi.org/10.1002/ets2.12078

Missildine, K., Fountain, R., Summers, L., & Gosselin, K. (2013). Flipping the classroom to improve student performance and satisfaction. *Journal of Nursing Education, 52*(10), 597-599. https://doi.org/10.3928/01484834-20130919-03

Moon, J., & Hyun, H. S. (2019). Nursing students' knowledge, attitude, self-efficacy in blended learning of cardiopulmonary resuscitation: A randomized controlled trial. *BMC Medication Education, 19*(414), 1-8. https://doi.org/10.1186/s12909-019-1848-8

Morse, J. M. (1994). Designing funded qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 220-235). Thousand Oaks, CA: Sage Publications.

Morse, J. M. (2015). "Data were saturated…". *Qualitative Health Research, 25*(5), 587-588. https://doi.org/10.1177/1049732315576699

National Institutes of Health. (2018). *Office of extramural research*. Retrieved from https://grants.nih.gov/aboutoer/intro2oer.htm

National League for Nursing. (2018). *Nursing education statistics.* Retrieved from http://www.nln.org/newsroom/nursing-education-statistics

Nelson, A. (2017). Methods faculty use to facilitate nursing students' critical thinking. *Teaching and Learning in Nursing, 12*, 62-66. https://doi.org/10.1016/j.teln.2016.09.007

Noh, G. O., & Kim, D. H. (2019). Effectiveness of a self-directed learning program using blended coaching among nursing students in clinical practice: A quasi-experimental research design. *BMC Medical Education, 19*, 1-8. https://doi.org/10.1186/s12909-019-1672-1

Nurse Journal. (2018). Top second degree BSN options online. Retrieved from https://nursejournal.org/bsn-degree/top-second-degree-bsn-options-online/

O'Flaherty, J., & Phillips, C. (2015). The use of flipped classrooms in higher education: A scoping review. *Internet and Higher Education, 25*(1), 85-95. https://doi.org/10.1016/j.iheduc.2015.02.002

Oliver, B. J., Pomerleau, M., Potter, M., Phillips, A., Carpenter, S., Ciesielski, S., … Grobecker, P. (2018). Optimizing NCLEX-RN pass rate performance using an educational microsystems improvement approach. *Journal of Nursing Education, 57*(5), 265-274. https://doi.org/10.3928/01484834-20180420-03

O'Neal, P. V., McClellan, L. C., & Jarosinski, J. M. (2016). A new model in teaching undergraduate research: A collaborative approach and learning cooperatives. *Nurse Education in Practice, 18*, 80-84. https://doi.org/10.1016/j.nepr.2016.03.008

Oregon Center for Nursing. (2018). *Your nursing workforce leader: Reports*. Retrieved from https://oregoncenterfornursing.org/reports/

Ota, M., Peck, B., & Porter, J. (2018). Evaluating a blended online learning model among undergraduate nursing students: A quantitative study. *Computers, Informatics, Nursing (CIN), 36*(10), 507-512. https://doi.org/10.1097/CIN.0000000000000456

Park, J. Y., Woo, C. H., & Yoo, J. Y. (2016). Effects of blended cardiopulmonary resuscitation and defibrillation e-learning on nursing students' self-efficacy, problem solving, and psychomotor skills. *CIN: Computers, Informatics, Nursing, 34*(6), 272-280. https://doi.org/10.1097/CIN.0000000000000227

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: SAGE Publications.

Plemmons, C., Clark, M., & Feng, D. (2018). Comparing student clinical self-efficacy and team process outcomes for a DEU, blended, and traditional clinical setting: A

quasi-experimental research study. *Nurse Education Today, 62*, 107-111. https://doi.org/10.1016/j.nedt.2017.12.029

Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice.* Philadelphia, PA: Williams & Wilkins Health.

Quellet, L. L., MacIntosh, J., Gibson, C. H., & Jefferson, S. (2008). Evaluation of selected outcomes of an accelerated nursing degree program. *Nurse Education Today, 28*, 194-201. https://doi.org/10.1016/j.net.200.03.003

Ramjan, L. M., Maneze, D., Everett, B., Glew, P., Trajkovki, S., Lynch, J., & Salamonson, Y. (2018). Students' experiences of embedded academic literacy support in a graduate entry nursing program: A qualitative study. *Nurse Education in Practice, 28*, 302-309. https://doi.org/10.1016/j.nepr.2017.12.001

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Thousand Oaks, CA: SAGE Publications, Inc.

