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Readiness towards Self Directed Learning among Undergraduate Students in Teaching Hospital, Jumla

Ramu Maharjan[1], Ruchi Verma[1]

[1] School of Nursing and Midwifery, Karnali Academy of Health Sciences, Jumla, Nepal.

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Corresponding Author:

Ramu Maharjan
School of Nursing and Midwifery, Karnali Academy of Health Sciences, Jumla, Nepal
Email: ramumaharjan@gmail.com

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Abstract

Introduction: Self-directed learning means self-managed learning that plays important role in facilitating adult learning and upgrading knowledge and skills of individual's independently. Readiness for self-directed learning implies that the learners are responsible for their own learning through a student centered learning method. Self-directed learning strategies empower students to handle their academic work effectively and adapt to challenging situations.

Objective: To assess the readiness toward self-directed learning among undergraduate students in teaching hospital Jumla.

Methods: A cross-sectional study was conducted among 277 undergraduate students of Karnali Academy of Health Sciences using total enumerative sampling technique to select sample. Self-Directed Learning Readiness Scale tool was used to collect the data. All collected data was analyzed using descriptive statistics and inferential statistics.

Result: This study finding revealed that majority (72.9%) of undergraduate students had high level of readiness towards self- directed learning whereas more than one fourth (27.1%) have low level of readiness. There was statistically significant association between level of readiness towards self- directed learning and age (p=0.003), academic program (p=0.004), and academic year (p=0.018).

Conclusion: Although the findings were encouraging, indicating that students had high level of readiness towards self-directed learning, there remains need to implement strategies that strengthen student's readiness for self- directed learning, with particular attention to areas on subscales where students scored comparatively lower score such as self-management and self- control.

Keywords: Readiness; self -directed learning; students.

Introduction

Self-directed learning (SDL) first introduced by Malcolm Knowles in 1960s, is a process in which individuals take initiative with or without the help of others, in diagnosing learning needs, formulating goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes.[1] Readiness of SDL means learners are responsible for their own learning through student-centered learning.[2] It allows learners to take ownership of their education, promoting responsibility and confidence to plan and organize their learning effectively.[3] With constantly evolving new practices and guidelines based on evidences; medical professionals needs to remain updated.[4,5] It is essential to develop independent

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learning abilities, enhanced responsibility, assertiveness, and accountability that fosters self-confidence in practice, promotes greater independence, and encourages self-discipline.[6,7]

Study conducted in Malaysia revealed 65% of students were ready for SDL whereas India showed 59.3% had low level of readiness.[8,9] Study conducted in Pokhara and Banke showed 72.7% and 87.2% have readiness respectively.[10,12] High readiness level empowers critical thinking, problem-solving, and adaptability.[3] Whereas, low readiness can lead to poor motivation, low academic performance, limits critical thinking, weak time management, and reduces confidence.[8,9] Hence, study aims to assess level of readiness towards SDL among the undergraduates students.

Methods

A cross-sectional study design was adopted to find out readiness toward self-directed learning among undergraduate students in teaching hospital, Jumla. The study was conducted among the undergraduate students studying at Karnali Academy of Health Sciences (KAHS) Jumla, Nepal from 25th May 2025 to 13th June 2025. Non-probability total enumerative sampling technique was used to select 277 students from Bachelor of Medicine and Bachelor of Surgery (MBBS), Bachelor of Public Health (BPH), Bachelor of Pharmacy (B. Pharm). All students willing to participate and give informed written consent were included in study and those who were absent during data collection were excluded from the study. Pretesting was done in 10% of the population prior to the conduction of final study among the undergraduate nursing students who were not involved in the final study. Data collection tool comprised of two parts .i.e. Part I consisted questionnaire related to socio-demographic information and academic information of the students and Part II consisted Self Directed Learning Readiness Tool. It comprises three subscales: self-management (13 items, maximum score 65), desire for learning (12 items, maximum score60), 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.[11]

