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Assessment of enhancement in self-management, self –control and learning desire as a result of self-directed learning readiness in nursing students

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Abstract

Purpose : Self-directed learning is an independent style of learning which focuses on a learner own will to learn new skills. It helps in academic as well as practical life. To assess the level of enhancement in self-management, self –control and learning desire as a result of self-directed learning readiness in nursing students.

Methodology: A cross sectional descriptive study design**.** Results were collected from nursing students by using self-administered questionnaires covers demographic data and Fisher's self-directed learning readiness scale (SDLRS).

Results: There were 145 participants in the study. Total number of participants aged 16-20 was 39 (26.9%) and 21-25 was 106 (73.1%). There were 19 (13.1%) participants from 1st year, 37 (25.5) participants from 2nd, 60(41.4) participants from 3rd and 29 (20%) participants from 4th year. All were females.

Unique contribution to theory, practice and policy: The present study revealed that participants showed adequate level of readiness towards SDL which can be helpful in promoting life-long learning.

Key words: *Self-directed learning, self-management, self-control, desire of learning.*

1.0 INTRODUCTION

Self-directed learning (SDL) is an independent style of learning being adopted by students across the globe widely. Modern day study specifically focuses on a learners will to learn new objects by self-persuasiveness. So SDL can be defined as a learner own will and actions to learn new things and refine their knowledge without involvement of professional instructors. Learning is a life-long process and in this way SDL can be utilized by any person in any given age groups (Hammond 2018).

Study conducted in Saudi Arabia to know the impact of SDL on students' academic performance reveals that students focusing on self-directed learning were getting higher grades in their academics too. Author suggests to all educational institutes to motivate their students to be engage in self-directed learning to outperform in academics and in later professional lives. Study results shows that once SDL style is adopted by a learner it helps him to independently learn and solve problems encountering him in routine life (Rashid and Asghar 2016).

An experimental study conducted in China emphasis on promoting the SDL behavior among students. This study results shows that students who were doing SDL were able to perform better in their academic results. On an average the group of students doing SDL combined with teacher directed learning gains higher ranks in compare to students totally relying on teacher directed learning style (Zhou, Li et al. 2020).

Talking about nursing students, the results of a quasi-experimental study conducted in Egypt proves that critical thinking can be improved by doing SDL. The nursing student's response was much better after having sessions of SDL when engaged in a situation addressing critical thinking skills. Author suggests improving nurses' SDL skills in order to improve nurse's response in providing better health care (Obied and Abo Gad 2017).

The key point in SDL is the correct use of technology in the learning process. Students who don't have access to technological resources i.e. mobile phones, laptops, high speed internet can never found SDL a useful tool. These students rely on old-school learning model to obtain knowledge which leaves them a step behind the students who can update their knowledge by getting updates on new researches and works going in world. So, it is obvious that technology plays a great role in SDL (Lee, Tsai et al. 2014).

Self-directed learners face many challenges on the road of SDL. The most important one is misunderstanding among learners and their elders. Most of the leaners got negative comments from their colleagues and family about being busy in use of mobiles and laptops. This is a fact that the fastest way to learn is to learn through web surfing. Students reported that they got negative feedback from their parents whenever they try to explain SDL (Bonk and Lee 2017).

The biggest barrier in adoption of self-directed learning is that most of the teachers of developing countries demoralize their students in getting self-directed knowledge. This is because one who has not experienced SDL can never understand its pros and cons. Most of the teachers prefer teacher directed learning thinking that their students may stop trusting them and may disrespect them. This thing needs to be changed to bring a paradigm shift in teaching and learning behaviors (Yasmin, Naseem et al. 2019).

Learner characteristics matter a lot specifically in self-directed learning. SDL is not a cup of tea of every learner. Research suggests that teen agers are not fully in control of getting benefit from SDL. Instead, they misuse their mobiles and freedom. Author suggests that undergraduate students (18+) are capable of getting most from SDL especially when it goes for using mobile phones as a medium. However teenager can use SDL with teacher directed learning to learn independently from books outside the syllabus and class-rooms (Karimi 2016).

