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Readiness for Self-Directed Learning among Nursing Students

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ABSTRACT

Introduction: Self-directed learning (SDL) is essential in nursing education to promote autonomy, critical thinking, and lifelong learning. Assessing nursing students' readiness for SDL is crucial, particularly in institutions adopting student-centered approaches. The study aimed to assess the readiness for self-directed learning among nursing students at the Patan Academy of Health Sciences (PAHS).

Materials and Methods: A descriptive cross-sectional study was conducted among 285 nursing students selected through total enumerative sampling at PAHS. Data was collected using a structured questionnaire incorporating the Self-Directed Learning Readiness Scale (SDLRS) developed by Fisher et al. Descriptive statistics (frequencies, percentages, mean, SD) were used to assess the level of SDL readiness, while inferential statistics were applied to determine associations between SDL readiness and selected demographic and academic variables.

Results: A total of 73.3% of the respondents demonstrated a high level of readiness for self-directed learning. Among the SDLRS domains, the highest mean score was observed in self-control (58.8 ± 8.4), followed by desire for learning (48.6 ± 6.8) and self-management (48.1 ± 6.8). A statistically significant association was found between SDL readiness and age as well as educational program ($p < 0.05$). No significant association was observed between SDL readiness and involvement in PBL or place of residence.

Conclusion: Nursing students at PAHS exhibit a high level of readiness for self-directed learning, with age and educational program emerging as significant influencing factors. These findings underscore the need for educators to adopt learning strategies that promote independent learning, improve knowledge retention, and strengthen decision-making and confidence among students. Enhancing PBL approaches and incorporating additional active learning strategies may further improve SDL readiness and better prepare nursing graduates for lifelong professional learning.

Keywords: Self-Directed Learning, SDL readiness, nursing students, Patan Academy of Health Sciences

INTRODUCTION

Self-directed learning (SDL) has emerged as a key educational approach in nursing education, aligning with the demands of evidence-based healthcare systems that require nurses to continuously update knowledge and skills, and develop as lifelong learners and self-motivated professionals. [1,2]

SDL describes a process in which learners take the initiative with or without the help of others to diagnose learning needs, formulate

learning goals, identify resources, choose and implement learning strategies, and evaluate learning outcomes. This concept is central to adult learning (andragogy) and underpins educational models that shift responsibility for learning from teacher to student.[3]

Research from countries like India shows that students often have lower SDL readiness levels compared to Western countries, primarily due to cultural and educational differences.[4] Students with high SDL readiness are more capable of adapting to clinical challenges, engaging with current evidence, and pursuing lifelong professional development.[5]

In Nepal, nursing education is experiencing a significant shift from traditional teacher-centered methods to more student-centered teaching approaches. At Patan Academy of Health Sciences (PAHS), problem-based learning and competency-based education are essential components of both the undergraduate and postgraduate curricula. Assessing students' readiness for self-directed learning (SDL) is particularly important in this context. Previous studies in Nepal have reported a high level of SDL readiness among students, with rates exceeding 79%. [6,7,8] However, there have been no studies conducted at PAHS to investigate this issue.

Investigating SDL readiness within this academic setting will give valuable insights into students' preparedness for autonomous learning, identify potential gaps, and inform faculty-driven educational interventions aimed at enhancing SDL competencies. Such efforts are anticipated to foster the development of self-reliant, lifelong learners capable of meeting the dynamic demands of contemporary nursing practice. This study aims to assess the readiness for self-directed learning among nursing students at Patan Academy of Health Sciences.

MATERIALS & METHODS

A descriptive, cross-sectional study design was adopted to assess the readiness for self-directed learning among nursing students at Patan Academy of Health Sciences. The total enumerative sampling technique was used to select the sample. A total of 285 students participated in the study. Data was collected by using the Self-Directed Learning Readiness Scale (SDLRS). It is an internationally validated and standard self-perception scale that was first developed and tested by Fisher et al. This scale includes 40 items divided into three categories: Self-Management (13 items), Desire for Learning (12 items), and Self-Control (15 items). Responses were recorded on a five-point Likert scale, from "strongly disagree" (1) to "strongly agree" (5), with reverse scoring applied to four negatively phrased statements. The instruments consisted of two parts: Part one for the socio-demographic information of the participants, such as age, name of educational program, present place of residence (with family, hostel), and involvement in problem-based learning (PBL). And Part two consisted of SDLRS. The minimum score of total items is 40, and the maximum score is 200. A score of 150 or greater is indicative of students' high level of readiness, and below 150 is low level in self-directed learning.[9]

