

Improving Student Success in 2nd Degree BSN Students

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ABSTRACT

Second Degree Bachelor of Science in Nursing (BSN) programs are designed to leverage a student's prior academic achievements and professional experience, integrating them into the curriculum for their nursing degree. This allows students to receive credit for previous core courses and move through the nursing program at an accelerated rate. This, however, brings special challenges for both students and faculty. At our university we noticed the attrition rate of students in the second-degree BSN program was significantly higher than the traditional BSN program. Investigation into this issue revealed students in the Second-Degree Program had significant issues with role conflict, poor time management, poor study habits, and unfamiliarity with active learning. Under a grant from the Texas Higher Education Coordination Board a student success program was initiated that included both student mentoring and faculty development. As a result of the program student retention improved from 87 to 94%.

Introduction

The expectation of the current nurse workforce is to deliver safe quality care while meeting the demands of an ever-changing healthcare system. More nurses are needed to combat the ongoing nursing shortage. The healthcare industry has a vested interest in schools of nursing graduation rates as they impact the needed supply of nurses to fill vacant positions. More than that, graduates of nursing programs must be competent, compassionate, dedicated care givers. Multiple variables collectively influence student success in a nursing program. Many students underestimate the rigor of a nursing curriculum until they are already enrolled. Attrition rates in second-degree accelerated programs are high due to the high stress environment and competition from factors such as financial and family obligations [1,2]. To improve graduation rates and increase the number of nurses available, nursing education programs must make a concerted effort to support students and educate them with the highest quality faculty available. The purpose of this project was to implement a student success program and develop a consistent dedicated faculty with the expertise to teach and support students in this stressful learning environment. Once faculty were in place the project progressed to identify students at risk for failure early in their nursing education journey. This

required a gap analysis of every student's academic history. In addition to the factors previously mentioned, the literature reports several other academic metrics that place a student at risk for not completing their nursing program including age, first semester academic performance, prerequisite GPAs previous degree GPAs, admissions test scores and first semester GPAs [3]. A study by showed a significant correlation between prerequisite GPAs and previous degree GPAs, admissions test scores and first semester GPAs [4]. However, prerequisite GPA was not a statistically significant predictive factor for first semester performance (GPAs). According to the results, only course grades for anatomy and physiology have a relationship with first semester GPAs. The other prerequisite courses, such as microbiology, statistics, nutrition and ethics, are not statistically significant in relation to first semester academic performance. Remediation classes in the sciences were also highly recommended to give the potential students an opportunity to improve on weak subject areas, thereby increasing their opportunity to succeed in the nursing program. It was therefore decided that, as part of this mentoring program, an assessment and analysis of these multiple variables that could affect academic success would be made and that each student would have the opportunity to collaborate with faculty and the Academic Advising staff to develop an individualized

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plan with supportive interventions. Each student was to be assigned a faculty mentor from the accelerated second-degree BSN option program faculty. The mentor was to partner with the student through their educational program and act as a role model for professional nursing. Webinars would be held involving families and identified support individuals offering strategies to help students cope with the stress of the curriculum. Mentors were to assist the student in time management strategies, study and test-taking skills and the ability to perform in the clinical or simulation learning environment.

Identification of student risk factors is only half of the equation leading to student success. According to the Texas Board of Nursing, nursing professional organizations and evidence in literature [5], consistency in faculty can play a significant role in student success in second-degree Bachelor of Science in Nursing (BSN) programs. Factors identified in ways in which consistency in faculty can correspond to student success include [5-8]:

- **Continuity of Instruction:** Consistent faculty members who remain with the program over an extended period can provide continuity of instruction. They become familiar with the program's curriculum, objectives, and teaching methods. This familiarity allows them to deliver consistent content and maintain a cohesive learning experience for students. Continuity in instruction helps students build upon their prior knowledge and facilitates a smoother transition into the nursing profession.
- **Faculty-Student Relationships:** Over time, consistent faculty members can develop strong relationships with their students. This familiarity allows faculty to better understand individual students' strengths, weaknesses, and learning styles. They can provide personalized guidance, support, and mentorship, which can positively impact students' academic and clinical performance. Faculty who are invested in students' success can also serve as role models and inspire students to excel.
- **Consistent Teaching Styles:** Consistency in faculty can lead to consistent teaching styles. When faculty members have a shared understanding of the program's educational philosophy and goals, they can apply similar teaching approaches. This consistency helps students develop a predictable learning environment and adapt to the teaching methods employed throughout the program. Students become accustomed to the faculty's expectations and teaching strategies, which can contribute to improved academic outcomes.
- **Faculty Expertise:** Consistent faculty members who have expertise in nursing education and clinical practice can enhance student success. Their experience allows them to effectively convey complex nursing concepts, facilitate critical thinking, and guide students in applying theoretical knowledge to clinical practice. Consistent faculty who stays up to date with advancements in nursing practice can provide students with relevant and evidence-based education.
- **Faculty Collaboration:** Consistent faculty members who work together over an extended period can foster a collaborative teaching environment. They can share best practices, collaborate on curriculum development, and engage in ongoing professional development. This collaboration leads to a more cohesive and comprehensive

educational experience for students. Consistent faculty members can align their teaching strategies and assessments, ensuring consistency across courses and improving students' understanding and performance.

