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Readiness towards Self Directed Learning among Bachelor Level Nursing Students in a Campus, Banke District

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Abstract

Self-directed learning (SDL) plays a critical role in adult education, fostering lifelong learning and contributing to enhanced academic and professional outcomes. This study aimed to assess the level of readiness for SDL among bachelor-level nursing students at Nepalgunj Nursing Campus and to explore the associations between SDL readiness and selected demographic and academic variables. This descriptive cross-sectional study employed a quantitative research design. A total of [insert number] bachelor-level nursing students were recruited using [specify recruitment method]. Data were collected using a structured self-administered questionnaire based on the Self-Directed Learning Readiness Scale (SDLRS) developed by Fisher et al. (2001). The tool's reliability was verified with a Cronbach's alpha of [insert value]. Descriptive statistics (frequency and percentage) and inferential statistics (Chi-square test) were utilized for data analysis. The findings indicated that 87.2% of the students demonstrated a high level of readiness for SDL. Significant associations were identified between SDL readiness and variables such as age, type of family, academic year, and voluntary selection of nursing education ($p < 0.05$). Among the subscales, self-control scored higher compared to self-management and desire for learning. The study highlights a strong readiness for SDL among nursing students, with significant demographic and academic factors influencing this readiness. These findings suggest the need to integrate strategies that further enhance SDL readiness, particularly focusing on subscales where students scored comparatively lower, such as self-management and desire for learning.

Keywords: Readiness, Self-Directed Learning, Bachelor of Nursing Students

Introduction

Self-directed learning (SDL) is a learner-centered approach in which individuals take primary responsibility for planning, implementing, and evaluating their own learning processes. This approach is particularly relevant for adult learners, as it emphasizes autonomy and self-regulation, empowering learners to tailor their education to their specific needs and goals (Nepal & Adhikari, 2021). SDL has been recognized as a vital component of lifelong learning, occurring in diverse contexts such as academic institutions, workplaces, and personal development settings. In formal educational environments, SDL fosters independent thinking and equips learners with the skills to navigate complex challenges, thereby enhancing both personal and professional growth.

The concept of a formal learning setting in this context refers to structured educational programs, such as those found in universities and professional training courses, where students are required to meet defined learning objectives and competencies within a curriculum framework. For nursing students, readiness for SDL is particularly critical as the profession demands not only academic excellence but also the ability to apply knowledge in dynamic and high-pressure clinical settings. Research indicates that SDL enhances students' confidence in applying theoretical knowledge, promotes problem-solving skills, and supports evidence-based practice—skills essential for nursing professionals (Siminică & Traistaru, 2013).

Factors influencing SDL include cultural and educational backgrounds, the learning environment, individual learner characteristics, and the ability to engage in meaningful, reflective learning processes (Hoda et al., 2021). These factors shape a learner's readiness for SDL, which is defined as the degree to which an individual is prepared and motivated to engage in self-directed learning activities. Evidence suggests that individuals with higher SDL readiness exhibit greater academic achievement, enhanced self-efficacy, and the capacity for lifelong learning (Saeid & Eslaminejad, 2016). This is particularly significant in the field of nursing, where professionals must continuously update their knowledge and skills to provide high-quality patient care in rapidly evolving healthcare environments.

SDL also enables learners to identify and address their areas of weakness, fostering self-monitoring and self-assessment abilities that are essential for developing professional competence. By adopting SDL, nursing students can take ownership of their education, aligning their learning processes with personal and professional aspirations while meeting the rigorous demands of their academic programs (Hanan et al., 2016).

Given the critical role of SDL in professional education and its importance for nursing students, this study aims to assess the level of readiness for SDL among bachelor-level students at Nepalgunj Nursing Campus. Furthermore, it seeks to explore the associations between SDL readiness and the students' sociodemographic variables, thereby contributing to the understanding of factors that influence SDL in this context.

Objectives of the Study

There are three refined objectives for the study:

1. To assess the level of readiness for self-directed learning (SDL) among bachelor-level nursing students at Nepalgunj Nursing Campus.
2. To identify the associations between SDL readiness and sociodemographic variables such as age, type of family, academic year, and voluntary selection of nursing education.
3. To analyze the distribution of SDL readiness across the subscales of self-control, self-management, and desire for learning, highlighting areas for potential improvement.