The study was ethically approved by the Institutional Review Committee (IRC) of Patan Academy of Health Sciences (Ref: nrs2510282142). The study questionnaires were digitized using Google Forms, which included the study's purpose, estimated time commitment, the voluntary nature of participation, data confidentiality, and a mandatory informed consent. The link to the Google Form for the questionnaire was created and distributed to participants through their institutional email addresses. The participant's identity was not recognized to maintain anonymity. Data was collected within two weeks (October 29th 2025 to November 14th 2025). After the completion of data collection, all responses were exported from Google Forms to Microsoft Excel and then imported into the Statistical Package for the Social Sciences (SPSS) version 27 for analysis. Descriptive

statistics were used to summarize demographic variables and SDLRS scores. Additionally, a chi-square test was applied to detect associations between variables.

RESULT

The sample consisted of 285 nursing students. The largest proportion of students (50.9%) was between 21 and 25 years old, indicating that the study population was mostly young adults and only 2.5% were above the age of 40. Regarding educational programs, nearly half of the students (44.6%) were enrolled in the Bachelor of Science in Nursing (BSN) program. This was followed by Bachelor of Nursing Science (BNS) students at 30.5%, Master of Nursing (MN) students at 15.1%, and Bachelor of Midwifery Science (BMS) students at 9.8%. The observed distribution suggests that the sample is heavily weighted toward undergraduate nursing programs (84.9%). A smaller proportion of postgraduate students (15.1%) was observed among the respondents. Most of the participants (78.9%) lived with their families, while only 21.1% stayed in a hostel. This indicates that the majority of the students travel from home rather than residing on campus. A very high proportion (84.9%) reported involvement in problem-based learning (PBL), whereas only 11.6% were not involved. This suggests that PBL is widely integrated into the nursing programs at the institution and that most students have exposure to active, student-centred learning strategies (Table 1).

Table 1. Socio-Demographic Characteristics of Nursing Students (N=285)

Variables	Categories	Frequency (n)	Percentage (%)
Age (years)	≤ 20	41	14.4
	21-25	145	50.9
	26-30	56	19.6
	31-35	22	7.7
	36-40	14	4.9
	≥ 40	7	2.5
Educational program	BSN	127	44.6
	BNS	87	30.5
	BMS	28	9.8
	MN	43	15.1
Current place of residence	Hostel	60	21.1
	With Family	225	78.9
Involvement in PBL	Yes	242	84.9
	No	43	15.1

The mean scores of individual items of the Self-Directed Learning Readiness (SDLR) scale are presented in Table 2. Of the 40 items assessing SDLR, 20 items recorded mean scores of 4.0 or above, indicating a high level of agreement. Among these, 4 items belonged to the Self-Management Domain (SMD), 9 items to the Desire for Learning Domain (DLD), and 7 items to the Self-Control Domain (SCD). Within the DLD, the highest mean scores were observed for the items "I learn from my mistakes" (4.3 ± 0.77), "I enjoy learning new information" (4.3 ± 0.78), "I need to know why" (4.2 ± 0.74), and "I want to learn new information" (4.2 ± 0.73). In the SCD, the item "I am responsible for my own decisions/action" demonstrated the highest mean score (4.2 ± 0.75), reflecting a strong sense of personal accountability among students.

Table 2. Nursing Students' Readiness for Self-Directed Learning (N=285)