- **Program Stability:** Consistent faculty members contribute to program stability. High turnover of faculty can disrupt curriculum continuity, create gaps in expertise, and impact student morale. Conversely, consistent faculty members provide stability, maintain institutional memory, and contribute to the program's overall reputation. A stable and reputable program can attract high-quality students and resources, further enhancing student success.

It is important to note that while consistency in faculty can positively impact student success, it should be accompanied by other factors such as faculty qualifications, teaching effectiveness, and faculty-student support mechanisms. The overall quality of the faculty and their commitment to student success are critical components in the success of second-degree BSN programs. Therefore, faculty development as well as a student mentorship program were considered essential to the success of this program.

Another barrier encountered toward achieving student success is related to access to financial aid. Given that the students already had earned an undergraduate degree, eligibility for financial aid, except for private loans, is unavailable. Most of these students are full-time employed, have families, and are working at an accelerated pace, thereby adding increased stress during their educational program. The literature indicates many of these students verbalize family stressors (i.e., moving, military deployment, or change in duty station, death of a family member, childcare, and family responsibilities), work responsibilities, and test anxiety as the major issues hindering their academic success [6]. It is therefore essential that faculty support and mentor students and be prepared to teach under these circumstances.

Program development was also based on self-determination and goal theory. Self-Determination Theory (SDT) was most notably developed by psychologists [9]. Self-Determination Theory (SDT) is a macro-theory of human motivation and personality that focuses on the intrinsic and extrinsic reasons people do things. It posits that people are naturally inclined toward growth and well-being, but that this requires the satisfaction of three innate psychological needs:

- **Autonomy:** The need to feel a sense of control and choice over one's own actions, to feel that one is the origin of their own behavior.
- **Competence:** The need to feel effective and capable in one's interactions with the environment, to be able to achieve desired outcomes.
- **Relatedness:** The need to feel connected to and cared for by others, to have a sense of belonging.

Student and faculty evaluations highlighted several instances where these needs are either met or thwarted, which directly impacts student success:

- **Autonomy:** The students' feelings of being overwhelmed, disorganized, and "not knowing what to do" suggest a lack of perceived autonomy. The successful implementation of a central calendar and organized curriculum helped to

restore a sense of control over their academic lives. The poor attendance at optional workshops suggests students didn't feel autonomous in choosing to attend them, likely because the topics weren't perceived as relevant to their specific needs.

- **Competence:** The students' anxiety and fear of tests, despite their previous academic success, indicates a significant blow to their sense of competence. The faculty's perception that students "underestimated the demands" of nursing education also points to a miscalibration of competence. The program's workshops on study habits and test-taking were intended to build this sense of competence, as were the faculty development workshops on active learning and competency-based education.
- **Relatedness:** The article's finding that separating the second-degree students into their own cohort led to increased camaraderie and a sense of belonging directly addresses the need for relatedness. The desire for consistent faculty and the feeling that faculty were "in silos" also speaks to a lack of relatedness and connection with instructors. The program's efforts to assign dedicated faculty to the cohort helped to improve this.

Goal theory according to, setting conscious goals affects human action [10]. The authors emphasize that effective goals are specific and difficult, and crucial for effectiveness are goal commitment, self-efficacy, and feedback. Setting specific and difficult goals while determining and monitoring small, manageable, actionable steps toward the goals students set for themselves.

- Self-efficacy and mentorship are fostered through faculty and near-peer mentors that serve as role models.
- Goal commitment and rationale are directly addressed through the coaching model and may be explicitly or implicitly addressed through the faculty and near-peer mentoring. I would note that if using the coaching model, it is likely possible to devise a way to document student goals (helps us learn more about what is important to them and/or why they are setting the goals they are) and measure the extent to which students successfully reach their goals (speaks to the success of the program and may provide insight for continual improvement).
- Constructive feedback is critical in helping students successfully move toward their goals. The mentoring program provides the opportunity to provide faculty, course, and task-specific feedback to scaffold students toward successfully reaching their goals.
- Setting learning goals over performance goals leads to greater academic success. The emphasis on active learning and helping students understand the importance of engaging and making connections between lectures, clinicals, and care plans supports a commitment by the program leadership through the improved design to help focus students on setting learning goals. It might be helpful to explicitly cover the importance of this distinction with faculty in the development workshops, if not already being done.