Read, E., & Laschinger, H. K. (2017). Transition experiences, interpersonal resources, and job retention of new graduate nurses from accelerated and traditional nursing programs: A cross-sectional comparative study. *Nurse Education Today, 59*, 53-58. https://doi.org/10.1016/j.nedt.2017.08.014

Roney, L. N., Westrick, S. J., Acri, M. C., Aronson, B. S., & Rebeschi, L. M. (2017). Technology use and technological self-efficacy among undergraduate nursing faculty. *Nursing Education Perspectives, 38*(3), 113-118. https://doi.org/10.1097/01.NEP.0000000000000141

Roulston, K., & Shelton, S. A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry, 21*(4), 332-342. https://doi.org/10.1177/1077800414563803

Rutherford-Hemming, T. (2012). Simulation methodology in nursing education and adult learning theory. *Adult Learning, 23*(3), 129-137. https://doi.org/10.1177/1045159512452848

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: SAGE Publications.

Saunders, A., Green, R., & Cross, M. (2017). Making the most of person-centered education by integrating flipped and simulated teaching: An exploratory study. *Nurse Education in Practice, 27*, 71-77. https://doi.org/10.1016/j.nepr.2017.08.014

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., … Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity, 52*(4), 1893-1907. https://doi.org/10.1007/s11135-017-0574-8

Schwartz, J., & Gambescia, S. F. (2017). A literature review of research on what has become of accelerated second-degree baccalaureate nursing graduates. *Nursing Education Perspectives, 38*(1), 29-31. https://doi.org/10.1097/01.NEP.0000000000000100

Schwartz, J., Sharts-Hopko, N. C., & Bhattacharya, A. (2015). Comparison of demographics, professional outcomes, and career satisfaction in accelerated and

traditional baccalaureate nursing graduates. *Journal of Nursing Education, 54*(3), 39-46. https://doi.org/10.3928/01484834-20150218-11

Seers, K. (2012). Qualitative data analysis. *Journal of Evidence-Based Nursing, 15*(1), 2. https://doi.org/10.1136/ebnurs.2011.100352

Shatto, B., L'Ecuyer, K., & Quinn, J. (2017). Retention of content utilizing a flipped classroom approach. *Nursing Education Perspectives, 38*(4), 206-208. https://doi.org/10.1097/01.NEP.0000000000000138

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*, 63-75. https://doi.org/10.3233/EFI-2004-22201

Shorey, S., Kowitlawakul, Y., Devi, M. K., Chen, H., Soong, S., & Ang, E. (2018). Blended learning pedagogy designed for communication module among undergraduate nursing students: A quasi-experimental study. *Nurse Education Today, 1*(61), 120-126. https://doi.org/10.1016/j.nedt.2017.11.011

Shorey, S., Siew, A. L., & Ang, E. (2018). Experiences of nursing undergraduates on a redesigned blended communication module: A descriptive qualitative study. *Nurse Education Today, 61*(1), 77-82. https://doi.org/10.1016/j.nedt.2017.11.012

Sigaroudi, A. E., Ghiyasvandian, S., & Nasabadi, A. N. (2016). Understanding doctoral nursing students' experiences of blended learning: A qualitative study. *Acta Medica Iranica, 54*(11), 743-749.

Swart, R. (2017). Critical thinking instruction and technology enhanced learning from the student perspective: A mixed methods research study. *Nurse Education in Practice, 23*, 30-39. https://doi.org/10.1016/j.nepr.2017.02.003

Sweeney, M. R., Kirwan, A., Kelly, M., Corbally, M., O'Neill, S., Kirwan, M., … Hussey, P. (2016). Transition to blended learning: Experiences from the first year of our blended learning bachelor of nursing studies programme. *Contemporary Nurse, 52*(5), 612-624. https://doi.org/10.1080/10376178.2016.1197781

Tacy, J. W., Northam, S., & Wieck, K. L. (2016). Understanding the effects of technology acceptance in nursing faculty: A hierarchical regression. *Online Journal of Nursing Informatics, 20*(2).

Terry, V. R., Terry, P. C., Moloney, C., & Bowtell, L. (2018). Face-to-face instruction combined with online resources improves retention of clinical skills among undergraduate nursing students. *Nurse Education Today, 2* (61), 15-19. https://doi.org/10.1016/j.nedt.2017.10.014

Thomas, C. P. (2018). *Bachelor's degree in nursing*. Retrieved from https://www.nursing.org/degrees/bachelors/

Thorndike, E. L., Bregman, E. O., Tilton, J., & Woodyard, E. (1928). *Adult learning.* Oxford, England: Macmillan.