After providing each student with a clear explanation of the study's objectives and purpose, informed written consent was obtained and then data was collected. Anonymity was preserved by coding each questionnaire and asking students not to mention name in tool. Confidentiality was maintained by using data only for research purposes, giving code number to each student and storing all the information securely in a cabinet as well as password protected computers. To protect their rights, students were allowed to withdraw the study at any time. Data were used solely for research purpose. The study protocol was approved by the Institutional Review Committee of Karnali Academy of Health Sciences, Jumla Ref: 2025/037. Data were coded and entered into SPSS version 20 for statistical analysis. Descriptive statistics such as mean, median, standard deviation, frequency and percentage were used to summarize variables. Association between level of readiness and sociodemographic and academic variables were analyzed by using Chi-square test.

Results

Among 277 respondents, minimum age was 18 years and maximum was 34 years with the mean age of 21.53+ 2.581 where 65% were male. Regarding marital status 95.3% of respondents were unmarried and 73.6% belonged to nuclear families. Most (65%) of the respondents were from families with monthly income of NRS ≥50000 with mean income of 80277.98. (Table 1)

Table 1: Socio demographic information of the respondents.

Variables	Frequency (f)	Percentage (%)
Age (Years)	**Mean + SD = 21.53+ 2.581**	
Gender		
Female	97	35
Male	180	65
Current place of residence		
Home	9	3.33
Hostel	86	31
Rental rooms and Home	182	65.7
Marital Status		
Married	13	4.7
Unmarried	264	95.3
Family Type		
Joint	73	26.4
Nuclear	204	73.6
Monthly Family Income (in NRS)		
<50000	97	35
≥50000	180	65

Academic information of the respondents, where academically 61.7% of the respondents were from MBBS. Less than half (46.9%) are in their 2nd academic year and 51% had their school level education from private school. The choice of program was voluntary for majority (89.9%) of respondents. (Table 2). About 72.9% demonstrated a high level of readiness whereas 27.1% of respondents scored low level of readiness for SDL. (Table 3)

Table 2: Academic information of the respondents.

Variables	Frequency(f)	Percentage (%)
Academic Program		
Bachelor of Public Health	42	15.2
Bachelor of Pharmacy	64	23.1
Bachelor of Medicine Bachelor of Surgery	171	61.7
Academic year		
1st Year	77	27.8
2nd Year	130	46.9
3rd Year	50	18.1
4th Year	20	7.2
Type of Previous School		
Government	135	49
Private	142	51
Voluntary Selection of program		
No	28	10.1
Yes	249	89.9

Table 3: Respondents level of readiness for self-directed learning.

Level of readiness	Frequency (f)	Percentage (%)
High level	202	72.9
Low level	75	27.1

Table 4: Association between level of readiness and socio-demographic variables.

Variables category	Level of readiness		p-value
	Low level f (%)	High level f (%)	
Age (Years)			
≤20	39(37.15)	66(62.85)	**0.003***
>20	36(20.9)	136(79.1)	
Gender			
Female	29(29.9)	68(70.1)	0.438
Male	46(25.56)	134(74.44)	
Residence			
Hostel	23(26.75)	63(73.25)	0.934
Rental and others	52(27.22)	139(72.78)	
Marital Status			
Married	4(30.77)	9(69.23)	0.759
Unmarried	71(26.9)	193(73.1)	
Family Type			
Joint	22(30.13)	51(69.87)	0.493
Nuclear	53(25.9)	151(74.1)	
Monthly Family Income (in NRS)			
<50000	24(24.75)	73(75.25)	0.521
≥50000	51(28.33)	129(71.67)	

*Chi square test, p<0.05: statistically significant.

There is statistically significant association between level of readiness toward self-directed learning and age (p=0.003) which reflects that higher the age of students higher the readiness towards self-directed learning. Whereas other socio-demographic variables have no significant association with level of readiness toward self-directed learning. (Table 4).

