

Readiness towards self-directed learning among bachelor level nursing students in a campus Banke district

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Abstract

Introduction: Self-directed learning is beneficial in adult learning and is associated with better outcomes, particularly through lifelong learning processes. **Objective:** This study's main objective was to assess the level of readiness towards self-directed learning among bachelor-level students at a Nepalgunj nursing campus. **Method:** A descriptive cross-sectional study based on a quantitative approach research design was used in this study. Structured self-administered questionnaire was used to collect data among the students based on an internationally validated tool of the self-directed learning readiness scale (SDLRS) developed by Fisher et al 2001. The collected data was analyzed by Statistical Package for Social Science (SPSS) version 24. Descriptive statistics (frequency & percentage) and inferential statistics (Chi-square test) were used for data analysis. **Results:** This study revealed that most (87.2%) of the students have a high level of readiness for self-directed learning. A significant association was found between age, type of family, academic years, and voluntary selection of nursing education of students with the level of readiness for Self Directed Learning among bachelor-level nursing students. The score of subscale self-control is higher than self-management and desire for learning. **Conclusion:** The study concluded that most of the students have a high level of readiness for self-directed learning.

Keywords:

Readiness, Self-Directed Learning, Nursing Students



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INTRODUCTION

Self-directed learning (SDL) is an independent learning approach and especially appropriate for adult

learners where control over the learning is exerted by the learners than by teachers (Nepal & Adhikari, 2021). It can occur in diverse situation and is necessary for a formal learning setting, in the workplace as well as in the personal life. Self-directed

learning is a lifelong learning process (Koirala & Kafle, 2021). Self-directed learning may be affected by some factors such as culture and education, environment of learning, learners, learning characteristics and the meaning - making learning process (Abdou, et al., 2021). Self-directed learning (SDL) is a special type of learning method used more and more among the adult population. Self-directed learners take control of their education and keep learning throughout their lives (Alkorashy & Assi, 2017). They accept the freedom and responsibility of learning what is personally important to them and determine just how much control they take of their own learning process. Self-directed learning provides students with the self-confidence to apply gained knowledge to their lives and the surrounding environment (Collier, 2022). Professionals who are skilled in Self-directed learning can solve problems during their daily activities through evidence-based research. Self-directed learning enables students to work on areas in which they are the weakest (Wong & Khan, 2022). The abilities to self-monitor and self-assess are developed through Self-directed learning, which has been found to be necessary to develop professional competence (Van Loon et al., 2019). The main issue in education is learning and education is meaningful when associated with learning in learners. Self-directed learning in education is very important, because learners who are active in learning more things to learn and academic self-efficacy and Achievement (Mystakidis, 2022). Thus, the aims of the study were to assess the level of Readiness towards self-directed learning among Bachelor level students and find out the associations of level of readiness with sociodemographic variables of the students.

Objectives of the Study

1. To assess the level of readiness towards self-directed learning among bachelor-level nursing students in Nepalgunj Nursing Campus.
2. To explore the association between sociodemographic variables (e.g., age, type of family, academic year, voluntary selection of nursing education) and the level of readiness for self-directed learning.
3. To evaluate the dimensions of self-directed learning readiness, namely self-management, desire for learning, and self-control, among bachelor-level nursing students.

Nursing students were selected as the target population for this study due to the unique demands of their educational journey, which emphasize critical thinking, problem-solving, and evidence-based practice. These characteristics align closely with the principles of self-directed learning (SDL), making it essential to understand their readiness in this area. Nursing education inherently requires students to integrate theoretical knowledge with practical application in clinical settings. This dual focus

demands high levels of self-management, intrinsic motivation, and a desire for continuous learning core components of SDL. Moreover, the nature of nursing as a profession requires lifelong learning to adapt to advancements in medical knowledge, technology, and patient care standards. Assessing SDL readiness among nursing students provides insights into their preparedness for these challenges.