Goal theory and Self-determination theory are complementary. While Goal theory focuses on the specific mechanisms through which goals lead to higher performance, Self-determination

theory provides a deeper understanding of the underlying motivational context required for those goals to be effective. Goal theory explains the "how" of motivation (specific goals and feedback), while Self-determination theory shares the "why" (autonomy, competence, and relatedness are the fundamental drivers that make those goals and feedback meaningful and effective)

Program Development

The purpose of this project, therefore, was to implement a student success program and develop a consistent dedicated faculty with the expertise to teach and support students in this stressful learning environment. The overall program was designed to meet both student and faculty needs. The objectives for the program were identified as follows:

Objective 1: To enroll each student in a mentorship program.

Objective 2: To collaborate with the University's Learning Center and the Office of Student Success to implement a discipline specific mentorship program for nursing students

Objective 3: To dedicate the faculty to 2nd Degree Bachelor of Science Degree program.

Objective 4: To enroll dedicated faculty in the three faculty development courses.

Objective 5: To prepare faculty to meet the special circumstances experienced by second-degree BSN students

Overall program development began with an analysis of the admission criteria. According to a study by, entry qualifications such as prerequisite courses have a statistically significant relationship with academic performance but are not predictive of overall success [4]. The results from this study show that the most influential predictor for first semester success of second-degree BSN students is admissions test scores. Currently prospective students take the HESI exam to assess basic mathematics, reading, writing and science. The admissions tests assist second-degree BSN students in identifying their strengths/weaknesses and the need for remediation. The majority (93%) of incoming students had previous degrees in science (biology or chemistry) or health related disciplines (nutrition, health sciences) and did not require remediation in this area. An on-line remediation program was offered through the Office of Student Success for those who were identified at risk due to marginal HESI exam scores.

In preparation for program development all current second-degree students and faculty were surveyed about what they felt impacted program success. The overwhelming response from students was the lack of consistency among faculty. Students also requested sessions after class from students in the next level, supplemental instruction (SI) tutoring opportunities every week, workshops for test anxiety / test taking skills, improved communication with course faculty, regular open forum where students can seek clarification or support from faculty. Faculty on the other hand reported that second-degree BSN students should not be in the same class room as the traditional BSN students; their understanding and attitudes towards learning is different than the regular generic students; majority of students work 40-to 60 hours which make their learning and time management more difficult; they are not prepared for the rigors of nursing in the classroom or in the hospital setting; have an attitude of superiority

and entitlement; they have underestimated the demands of nursing education. It is interesting to note that students felt strongly that faculty was the main reason for lack of student success and faculty felt that students lacked the motivation and requisite commitment needed for success in the program. Each group blamed the other group for programmatic issues. It was concluded that a successful student success program would need to include resources for both groups to be successful.

Based on the results of the surveys, the literature review, and the school of nursing's admission, retention, graduation, and NCLEX pass rates a program was developed with the following components: (1) students in the second degree BSN program would be in separate classes from the traditional students; (2) students in the second degree BSN program would attend orientation specifically tailored to their needs; (3) family and support persons would be invited to the orientation; (4) a central calendar would be created; (5) workshops on study habits, test taking, time management would be developed; (6) each student would be assigned a faculty mentor; and (7) faculty development workshops would be developed for second-degree BSN faculty

Separation of Second-Degree Students from the Traditional Students in the Classroom

Second degree nursing programs have existed for decades with most of the research concentrating on NCLEX-RN pass rates, employer satisfaction, and curriculum development. Recently there has been a shift to assessing how second-degree BSN and traditional BSN students differ. Early on identified several elements associated with teaching preferences in second-degree students including use of case studies, web-based learning, faculty involvement, and need for audio-visual aids [11]. Information has also surfaced in the discrepancies between expectations of second-degree BSN programs and faculty [12]. Prior to the initiation of the mentoring program, faculty and all current second-degree students were surveyed about the current program. Students were asked what they considered the major issues they encountered in the 2nd degree BSN program and suggested solutions. Faculty were asked about how they felt about teaching 2nd degree students, if they felt they were different or similar to traditional students, and whether their expectations were similar or different from traditional BSN students. The information obtained from the students expressed dissatisfaction with being in the same classroom as the traditional students, coursework expectations being too high considering they were already college graduates, and communication issues with faculty. Specifically, they felt there were inconsistencies between faculty in teaching styles and faculty expectations, the courses were poorly coordinated and that faculty showed little interest in them or knew them as students. Faculty reported that second-degree BSN students were harder to teach than traditional BSN students, had attitudes of self-entitlement, and were completely unprepared for the rigors of nursing education. Some reported that students expected a "break" in the required coursework because they were already college graduates and had other conflicting obligations. Student reported they felt comfortable in the clinical area and providing direct patient care while faculty reported that students, on occasion, came late to clinical, and did not take the clinical experience seriously.

