



SELF-DIRECTED LEARNING READINESS OF STUDENTS
AND GRADUATES OF AN ASSOCIATE
DEGREE NURSING PROGRAM

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CHAPTER I

INTRODUCTION

The preprofessional preparation of registered nurses in two distinctive educational curricula--Associate degree and Baccalaureate degree--is a topic of controversy within the profession (American Nurses' Association, 1965; Lee, 1979; Schoor, 1979; Millar, 1980; Kramer, 1981; Partridge, 1981). Graduates of both types of nursing programs are currently identified as registered nurses. The differences in competencies of the graduates from associate degree nursing programs and baccalaureate degree nursing programs, however, are unclear and confusing.

The resolution of the American Nurses' Association (1965) calling for the minimal educational requirement for professional nursing practice to be baccalaureate preparation is viewed by a few as inevitable and strongly opposed by others. Those opposing the American Nurses' Association stance are: (1) the National League for Nursing, which supports four existing educational nursing programs for entry into practice--vocational, associate degree, hospital diploma and baccalaureate degree--(Millar, 1980) (see Appendix A for National League for Nursing position statement and on preparation for practice of nursing); (2) the American Medical Association who insists that nursing education be hospital-based; (3) hospital administrators who favor hospital-based nursing education for economic reasons; and (4) the licensed practical

(vocational) nurse organizations who oppose the American Nurses' Association's proposal because it would eliminate their role and title (Schoor, 1979). Additionally, an organized threat to the American Nurses' Association's proposal was evidenced nationally. In a survey of nurses conducted by RN magazine, 10,117 respondents opposed the entry level proposal (Lee, 1979). Although considered an extremely large response and representative of nursing by RN magazine the claim was viewed presumptuous since it was not a national cross-section of nurses (Partridge, 1981).

Although the formal curriculum patterns for the various nursing education programs are the responsibility of and controlled by state licensing boards, there is continuing confusion in the health care system about the various types and levels of nurses. This confusion is being resolved somewhat by establishing competencies for graduates of each type of nursing program. The statements of graduate competencies, however, reflect a concerted effort of educators to develop a logical pattern for formal educational mobility (Southern Regional Education Board, 1982), rather than competence in practice as a member of the nursing profession through continuing education.

McGlothin (1960) states that the professional school is said to be like Janus, looking backward to the preparatory training of its students and forward to their continuing education. If professionals, in accordance with the code of ethics of the profession, recognize that education is a lifelong obligation, two choices are available:

(1) formal-structured and degree-oriented education; and (2) formal-informal-structured and competence in practice-oriented education.

The Southern Regional Education Board (1982) indicated that

educational mobility programs are being warmly endorsed by state planning boards and provisions made for appropriate credit to the next highest program. In addition, the Southern Regional Education Board stated that highly structured, continuing education programs should be available to a large number of nurses whether or not a state has a mandatory continuing education law or not.

As a parallel to preprofessional education for entry into practice, continuing education of registered nurses is an equally important component of the educational issue in nursing, but lacks the emotional impact. The prime responsibility for learning as a professional moves from the professional school to the professional himself and to the associations to which he belongs (Houle, 1967). Nursing leaders have continually emphasized continuing education for registered nurses, but it was not until the mid-1960's that a spirited interest in continuing learning was evidenced at higher levels in nursing. During the same period it was also determined that the majority of registered nurses had yet to accept the importance of continuing learning (Bevis, 1975).

Bell and Rix (1979) affirmed that registered nurses, especially in urban centers, have a variety of opportunities available to them for continuous learning through health care agencies, hospital staff development departments, academic programs in schools of nursing and universities and events provided by professional organizations. Even so, there appears to be substantial evidence that registered nurses, although interested in formal continuing education, appear to participate more in self-directed rather than other-directed continuing education activities (Clark and Dickinson, 1976; Reinhart, 1977; Curran, 1977; Moran, 1977; Bell and Rix, 1979).

According to Cooper (1978) self-directed learning is an issue in continuing education whether mandatory or voluntary. She elaborated further by stating that approving organizations may not wish to credit self-directed learning since it can not be easily measured or documented, but its need is clear and to some extent, progress in nursing is dependent upon it.

It is in the light of self-directed learning that there is a lack of consensus between the nursing profession's preoccupation with continuing education to maintain professionalism of its members and the National League for Nursing (1980b) Statement on Education for Entry into the Professional Practice of Nursing which dictate professionalism based upon the status of the nursing education preparation.