In addition, nursing students, often classified as adult learners, are particularly suited for SDL methodologies. Adult learners are typically motivated by personal and professional goals, making them more likely to engage in autonomous and self-directed educational activities. SDL also fosters essential professional competencies, such as independently identifying knowledge gaps, seeking appropriate resources, and implementing solutions skills that are critical in clinical decision-making and patient care. Furthermore, in the context of Nepal, nursing education faces challenges such as limited resources, diverse educational backgrounds, and varying levels of access to learning tools. By studying SDL readiness among nursing students in Nepalgunj Nursing Campus, the research can identify specific strengths and areas for improvement, which can inform strategies to enhance educational outcomes and professional preparedness in the local context. Overall, this focus on nursing students is essential for developing tailored interventions to improve both their academic performance and their readiness to excel in healthcare environments.

METHOD

A descriptive cross sectional study design based on quantitative approach was used. The study was conducted in TU IOM Nepalgunj Nursing Campus, which is located in Lumbini Province Banke. The study population were the students of Bachelor of Nursing Science and Bachelor of Science in Nursing First & Second year. Total enumerative sampling technique was used to collect data. Sample size was 94 students. A structured self-administered questionnaire was used to collect data among the students. Readiness towards self-directed learning was assessed by using internationally validated tool for assessing self-directed learning readiness scale (SDLRS) develop by Fisher et al 2001. English version of the research instrument was administered. Self-directed learning scale comprises of three dimensions i.e. self-management, desire for learning and self-control each having 13, 12, and 15 questions which amounted to 65, 60, and 75 points per section respectively. It is a 5-point Likert scale with 40 items and has 200 scores in total. The scores of above 150 reflects high level of readiness and below 150 scores reflects low level of readiness for self-directed learning (Fisher et al., 2001; Yuan et al., 2012). The content validity of the instrument was maintained by extensive literature review and consultation with

concerned advisor, subject teachers, subject matter expert and statistician. Pretesting of the instrument was done in 10% of respondents in the similar setting and necessary modification of instrument was done. Pretested respondent was excluded from the study. Before data collection, formal administrative approval was obtained from Nepalgunj Nursing Campus. The objectives of the study were explained to the students and informed consent was obtained from all the students. The participation of students in the study was voluntarily, they have the right to ask questions and that they could withdraw from the study at any time without having to give a reason. Anonymity of the students was maintained by using code number and confidentiality was maintained by assuring that it was only used for study purpose. The duration of data collection was two weeks from 2079/11/7 to 2079/11/ 21. The collected data was analyzed by using

descriptive statistics like percentage, frequency & inferential statistic (Chi square) with SPSS version 24.

RESULT

A total of 94 nursing students studying in bachelor's level in Nepalgunj Nursing Campus were enrolled in the study. The sociodemographic characteristics of the students participated in the study is shown in table 1. Majority (72.3%) of the student where in age group of 15-25 years. Almost all of the students (98.9%) were female and majority (67.0%) of the students were Brahmin/Chhetri. More than half (48.9%) of the students were living in rent. Most (73.4%) of the students were from nuclear family.

Table 1. Sociodemographic characteristics of students (N = 94)

Variables	n	%
Age Group		
15- 25	68	72.3
26-35	25	26.6
36-45	1	1.1
Gender		
Male	1	1.1
Female	93	98.9
Current place of residence		
Home	22	23.4
Hostel	46	48.9
Rent	26	27.7
Ethnicity		
Dalit	4	4.3
Janajati	19	20.2
Madhesi	5	5.3
Brahmin/ Chhetri	63	67.0
Other	3	3.2
Religion		
Hindu	92	97.9
Christian	2	2.1
Relationship status		
Married	32	34.0
Unmarried	62	66.0
Type of family		
Nuclear	69	73.4
Joint	25	26.6

Regarding the academic related variables as shown in Table 2, majority (73.4%) of the students were from private school. Most (86.2%) of the

students selected nursing education voluntary. that most (87.2%) of the students have high level of readiness for self-directed learning.

