

Volume 5, No. 1  
April, 2022

e-ISSN : 2685-1997  
p-ISSN : 2685-9068

# REAL in Nursing Journal (RNJ)

*Research of Education and Art Link in Nursing Journal*

<https://ojs.fdk.ac.id/index.php/Nursing/index>

## ***Self-directed learning readiness among nurses in Malaysia***

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### Keywords:

*self-directed learning readiness, nurses, professional development*

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### ABSTRACT

**Background:** *Self-directed learning is one of the essential skills for nurses. The readiness to be self-directed in learning enhances nursing professional development and life-long learning. This study aims to examine the level of self-directed learning readiness among nurses at a selected hospital in Malaysia. The conceptual framework for the study is based on the concepts of self-directed learning readiness. Methods:* This is a cross-sectional quantitative study using descriptive and correlational method for data analysis. A simple random sampling technique was employed to recruit 145 nurses. The Self-Directed Learning Readiness Scale (SDLRS) was adopted to measure the variables of the study. **Results:** *The findings of the study revealed a high level of self-directed learning readiness among nurses (M = 161.71, SD = 12.60). The highest subscale of SDLR was self-control (M=58.22, SD= 4.78) followed by self-management (M=53.99, SD= 4.92) and desire for learning (M=49.51, SD= 4.63). Conclusion:* There is a statistically significant difference between age, academic qualification, and self-directed learning readiness ( $p < 0.05$ ). This study highlights the important concepts of self-directed learning for nurses. The role of educators and administrators is essential to support nurses for self-direction in higher education. Future studies to explore barriers from self-directed learning are recommended.

### INTRODUCTION

To become a competent and confident healthcare professional, one must be ready for self-directed in learning. The attribute of self-directed learning (SDL) is important for life-long learning and professional development, particularly on nurses (Kaur, Lakra & Kumar, 2020). Readiness to SDL enhances nurses in decision-making, problem-solving and critical thinking skills, and ultimately improve on quality

of patient care. As such, nurses are better adapting in the ever-changing clinical environment through independent learning (Shin, Choi, Storey & Lee, 2017).

Self-directed learning readiness (SDLR) is defined as the extent of responsibility of a learner to take control for his/her learning activities (Fisher, King & Tague, 2001). Review of the past studies (Chakkaravathy et al., 2020; Ors, 2018;

Samarasooriya, Park, Yoon, Oh & Baek, 2019) showed a high level of SDLR among nurses across countries. Of all the three subscales in SDLR, desire for learning was reported the highest followed by self-control, and the least was self-management. However, these findings are contrasting to a study by Alkorashy and Assi (2016) who reported a low SDLR level among nursing students. On the other hand, there were significant differences found between gender and SDLR in which males had lower SDLR level as compared to female nurses (Ors, 2018). This result is inconsistent with Chakkaravathy et al. (2020) who revealed a relationship between SDLR and demographic variables such as academic qualification, age and marital status but not gender.

Nursing graduates with higher degree demonstrate a higher level of knowledge and competencies in clinical performance (Chong et al., 2016). However, the number of nurses with tertiary education remain low in Malaysia. There was only 10.3% of bachelor's degree holders in private hospitals in Malaysia in the past few years (Abdul Rahman, Jarrar & Don, 2015). On the same note, Arunasalam (2017) indicated that only 2% of the nursing workforce in Malaysia had obtained a degree. This phenomenon is similar at study site in which a majority of nurses are not a bachelor's degree holder or higher qualification. The data are worrying as the percentage of nurses with bachelor's degree is much lower than the targeted ratio of diploma to Bachelor (60:40) set by the Ministry of Higher Education, Malaysia in 2020. Moreover, the level of SDLR among Malaysian nurses remains unknown. These prompt the researchers to investigate the readiness of nurses for SDL. The findings of the study will enable educators and administrators to

motivate nurses to further develop their ability for independent learning and thus be ready to pursue higher education in order to uphold nursing profession in the nation.

## METHOD AND INSTRUMENT

The researchers employed a cross-sectional quantitative correlational survey to determine the level of SDLR and its difference with demographic factors such as age, marital status and academic qualification among nurses. The population of the study consists of 200 registered nurses from a selected hospital in Malaysia. A simple random sample of 145 nurses were recruited using a self-administered questionnaire.