Based on the student and faculty information provided, a decision was made to separate the second-degree BSN students from the

traditional BSN students in the classroom, create a cohesive structure for the curriculum, assign, as much as possible, a designated group of faculties to the second-degree BSN program and create a faculty development program to assist faculty in teaching second-degree BSN students.

Orientation Specifically Designed for the Second-Degree Students

Based on the information that second-degree students appeared to be less prepared than traditional students for the rigors of nursing education, decisions were made to create a separate orientation for them. Students were asked to bring a significant other to the orientation so they would also be aware of the expectations of the program. Students were asked to identify themselves, their previous degree, what life experiences they brought to the program and their reason for entering the nursing profession. This student body is unique in that the majority are of Hispanic origin, still in their early to mid-twenties, had science degrees in biology or health sciences, had issues in obtaining employment following completion of their initial degree, originally had applied to the BSN program and were not selected, and wanted to become nurses for the job and career opportunities.

The orientation had several components. The curriculum was presented along with course expectations. The fact that the program required the same student outcomes as the traditional program was emphasized. Clinical expectations and professional behavior were included. Students in the program and recent graduates spoke to the students about the rigor of the program and how it prepared them to enter the profession. Financial concerns were a major issue. Second-degree undergraduate students do not qualify for the same financial aid as first-degree students. Therefore, many students felt they could continue to work while in the nursing program. Some students were surprised that this was an in-person program and that online substitutions were not available. This along with clinical expectations created conflict with job expectations for some students from day one in the program. Past and current students spoke about the difficulty of working while in the nursing program and the need to assume you will not be able to continue doing both. Students and their significant others were advised to create a financial plan that could be implemented if working interfered with their ability to meet program requirements.

Following the curricular portion of the orientation, students attended a workshop on time management. Students and faculty alike identified issues with the ability to organize time, submit assignments on time and coordinate the multiple expectations of several courses simultaneously.

The workshop included topics on the need to balance multiple roles; financial planning; time management and prioritization. Students were given exercises too:

- Learn how to prioritize tasks & assignments
- Identify time wasted
- Learn effective study habits

The workshop also included setting realistic goals and expectations, common barriers to time management for nursing students including procrastination and lack of self-discipline. Students were asked to evaluate the orientation session. The evaluation results overwhelmingly indicated that the orientation

session was informative and helpful to the students and their significant other. Students especially liked the interaction with the current students and recent graduates.

Student Focus Groups

Focus groups were held with the second-degree students as part of the evaluation process. Information obtained fell into three major themes: stress, organization, and communication.

Students stated that they were not prepared for the stress they were experiencing since starting the nursing program. Many indicated that since they were already college graduates, they believed nursing school would be easy and not take away from their current lifestyle. Some indicated that they had additional financial and family stressors. All admitted that they were warned about the rigors of nursing school but did not believe it would apply to them. Students said the stress manifested in feelings of being overwhelmed, inability to concentrate or make decisions, paniclike symptoms such as tachycardia, confusion, self-doubt, and fear. Several said they were afraid to take a test, which was something they had not experienced before. One student commented, in reference to stress and test-taking, "I felt that I always had to get the top score in the class since I was already a college graduate. I think the other (traditional) students expected that. I found it very stressful to be in the same class as the traditional students." When asked what helped them reduce their stress, some indicated they did yoga or meditation, talked to their significant other or other friends or family but most indicated it was the camaraderie of their fellow classmates that helped them through the hard times. Study groups and other times spent with fellow classmates were seen as very beneficial to stress reduction. It should be noted that prior to the separation of the second-degree students from the traditional students, second-degree students felt uncomfortable or out of place with study groups formed by the traditional students. Once separation occurred the second-degree students began to form close alliance with their classmates which had a major impact on their feelings of stress and anxiety.

Organization was frequently identified in connection with stress. Those who were well organized reported little to no stress. Those

in the high stress group cited lack of organization or "just not knowing what to do or where to find it" as a significant problem. Although organization workshops and assistance from mentors were available students felt they "couldn't get it together enough" to consider those options. One student stated, "I was all over the place, I couldn't find half of what I needed, I would put things somewhere and then forget where it was. I was operating in a fog"

Communication with faculty remained an issue. Many students felt that they just didn't know what faculty wanted. They were concerned that faculty did not seem to communicate with each other and often scheduled assignments and exams on the same day when other days were available. They felt faculty worked in silos rather than as a coordinated cohesive group. Students also felt faculty did not know who they were, had little interaction with them in the classroom and that course and clinical faculty were not aligned. Students did praise faculty that wove personal experiences and case studies into their instruction. They indicated they remembered that information far better than lecture or from readings.