B-pharmacy students had significantly high level of readiness towards SDL then BPH and MBBS students (p=0.004), and with increase in academic year the level of readiness towards SDL also increases (p=0.018). Whereas, there is no significant association between level of readiness toward self-directed learning and other academic variables. (Table 5)

Table 5: Association between level of readiness and Academic variables.

Variables category	Level of readiness		p-value
	Low level f (%)	High level f (%)	
Academic Program			
BPH	12(28.6)	30(71.4)	**0.004***
B-Pharmacy	7(10.94)	57(89.06)	
MBBS	56(32.75)	115(67.25)	
Academic Year			
1st Year	30(38.96)	47(61.04)	**0.018***
2nd Year	33(25.38)	97(74.62)	
3rd Year	7(14)	43(86)	
4th Year	5(25)	15(75)	
Type of Previous School			
Government	35(25.92)	100(74.08)	0.675
Private	40(28.17)	102(71.83)	
Voluntary Selection of program			
Yes	65(26.1)	184(73.9)	0.343
No	10(34.5)	19(65.5)	

*Chi square test, p<0.05: statistically significant.

Discussion

A cross-sectional study was conducted to identify level of readiness towards self-directed learning among 277 undergraduate students selected by using total enumerative sampling technique. In the study majority (72.9%) of the respondents had high level of readiness towards SDL whereas less than half (27.1%) of respondents scored low level of readiness for SDL. This result is similar to the study conducted in Pokhara, Kathmandu and Eastern Nepal where 72.7%, 69.2%, 79.3% respectively have demonstrated high level of readiness towards SDL.[10,13,14] The findings of the study is in contrast to a study conducted in Banke where 87.2% of demonstrated a high level of readiness for SDL.[12] Similarly, the finding of this study is in contrast to a study conducted in Malaysia showed 65% had only scored high scores of SDL.[8] The finding of the study is in contrast to a study conducted in Pondicherry, India showed only less than half (44%) had high scored of SDL.[15]

This study reveals that there was statistically significant association

between level of readiness towards self-directed learning and socio-demographic variable like age (p=0.003). This finding were similar to a study conducted in Banke showed statistically significant association between students who were above 20 years of age had a significantly higher level of readiness for self-directed learning compared to those below 20 years (χ^2 = 5.225, p = 0.022). Whereas there is no significant association between gender, residence, marital status, family type and monthly family income. The findings of the study is in contrast to study conducted in Banke there was a significant association between type of family (p = 0.026) had a higher level of readiness for self-directed learning with Nuclear family compared to joint family.[12]

This study reveals that there was significant association between level of readiness toward self-directed learning and academic program (p=0.004), and academic year (p=0.018). This finding is similar to the study conducted in Banke and Kathmandu (p= 0.004 and p= 0.045) respectively which showed that level of readiness for self-directed learning were significant association with academic year.[12,14] There is no any other significant association between level of readiness towards self-directed learning and other academic variables such as type of previous school and voluntary selection of program. The limitation of the study is that the study was conducted in a single institute so the findings may not be generalizable to students in other institutions or regions of Nepal. Data were collected using a self-administered questionnaire, which might introduce response bias, as respondents might have overestimated or underestimated their level of readiness for self-directed learning.

Conclusion

Majority of undergraduate students of teaching hospital, Jumla had high level readiness toward SDL, which is important for lifelong learning and professional development. Statistically significant association was found between readiness for SDL and socio-demographic variables like age and academic variables like academic program, and academic year. A large scale studies can be done to assess the level of readiness towards self-directed learning of undergraduate students and influencing factors and comparative study can be done in different health institutional setting.