Items	Mean	SD
Self-Management Domain (SMD)		
I solve problems using a plan	3.8	0.77
I prioritize my work	4.1	0.79
I do not manage my time well[a]	2.9	1.08
I have good management skill	3.6	0.82
I set strict time frames	3.2	0.91
I prefer to plan my own learning	4.0	0.80
I am systematic in my learning	3.7	0.85
I am confident in my ability to search out information	4.0	0.71
I set specific times for my study	3.6	0.87
I am self- disciplined	4.0	0.88
I am disorganized[a]	2.2	1.00
I am methodical	3.5	0.82
I can be trusted to pursue my own learning	3.9	0.79
Desire for Learning Domain (DLD)		
I need to know why	4.2	0.74
I critically evaluate new ideas	3.9	0.81
I learn from my mistakes	4.3	0.77
I am open to new ideas	4.1	0.72
When presented with a problem I cannot resolve, I will ask for assistance	4.0	0.86
I like to evaluate what I do	4.0	0.77
I do not enjoy studying[a]	2.2	0.90
I have a need to learn	4.0	0.77
I enjoy a challenge	3.8	0.83
I want to learn new information	4.2	0.73
I enjoy learning new information	4.3	0.78
I like to gather the facts before I make a decision	4.1	0.77
Self-Control Domain (SCD)		
I am able to focus on a problem	3.8	0.77
I prefer to set my own learning goals	4.0	0.72
I am responsible	4.2	0.75
I have high personal expectations	3.8	0.92
I have high personal standards	3.7	0.90
I have a high belief in my abilities	3.8	0.85
I am aware of my own limitation	4.0	0.78
I am logical	3.8	0.83
I evaluate my own performance	4.0	0.80
I prefer to set my own criteria on which to evaluate my performance	3.7	0.85
I am responsible for my own decisions/action	4.2	0.75
I can find out information for myself	3.9	0.79
I like to make decisions for myself	4.1	0.75
I prefer to set my own goals	4.1	0.76
I am not in control of my life[a]	2.2	1.10

Note: [a] indicates negatively stated items.

Table 3 presents the distribution of scores across the three dimensions of the Self-Directed Learning Readiness Scale (SDLRS) as well as the total SDL readiness score among the nursing students. The SDL Readiness score ranged from 54 to 194 with a mean of 155.5 ± 19.6. This suggests that the majority of students are capable of engaging actively and independently in their learning processes, though variations in the wide score range imply differences in readiness across individuals. The highest mean score was observed in the Self-Control dimension (58.8 ± 8.4, range: 17–75). This reflects that students exhibited good discipline, persistence, and ability to regulate their learning behaviors, which are critical for maintaining long-term learning

habits. This result is followed by Desire for Learning dimension having a mean score of 48.6 ± 6.8 (range: 15–60) and Self-Management subscale was 48.1 ± 6.8, with scores ranging from 17 to 64.

Table 3. Descriptive Statistics of Subscale of SDL Readiness Scores (N =285)

SDLRS Dimension	Minimum Score	Maximum Score	Mean ± SD
Self-Management	17	64	48.1 ± 6.8
Desire for Learning	15	60	48.6 ± 6.8
Self-Control	17	75	58.8 ± 8.4
Total SDL Readiness	54	194	155.5 ± 19.6

The results revealed a high level of readiness for SDL within the sample. Specifically, 209 (73.3%) participants were classified as having High Readiness. Conversely, only 76 (26.7%) exhibited Low Readiness. These findings suggest that the majority of participants possess the necessary attributes or skills to engage effectively in self-directed learning activities (Table 4).

Table 4. Level of SDL Readiness (N =285)

SDL Readiness Level	Frequency (n)	Percentage (%)
High Readiness	209	73.3
Low Readiness	76	26.7

The association between the independent variables and the level of Self-Directed Learning (SDL) Readiness was examined using the chi-square test. A statistically significant association was found with age and educational program with p-value 0.025 and 0.045 respectively. The proportion of participants with High SDL Readiness generally increased with age, peaking in the >40 years (85.7%), and was lowest in age ≤ 20years (53.7%). Similarly, students enrolled in the BMS program demonstrated the highest rate of High Readiness (89.3%), while the BSN program reported the lowest (66.1%). Conversely, Place of Residence (p=0.324) and Involvement in PBL (p=0.357) showed no statistically significant association with SDL Readiness Level (Table 5).

Table 5. Association between Independent Variables and SDL Readiness Level (n = 285)

Variable	Categories	Level of readiness		χ 2 value	p-value
		High n (%)	Low n (%)		
Age in years	≤ 20	22 (53.7)	19 (46.3)	12.825	0.025*
	21-25	112 (77.2)	33 (22.8)		
	26-30	43 (76.8)	13 (23.2)		
	31-35	18 (81.8)	4 (18.2)		
	36-40	8 (57.1)	6 (42.9)		
	> 40	6 (85.7)	1 (14.3)		
Educational program	BSN	84 (66.1)	43 (33.9)	8.065	0.045*
	BNS	68 (78.2)	19 (21.8)		
	BMS	25 (89.3)	3 (10.7)		
	MN	32 (74.4)	11 (25.6)		
Place of Residence	Hostel	41 (68.3)	19 (31.7)	0.972	0.324
	With Family	168 (74.7)	57 (25.3)		
Involvement in PBL	Yes	177 (73.1)	65 (26.9)	0.031	0.861
	No	32 (74.4)	11 (25.6)		