Tiffany, J. M., & Hoglund, B. A. (2016). Using virtual simulation to teach inclusivity: A case study. *Clinical Simulation in Nursing, 12*(4), 115-122. https://doi.org/10.1016/j.ecns.2015.11.003

Tornwall, J., Tan, A., & Bowles, W. (2018). Pride and competency in accelerated nursing programs. *Nursing Education Perspectives, 39*(6), 343-349. https://doi.org/10.1097/01.NEP.0000000000000343

Ursin, L. O. (2009). Personal autonomy and informed consent. *Medicine, Health Care, and Philosophy, 12*(1), 17-21. https://doi.org/10.1007/s11019-008-9144-0

U.S. Bureau of Labor Statistics. (2018). Occupational outlook handbook: Registered nurses. Retrieved from https://www.bls.gov/ooh/healthcare/registered-nurses.htm

Usman, Y. H. (2015). Differences between pedagogical and andragogical methods of teaching and the preference of andragogy for the teaching of adults. *International Journal of African and Asian Studies, 6*, 58-62.

Vogt, M. A., & Schaffner, B. H. (2016). Evaluating interactive technology for an evolving case study on learning and satisfaction of graduate nursing students. *Nurse Education in Practice, 19*, 79-83. https://doi.org/10.1016/j.nepr.2016.05.006

Whitcomb, J. J. (2015). Accelerated second degree programs. *Dimensions of Critical Care Nursing, 34*(4), 187-188. https://doi.org/10.1097/DCC.0000000000000122

Wild, L. M., Congdon, B., Boyle, K., Provost, V. P., Schlesinger, M., Salyers, V., … Nordgren, M. (2020). Innovations in nursing education: Recommendations in response to the COVID-19 pandemic. Retrieved from https://www.sbctc.edu/resources/documents/colleges-staff/programs-services/student-success-center/remote-learning-resources/innovations-in-nursing-education.pdf.

Wise, T., Gautam, B., Harris, R., Casida, D., Chapman, R., & Hammond, L. (2016). Increasing the registered nursing workforce through a second-degree BSN program coaching model. *Nurse Educator, 41*(6), 299-303. https://doi.org/10.1097/nne.0000000000000284

Wu, Y. P., Thompson, D., Aroian, K. J., McQuaid, E. L., & Deatrick, J. A. (2016). Commentary: Writing and evaluation qualitative research reports. *Journal of Pediatric Psychology, 41*(5), 493-505. https://doi.org/10.1093/jpepsy/jsw032

Yang, C. I., Lee, L. H., & Chen, S. L. (2018). Students' experiences of studying in an accelerated BSN program in Taiwan. *Journal of Professional Nursing, 12*, 1-5. https://doi.org/10.1016/j.profnurs.2018.12.005

Yen, S. C., Lo, Y., Lee, A., & Enriquez, J. (2018). Learning online, offline, and in-between: comparing student academic outcomes and course satisfaction in face-to-face, online, and blended teaching modalities. *Education and Information Technologies*, *5*(2), 2141–2153.

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education, 48*(2), 311-325.

Yin, R. (2009). *Case study research. Design and methods* (4th ed.). Thousand Oaks, CA: Sage Publications.

Yin, R. (2014). *Case study research design and methods* (5th ed.). Thousand Oaks, CA: Sage Publications.

Appendix A: Faculty Interview Questions

Research Question- Qualitative: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?

I will begin the interviews with the following statement:

"Welcome and thank you for agreeing to participate in my study. My name is Emily Elliott and I am a graduate student at Walden University, based out of Minneapolis MN, and I am working on my dissertation in partial fulfillment of the requirements for a PhD in education focusing on learning, instruction and innovation. I wanted to first give you a more detailed background as to why I am looking to explore how students and faculty describe their perceptions of a blended learning format in an accelerated BSN program. I graduated from a traditional BSN program and an accelerated program wasn't readily an option at that time. Five years later I came back to teach in an undergraduate program and saw the new accelerated program being rolled out. The school I was teaching for at the time had already transitioned the traditional program to a blended learning format and they were also doing that with the accelerated program. So, it sparked my interest in wondering how that teaching approach worked for a program that is compressed to 12-18 months in length rather than 3 or 4 years.

This interview should only take around 45 minutes to complete and it will include eight questions about your experience with the accelerated BSN program and blended learning. By answering these questions you are giving me permission use your responses in this study I am doing. If at any time during this interview you wish to stop just let me know. I am the only person who will know your identity and that will be kept confidential. The information you provide today will help educators understand the impact of this type of learning within a program that moves so quickly involving complex nursing subject matter.

Now that you know the background, I want to make sure you received a copy of the consent and I will keep one secured and locked up as I am the responsible investigator in this study.