The concepts of SDLR were employed as a framework to guide our study within the nursing context. In this study, SDLR refers to the willingness of nurses to assume own responsibilities in planning, implement, and evaluate learning for professional development. There are three domains in SDL readiness namely desire for learning, self-management and self-control. With this, self-management refers to nurses' ability to set goal and manage own learning in an organised and timely manner. Secondly, 'desire for learning' defines nurses' motivation and positive attitude towards learning. Lastly, 'self-control' is operationally defined as nurses' ability to evaluate own learning, self-disciplined and be determined to accomplish goals.

The following are the research questions posited based for the study:

1. What is the level of self-directed learning readiness among nurses at a selected hospital in Malaysia?

2. Is there any difference between demographic factors (age, marital status, academic qualifications) and level of self-directed learning readiness among nurses at a selected hospital in Malaysia?

The Self-directed Learning Readiness Scale (SDLRS) was adopted from Fisher et al (2001) to measure the research questions. It consists of 40 items across three subscales: desire for learning (12 items), self-management (13 items) and self-control (15 items). The instrument using a 5-point Likert scale ranging from 1, completely disagree to 5, completely agree with a minimum score of 20 to a maximum score of 200. A total score of more than 150 indicates a high level of SDL readiness. While a score that is equal or less than 150 indicates a low level of SDL readiness reported by nurses. The SDLR was validated by three content experts who are experience in

clinical teaching. A sample of 30 subjects from another hospital were randomly selected for the pilot study. The internal consistency index obtained for SDLR was at Cronbach's Alpha value of 0.837 which indicates a good internal consistency coefficient of the instruments for the study.

## RESULTS

As shown in Table 1, the demographic data consists of age, gender, marital status and academic qualification among participants. The mean age of participants was 33 years (SD = 7.59). A majority of them were female (84.1%, n =122) and 15.8% (n = 23) were male. The data indicates that the female is predominant in nursing field. The findings of current study relatively support past study by Yeoh and Wee (2017) in which female nurses remain the major workforce in Malaysia.

**Table 1 Demographic factors of the participants (n=145)**

Variables	Frequency (f)	Percentage (%)	Mean (M)	Standard Deviation (SD)
<b>Age (year)</b>			33.10	7.59
<b>Gender</b>				
Male	23	15.8		
Female	122	84.1		
<b>Marital status</b>				
Single/divorce	53	36.6		
married	92	63.4		
<b>Academic qualification</b>				
Diploma in nursing	73	50.3		
Post basic certification	63	43.4		
Bachelor's degree or higher	9	6.2		

The findings presented in Table 2 revealed a high level of total SDLR (M = 161.71, SD = 12.60) reported by nurses participated in the study. Among the three subscales, self- control was the highest followed by self-management (M

= 53.99, SD = 4.92) and desire for learning (M = 49.51, SD 4.63). Although the overall SDLR level was high, nurses had lack desire towards learning.

**Table 2 Level of self-directed learning readiness among participants (n=145)**

SDLR Variables	Mean (M)	Standard deviation
Self- Management	53.99	4.92
Desire for Learning	49.51	4.63
Self-Control	58.22	4.78
Total SDLR	161.71	12.60

The difference between demographic variables (age, marital status, academic qualification) and dependent variable (SDLR) was analysed using inferential statistics at significant level set at 0.05. In measuring differences among the variables, independent T-test was used for marital status; Pearson's correlation was used for age; and analysis of variance (ANOVA) was used for academic qualification for their differences with overall SDLR respectively. Table 3 shows a statistically significant difference between age, academic qualification and SDLR ( $p < 0.05$ ).

Further analysis of post-hoc comparisons for academic qualification using the Turkey HSD test revealed that bachelor's degree/higher qualification nurses were significantly different from those with post-basic qualification and diploma in terms of their level of SDLR. No significant difference between marital status and SDLR was reported. In this study, difference between gender and dependent variable is excluded for analysis due to the small number of male nurses in the data.