Notes: *The significance level is <0.05

DISCUSSION

The findings of this study indicate that a substantial proportion of the participants demonstrated high self-directed learning (SDL) readiness (73.3%), while 26.7% fell under the low readiness category. The high

percentage of students demonstrating readiness may also be linked to the increasing integration of technology-enhanced and blended learning environments and integration of PBL strategy in the curriculum of PAHS, which demand greater learner autonomy. This distribution suggests that most learners possess strong motivation, self-management, and the ability to regulate their own learning attributes, essential for successful engagement in independent and flexible learning environments.

These results are consistent with previous studies reporting relatively high levels of SDL readiness among students in health sciences and higher education. For instance, Fisher et al. (2001) found that nursing students often exhibit moderate to high SDL readiness, particularly in areas related to self-management and motivation. Similarly, 79.3% in eastern Nepal,[6] 77% in Chitwan, 72.7% in Pokhara [10]. This similarity might be due to similar socio-demographic characteristics of the students. But the result is slightly lower than the study conducted in Banke, (87.2%),[8] in Lumbini (83.7%).[7] However, despite the generally high readiness observed, the proportion of students classified with low SDL readiness (26.7%) warrants attention. A study conducted in Australia showed the result of 44.7% [11] and China followed the result by 47.6% with high readiness.[12] This contrast result might be due to distinct socio-cultural factors, teaching strategies. The studies showed that problem-based learning and learning in small groups can foster SDL. [13,14] Thus educators should consider implementing differentiated instructional approaches including clear instructions, regular feedback, and teacher-guided learning sequences to bridge the readiness gap observed in this study.

The SDL is an effective learning style for adult learners. In this study, the three SDLRS subscales showed the same relative pattern commonly reported in the literature: Self-Control scored highest (58.8 ± 8.4), while Self-Management (48.1 ± 6.8) and Desire for Learning (48.6 ± 6.8) were lower. The data revealed stronger self-regulatory control but comparatively lower planning/organizational skills. Similar findings from multiple recent nursing student samples were observed. Where, 60.42 ± 6.99 in self-control, 49.82 ± 5.01 and 44.79[11]in self-management and 48.53 ± 5.47 in desire for learning. [7,15] This close match suggests that nursing students in diverse settings tend to show good discipline and persistence (self-control) but weaker self-management abilities (planning, time management) relative to self-control. By contrast, some studies report substantially lower total or domain scores in settings where learner-centered methods are less established. AlRadini et al. (2022) found lower mean total readiness and lower domain means (self-management; 38, desire; 38, and self-control; 48), suggesting that institutional teaching approaches and exposure to SDL-promoting pedagogies strongly influence subscale scores. This contrast highlights that the relatively high self-control in the sample may reflect PAHS's curricular emphasis (for example, high PBL involvement), while lower self-management scores indicate an opportunity to further strengthen students' planning and organizational skills.[16]

The observed associations of SDL readiness with age and educational program align with prior work showing that older and more advanced students (or those in higher academic levels/programmes) often report greater readiness for SDL, likely reflecting maturity, greater exposure to student-centered approach, and more clinical experience that fosters autonomous learning. Several cross-sectional studies have reported similar relationships between academic seniority/age and SDL readiness. [6,7,15] In contrast to expectations that engagement in problem-based learning (PBL) would correlate positively with SDL readiness, our study found no significant association. The literature on PBL's influence on SDL readiness is mixed: some studies report a positive relationship or

enhanced SDL skills following PBL exposure, while others find minimal or inconsistent effects, suggesting that PBL's impact may depend on the quality of PBL implementation, facilitation, and the degree to which students are explicitly coached in self-directed learning strategies.[17]

CONCLUSION

The study found that most nursing students at PAHS demonstrated a high level of readiness for self-directed learning, with strong self-control and motivation for learning. These results suggest that the learner-centered approaches used in the program, especially problem-based learning, are effectively supporting the development of essential lifelong learning skills. A strength of the study is the use of a validated tool and inclusion of a large sample; however, its cross-sectional design and single-institution setting limit generalizability. Clinically, the findings are significant because nurses with stronger self-directed learning abilities are better equipped to update their knowledge, adapt to evolving clinical practices, and deliver safer, higher-quality patient care.