Central Calendar

Based on the results from second-degree students and faculty, there was an apparent need for coordination among the courses in any given semester. Students spoke of being overwhelmed and lost even though each course posted its assignment due dates on Blackboard. Although this worked for the traditional BSN students, the second-degree BSN students had a higher stress level and found it difficult to go to multiple sources to determine what needed to be done. The Central Calendar provided all pertinent information in one place for which the students expressed deep appreciation. Creation of the Central Calendar did pose some issues for faculty in that they had to have all their course information available prior to the start of the semester so that the Calendar could be ready. This became less of a problem as the semesters went on and faculty became used to making the information available. Student evaluations and focus groups indicated that the Central Calendar was one of the single best elements of the mentoring program.

Table 1: Central Calendar Example

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 NURS 3303 ATI lessons quizzes	1 NURS 3303 Chapters 29,35,40,42 NURS 3304 Simulation Lab final	2 NURS 3304 ATI modules due Skills check off-wound care, NGT insertion	3	4	5	6
7 NURS 3303 ATI lessons quizzes	8 NURS 3303 Chapters 36 EXAM#2 ATI proctored dosage calculation exam NURS 3304 CLINICAL: see assigned section	9	10 NURS 3304 Fundamentals Clinical Nursing care plan	11 NURS 3304 Fundamentals Clinical Nursing care plan	12 NURS 3304 Fundamentals Clinical Nursing care plan NURS 3303 Course Point & Dosage Calculation Quiz	13

14 NURS 3303 ATI lessons quizzes	15 NURS 3303 Chapters 37, 38,39,45 NURS 3304-Clinical	16	17 NURS 3304 Fundamentals Clinical Nursing care plan	18 NURS 3304 Fundamentals Clinical Nursing care plan	19 NURS 3304 Fundamentals Clinical Nursing care plan	20
21 NURS 3303 ATI lessons quizzes	22 NURS 3303 Chapters 31,33,43 NURS 3304-Clinical	23	24 NURS 3304 Fundamentals Clinical Nursing care plan Mid-term clinical eval	25 NURS 3304 Fundamentals Clinical Nursing care plan Mid- term clinical eval	26 NURS 3304 Fundamentals Clinical Nursing care plan Mid- term clinical eval	27
28 NURS 3303 ATI lessons quizzes	29 NURS 3303 Chapters 22,44 ATI practice assignment NURS 3304-Clinical	30	31 NURS 3304 Fundamentals Clinical Nursing care plan BSN clinical documentation	27 NURS 3304 Fundamentals Clinical Nursing care plan BSN Clinical Documentation	28 NURS 3304 Fundamentals Clinical Nursing care plan BSN clinical documentation	

Workshop

Workshops were designed in collaboration with the Executive Director of Student Success on topics such as Professionalism, Study Tips, and Test Taking. Students were also able to add topics of their choice. Only one additional topic was requested and that was how to develop a care plan. Students were surveyed on the day, time and length of the sessions that worked best for them. The sessions were kept to one hour every other week so as not to increase the stress level of the students by adding something more for them to attend. The sessions included topics such as active learning, how to learn rather than memorize, organization of data from reading material and how to monitor and check comprehension. Evaluations from students attending the workshops were extremely positive in the areas of usefulness, appropriate content, and faculty expertise in the content area. As time went on, however, fewer students were attending the workshops. A survey was sent to all the students as to why they did or did not attend and focus groups were held to elicit more information. The students who did attend, interestingly, were the top students and they felt the workshops were very pertinent and helpful to them. The students who did not attend had a variety of reasons such as the day or time was inconvenient, this was one more thing in their already busy schedule and the information provided was not specific to the courses they were enrolled in. Students recommended that sessions be specific to the courses they were in and held by the course faculty. They

indicated they were experienced students and already knew how to study and take a test. What they needed was how to study for a specific professor's test. They also felt that the sessions should be limited to 6 students.

Assignment of a Faculty Mentor

Originally a faculty mentor was assigned to each student who would remain their mentor for the entire program. Students also retained their faculty advisor. Mentors were not assigned to tutor the student but provided a professional relationship to help the student adjust to the rigors of the nursing program and transition into the professional workplace. The mentor met at least twice a month with their mentees and had private sessions on request. Although student evaluations of the faculty mentors were extremely high, there was limited participation in the program by the students. Students requested that their mentor be faculty members from the courses they were currently enrolled in rather than a random professor who would follow them through the program. The mentoring program was adjusted following the first semester and the course faculty were assigned as mentor by the program director. This did improve student participation.

