

# Exploring Belongingness in an Accelerated Nursing Program: A Qualitative Study

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Accelerated nursing programs, baccalaureate programs that generally take between 11 and 24 months of focused nursing coursework to complete, have proliferated to meet the demands of the current and projected nursing shortage (American Association of Colleges of Nursing [AACN], 2019; Canadian Nurses Association, 2009; Millet et al., 2015; Read & Laschinger, 2017). While these programs serve an important function, accelerated nursing students face unique challenges to their academic tenacity given the fast pace, content-heavy coursework, and swift transition into complex clinical learning environments. *Academic tenacity* is described as a student perspective that is resilient and oriented towards long-term outcomes; key components include self-regulation abilities, a growth-oriented mindset, and a sense of social belonging (Cohen & Garcia, 2008; Dweck et al., 2014). In addition to the faster pace of their coursework, accelerated nursing students are also frequently met with skepticism about the quality and efficacy of these fast-track programs by staff nurses, clinical instructors, and even faculty teaching within these programs (Bowie & Carr, 2013; Hegge & Hallman, 2008). Given the particular challenges of accelerated nursing programs, coupled with the realities of a strained nursing educator workforce (Boamah et al., 2021; Millett et al., 2015; Vandyk et al., 2017), there are potential threats to learning environments that are supportive of students' academic tenacity, in particular, the component of social belonging.

### Background

It is well established that the experience of belonging and social connection supports motivation, positive self-concept, and learning, and that the absence of belonging can increase stress, anxiety, and depression (Baumeister & Leary, 1995; Cohen & Garcia, 2008; Dweck et al., 2014; Maslow, 1987). Levett-Jones and colleagues (Borrott et al., 2016; Levett-Jones et al., 2007; Levett-Jones & Lathlean, 2008) have explored the concept of “belongingness” in nursing clinical education and demonstrated that belongingness impacts nursing students' positive self-concept, confidence, motivation for learning, and resilience in clinical contexts. Levett-Jones and Lathlean (2008) offered the following definition of belongingness in the context of clinical education:

Belongingness is a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions initiated by the individual. (p. 104)

While there is a clear link between nursing students' belongingness and their success in clinical learning environments (Grobeck, 2016; Levett-Jones & Lathlean, 2008), there is scant research looking at the impact of students' self-perception of belonging in academic nursing education contexts. In the traditional model of undergraduate nursing education, there is some degree of separation between clinical learning environments and academic settings where students complete the majority of their theoretical coursework (Luhanga, 2018). In this traditional model, students complete coursework in larger class groups and then separate into smaller groups to engage in clinical practice experiences. For the purposes of this project, we refer to classroom settings as “academic nursing education” contexts to differentiate from clinical learning environments.

Since we will be exploring belongingness in academic nursing education, we will also provide a working definition of belongingness as it applies to university students outside clinical

contexts. Drawing on an extensive review of the literature, Strayhorn (2018) defined belongingness as students' "perceived social supports on campus, a feeling or sensation of connectedness, and the experience of feeling cared about, accepted, respected, valued by, and important to the campus community or others on campus such as faculty, staff, and peers" (p. 23).

While the term *belongingness* comes directly from the literature, it is not a word frequently used outside of academic journals. Previous authors on this topic often use other terms such as *belonging*, *sense of belonging*, and *social connection* interchangeably with belongingness (Borrott et al., 2016; Grobecker, 2016; Levett-Jones & Lathlean, 2008; Pym et al., 2011; Strayhorn, 2018). While there is some debate in the psychological literature about the importance of differentiating between social connection or connectivity (an element of the self-concept related to one's cognitive understanding of relationship to the larger social world) and belongingness (a feeling of group membership and affiliation) (Lee et al., 2001), participants in this study naturally used the terms *sense of belonging*, *belongingness*, *social connection*, and *connectivity* interchangeably during interviews, which is consistent with the colloquial use and understanding of these terms. In the Findings section, we describe how participant-generated descriptions of belongingness align with the working definitions from Levett-Jones and Lathlean (2008) and Strayhorn (2018) provided above.

### Research Purpose and Questions

This project aims to explore the student experience of belongingness in academic nursing educational settings and was guided by the following questions:

- How do nursing students in an accelerated bachelor of science in nursing program experience belongingness?
- What factors impact nursing students' experience of belongingness?
- What are the implications of students' experience of belongingness?