**Table 3 Differences between demographic factors and SDLR among participants (n=145)**

Demographic variables	Sig. (2-tailed)
Age	.000*
Marital status	.108
Academic qualification	.002*

\* $P < .05$

## DISCUSSION

The findings of this study revealed a high level of SDLR among nurses. These results are consistent with past studies (Chakarravathy et al., 2020; Ors., 2018; Samarasooriya et al., 2019) that reported a high level of SDLR on working nurses. Majority of nurses in the study demonstrated a high level of self-control and self-management but low in desire for learning. This

may be explained by their maturity to identify own learning needs, ability to set goal and managing own learning in achieving goals. They exhibit positive attitudes in learning, disciplined and have good time management in work. However, working nurses may have lower enthusiasm in seeking new learning due to family commitment, heavy workload, and lack of internal or external motivation. Such factors might negatively

influence nurses' willingness to explore new learning and thus reduce their desire to learn. To address this, nurse superiors play a role to support and motivate nurses to advance their studies by providing a flexible working schedule. Hospital administrators may consider offering study loan or sponsorship to support nurses in meeting their financial needs while pursuing higher education. On the other hand, educators in higher education institutions could assist learners to enhance their abilities in SDL. Nevertheless, individual nurses must be ready for tertiary education and be responsible in own learning. Both the external and internal motivation factors are therefore vital to encourage more nurses to further develop themselves for independent learning through higher education. A good to great nurse leader is capable to identify/motivate the right people in boat and then guide/assist them for professional development.

The data of the study shows a significant difference between age and level of SDLR. This finding is supported by Chakkaravarthy et al. (2020) in which level of SDLR increased when nurses' age is higher. The possible reason is that learning experience increases with age. Knowles (1980) asserts that adults become more self-directed in their learning as they mature. Senior nurses tend to have improved self-awareness as they recognise their learning needs more compared to younger nurses. The longer exposure in clinical settings may further explain why matured nurses regulate their learning better than those nurses with lesser experience. It is a challenge on how to encourage this mature nurse population to step forward to enhance life-long learning.

In addition, a significant difference between academic qualification and SDLR was found in the study. Nurses with bachelor's degree reported a higher mean score of SDLR compared to those with diploma or post-basic certification. The finding is congruent with past studies by Ors et al. (2018) and Kaur et al. (2020). The researchers indicated that nurses with higher degree had enhanced skills in decision-making and critical thinking. Indeed, the concept of SDLR is important to be applied in nursing education curricular starts from the early year of the foundation programmes. Quality of patient care will be further improved when more nurses attain the professional attributes and skills in problem-solving and critical thinking.

In this study, there is no statistical significance shown between SDLR and marital status. This finding is contrasting with Chakkaravarthy et al. (2020) who revealed that single nurses had higher SDLR than those who are married. Nurses who are married may be more committed to family welfare. This group of population believe to have higher responsible for family development than personal development. It is a challenge for majority of nurses to maintain a work-life balance while study. This remains a question on how well an organisation and higher management would support nurses to pursue higher education while maintaining sufficient staffing and quality outcomes in the clinical settings. Perhaps, promoting nurses' awareness on the importance of SDLR and addressing the issue on low desire to learn may be the focus in future plan. Certainly, helping individual to identify his/her learning needs is one of the important elements that cannot be under emphasised.

## CONCLUSION

In conclusion, the study reveals a high level of overall SDLR among nurses at a hospital in Malaysia, and age and academic qualification do differ significantly in overall SDLR. The model derived from this study enables educators and administrators to better understand and put into practice the important concepts of SDL in nursing education. The findings of the study imply that educators should not only need to focus on the differences of age and academic qualification that could influence nurses' readiness for SDL but improving nurses' desire towards learning and their learning needs. Learning may be more effective when nurses are guided effectively for independent learning while upgrading their professional development. Like it or not, higher education is essential for nurses to growth and to uphold their standard for safe practice. What is important is to what and how the SDL approach can be integrated in the nursing education system. Future studies are recommended to explore those undiscovered barriers to SDL among nurses in different context.

## Acknowledgements

The study is funded by International Medical University [Project ID: BN I/2021(PR-01)] dated 17 June 2021 as partial fulfilment of Bachelor of Nursing Science undergraduate programme. The authors thank the institutions and participants for their cooperation in supporting the study.

## Declaration of interest statement

We declare no conflict of interest that may influenced us in writing the paper.

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