Designation of Faculty to the Second-Degree Program

Prior to the initiation of the mentoring program, faculty teaching in the second-degree BSN program were surveyed about their experiences teaching in that program.

Table 2: Faculty Survey Sample

Question	Answer # 1	Answer #2	Answer #3
I feel teaching 2 nd degree student is	More challenging than traditional students (67%)	Exactly the same as traditional students (11%)	Neither easier or challenging just different (11%)
I feel 2 nd degree students are easier to teach because	They are not easier to teach (75%)	They are more motivated (13%)	They are older (12%)
I feel 2 nd degree students are more challenging because:	They have underestimated the demands of nursing education (75%)	They have difficulty managing roles (15%)	They are over-confident due to their previous degree (10%)

What would you consider important in a faculty development program?	Workshops on teaching strategies (50%)	Workshop comparing traditional with active learning (40%)	How to conduct a needs assessment (10%)
What is the best way for a faculty development program to be delivered?	Face-to-face every other week (67%)	Hybrid Blackboard/Zoom (33%)	4 half-day workshops (33% same as #2)

Note: Sample of survey questions with the top three responses presented

The faculty indicated that second-degree students were more challenging than traditional students and had special learning needs. Ninety-eight per cent reported that the students underestimated the demands of nursing education, had difficulty managing their time and were over-confident due to their previous degree. The faculty also reported that student success in nursing school was influenced by the strong bonds the students formed with each other and the second-degree students had difficulty fitting in with the traditional students. Second-degree BSN students felt they had little in common with the traditional students and often felt they were outsiders. Faculty suggested it would be beneficial to both the second-degree and traditional BSN students if they were separated into different cohorts. The survey also identified learning needs of the faculty concerning teaching second-degree BSN students. It was therefore decided to assign specific faculty to teach exclusively in the second-degree program and implement faculty development workshops to assist them in effectively educating the second-degree BSN students based on their identified needs.

Faculty Development

Three workshops were developed to assist faculty in the teaching of second-degree students.

Workshop # 1: Mentoring

This workshop prepared the faculty to mentor the students. It included sessions on mentoring as a tool to improve student success, expectations for faculty mentors, and the differences between mentoring, advising, coaching, and tutoring. Faculty were instructed to set regular meetings with their mentees, set goals/priorities with the students, determine what is relevant to the students and ask probing questions that encourage the students to practice self-awareness. Faculty were instructed to include the minimal sessions depicted in the chart below and adjust for individual faculty expectations and student progress in the program.

Table 3: Mentoring Workshop Content Examples

Session	Content	Additional Information
Professional Behavior	Professional Communication Dress/appearance	What do they think a nurse is? Does? Behaves?
Study Tips	Discourage binge studying Emphasize understanding not memorization	How to study for the individual faculty member's exam, not exams in general
Test taking skills	What you (faculty) look for when constructing test questions	Emphasize that this is not tutoring or content review but rather how to approach the specific faculty's exam
Time/role management	Time management strategies Stress reduction Managing role conflict Financial planning Academic challenges	Reviewed at every session. Students should update their progress
Care plans	What you (faculty) look for in the written care plan	Adjust as student progresses through the program

Workshop # 2: Special Characteristics and Needs of Second-Degree Students

This workshop was designed to recognize the unique characteristics of second-degree BSN students, identify pedagogies that have been shown to be successful with these students, and to identify ways to foster supportive learning environments. The workshop included sessions on student characteristics, motivated strategies for learning, teaching methods and a nursing educational model for second-degree students.

Table 4: Workshop 2 Content Examples

Common Characteristics	Student Expectations	Educational Model
Fearful of failing	To relieve self-doubt about career choice	Active learning with problem-solving, case studies, simulations
Fearful of making mistakes. High level of test anxiety	To gain self confidence in their judgment and skills	Papers, projects, and performance exercises with fewer exams

Extremely critical (themselves, faculty, clinical instructors, health care team)	To understand why they are doing what they are doing and what impact it is making	Very structured & consistent
Sense of immediacy- everything right now	To not share a learning environment with younger, first-time students	Immediate feedback
Likely to approach a patient holistically	To graduate with a clear career path	Little or no extraneous information or assignments
Likely to whine and complain	Active communication with faculty	Avoid outside group work

Workshop # 3 – Transitioning second degree courses to active learning and competency-based education.