### Methods

This qualitative study was influenced by phenomenology and the goal of understanding the lived experiences of participants. Phenomenology is an approach used in educational research to develop a "profound understanding of human experiences common to a group of people" (Padilla-Diaz, 2015, p. 104) and "rich, detailed descriptions of the phenomenon being investigated" (Eddles-Hirsch, 2015, p. 252). Because there is scant work on belongingness in academic nursing educational contexts, we decided upon a qualitative approach rooted in phenomenological inquiry to gain a foundational understanding of the experience of belongingness for accelerated nursing students.

### Study Setting and Demographics

Participants in this study were all students in an accelerated 20-month bachelor of science in nursing (BSN) program at a university in Western Canada. Applicants to this BSN program must have completed at least two years (48 credits) of postsecondary education, including prerequisite courses in English writing and human anatomy and physiology, to be eligible for admission. Once enrolled in their BSN studies, students engage in a series of nursing-specific courses, including theory, laboratory, and clinical practicum coursework. At the time of the study, theoretical coursework and laboratory-based learning were offered entirely in-person, on campus, with clinical learning opportunities at a variety of locations, from community clinics to tertiary

care settings. Given the admission requirements of their program, participants in the study all had significant previous postsecondary education to reflect upon and compare with their experiences in nursing education. All participants were also navigating the particular set of challenges related to rapid content delivery and a limited timeframe that were of interest to our team.

There were 17 participants in this study, 3 male and 14 female participants, ranging in age from 23 to 40 years. Participants' gender and age breakdown is representative of the makeup of the larger BSN program in which 15% of students identify as male and 85% identify as female (based on the current binary gender designation options available in the university's information system), with an age range of 21 to 45 years in the 2021 cohort.

### **Recruitment and Ethical Considerations**

Ethics approval for this study was obtained through the university's Behavioral Research Ethics Board. Participants were recruited via an email announcement; those interested in participating contacted the co-investigator directly. The co-investigator arranged for a pre-interview phone meeting with each participant to introduce the study and allow time to answer any questions, ensure informed consent, and arrange for the interview meeting. Interviews were booked at least a week later than the pre-interview meeting to allow time for consideration. Participants were informed during the pre-meeting that scheduling the interview did not commit them to the study and that they could opt out at any time. They were reminded at the beginning of the interview that they retained the right to withdraw at any point. Because the principal investigator is a faculty member in the participants' BSN program, all interviews were arranged and conducted by the co-investigator to minimize the risk of a real or perceived conflict of interest or dual relationship. As described below, transcripts and file names were anonymized to minimize the risk that the principal investigator could identify participants.

### **Data Collection and Analysis**

Seventeen students from the accelerated BSN program volunteered as participants. Individual, semi-structured interviews were conducted with each participant, using an interview guide that was co-created by the research team. Interviews took place at locations mutually agreed upon by the co-investigator and participant. Individual interviews ranged from 16 to 52 minutes long. Each interview was audio-recorded with participant consent. Participants were provided with a \$25 gift card as a gesture of appreciation for their time.

Audio files were transcribed verbatim using an online data transcription program approved by the ethics board and described in the informed consent process. To mitigate risks associated with third-party transcription, file names were anonymized before being uploaded to the transcription program and remained on the transcription site for only the minimum amount of time needed to generate the transcript. Once completed transcripts were received, the audio files were deleted from the transcription program. The co-investigator reviewed each transcript for accuracy and to remove identifying details of participants or educators. Transcripts were then shared with participants for their review and approval; one participant requested a minor change to the transcript, which was accommodated. Once the transcripts were de-identified and accuracy checked, they were stored on a secure, encryption-enabled platform accessible to both members of the research team.

Data analysis was influenced by Groenewald's (2004) guidelines for phenomenological analysis. First, each transcript was read several times in its entirety without highlighting or coding

to “become familiar with the words of the interviewee/informant in order to develop a holistic sense, the ‘gestalt’” (Groenewald, 2004, p. 50). Next, the principal investigator returned to each interview and highlighted sections that meaningfully related to the research questions, while generating preliminary codes or “units of meaning” (Groenewald, 2004; Hycner, 1985). The researchers met periodically throughout the data analysis process to clarify shared understanding of the units of meaning used to annotate the interviews. After individual interviews were annotated, transcripts were compared and emergent themes were identified across the set of interviews, similarities and variations were identified, and the research team continued the iterative process of discussing and clarifying themes while maintaining an audit trail of each iteration of annotation and discussion notes. The research team agreed that thematic saturation had been reached and no additional recruitment was needed when no new codes or themes were emerging from the interview data (Sebele-Mpofu, 2020).