Declaration by Authors

Ethical Approval: Approved

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REFERENCES

1. Ballad CAC, Labrague LJ, Cayaban ARR, Turingan OM, Al Balushi SM. SDL readiness and learning styles among Omani nursing students. Nurs Forum. 2022. DOI: 10.1111/nuf.12664
2. Knowles MS. Self-Directed Learning: A Guide for Learners and Teachers. Chicago: Follett; 1975. https://eric.ed.gov/?id=ED114653
3. Charokar K, Dulloo P. Self-directed learning: Theory to practice – a footstep towards the path of being a life-long learner. J Adv Med Educ Prof. 2022 DOI: 10.30476/JAMP.2022.94833.1609|
4. Premkumar K, Vinod E, Sathishkumar S, Pulimood AB, Umaefulam V, Samuel PP, et al. Self-directed learning readiness of Indian medical students: a mixed method study. BMC Medical Education. 2018 Jun 8;18(1). DOI: https://doi.org/10.1186/s12909-018-1244-9
5. Cadorin L, Bressan V, Palese A. Instruments evaluating the self-directed learning abilities among nursing students and nurses: a systematic review of psychometric properties. BMC Medical Education. 2017b Nov 25;17(1). DOI: https://doi.org/10.1186/s12909-017-1072-3
6. Koirala N, Kafle SP. Self-Directed Learning Readiness of the Undergraduate Nursing Students: A Study from Eastern Nepal. Birat Journal of Health Sciences. 2021 Jun 13;6(1):1263–8. DOI: https://doi.org/10.3126/bjhs.v6i1.37553
7. Nepal P, Adhikari D. Readiness for Self-directed Learning among Nursing Students of Lumbini Medical College and Teaching Hospital: A Cross-sectional Study. Journal of Lumbini Medical College. 2021 Dec 25;9(2). DOI: https://doi.org/10.22502/jlmc.v9i2.460
8. Sashi R, Acharya S, Nai S. Readiness towards self-directed learning among bachelor level nursing students in a campus, Banke District. Celebes Nurs J. 2024;1(2):85–91. DOI:

https://doi.org/10.3126/academia.v4i1.73362

9. Singh I, Paudel B. Readiness for self-directed learning among nursing students in a medical college, Chitwan. J Chitwan Med Coll. 2020;10(31):27–30. https://www.researchgate.net/publication/340652861_Readiness_for_self-directed_learning_among_nursing_students_in_a_medical_college_Chitwan
10. Gyawali S, Jauhari AC, Shankar PR, et al. Readiness for self-directed learning among first-semester students of a medical school in Nepal. J Clin Diagn Res. 2011;5(1):20–23 https://www.researchgate.net/publication/271529743_Readiness_for_self_directed_learning_among_first_semester_students_of_a_medical_school_in_Nepal
11. Smedley A. The self-directed learning readiness of first year bachelor of nursing students. Journal of Research in Nursing. 2007 Jul 1;12(4):373–85. DOI: https://doi.org/10.1177/1744987107077532
12. Yang GF, Jiang XY. Self-directed learning readiness and nursing competency among undergraduate nursing students in Fujian Province of China. Int J Nurs Sci. 2014. DOI: 10.1016/j.ijnss.2014.05.021 [accessed Nov 19 2025]
13. Yuan HB, Williams BA, Fang JB, Pang D. Chinese baccalaureate nursing students' readiness for self-directed learning. Nurse Educ Today. 2012 May;32(4): 427-31.DOI: 10.1016/j.nedt.2011.03.005
14. Kocaman G, Dicle A, Ugur A. A longitudinal analysis of the self-directed learningreadiness level of nursing students enrolled in a problem-based curriculum. J Nurs Educ 2009;48:, 286-90. DOI: 10.3928/01484834-20090416-09
15. Dehghani G, Ghaffarifar S. Readiness for self-directed learning among basic sciences medical students. Journal of Education and Health Promotion. 2024; 13, 243. DOI: 10.4103/jehp.jehp_1849_23
16. AlRadini F, Ahmad N, Kahloon LE, et.al. Measuring Readiness for Self-Directed Learning in Medical Undergraduates. Advances in Medical Education and Practice. 2022 13. DOI: 10.2147/AMEP.S360333
17. Jeon J, Park S. Self-Directed Learning versus Problem-Based Learning in Korean Nurse Education: A Quasi-Experimental Study. Healthcare (Basel). 2021 Dec 20;9(12):1763. DOI: 10.3390/healthcare9121763

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