Research study also explains that excessive use of technology is a kind of distraction too for students. Students express in a qualitative research that their laptops and mobiles are also biggest distractions to perform their tasks. Most of the times the ads popping up on their screens and notifications from other apps take them away from their work and are a responsible of their time being wasted. Author suggest that monitoring and isolation is necessary to get benefit from modern technology, isolation refers to use of separate devices for SDL (Aagaard and Education 2015).

Study conducted to know the short term and long term effects of SDL elaborates that self-directed learning is a good learning behavior that is once developed, becomes a lifelong habit. SDL helps learner to solve riddles of later life when there is no teacher directed learning approach available. Therefore SDL should be practiced by every individual to improve their learning skills (Bannert, Sonnenberg et al. 2015).

Problem statement

Self-directed learning (SDL) is an independent style of learning being adopted by students across the globe widely. Modern day study specifically focuses on a learners will to learn new objects by self-persuasiveness. It helps student to be a good learner. The problem was prioritized by looking at aspects such as SDL can improve self-management, self-control and desire of learning. Nurse students have a poor perception of SDL. Therefore, considering all these aspects, these particular problems have been chosen for the work of the project.

The study objective will be:

- To explore readiness of SDL in students.
- To assess the level of enhancement in self-management, self-control and learning desire due to SDLR in nursing students.

Hypothesis
Null Hypothesis H$_0$:
There will be no enhancement between dependent and independent variables.

Alternative Hypothesis H$_1$:

There will be enhancement in self-management, learning desire and self-control on the basis of self-directed learning

2.0 LITERATURE REVIEW

SDL is a process of commanding adopted widely by student in advanced educational system. SDL can be defined as the extent of responsibility student accepts for their learning. SD learner accepts

independence to acquire what is essential for them. The amount of control the student is willing to take over their own learning will rest on their personality characteristics, skills and attitude. Application of SDL is wide in both postgraduate and undergraduate programs of nursing in the form of contracts, medical logs and distance learning packages. It has been found with evidence that the learners who have low level of readiness for self-directed learning and are open to self-directed learning project, shows great level of nervousness, and equally those students with great level of readiness for SDL, who are open to growing level of teachers direction also shows great level of anxiety. It has been identified that the negative practice is the product of either over-direction or under-direction from educator (Fisher, King et al. 2001).

SDL has been described as a style of learning that deeply depends on learner being accountable for, and knowing the capability to be self-directed in their personal learning. This approach of learning is popular in Australian tertiary education context as it offers an extra flexible style with concerns to place and time for learning to be accepted. Metacognition is chief portion of learning practice and can be largely defined as a control and consciousness of individualized learning, knowledge and practice. To execute a task intellectual skills are essential, but for smart working, metacognition enables the understanding that why and in what manner the task is being performed. Nurses' needs to be self-directed and critical thinkers because to chase skill and knowledge (Smedley 2007).

Learner's readiness to involve in SDL can be defined as the point to which the student have the abilities and character features essential for SDL. The last SDL scale for nursing education (SDLRSNE) contains 40 items is further divided into three underlying factors: Self-management, Desire for learning and Self-control. Purpose of the study was to re-examine SDLRSNE and give proof of its validity (Fisher and King 2010).

Due to great rise in complexity and alterations in nursing career development in past few years, SDL has turn into a focus in nursing education. SDL is essential for assisting students of nursing to improve their self-determining skills that are individualities of career of nurse. There are different styles of learning as: an individual's habitual, natural and preferred means of gripping, processing and retaining new skills and new information (El-Gilany and Abusaad 2013).

SDL is an essential skill for medical students and it is thought to be an important part of student centered medical curriculum. Rise complexity in clinical practice makes self-directed learning virtually important for health care professionals to preserve ability by continues learning and looking for knowledge updates during their careers. SDL can also be defined as the manner of determining what to acquire to what deepness and extent (Soliman and Al-Shaikh 2015).

In SDL an individual takes advantage and responsibility regarding whatever occurs. Individuals assess, select and manage their own learning abilities. SDL can be defined as a way by which learner take initiative with or without assistance of others in formulating learning goals, finding material and resources for learning, selecting and applying suitable leaning approaches and evaluation of the outcomes of learning. Control progressively transmitted from educator to learner and learners in the learning goals, in self-directed learning (Saeid and Eslaminejad 2017).