### Findings

When asked to describe what belongingness meant to them, participants articulated an understanding consistent with Levett-Jones and Lathlean’s (2008) definition of belongingness, which describes feeling “(a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group” (p. 104). Thus, it appears that there is a consistent understanding of belonging/belongingness among nursing students in both clinical settings and the academic nursing educational contexts discussed in this project (Levett-Jones & Lathlean, 2008; Strayhorn, 2018).

For example, one participant described belongingness as a “sense of community. Feeling that there’s a group of people that you know who know you... that you have a sense of camaraderie with and a sense of cooperation rather than competition” (Participant [P] 16). Another noted the interconnection of a developing professional nursing identity with a greater sense of belonging:

I am learning that being a nurse for lots of people is a really important part of their identity... I think that nursing changes how you see the world and interact with the world... within the profession of nursing, there’s sort of a built in or an inherent sense of belonging, because we all have been through the same or similar education and we’ve all decided to pursue this path in our careers and our professional lives. (P6)

Many participants highlighted the importance of relationships in the educational setting in their personal definitions of belonging. As one participant described, “Belongingness [is] I guess an intrinsic sense that you fit in and that you’re in a place where you’re supposed to be and you’re comfortable and accepted... you want to know your fellow students and have a good rapport with professors and clinical instructors” (P14).

Beyond agreement with the definition of belongingness, three central themes emerged from the interviews: belongingness matters to students; belongingness is constructed and understood by the individual; and belongingness is relational and contextually situated. Additionally, participants offered a number of experiences and suggestions that they believe enhanced belongingness, which are described here as facilitators of belonging.

Answers to our first research question (How do nursing students in an accelerated BSN experience belongingness?) both lie in preceding personal definitions of belongingness and are threaded throughout the exploration of the central themes described below.

## **Belongingness Matters to Students**

In their responses, participants spoke directly to our third research question (What are the implications of students' experience of belongingness?) as they overwhelmingly reported that having a sense of belonging “directly relate[s] to our sense of worth, our mental health on an individual level, on a group level” (P16) and described belongingness as “important to keep me motivated” (P14). Participants reflected: “I think if you didn’t have that sense of belonging, it would be near impossible to get through the program” (P5); “I think it entirely matters... I really do value the sense of belonging... it makes me feel safe and connected and really empowers [me] to learn” (P10). Given that students explicitly linked belongingness to motivation, mental health, and empowerment, there are clear indications for schools and faculty members to actively work to enhance and support students' belongingness. Participant-suggested strategies for enhancing belongingness are described in the Facilitators of Belonging subsection below.

## **Belongingness Is Constructed and Understood by the Individual**

Participants also described constructing and understanding their own sense of belonging through numerous intrapersonal factors, such as their own motivation for pursuing nursing as a career, their personal impetus for seeking an accelerated program, and their unique tendencies to seek out support from or connection with peers and teachers. Participants further reflected that their personal responsibilities, commitments, and relationships outside nursing education impact their sense of belonging within their educational setting; some felt more drawn to seeking out connection with peers and faculty, and others felt less inclined to invest in relationships within the BSN program since they were focused on completing the program quickly and returning to their home community to begin a new career.

Rather than these individual factors preventing belongingness or decreasing motivation for connection, participants reported that what mattered to their sense of belonging was being seen and valued as individuals with unique experiences, knowledge, responsibilities, and perspectives. The importance of being seen as an individual whose collective life experience positively contributes to their own and their colleagues' nursing education, their BSN program, and the nursing profession was a strong through-line in participants' reflections.

Participants valued being seen as a person “as a whole rather than just as a student” (P16) and believed this contributed to a sense of belonging. For example, when teachers of large classes took the time to ask for students' names, “that felt like they cared about who I was as a person as well as a student. Like they wanted to know who I was specifically” (P2). Another participant noted that students being able to share their experiences and unique perspectives

enhances the belonging because you feel like you're contributing. And when you are able to share potentially a different perspective than what most people may have experienced, I think it makes you feel like you're actually contributing worthwhile things and that your participation in this community is valued. (P10)

In contrast, feeling “like a number, like I'm just a student paying tuition” (P1) or perceiving oneself “like a cog in the wheel and a relatively unimportant one at that” (P14) was associated with frustration and a decreased sense of belonging to and investment in the educational program.

## **Belongingness Is Relational and Contextually Situated**

While each participant understood belongingness through their unique intrapersonal lens, participants also described belonging as being enacted in the contexts of relationships.