Conflict of Interest: None

AUTHOR'S CONTRIBUTION AND ORCID IDS

Ramu Maharjan: reviewed the literature, conceptualized and designed the research, data analysis and prepares result, drafted the manuscript, reviewed the manuscript and approved the final version of the manuscript
Orchid: 0000-0001-7030-5764

Ruchi Verma: reviewed the literature, conceptualized and designed the research, RV did data collection, analysis result, reviewed the manuscript
Orchid: 0009-0006-3723-9391

References

1. Knowles M. Self-Directed Learning: A Guide for Learners and Teachers. New York, USA: Association Press; 1975. 130-131. [Full Text]
2. Fisher M, King J, Tague G. Development of a self-directed learning readiness scale for nursing education. Nurse Educ Today. 2001;21(7):516–25. [PubMed] [DOI]
3. Nepal P, Adhikari D. Readiness for self-directed learning among nursing students of Lumbini Medical College and Teaching Hospital: A cross-sectional study. J Lumbini Med Coll. 2021;9(2):6-11. [Full Text] [DOI]
4. Mahmud W, Haroon M, Munir A, Hyder O. Self-directed learning and research attitudes among medical students. J Coll Physicians Surg Pakistan. 2014;24(3):173–7. [PubMed]
5. Murad MH, Coto-Yglesias F, Varkey P, Prokop LJ, Murad AL. The effectiveness of self-directed learning in health professions education: A systematic review. Vol. 44, Medical Education. Med Educ; 2010. p. 1057–68. [PubMed] [DOI]
6. Greveson GC, Spencer JA. Self-directed learning - The importance of concepts and contexts. Vol. 39, Medical Education. Med Educ; 2005. p. 348–9. [PubMed] [DOI]
7. Premkumar K, Vinod E, Sathishkumar S, Pulimood AB, Umaefulam V, Prasanna Samuel P, et al. Self-directed learning readiness of Indian medical students: A mixed method study. BMC Med Educ 2018;18:134. [PubMed] [DOI]
8. Win MT, Ahmad A. Readiness for Self-Directed Learning Among Undergraduate Students at Asia Metropolitan University in Johor Bahru, Malaysia. Education in Medicine Journal.2023 Jan 1;15 (1).[Full Text] [DOI]
9. Naik BN, Rao R, Verma M, Nirala SK, Pandey S, Singh C, Ranjan A, Manjhi PK. Time management and readiness for self-directed learning among medical undergraduates of a tertiary healthcare institution-A cross-sectional study from Eastern India. Journal of Education and Health Promotion. 2025 Feb 1;14(1):53.[PubMed] [DOI]
10. Gyawali S, Jauhari A, Ravi Shankhar P, Saha A, Ahmad M. Readiness for Self Directed Learning among First Semester Students of a Medical School in Nepal. Journal of Clinical and Diagnostic Research. 2021 Feb,5(1):20-23. [Full Text]
11. Fisher M, King J, Tague G. Development of a self-directed learning readiness scale for education. Nurse Education Today. 2001;21,516-525. [Full Text] [DOI]
12. Shahi R, Acharya S, Nai S. Readiness towards Self Directed Learning among Bachelor Level Nursing Students in a Campus, Banke District. Academia Research Journal. 2025;4(1):114-26. [Full Text] [DOI]

13. Koirala, N., & Kafle, S. P. (2021). Self-Directed Learning Readiness of the Undergraduate Nursing Students: A Study from Eastern Nepal. Birat Journal of Health Sciences, 6(1), 1263-1268. [Full Text] [DOI]

14. Shrestha, S., & Thapa, R. D. Readiness for Self-Directed Learning Among Students of Bachelor of Science in Nursing Program of Selected Colleges in Kathmandu, Nepal. Age (years), 16(20), 73. [Full Text] [DOI]

15. Naik BN, Rangasamy S, Kanungo S, Vrushabhendra HN. Self-directed learning readiness among undergraduate medical students in a tertiary care health institution in Pondicherry. Natl J Res Community Med. 2019;8. [Full Text] [DOI]

BIOS

Ramu Maharjan is a Assistant Professor, School of Nursing and Midwifery, Karnali Academy of Health Sciences
Email: ramumaharjan@gmail.com

Ruchi Verma is a Nursing Officer, Bheri Hospital, Nepalgunj
Email: ruchiverma8667@gmail.com