The way of turning an individual into lifelong learner is called SDL. Lifelong learning is related to adult education; but not limited to any given age group as it lasts through life time. Lifelong learning emphases on talents and knowledge required for everyone irrespective of age. In the learning

process active involvement and control of learner is a critical process. It can also be viewed as goal that learner try to achieve. SDL supports a learner to increase their enthusiasm, self-assurance, self-sufficiency and learning skills throughout life. It encourages individual to be a deep learner and an active participant (Tekkol and Demirel 2018).

The study was conducted in the institute of Education and Research, according to this study learning at each level is usually future-oriented; it is imperative for the students to keep jump with the uncertain and fast fluctuating world. Field of the teacher-education has no exception. Student-centered styles have started getting popularity in new era. This style of learning seems one of the best prominent phenomena for the learners of 21st century. The study inspected whether connection exists among Self-Directed Learning readiness (SDLR) and educational achievement of student-teachers (Hussain, Sabar et al. 2019).

3.0 MATERIALS AND METHODS
Study Designs: A cross sectional study
Setting: The setting is tertiary care hospitals of Lahore.
Duration of Study: 4 months after the approval of synopsis
Sample Size: sample size calculated from base article. Which is **145.**
The sample size of the study was 145 nurses By using Cochran's (1977) formula: $n = n = z2pq/d2$

Where:

 n=size of sample

P= anticipated population proportion

q= 1-P

d= margin of error

z = confidence interval

Taking,

P= 0.60 (Murray Fisher 2001)

q= -0.17

d= 0.08

z = 1.96

So, the size of the sample is145.

Sampling Technique: Convenient sampling technique will be used to conduct this research.

Inclusion Criteria:

- Under taining/graduated nursing students.

- Males and females.
- Aging between 16-25years.
- Those who signed informed consent form.

Exclusion Criteria: The participant will be excluded in this study who:
- Post graduate students.
- Age more than 25years
- Those who refused to participate.

Ethical considerations
- Written informed consent (attached) will be taken from all these participants.
- All information and data collection will be kept confidential.
- Participants will remain anonymous throughout the study.
- The subjects will be informed that there are no disadvantages or risks to the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- We will do everything we can to protect the privacy of participants. The identity of the participant will not be revealed in any publication resulting from this study.
- Reassure the participants that they can withdraw their consent to participate at any time. They will not be penalized in any way should they decide not to participate or to withdraw from this study.

Data collection procedure
Data will be collected from nursing students after taking consent and explaining them about the significance of the study.

Analysis procedure
Participants response towards SDLRS was analyzed by using computer assisted Statistical Program for Social Science (SPSS) version 25. Descriptive statistic was applied. T. Test and one way ANOVA was also utilized.

4.0 RESULT
Results were presented in table 1 below.
Table (1): Demographic Characteristics

Sr#	Demographic Characteristics	Response *f (%)*
1	Age 16-20 years 21-25 years Above 25 years	 39(26.9%) 106 (73.1%) 0
	Total	**145 (100%)**
2	Sex Male Female	 0 (0%) 145 (100%)
	Total	**145 (100%)**
3	Year of study 1st year 2nd year 3th year 4th year	 19 (13.1%) 37 (25.5%) 60 (41.4%) 29 (20.0%)
	Total	**150 (100%)**

This section represents the distribution of participant by demographic characteristics. The data is summarized in terms of frequency and percentage 26.9% participants belong to 16-20 year of age group, 73.1% participants have 21-25year of age group. Only female students participated in study. , total number of respondents was 145. Total number of participants aged 16-20 was 39 (26.9%) and 21-25 was 106 (73.1%). All were females as mentioned above. There were 19 (13.1%) participants from 1st year, 37 (25.5) participants from 2nd, 60(41.4) participants from 3rd and 29 (20%) participants from 4th year.(Table1)

Table (2): Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
Age	145	1	2	1.73	.445
Gender	145	2	2	2.00	.000
Valid N (listwise)	145				

Descriptive statistics shows age Mean 1.73 and Standard Deviation .445 and Mean score of Gender is 2.00 and Standard Deviation is .000. (Table2).