Interpersonal relationships, positive or negative, influenced participants' experiences of belonging in nursing education settings. These relationships play out within the larger context of the accelerated BSN program and the university setting, all embedded within the profession of nursing, and alongside the individual familial and structural support systems students access during their studies. Thus, responses to our second research question (What factors impact nursing students' experience of belongingness?) are explored in the following sections describing relational factors, logistical barriers to, and facilitators of belongingness.

### ***Peer Relationships***

Peer relationships were consistently described as the most central and positive factors in supporting participants' sense of belonging. Describing their connection to peers, participants reported, "With other students... I think that that's where I found belonging most" (P6); and "the students themselves drive a lot of that sense of belonging" (P5).

In the context of peer relationships, participants frequently described belonging as arising from shared experiences, particularly sharing challenging experiences: "nobody else really gets the stresses of the program like your classmates" (P11). With respect to other students, one participant observed:

They're really the only people that really understand what you're going through, right? Because they're going through it with you... You're going through like sad times and funny times and new experiences all the time. And that creates... a bonding experience and a sense of belonging for sure. (P12)

Several participants described supporting one another through difficulty as a part of their bonding process: "We joke and called it trauma bonding... to be in it together and to find common ground and support one another definitely creates that sense of belonging" (P5); "You're in the same boat... the same issues, and you try to survive together" (P3). Another explained, "Even if we're in the middle of midterms and stressed and miserable and anxious... you show up and everybody's sort of going through it together" (P6).

### ***Relationships With Faculty***

Though participants varied in how much they reported interacting with faculty members inside and outside the classroom, they consistently looked to faculty to establish environments that support belonging, particularly in large classes. Participants also identified qualities in faculty members, such as approachability, authenticity, and intentionality, as being important in positive student-faculty relationships and linked these qualities to satisfaction with their educational experience: "It really depends on the approachability of the faculty... when approachable, you have a more satisfactory sort of education" (P3).

Participants elaborated on this theme, noting that "professors being relatable and intentional... to break down this hierarchy of student professor relationship and ensure that they're approachable and see people as a whole rather than just as a student" (P16) impacts students' willingness to connect with, learn from, and respect faculty members. "Certain faculty members... were very honest, very authentic, and were very open to sharing their own life experiences, even beyond nursing. And I think that made a big difference on who as a student we can trust" (P7). Participants described approachable, authentic teachers as those who demonstrated investment in student learning by offering encouragement, answering student questions both in and outside of

class, sharing relevant personal anecdotes and experiences, and being receptive to student feedback.

On the other hand, participants also described behaviours and attitudes perceived to create a “divide between the professors and the students... a disrespect on both ends” (P12).

Several participants articulated challenges with perceived rigidity and limited autonomy in their nursing educational experiences. One participant reflected, “The most challenging piece was I think I felt like I was being treated like I wasn’t an autonomous adult who could make decisions for my own learning” (P6). Others similarly noted, “We’re not treated like adults” (P14) and related being “treated like children” (P16). Examples included being discouraged from pursuing extracurricular activities; having limited advanced notice about clinical schedules, which complicated outside responsibilities; having content delivered via didactic, teacher-centred methods; and having a perceived lack of transparency about expectations and administrative decisions. Participants also described faculty reacting to student questions about course content defensively: “They took it personally... maybe instead of seeing it as like a learning opportunity for students or just curiosity” (P8). Finally, participants described “just being met with dismissiveness” (P14). Feeling “dismissed” or encountering a “dismissive” attitude from faculty came up frequently in interviews, and participants related this to their sense of belonging in the BSN program: “I would kind of be dismissed. And yeah, that affects my sense of belonging to the program and caring about the program” (P1).

Though this study aimed to explore belonging in academic versus clinical educational contexts, the topic of clinical education arose organically in conversations with participants. Participants felt opportunities for connection and belonging were most apparent in clinical practicum placements; these settings combined experiences of shared challenges and supportive peer interactions within smaller group settings that allowed for more direct interaction and sharing of personal information as compared to large group course contexts. Students’ sense of belonging—along with their confidence as developing nurses and motivation to continue with their nursing education—was significantly impacted by their interactions with instructors in clinical contexts. As one student described, “Depending on the instructor, there would be a huge difference between whether I felt like I was meant to be in nursing or... I was good at it or if I felt like I really didn’t belong... So depending on how they approached the relationship, it really changed my outlook on the entire career” (P8).