Methodology

Study Design and Setting

This study utilized a descriptive cross-sectional design with a quantitative approach. The research was conducted at the Tribhuvan University, Institute of Medicine (TU IOM), Nepalgunj Nursing Campus, located in Lumbini Province, Banke, Nepal. The campus provides nursing education at the undergraduate level, offering programs in Bachelor of Nursing Science (BNS) and Bachelor of Science in Nursing (B.Sc. Nursing).

Study Population and Sampling

The study population consisted of first- and second-year students enrolled in the BNS and B.Sc. Nursing programs. These groups were selected as they represent the initial phases of nursing education, where foundational readiness for self-directed learning (SDL) is critical for academic and professional success. A total enumerative sampling technique was employed, meaning all students meeting the inclusion criteria were invited to participate. The final sample size was 94 students. The sample size was predetermined based on the total number of eligible students during the data collection period.

Instrument and Data Collection

Data were collected using a structured self-administered questionnaire based on the Self-Directed Learning Readiness Scale (SDLRS) developed by Fisher et al. (2001). The SDLRS comprises three subscales: self-management (13 items, maximum score 65), desire for learning (12 items, maximum score 60), and self-control (15 items, maximum score 75). The scale has a total of 40 items scored on a 5-point Likert scale, with a maximum score of 200. A score above 150 indicates a high level of SDL readiness, while a score below 150 reflects low readiness.

Reliability and Validity

Given that the SDLRS was originally developed in English, the reliability and validity of the instrument for the Nepali context were carefully addressed. The content validity was ensured through an extensive literature review and consultation with subject experts, advisors, and statisticians. The tool's reliability was further assessed through a pilot study involving 10% of the

total sample (excluded from the main study), yielding a Cronbach's alpha of [insert value]. Necessary modifications to the instrument were made based on pilot feedback to ensure clarity and cultural appropriateness.

Ethical Considerations

Formal administrative approval was obtained from Nepalgunj Nursing Campus. The objectives of the study were explained to participants, and written informed consent was obtained from each student. Participation was voluntary, and students were informed of their right to withdraw at any stage without any repercussions. Anonymity and confidentiality were maintained throughout the study by using coded identifiers and ensuring data was used solely for research purposes.

Data Collection and Management:

The data collection was conducted over a two-week period from 2079/11/7 to 2079/11/21 (February 19 to March 4, 2023, Gregorian calendar). Missing data were minimized by ensuring thorough instructions and oversight during questionnaire administration. Any incomplete responses were excluded from analysis.

Data Analysis

The collected data were analyzed using SPSS version 24. Descriptive statistics, including frequencies and percentages, were used to summarize the data. Inferential statistics, specifically the Chi-square test, were employed to explore associations between SDL readiness and sociodemographic variables.

Results

A total of 94 bachelor-level nursing students from Nepalgunj Nursing Campus participated in this study. The results are presented in tables for clarity and comprehensive understanding.

Demographic Characteristics

The mean age of the participants was 23.5 years (SD ± 2.7 years), ranging from 18 to 34 years. As shown in **Table 1**, the majority (72.3%) of the students were in the 15–25 years age group. Female participants overwhelmingly dominated the sample (98.9%), with only one male participant. Most students (73.4%) belonged to nuclear families, and nearly half (48.9%) were residing in rented accommodations. In terms of ethnicity, Brahmin/Chhetri students comprised the majority (67.0%), and nearly all students (97.9%) identified as Hindu.

Table 1

Sociodemographic Characteristics of Students (n = 94)

Variable	Categories	Frequency (n)	Percentage (%)
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	Brahmin/Chhetri	63	67.0
	Janajati	19	20.2
	Madhesi	5	5.3
	Dalit	4	4.3
	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

Academic Characteristics

As depicted in Table 2, 73.4% of the students had attended private schools during their prior education, and 86.2% had voluntarily chosen nursing as their career path. Regarding academic performance, 64.9% of the students reported achieving distinction in previous examinations.

Table 2

Academic Characteristics of Students (n = 94)

Variable	Categories	Frequency (n)	Percentage (%)
Academic Years	BNS First Year	29	30.9
	BNS Second Year	30	31.9
	B.Sc. Nursing First	30	31.9
	B.Sc. Nursing Second	5	5.3
Type of Previous School	Public	25	26.6
	Private	69	73.4
Previous Academic Performance	Distinction	61	64.9
	First Division	33	35.1
Voluntary Selection of Nursing	Yes	81	86.2
	No	13	13.8

Readiness for Self-Directed Learning (SDL)

The majority (87.2%) of students demonstrated a high level of readiness for SDL, as shown in Table 3.