The National League for Nursing statements for entry into practice at both the baccalaureate and associate degree levels document the association's posture regarding its support of self-directed learning ability specifically to the baccalaureate degree nurse. By virtue of the omission of self-directed learning in the statement of entry into practice at the associate degree level, it is implied that this competency is reserved for graduates of only one type of nursing program. See Appendix B for the National League for Nursing (1980b and 1980a) Statement of Education for Entry into the Professional Practice of Nursing and Appendix C for Statement on Associate Degree Nursing Education and Practice, Draft I.

Gibbons (1968, p. 193) is quoted, "Every man who rises above the common level has received two educations: the first from the teachers; the second, more personal and important, from himself." The education from teachers is comparable to what is currently addressed as other-

directed learning in which someone other than the learner controls the plan of learning. The more personal and important education from himself may be considered accidental or incidental, but probably intended to be learning that is self-directed.

Tough (1977) noted that virtually everyone still agrees that professionally guided learning is an important phenomenon, but makes up only 20 percent of the picture. Becker (1962) asserted that preservice training and better screening of applicants will not improve professionalism. It is in the individual that learning occurs and professionalism is maintained. As Cooper (1978) explained, some nurses have always been self-directed learners, some learned accidentally, some learned in spite of themselves and a great majority defined learning goals and performed their own learning projects. This being the case, associate degree nurses can be as self-directed in learning as baccalaureate degree nurses. Individuality is a major determinant of self-directed learning and not limited to the type of preservice education which is contrary to the National League for Nursing position.

Statement of the Problem

Professional status, competency, and mandatory or voluntary continuing education of registered nurses are believed by many authors to be the responsibility of its members. Reports of continuing education research have indicated that the average registered nurse is an active learner and that nurses participate in more self-directed than other-directed learning activities (Clark and Dickinson, 1976; Curran, 1977; Moran, 1977; Bell and Rix, 1979). Incongruity exists between registered nurses' continuing education reports and the National League for

Nursing statement on education for entry into nursing practice related to self-directed learning. The difference prompted this investigator to question the self-directed learning ability of associate degree nurses.

Current, available research has demonstrated that nurses are self-directed learners; however, no studies have been executed to determine whether or not students or graduates of an associate degree nursing program possess readiness for self-directed learning. The relationship of self-directed learning readiness with age, sex and cumulative grade point average of entering students, first level students, second level students and graduates of an associate degree nursing program has not been examined. Such research, however, might enable educators and the National League for Nursing to acknowledge this ability in associate degree registered nurses entering the nursing profession.

Purpose of the Study

The purpose of this study was to analyze comparatively the readiness for self-directed learning of entering students, first level students, second level students and graduates of the Tulsa Junior College Associate Degree Nursing Program. The results could be utilized for future decision-making purposes related to admission, development of modules and learning activities enhancing self-directed learning, faculty development and improved practice performance of students and graduates.

The study sought to answer the following questions:

1. Is there a significant difference within groups of entering students, first level students, second level students and graduates of an associate degree nursing program on the self-directed learning readiness.

2. Is there a significant difference between groups of entering students, first level students, second level students and graduates of an associate degree nursing program in self-directed learning readiness.

3. Is there a significant relationship between self-directed learning readiness and the age of entering students, first level students, second level students and graduates of an associate degree nursing program?

4. Is there a significant relationship between self-directed learning readiness and the sex of entering students, first level students, second level students and graduates of an associate degree nursing program?

5. Is there a significant correlation between self-directed learning readiness scores and the cumulative grade point average of entering students, first level students, second level students and graduates of an associate degree nursing program?

Research Hypotheses

It was hypothesized that:

1. There is a significant difference in the self-directed learning readiness scores within groups of associate degree nursing program:

- A. entering students,
- B. first level students,
- C. second level students,
- D. graduates.

2. There is a significant difference in self-directed learning readiness between groups of associate degree nursing program:

- A. entering students,
- B. first level students,
- C. second level students,
- D. graduates.

3. There is a significant relationship between the self-directed learning readiness and the age of associate degree nursing program:

- A. entering students,
- B. first level students,
- C. second level students,
- D. graduates.

4. There is a significant relationship between the self-directed learning readiness and the sex of associate degree nursing program:

- A. entering students,
- B. first level students,
- C. second level students,
- D. graduates.

5. There is a significant correlation between the self-directed learning readiness scores and the cumulative grade point average of associate degree nursing program:

- A. entering students,
- B. first level students,
- C. second level students,
- D. graduates.