Table 2. Academic related variables of students (N = 94)

Variables	n	%
Academic years		
BNS First year	29	30.9
BNS Second year	30	31.9
BSc Nursing First year	30	31.9
BSc Nursing Second year	5	5.3
Type of previous school		
Public	25	26.6
Private	69	73.4
Previous academic performances		
Distinction	61	64.9
First division	33	35.1
Voluntary selection of Nursing Education		
Yes	81	86.2
No	13	13.8
Students Level of Readiness for Self-directed Learning		
Low level (<150 scores)	12	12.8
High level (≥150 scores)	82	87.2

Table 3 shows the minimum and maximum scores obtained by students in subdomains of Self-Directed Readiness Scale. The score of subscale self-control is higher than self-management and desire for learning. Regarding the association between Students' Level of Readiness for Self-

Directed Learning with Socio-demographic variables, the age of students and type of family were significantly associated with student's level of readiness for self-directed learning as shown in Table 5.

Table 3. Score obtained by students in sub scale of self-directed learning readiness (N = 94)

Domain	Items	Range	Obtained score (range)
Self-management	13	13-65	42-61
Desire for Learning	12	12-60	44-58
Self-Control	15	15-75	50-67
Overall	40	40-200	136-186

Regarding the association between Students' Level of Readiness for Self-Directed Learning with Socio-demographic variables, the age of students and type of family were significantly associated with student's level of readiness for self directed learning

as shown in Table 4. Table 5 shows the significant associations between voluntary selection of nursing education, academic years and level of readiness for self-directed learning

Table 4. Association between students level of readiness for self-directed learning with socio-demographic variables (N = 94)

Variables	Level of Readiness		χ ² value	p value
	High n (%)	Low n (%)		
Age in completed years				
≥ 20	8 (8.5)	4 (4.3)	5.225	0.022*
≤ 20	74 (78.7)	8 (8.5)		
Sex				
Male	1 (1.1)	0 (0.0)	0.148	0.701
Female	81 (86.2)	12 (12.8)		
Current place of residence				
Home	17(18.1)	5(5.3)	2.559	0.110
Hostel + Rent	65(69.1)	7(7.4)		
Ethnicity				

Brahmin/ Chhetri	55(58.5)	8(8.5)	0.001	0.978
Other	27(28.7)	4(4.3)		
Relationship status				
Married	30(31.9)	2(2.1)	1.850	0.174
Unmarried	52(55.3)	10(10.6)		
Type of family				
Nuclear	57(60.6)	12(12.8)	4.984	0.026*
Joint	25(26.6)	0(0.0)		

Table 5. Association between Students Level of Readiness for Self-directed Learning with Academic variables (N = 94)

Variables	Level of Readiness		χ^2 value	p value
	High n (%)	Low n (%)		
Academic years				
BNS First and Second year	56(59.6)	3(3.2)	8.395	0.004*
BSc Nursing First and Second year	26(27.7)	9(9.6)		
Type of previous school				
Public	23(24.5)	2(2.1)	0.695	0.405
Private	59(62.8)	10(10.6)		
Previous academic performances				
Distinction	52(55.3)	9(9.6)	0.617	0.432
First division	30(31.9)	3(3.2)		
Voluntary selection of Nursing Education				
Yes	73(77.7)	8(8.5)	4.391	0.036*
No	9(9.6)	4(4.3)		

DISCUSSION

The findings of this study revealed that most (87.2%) of the students had high level of readiness for self-directed learning which is like the findings obtained from the study done by Shrestha & Thapa (2022) in Kathmandu. The findings were also similar to the results from other studies conducted by Singh & Paudel (2020) in Malaysia. Likewise, the results of this study also coincide with the findings from another study conducted by Koirala, Kafle & Koirala (2021) in Eastern Nepal which reveals that majority of the respondents (79.3%) had high scores of Self-Directed Learning.

In the present study, there was statistically significant association between the age of the students and readiness for self-directed learning ($\chi^2 = 5.225$, $p = 0.022$). The type of family was also found to be significantly associated with readiness for self-directed learning ($\chi^2 = 4.984$, $p = 0.026$). Regarding the academic related variables of the students, significant association was observed between voluntary selection of nursing education ($\chi^2 = 4.391$, $p = 0.036$), academic years ($\chi^2 = 8.395$, $p = 0.004$), and level of readiness for self-directed learning among the students. The findings obtained in this study were consistent with the findings from the study conducted by Koirala & Kafle (2021) where level of readiness for self-directed learning was significantly associated with age, academic years and type of family. Similar findings were found in the other studies

done in Nepal by Shrestha & Thapa (2022) and Nepal & Adhikari (2021).