### ***Logistical Barriers to Belongingness***

Participants identified the accelerated nature of the BSN program and the large size of their student cohort as primary challenges to belongingness. Many pointed to the fast pace and heavy content-load as potential barriers. As students explained, “I think just time is the single biggest barrier” (P10) and “because the program is shorter, you don’t have as many opportunities... to get that sense of belonging” (P8). Students reported that the time and effort needed to stay on top of the academic and clinical workload contributed to fatigue and explained that students often feel they need to decide between social events that contribute to connection and belonging and their academic goals: “They don’t really want to sacrifice their academic performance in lieu of a two-hour event which can enhance their feeling [of] connectedness or belonging to the program” (P10). The fast pace and short timeframe of the program limits opportunities for both peer and faculty connections: “By the time you’re in your final year, which is really just the second year of the

program, you don't have enough rapport I think with the faculty... so they don't know us as individual students" (P6).

Students also observed that a main issue "is just the size of the cohort" (P8); "it's hard to have a sense of belonging because it's a lot of people" (P13). Large, lecture-style classes were also a challenge: "During those shared academic times, there's not a lot of opportunity for engaging or connecting or feeling a sense of belonging... Because it's a huge lecture hall with 120 eyes facing forward and one professor very far away with a microphone" (P14). Discomfort with speaking in large classes was common: "In a huge classroom, I'm... not usually comfortable with speaking" (P15).

### **Facilitators of Belongingness**

Participants highlighted strategies and experiences that supported belonging and offered suggestions for ways to enhance belongingness. Students felt that the program orientation was "a really great way to enhance that sense of belonging [and] connectedness right off the bat" (P10) and "set up the atmosphere that we work together rather than in competition to get good grades" (P4). Most also appreciated having a dedicated student space and noted that having a nursing student lounge helped "us to feel like we belong there and [are] centered there in some way" (P17). Social media was also described as a place for sharing information and for students to "feel connected and supported by other students" (P14).

Participants consistently identified learning in smaller groups as an opportunity for connection with other students, which they related to belonging. Group work in classes, labs, and clinical settings were all identified as opportunities for "hearing diverse perspectives and learning from peers" (P16) and to "facilitate that sense of connectivity" (P14).

Additionally, students valued times that supported faculty-student social connection and decreased power dynamics. For example, two participants recalled a weekly faculty-student mindfulness group where "the power differentials were just gone and we're just... enjoying time together" (P16). Participants expressed desire to connect with faculty members outside the classroom space and on equal footing, noting that "fostering that feeling of belongingness just doesn't happen in class. It happens outside of class time too" (P11). They described wanting faculty to "come down to our level a bit more, share more of their experiences. Listen to our feedback more. Get to know us more. Have their door open to create those connections" (P12). To support this type of connection, many participants suggested school-sponsored events such as meals or coffee breaks where students have an "opportunity to get to know the faculty members outside of the academic setting in a more casual way" (P8).

### **Discussion**

Though nursing education can be a deeply enriching experience, the combined demands of academic coursework and immersion in complex health care environments leads many nursing students to report significantly elevated levels of stress (Labrague et al., 2017; Sanderson & Brewer, 2017). Students in accelerated nursing programs describe periods of prolonged stress at higher levels while in their BSN programs than in previous life situations (Cangelosi & Moss, 2010; Hegge & Hallman, 2008). At the same time, there is a well-developed and growing body of research affirming that social connection and belonging help to mitigate stress, while also improving students' motivation for learning, sense of self-efficacy, and academic outcomes

(Baumeister & Leary, 1995; Gopalan & Brady, 2019; Levett-Jones & Lathlean, 2008; Pym et al., 2011).

Students participating in this study confirmed that they view belongingness as important to their experience in an accelerated nursing program, both in academic courses and clinical contexts. Participants agreed that a sense of belonging positively impacts mental health, motivation, and ability to envision themselves as successful nurses. This relationship between belongingness, motivation, and a developing nursing identity is particularly interesting given that the 2015 Study of Teaching and Learning in Accelerated Nursing Degree Programs found that “noncognitive attributes such as motivation and commitment to the nursing profession fuel the success of accelerated, second-degree nursing students” (Millett et al., 2015, p. 28).

Participants’ experiences of belongingness in the academic setting, however, were almost entirely rooted in peer relationships. Peer-to-peer connections were most effectively forged in small-group learning experiences across settings. Students developed their own support networks on social media. Allocating a comfortable, dedicated space for students to gather for socialization and study supported students’ sense of belonging in the physical environment of the school. The identified gap in student-faculty connections suggests that there is considerable opportunity to further develop thoughtful approaches to enhance belongingness more broadly. As one participant observed, “For there to be a culture of belonging, you need the infrastructure” (P16).