This workshop concentrated on test construction for the NCLEX-RN test design, the Clinical Competency Inventory version 3.4 and active learning transitioning into competency-based education [11]. Each aspect of the learning environment was examined including student evaluation, classroom approaches, and clinical expectations. The Clinical Competency Inventory was used for both faculty expectations as clinical instructors and adapted for student performance in the clinical area. Faculty being evaluated by CCI followed the 4-point scale (1=emergent, 2=novice, 3=proficient, 4= advanced proficient) whereas student evaluation was adapted to the School of Nursing grading scale (level 0=unable to meet competency, level 1=critical thinking, level 2=clinical reasoning, level 3= clinical judgment).

Table 5: Workshop 3 Content Examples

Evaluation	Clinical Competency Inventory	Active Learning
Case Studies	Standard 1: Learner development	Competency-based education
Interpretive Items on NCLEX	Standard 2: Learning Differences	Domain 1: Knowledge of nursing practice
Papers/projects	Standard 3: Learning Environments	Domain 2: Person centered care
Discussions	Standard 4: Content knowledge	Domain 3: Population health
Role Play	Standard 5: Application of content	Domain 4: Scholarship for nursing practice
Simulations	Standard 6: assessment	Domain 5: Quality and safety
Clinical performance	Standard 7: Planning for instruction	Domain 6: Interprofessional partnerships
Self-reflection	Standard 8: Instructional strategies	Domain 7: System-based practice
Care plans	Standard 9: Professional learning & ethical practice	Domain 8: Information and healthcare technologies
Patient teaching	Standard 10: Leadership & collaboration	Domain 9: Professionalism
Journaling	Standard 11: Professional responsibility	Domain 10: Personal, professional and leadership development

Discussion

Student and faculty feedback through surveys and focus groups before and during the implementation of the program changes provided several fascinating insights and revelations that helped program leadership determine research-based strategies grounded in self-determination theory and goal theory to implement as a means of providing a supportive learning environment in which our students are more likely to succeed.

First and foremost, student motivation is critical to academic success. Motivation can be either extrinsic or intrinsic, and this concept is closely related to the locus of control. While the two psychological concepts are very closely related, it is easy to tell the difference between the two by realizing that motivation is about the driving force behind a behavior, and locus of control is a belief system about the cause of outcomes. Based on the data collected during this program improvement initiative, successful students revealed they were driven more by intrinsic motivation. They were more likely to engage and be receptive to

the relevance of topics and information shared through various means. Weaker students indicated they were too busy to engage in support interventions. Further study is needed to determine if there is a correlation between students' motivation (extrinsic or intrinsic), faculty perception of their motivation and commitment, and their success rates, to determine if a relationship exists, and if this information can further inform the program design. In the meantime, the program leadership implemented research-based strategies. One strategy involves faculty mentors helping students connect extrinsic to intrinsic values by helping them understand that while their initial motivation for job security may be driving them currently, the impact nurses have on patients can enrich the experience [14]. Faculty development workshop #2 provides autonomy-supportive teaching in that it was designed to align student characteristics with pedagogies that are successful in fostering supportive learning environments [15,16]. Finally, through faculty mentoring and program design, students experience early clinical exposure and role modeling [17,18]. Imposter Phenomenon/Academic Self-doubt is a

psychological pattern where students, despite evidence to the contrary, question their academic competence. These students often experience feelings of self-doubt or inadequacy or even of being exposed as “a fraud.” According to, students with high degrees of impostor phenomenon tend to have personality traits associated with emotional distress [19]. “Since IP is a malleable personality construct, and therefore responsive to intervention, supportive feedback, and collaborative learning, mentoring by faculty, academic support, individual counseling, and group discussions with peers are all helpful.” Some of the second-degree BSN students expressed these feelings when comparing themselves to the students who were in the same classrooms but were enrolled in the traditional route to a BSN degree. However, the second-degree BSN students reported they desired more direct and consistent communication from faculty and felt supported by and learned better when working with near peers, whether that be successful classmates or upperclassmen. With this understanding in mind, program leadership made changes to the second-degree BSN program using research-based strategies such as normalizing challenges, providing a focus on growth mindset, peer support and mentoring, and offering skill-specific training for test anxiety management through orientation, faculty mentoring, near-peer tutoring, and workshops [20-22].