Limitations

This study contained the following limitations:

1. The study was limited to entering students, first level students level students, and graduates of one associate degree nursing program.
2. The study did not critique the content of the self-directed learning concepts presented in the curriculum.
3. The study did not investigate the role of the educator in developing self-directed learning readiness of the participants.
4. The study did not investigate the previous life experiences and prior formal or informal education of the participants.
5. The Self-Directed Learning Readiness Scale was administered to students and graduates between April 1, 1982 and August 31, 1982.

Assumptions

This study involved the following assumptions:

1. The scale utilized in the study was an accurate measurement of self-directed learning readiness.
2. Information gathered from the participants on the self-directed learning readiness scale was accurate.
3. The self-directed learning concept presentation and related activities had an effect upon the participants' readiness for self-directed learning.
4. Independent learning activities required of students enrolled in an associate degree nursing program enhance readiness for self-directed learning.
5. Students and graduates who completed the questionnaire were equivalent to those who did not participate in the study.

Definitions

The following is a list of terms which are used throughout the study:

Associate Degree Nurse - A graduate of an associate degree nursing program.

Associate Degree Nursing Program - A program located in a junior college, five semesters in length, leading to an Associate degree in Applied Science.

Baccalaureate Degree Nurse - A graduate of a baccalaureate degree nursing program.

Baccalaureate Degree Nursing Program - A program located in a college or university generally four years in length leading to a Bachelor of Science degree in Nursing.

Continuing Education - All education activities beyond the basic nursing program (Bell and Rix, 1979).

Entering Students - Individuals who have presented documentation of an American College Test composite score of 15 or cumulative grade point average of 2.0 for 12 or more college credit hours.

First Level Students.- Individuals enrolled in an associate degree nursing program who have completed 12 credit hours of nursing courses and a minimum of 19 credit hours of general education courses required in the nursing curriculum.

Graduates - Individuals who have completed an associate degree nursing program with a minimum of 69 credit hours.

Nurse - A graduate of a diploma, associate degree or baccalaureate degree nursing program who passed the State Board Test Pool Examination for Licensure as a registered nurse by scoring 350 or greater in each of

the five nursing areas tested.

Other-Directed Learning - Formal education including planned programs, seminars, conferences, workshops, films, courses, panels, and university courses (Bell and Rix, 1979).

Second Level Student - Individuals enrolled in an associate degree nursing program and completed 35 credit hours of nursing courses and a minimum of 34 credit hours of general education courses required in the nursing curriculum.

Self-Directed Learning - A process whereby the learner is motivated and responsible for the learning experience.

Self-Directed Learning Readiness Scale - A questionnaire of 58 Likert-type items constructed to gauge an individual's attitudes and abilities for self-directed learning.

Organization of the Study

Chapter I introduces the study, presents the problem, purpose, limitations, assumptions, definitions and organization of the study. Chapter II includes a review of the related literature focusing on the areas of (1) adult education, which includes self-directed learning efforts and research related to self-directed learning of adults; (2) self-directed learning activities in continuing educations for nurses; (3) self-directed learning in nursing education programs. Chapter III reports the selection of the subjects, development of the instrument, data returns, collection of the data, and analysis of the data. Chapter IV includes the presentation of findings along with discussion of the findings. Chapter V includes a summary of the study, statement of conclusions and implications for practice and further research.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter presents a review of related literature in the principle area of self-directed learning. Organization of the chapter is as follows: (1) self-directed learning of adults; (2) self-directed learning in continuous education for nurses; and (3) self-directed learning in nursing education programs.

Self-Directed Learning of Adults

The genesis of self-directed learning from within the framework of adult education is a subject of increasing interest in all domains of education. Although known by a variety of names, self-planned learning, inquiry method, independent learning, self-education, self-instruction, self-teaching and autonomous learning, these terms are identical to self-directed learning (Knowles, 1975).

The concept of self-directed learning was conceived initially in the principle assumptions of the adult learner extolled by Lindeman. The publication of Lindeman's The Meaning of Adult Education in 1926 incorporated the tenets of self-directed learning.

1. Adults are motivated to learn as they experience needs and interests that learning will satisfy; therefore, those are the appropriate starting points for organizing adult activities.
2. Adults' orientation is life-centered; therefore, the appropriate units for organizing adult learning are life situations not subjects.