If you feel comfortable with proceeding and answering some questions we can start and remember this is completely voluntary, so if at any point during this interview you need a break or no longer wish to participate or answer any of the questions all you have to do is let me know and we can stop or pause. Do you have any questions or concerns you would like to ask before we start?"

Semi-Structured Interview Guiding Questions for Faculty:

Research Question 1 - Qualitative: How do faculty describe their perceptions of teaching with a blended learning format in an accelerated BSN program?

Interview Guiding Questions	Further Guiding Questions	Connection to Adult Learning Theory
Tell me about your background in nursing education and why you are teaching in the accelerated BSN program.	How many years have you taught? Tell me about the course or courses you teach within?	Experience Self-concept
How would you define blended learning?	What do you think the benefit of blended learning is with accelerated BSN students?	Adult learner experience Orientation to learning
Tell me what the hardest aspect of blended learning is? Easiest aspect?	Do you think blended learning is helping you to achieve course goals?	Motivation to learn Readiness to learn
Tell me about your experience teaching classes with a blended learning approach	What would you change with blended learning as a teaching approach with this student population? What would you not change?	Readiness to learn Motivation to learn
How do you describe your experience teaching with blended learning?	What has been most important for you to consider with this type of teaching?	Readiness to learn
What is helpful about class time with this teaching approach?	What do you think students would say about this approach?	Self-concept Motivation to Learn
What is helpful about the online aspect with blended learning?	Please describe what the biggest benefit would be? Biggest drawback?	Adult learner experience Readiness to learn
Do you have anything else you would like to add before we end the discussion?		

Appendix B: Student Interview Questions

Research Question- Qualitative: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?

I will begin the interviews with the following statement:

"Welcome and thank you for agreeing to participate in my study. My name is Emily Elliott and I am a graduate student at Walden University, based out of Minneapolis MN, and I am working on my dissertation in partial fulfillment of the requirements for a PhD in education focusing on learning, instruction and innovation. I wanted to first give you a more detailed background as to why I am looking to explore how students and faculty describe their perceptions of a blended learning format in an accelerated BSN program. I graduated from a traditional BSN program and an accelerated program wasn't readily an option at that time. Five years later I came back to teach in an undergraduate program and saw the new accelerated program being rolled out. The school I was teaching for at the time had already transitioned the traditional program to a blended learning format and they were also doing that with the accelerated program. So, it sparked my interest in wondering how that teaching approach worked for a program that is compressed to 12-18 months in length rather than 3 or 4 years.

This interview should only take around 45 minutes to complete and it will include eight questions about your experience with the accelerated BSN program and blended learning. By answering these questions you are giving me permission use your responses in this study I am doing. If at any time during this interview you wish to stop just let me know. I am the only person who will know your identity and that will be kept confidential. The information you provide today will help educators understand the impact of this type of learning within a program that moves so quickly involving complex nursing subject matter.

Now that you know the background, I want to make sure you received a copy of the consent and I will keep one secured and locked up as I am the responsible investigator in this study.

If you feel comfortable with proceeding and answering some questions we can start and remember this is completely voluntary, so if at any point during this interview you need a break or no longer wish to participate or answer any of the questions all you have to do is let me know and we can stop or pause. Do you have any questions or concerns you would like to ask before we start?"

Semi-Structured Interview Guiding Questions for Students:

Research Question 2 - Qualitative: How do students describe their perceptions of learning with a blended learning format in an accelerated BSN program?		
Interview Guiding Questions	Further Guiding Questions	Connection to Adult Learning Theory
Tell me about your previous education experiences before nursing and why you decided to enroll in an accelerated BSN program.	What did you do before nursing school? How do you think your previous experience prepared you for this program?	Adult learner experience Self-concept
How would you define blended learning?	What do you think the benefit of blended learning is in the accelerated BSN program?	Adult learner experience Orientation to learning
Tell me what the hardest part of blended learning is? Easiest part?	Do you think blended learning is helping you to achieve your learning goals?	Motivation to learn Readiness to learn
Tell me about your experience learning nursing curriculum with a blended learning approach	What would you change with blended learning as a teaching approach in the accelerated program? What would you not change?	Readiness to learn Motivation to learn
How would you describe your experience learning with blended learning?	How have you benefited, in your own opinion, from this style of teaching?	Readiness to learn
What is helpful about class time with blended learning?	What do you think faculty would say about this approach?	Self-concept Motivation to learn
What is helpful about the online aspect with blended learning?	Please describe what the biggest benefit would be? Biggest drawback?	Motivation to learn Adult learner experience
Do you have anything else you would like to add before we end the discussion?		