Integration of program-supported opportunities for connection and rapport building between faculty and students is one relatively low-barrier way to encourage these connections. Just as they are juggling academic and extracurricular responsibilities, students understand that faculty members are also busy and, as one student observed, “I don’t want to use their time unless I have a very specific and important issue” (P17). While students praised their orientation to the BSN program, they suggested that ongoing opportunities, such as school-sponsored lunches or coffee breaks and “Meet the Profs” events, would be helpful for networking and relationship building without the pressure of needing a specific academic-related question to approach a faculty member. Others noted that initiatives that bring students and faculty together in shared, focused activities, for example, mindfulness practices, yoga, fundraising, or volunteering events, were helpful.

Planning social events and ensuring physical space to connect are relatively easy interventions that may lay the groundwork for shifting challenging interpersonal dynamics between accelerated nursing students and faculty. As a group, accelerated nursing students tend to be older than students in traditional programs, are more likely to have families or other significant external commitments, often have previous academic degrees and achievement, and come to nursing as a second career (AACN, 2019; Bowie & Carr, 2013). Faculty teaching in accelerated programs report that accelerated nursing students frequently challenge the status quo, ask probing and complex questions, and more often give direct feedback about their learning experiences than traditional undergraduate students, all in the context of fast-paced programs that leave little time to review complex content or for socialization into the nursing profession (Bowie & Carr, 2013; Cangelosi & Moss, 2010; Millett et al., 2015). Faculty teaching in accelerated programs have less time to convey essential content, so teaching in an accelerated program carries many of the same pressures and stressors as learning in one. The pacing of these programs can leave both faculty and students feeling under intense pressure to perform. It is perhaps unsurprising then that relationships between stressed faculty and students may become strained or fail to develop without intention and care paid to the value of belonging and connection.

Participants in this study pointed to the tension between students and faculty that has been previously described while affirming that accelerated nursing students value transparency about expectations, scheduling, and pedagogical decision-making, as well as autonomy and flexibility in learning where possible in recognition of their external commitments and previous experiences as learners. Attending to and mitigating power dynamics and hierarchy while recognizing students' desire to contribute their perspective based on previous experience may enhance student-faculty connection and create a greater sense of belonging. As Bowie and Carr (2013) proposed:

When we treat adult students as the colleagues they are to become, telling our stories, getting to know each other as persons, celebrating our successes, and supporting each other through challenges and problem solving, we create collegiality, mutual respect, and sense of community, as well as cognitive and metacognitive learning. (p. 400)

Participants in this study echoed this sentiment. In their pursuit of a nursing career, accelerated students are seeking learning environments that are challenging and goal-oriented but that also allow for human connection and a mutual valuing of experience, perspective, and the shared goals of providing excellent nursing care.

### **Limitations**

The relatively small number of participants and concentration on experiences in a single accelerated BSN program are limitations to consider. In an effort to minimally guide the conversations with participants and to protect confidentiality, we collected very limited demographic information, which did not include information about racial identity, marital status, and so on. Though we presume these factors likely impact belongingness, they did not naturally arise in the interviews. Collecting additional demographic data may have allowed for more nuanced understanding of individual factors that contribute to belongingness and is a consideration for future research.

### **Conclusion**

Belongingness has been established as a “prerequisite” for success in clinical nursing education (Levett-Jones & Lathlean, 2008). This study adds to the literature by confirming that accelerated nursing students perceive social belonging as important in supporting their motivation, well-being, and confidence in their developing nursing identity in academic, as well as clinical, education settings. Our findings underline the importance of nursing programs, as well as individual faculty members, thoughtfully attending to the structural and relational facilitators of and barriers to belongingness described above.

Directions for future inquiry include assessing which interventions most effectively enhance belongingness in academic nursing education contexts, as well as understanding whether and how enhanced belongingness translates to academic outcomes and clinical competency. Additionally, the experience of faculty belongingness has yet to be widely explored. Understanding how faculty perceive themselves as connected to or supported by their university, by one another, by their students, and by the profession of nursing may offer insights into ways to mitigate the challenges of educating nurses in ever more complex environments. Creating environments that attract nurses to graduate education and faculty positions is an important part of addressing the ongoing nursing faculty shortage.

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Not applicable.

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