Table (3): One-Sample Test

Test value=0

95% Confidence Interval of the Difference

	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Age	46.846	144	.000	1.731	1.66	1.80

One-sample T test (age) t value is 46.846, df 144, Mean Difference 1.731, lower is 1.66 and upper value is 1.80 as shown in table 3.

Table (4):Self-Management (Q1)

I am self-disciplined

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	.7	.7	.7
Disagree	2	1.4	1.4	2.1
Neutral	23	15.9	15.9	17.9
Agree	79	54.5	54.5	72.4
Strongly Agree	40	27.6	27.6	100.0
Total	145	100.0	100.0	

Total number of respondents is 145. 79 (54.5%) participants are agreed with the statement asked in assessment of self-management section which is 1st subscale of SDLRS. 40 (27.6%) participants strongly agreed, 23 (15.9%) are neutral, 2 (1.4%) disagreed and 1(.7%) strongly disagreed with the statement as shown above in table 4.

Table (5): Desire of Learning (Q1)

I want to learn new information

	Frequency	Percent	Valid Percent	Cumulative Percent
Neutral	10	6.9	6.9	6.9
Agree	73	50.3	50.3	57.2
Strongly Agree	62	42.8	42.8	100.0
Total	145	100.0	100.0	

Total number of respondents is 145. 73 (50.3%) participants are agreed with the statement asked in assessment of desire of learning section which is 2nd subscale of SDLRS. 62(42.8%) participants strongly agreed, 10 (6.9%) are neutral with the statement as shown above in table. No participant disagreed with the statement. (Table5).

Table(6): Self-Control (Q1)

I am responsible for my own decisions/actions

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Disagree	1	.7	.7	.7
Disagree	3	2.1	2.1	2.8
Neutral	7	4.8	4.8	7.6
Agree	89	61.4	61.4	69.0
Strongly Agree	45	31.0	31.0	100.0
Total	145	100.0	100.0	

Total number of respondents is 145. 89 (61.4%) participants are agreed with the statement asked in assessment of self-control section which is 3rd subscale of SDLRS. 45 (31.0%) participants strongly agreed, 7(4.8%) are neutral, 3 (2.1%) disagreed and 1(.7%) strongly disagreed with the statement as shown above in table 6.

5.0 DISCUSSION

All questions from each section were answered in a manner that shows great level of self-directed learning readiness in students. Results were different between students according to their year of academic studies. A study by (Hammond 2018) shows that SDL is an independent style of learning being adopted by students across the globe widely. Modern day study specifically focuses on a learners will to learn new objects by self-persuasiveness. So SDL can be defined as a learner own will and actions to learn new things and refine their knowledge without involvement of professional instructors. Learning is a life-long process and in this way SDL can be utilized by any person in any given age groups.

An experimental study of China (Zhou, Li et al. 2020) emphasis on promoting the SDL behavior among students. This study results shows that students who were doing SDL were able to perform better in their academic results. On an average the group of students doing SDL combined with teacher directed learning

gains higher ranks in compare to students totally relying on teacher directed learning style Same as this there are many studies which shows that high level of SDL readiness have positive impact of student academics and clinical area too. As SDL is life long process therefore it helps a learner to play a better role in all aspects of life.

Conclusion

According to the current study's student nurse showed adequate level of readiness for SDL, but readiness for SDL is different between students according to their year of academic studies. This difference in students' readiness for SDL can be helpful in finding student qualities' that might be utilized to change learning activities for the students. Furthermore, studies of follow-up can be conducted to evaluate the value of their SDL is needed.

Limitation and Recommendation

The study has following limitations and recommendations:

- Sample was collected from tertiary care hospitals of Lahore due to current COVID-19 situation and limited resources.
- Other study methods may give more clear results that were not applied due to limited resources, time and current COVID-19 condition.
- Large sample size may provide better results.
- Respondents may or may not be truth full in selecting option in questionnaire.

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