Table 3

Students' Level of Readiness for Self-Directed Learning (n = 94)

Readiness Level	Frequency (n)	Percentage (%)
Low (<150 scores)	12	12.8
High (≥150 scores)	82	87.2

Scores in Subdomains of SDL Readiness

The scores obtained in the subdomains of SDL readiness are summarized in **Table 4**. Among the three dimensions, the scores for *self-control* were the highest, followed by *desire for learning* and *self-management*.

Table 4

Scores in Subdomains of SDL Readiness (n = 94)

Domain	Number of Items	Score 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

Associations with Sociodemographic and Academic Variables

Significant associations were observed between the level of SDL readiness and certain sociodemographic and academic variables. Specifically:

1. **Sociodemographic Variables:**
   - Age (p=0.022p = 0.022p=0.022) and type of family (p=0.026p = 0.026p=0.026) were significantly associated with SDL readiness (Table 5).

Table 5

Association Between Sociodemographic Variables and SDL Readiness (n = 94)

Variable	χ^2 Value	p-value
Age	5.225	0.022*
Type of Family	4.984	0.026*

2. **Academic Variables:**
   - Academic year (p=0.004p = 0.004p=0.004) and voluntary selection of nursing education (p=0.036p = 0.036p=0.036) were also significantly associated (Table 6).

Table 6

Association Between Academic Variables and SDL Readiness (n = 94)

Variable	χ^2 Value	p-value
Academic Year	8.395	0.004*
Voluntary Selection	4.391	0.036*

Discussion

The present study revealed that the majority of the nursing students (87.2%) demonstrated a high level of readiness for self-directed learning (SDL). These findings are consistent with previous research conducted by Shrestha and Thapa (2022) in Kathmandu, where similar levels of SDL readiness were observed among nursing students. Similarly, Singh and Paudel (2020) reported analogous results in a study conducted in Malaysia, underscoring the generalizability of these findings across different cultural and educational contexts. Furthermore, this study aligns with Koirala, Kafle, and Koirala (2021), who found that 79.3% of students in Eastern Nepal exhibited high SDL readiness, suggesting a widespread inclination towards SDL among nursing students in Nepal and beyond.

Explanation of Findings

The high prevalence of SDL readiness among nursing students could be attributed to the nature of the nursing curriculum, which often emphasizes problem-based learning and critical thinking. These pedagogical approaches encourage students to take initiative in their learning, fostering SDL competencies. Moreover, nursing education inherently requires students to engage in lifelong learning to keep up with advances in healthcare, which may further explain the high levels of SDL readiness observed in this study.

Previous research supports these mechanisms. For instance, Knowles' (1975) theory of andragogy posits that adult learners are inherently self-directed, particularly when they perceive their learning as relevant to their professional goals. Nursing students, being adult learners, are likely to embody this trait, especially given the practical applications of their education. Additionally, SDL readiness may be influenced by the structured environments in nursing programs, which provide opportunities for self-assessment, goal-setting, and independent learning (Fisher et al., 2001).

Sociodemographic Associations

This study found a statistically significant association between students' age and their readiness for SDL ($\chi2=5.225, p=0.022$\chi^2 = 5.225, p = 0.022$\chi2=5.225, p=0.022$). This aligns with Koirala, Kafle, and Koirala (2021), who also reported that older students were more likely to exhibit higher SDL readiness. The relationship could be explained by the maturity and life experiences of older students, which may enhance their ability to manage learning independently. Maturity is often linked to better time management, problem-solving skills, and intrinsic motivation, all of which are critical components of SDL readiness.

Additionally, a significant association was observed between the type of family and SDL readiness ($\chi2=4.984, p=0.026$\chi^2 = 4.984, p = 0.026$\chi2=4.984, p=0.026$). Students from nuclear families demonstrated higher levels of SDL readiness compared to those from joint families. This may be due to greater autonomy and fewer familial responsibilities experienced by students in nuclear families, allowing them more time and energy to dedicate to their studies.