Locus of control is another psychological concept that helps us understand where a learner’s motivation is coming from and is aligned with impostor phenomenon. Locus of control refers to the extent to which a student believes they have control over their academic journey and there is research that consistently shows a strong correlation between internal locus of control and student success [23]. Locus of control can have an impact on success in higher education in terms of motivation and engagement, academic performance and achievement, resilience and problem-solving, and responsibility and self-regulation [24]. Internal locus of control is a powerful predictor of student success in higher education. It fosters motivation, resilience, and a sense of personal responsibility necessary to be successful in challenging academic learning environments [24]. The data collected through the surveys and focus groups of students and faculty indicated a misalignment, with students often referring to a lack of consistency and communication of faculty as being reasons for them feeling overwhelmed and stressed. Faculty expressed frustration with some students lacking the motivation and commitment level needed to be successful. While this initially appears to reveal a misalignment of perception, the data may reveal that both students and faculty are identifying as having an external locus of control. However, faculty are also revealing they may have an external locus of control in that they, too, are “blaming” students for programmatic issues. As faculty, their responsibility should be to determine student learning needs and focus their efforts on improving instructional and program design. The mentoring program partners faculty and students to engage them in two-way conversations so they can learn from each other, fostering shared responsibility, direct communication, and feedback loops, and empowerment through skill building [25].

Several additional issues became apparent during the implementation of the mentoring program. There was a disconnect between what the faculty thought would benefit

the student and what the student thought. Students were very critical of what they termed poor communication between faculty members. Students needed all courses to be constructed the same so that they didn’t have to adjust from one faculty member to another. They repeatedly stated that they wanted the faculty members to have the same expectations, say the same thing, follow the same syllabus format, conduct class, lab and clinicals in a similar fashion, and be “on the same page”. They indicated that needing to adjust to various faculty on a regular basis significantly increased their stress level. Students also indicated the need to have more direct communication with their instructors. They wanted to be seen and heard and have more interactive class experiences. Faculty, on the other hand, felt the students needed motivation to achieve course outcomes, were self-absorbed in activities outside the classroom and were not prepared by their previous degree experiences to study and take tests in the nursing program. The one clear result of the mentoring program was that students felt overwhelmed and were experiencing high stress levels. Adding a mentor with additional attendance at workshops or meetings was not effective for the weaker students. They simply chose not to participate or take advantage of the resources available to them. The stronger students actively participated and exhibited less stress. All the students indicated the need for tutoring services. Taking all of this into consideration several adaptations were made to the mentoring program. Orientation, including significant others, became routine. Students felt that when their significant other heard from official school faculty about the expectations of the program they became more understanding and supportive. The Central Calendar was adopted by the entire BSN Program. Students indicated that this helped with organization and relieved stress associated with “failing to remember to do something”. Student mentoring sessions were recorded and made available to all students who had an interest or need to attend. This also allowed them to attend at their own convenience, which was very important to them. A student tutoring program was initiated. The second-degree students indicated that what they valued most was tutoring and felt most comfortable with upper-level students or recent graduates to problem-solve. The students continued to be separated from the traditional students and taught by consistent faculty. The faculty development workshops were rated overall 4.9 on a 5.0 scale in areas of relevance to their teaching and communication with second-degree students. They were recorded and made available to all faculty. The assignment of a faculty mentor was merged with the assignment of a faculty coach for at-risk students that was being developed concurrently by the School of Nursing. As a result, the overall success of the program was evaluated by student retention, graduation and NCLEX-RN pass rates. Prior to the initiation of the mentoring program there was an 87-92% retention and graduation rate. Following the initiation of the mentoring program retention and graduation rate improved to 94%. Of the original 33 students enrolled in the mentoring program only 2 did not finish the program, although 7 needed additional time. One student withdrew the first semester, realizing nursing was not for her and left the university completely. One student failed Adult Health twice but graduated with a bachelor’s degree in social work. The cohort obtained an 88% pass rate on the NCLEX-RN exam which was considerably higher than the traditional BSN student pass rate [26,27].

Conclusions

Second degree nursing students require a different approach to the curriculum than traditional students. The areas identified as being most important for the success of second-degree students in this study were the reduction of student overall stress, communication between students and faculty, consistency between courses and the faculty, and a well-defined curriculum with a tutoring program. Students are highly stressed and need consistency in course structure, teaching styles and faculty expectations. Many of these students are likely experiencing cognitive overload and some of the strategies, namely the centralized calendar and the course specific test taking workshops, are strategies to help address this issue. Having consistent faculty experienced in teaching second degree BSN students is also crucial for student success. Students need a closer relationship with their faculty members than traditional BSN students. Strong communication between students and faculty members creates a positive environment and lowers stress. Strong communication between faculty is also necessary for consistency in the curriculum. In this study, tutoring was more highly valued by the students than formal mentoring. Mentoring was more effective when combined with a tutoring program. Students expressed serious time constraints and needed any additional services to be streamlined to be valued by the students to be successful. In conclusion, this study demonstrated the need for students to be taught by a consistent faculty with strong communication efforts with both students and each other, a consistent curriculum with little or no changes that flows from one course to another, and a well-designed tutoring program.

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