The study's results underscore a high level of readiness for self-directed learning (SDL) among bachelor-level nursing students, with 87.2% demonstrating high readiness. This finding aligns with similar studies conducted in Nepal and abroad, reinforcing the global relevance of SDL in nursing education. However, a deeper analysis of the findings reveals critical insights into the sociodemographic and academic factors influencing SDL readiness.

Age emerged as a significant factor influencing SDL readiness, with students over 20 years demonstrating higher levels of readiness ($\chi^2 = 5.225$, $p = 0.022$). This aligns with developmental psychology theories that associate maturity with greater autonomy and intrinsic motivation. Older students may have more life and educational experiences that enhance their ability to self-manage and set learning goals. The influence of family type was another notable finding, with nuclear family settings significantly associated with higher SDL readiness ($\chi^2 = 4.984$, $p = 0.026$). This may be linked to the greater independence often observed in students from nuclear families, as they may have fewer familial obligations compared to those from joint families.

Gender, despite the overwhelming female representation (98.9%), did not show a significant association with SDL readiness. This might indicate that gender is less influential in determining SDL readiness in nursing education, potentially due to the

profession's traditionally female-dominated demographic and its emphasis on autonomous learning irrespective of gender.

The study found significant associations between voluntary selection of nursing education and SDL readiness ($\chi^2 = 4.391, p = 0.036$). Students who chose nursing voluntarily were more likely to exhibit higher readiness, highlighting the role of intrinsic motivation in fostering self-directed behaviors. This underscores the importance of aligning students' career choices with their personal interests and goals to enhance their learning outcomes.

Academic year also played a crucial role ($\chi^2 = 8.395, p = 0.004$), with senior students displaying higher SDL readiness. This could be attributed to the progressive nature of nursing education, where students acquire more self-management and problem-solving skills as they advance in their studies. However, it also raises questions about the preparedness of first-year students and the potential need for interventions to build SDL capacities early in their academic journey.

Among the subdomains of SDL readiness, self-control scored the highest, indicating that students were particularly adept at maintaining discipline and staying focused on their learning objectives. However, self-management and desire for learning scored comparatively lower, suggesting potential areas for improvement. While self-control is critical, the other two subdomains are equally essential for holistic SDL. Addressing these gaps could involve curriculum enhancements that foster time management skills and cultivate a deeper curiosity for knowledge.

The study's findings must also be viewed within the cultural and contextual framework of Nepal, where education systems often emphasize rote learning over independent inquiry. The high SDL readiness observed in this study may reflect a growing shift towards student-centered pedagogies in nursing education. However, it may also indicate that nursing students, due to the demands of their profession, inherently possess traits conducive to SDL. Further research is needed to compare SDL readiness across different disciplines to validate this hypothesis.

The consistency of these findings with previous studies conducted in Nepal and internationally reinforces the universality of factors influencing SDL readiness. However, minor variations in the significance of specific variables, such as family type, suggest that local cultural dynamics play a role. For instance, the collectivist culture in Nepal may shape students' learning behaviors differently than in more individualistic societies, where familial influence might be less pronounced.

The high SDL readiness among nursing students is promising, yet the nuanced differences across sociodemographic and academic variables call for tailored interventions to ensure that all students are equally prepared for the demands of

lifelong learning and professional practice. levels due to possible differences in nursing education abroad.

In addition, Ozturk et al. (2014) concluded that nursing students' abilities with urinary catheterization were improved by web-based teaching, and these benefits doubled when web-based learning was added to traditional classroom instruction.

CONCLUSION

Based on the findings, it can be concluded that there is high level of readiness for Self Directed Learning among most of the Bachelor Level Nursing students. There was also significant association between age, type of family, academic years and voluntary selection of nursing education of students with the level of readiness for Self Directed Learning among bachelor level nursing students. The score of subscale self-control was higher than self-management and desire for learning subscales for self-directed learning. The study population was limited to only one campus so findings cannot be generalized beyond the study settings.

Conflict of Interest

The authors declare no conflict of interest in this study.

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