Academic Variables and SDL Readiness

The study also found that academic-related variables, such as voluntary selection of nursing education ($\chi2=4.391, p=0.036$\chi^2 = 4.391, p = 0.036$\chi2=4.391, p=0.036$) and academic year ($\chi2=8.395, p=0.004$\chi^2 = 8.395, p = 0.004$\chi2=8.395, p=0.004$), were significantly

associated with SDL readiness. Students who voluntarily chose nursing as their career path exhibited higher SDL readiness, possibly because intrinsic motivation is a key driver of self-directed learning. This finding is consistent with Deci and Ryan's (1985) self-determination theory, which emphasizes the role of intrinsic motivation in fostering autonomous learning behaviors.

Moreover, students in advanced academic years showed higher levels of SDL readiness compared to those in earlier years. This progression could be due to the cumulative impact of nursing education, which typically becomes more demanding and self-directed in later years. As students gain more exposure to clinical settings and real-world problem-solving, their confidence and ability to manage their learning independently may increase. This observation is supported by similar findings in studies conducted by Nepal and Adhikari (2021) and Shrestha and Thapa (2022).

Comparison with Previous Studies

The findings of this study resonate with existing literature. For example, Koirala, Kafle, and Koirala (2021) reported significant associations between age, academic year, and family type with SDL readiness, reinforcing the validity of the present findings. Similarly, Nepal and Adhikari (2021) highlighted the importance of intrinsic motivation and structured academic environments in fostering SDL readiness among nursing students. The consistency of these results across different studies and settings suggests that these associations are robust and not context-specific.

Implications for Practice

The findings highlight the need for educational strategies that further enhance SDL readiness, particularly among younger students and those in earlier academic years. Incorporating targeted interventions, such as workshops on time management and self-regulation, could help bridge these gaps. Additionally, fostering a supportive academic environment that emphasizes autonomy and personal growth could further promote SDL readiness.

This study contributes to the growing body of evidence on SDL readiness among nursing students, highlighting significant associations with sociodemographic and academic variables. The findings underscore the importance of fostering intrinsic motivation and creating structured yet flexible learning environments to enhance SDL readiness, ultimately preparing nursing students for lifelong learning and professional excellence.

Conclusion

This study revealed that the majority (87.2%) of nursing students in Nepalgunj Nursing Campus demonstrated a high level of readiness for self-directed learning (SDL), highlighting their capacity for autonomous learning, which is critical for lifelong learning and professional development in the nursing field. Significant associations were observed between readiness for SDL and various sociodemographic and academic variables, including age, type of family, academic year, and voluntary selection of nursing education. These findings suggest that both

personal and contextual factors play a crucial role in shaping students' preparedness for self-directed learning.

The results align with previous studies conducted in Nepal and other countries, supporting the global relevance of SDL in fostering academic success and professional competence among nursing students. The higher scores in the self-control subdomain compared to self-management and desire for learning indicate specific areas where interventions may be needed to balance students' SDL skills. Given the importance of SDL in developing critical thinking, problem-solving, and lifelong learning abilities, it is recommended that nursing curricula incorporate targeted strategies to enhance SDL readiness. These strategies may include workshops, mentoring programs, and active learning methodologies that promote self-management and a stronger desire for learning.

Further research is needed to explore additional factors influencing SDL readiness and to evaluate interventions aimed at improving it. Longitudinal studies and multicenter approaches could provide a deeper understanding of how SDL readiness evolves over time and across different academic settings. By addressing the limitations identified in this study, future research can contribute to a more comprehensive understanding of SDL readiness and its implications for nursing education and practice.

Limitations of the Study

The study was conducted among nursing students from a single institution, Nepalgunj Nursing Campus, limiting the generalizability of the findings to nursing students from other institutions or regions.

- The study employed a cross-sectional design, which restricts the ability to infer causal relationships between the sociodemographic, academic variables, and self-directed learning readiness.
- The use of self-administered questionnaires may have introduced response bias, as participants might have overestimated or underestimated their level of readiness for self-directed learning.
- Although an internationally validated tool was used, the instrument was in English, which may not be the primary language of all participants. This could have affected the understanding and accuracy of responses despite pretesting.
- The study focused on a limited number of sociodemographic and academic variables. Other potentially influential factors, such as psychological traits (e.g., motivation, self-efficacy) or institutional characteristics, were not explored.
- Although measures were taken to ensure data completeness, the approach to managing any potential missing data was not detailed, which could impact the interpretation of results.
- The sample size, although adequate for the study's objectives, may limit the statistical power to detect associations with smaller effect sizes.

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Conflict of Interest

The authors declare no conflict of interest in this study.

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