3. Experience is the richest resource for adults' learning; therefore, the core methodology of adult education is the analysis of experience.
4. Adults have a deep need to be self-directing; therefore, the role of the teacher is to engage in a process of mutual inquiry with them and then evaluate their conformity to it.
5. Individual differences among people increase with age; therefore, adult education must make optimal provision for differences in style, time, place and place of learning (Knowles, 1978, p. 31).

Houle (1961) reported the findings of his study which have become a standard in adult education. The focus of Houle's research was to identify differences which prompt adults to participate in learning. Three discreet categories of learners were identified by Houle: (1) Goal-Oriented learner, an individual with a particular goal in mind, very visible type of learner; (2) Activity-Oriented learner, an individual who participated in education activities for social contact; (3) Learning-Oriented learner, an individual who enjoys learning for the sake of learning.

A fourth category has been added to Houle's original findings that of the self-directed learner. This category distinguishes the adult learner as self-reliant, autonomous, independent, not easily recognized and who is creating increasing interest in professional adult educators (Hiemstra, 1976). These traits, according to Adorno et al. (1950), describe the new species of authorization type man who attempts to combine ideas and skills typifying a highly industrialized society.

A number of research investigations followed Houle's primary study in the 1960 and 1970's which have become classics in the area of self-directed learning. Research conducted centered around adults' learning projects and activities, however, important incidental findings were obtained related to self-directed learning.

The primary research of Johnstone and Rivera (1965) in a national survey of adult learning was concerned primarily in organized learning activities. The major findings of the study were: those with high school education or less were primarily interested in job-related education; emphasis of adult learning was practical rather than academic; lower socio-economic classes did not view education as rewarding in its own right. Since Johnstone and Rivera defined learning to include all systematically organized activities, they regarded self-directed learning as a residual category. The incidence of self-directed learning in the research proved to be very high but detailed information about it was not collected.

In 1967, Tough, a student of Houle's, researched self-directed teaching during normal daily life activities of 40 interviewees who were college graduates. Tough's investigation was composed of 12 teaching tasks that might be performed during self-teaching. The data indicated that self-teachers can and do perform tasks of the professional teacher and much time was devoted to this effort.

Penland (1979) attempted to verify Tough's accomplishment in a national probability sample regarding self-initiated and self-planned learning. The selected findings of Penland's research disclosed that:

Almost 80 percent (78.9) of the population 18 years and over perceive themselves as continuing learners, whether in self-planned or formal courses. Surprisingly, a very few (2.9) were engaged only in courses or school-like activities. Apparently course-work in continuing education is but a supplement to self-initiated learning projects. Over three-quarters (76.1) of the United States population had planned one or more learning projects on their own in the year before (November, 1976) the data were collected (p. 173).

The responses obtained in Penland's (1979) research of participants' undertaking of self-initiated learning should be of interest to adult

educators. The rank order of questionnaire items indicating importance from high to low were:

1. Desire to set my own learning pace.
2. Desire to use my own style of learning.
3. I wanted to learn this right away and couldn't wait until class might start.
4. I wanted to keep the learning strategy flexible and easy to change.
5. I didn't know of any class that taught what I wanted to know.
6. Desire to put my own structure on the learning project.
7. Lack of time to engage in a group learning program.
8. I don't like a formal classroom situation with a teacher.
9. I didn't have enough money for a course or class.
10. Transportation to a class was hard or expensive (p. 174).

Data obtained from research conducted in specific geographical areas of the United States contributed additional information of learning projects and self-directed learning. Peters and Gordon (1974) sought information of learning projects regarding 466 adults in Knoxville and one rural county in Tennessee. The data revealed that approximately 91 percent of the participants had executed at least one project in the year, with most projects related to occupation or recreation.

In Nebraska, Hiemstra (1976) and his students interviewed adults 55 years of age and older. Of the 256 adults participating, over half initiated projects related to self-fulfillment. Learning projects were selected by the participants in areas such as: arts, crafts, recreation, religion, mental health, physical health, finances and homemaking. Very few of the learning projects were related to occupations, social and civic competence (Tough, 1978).

From a differing perspective, McCatty (1974) investigated a group of randomly selected professional men. The study disclosed that the participants conducted a mean of 11 projects per year, equivalent to

1,244 hours, 55 percent of which were job related. Additionally, McCatty was interested in reasons for the type of planner chosen by participants. According to the results obtained, the most prevalent reason for selecting self-planning was the participants' need for individualization of the subject matter. McCatty (cited in Tough, 1978) found one reason to be common in the selection of group or private instruction and that was related to the ability of the instructor. The preference for the type of planner was also found to vary according to subject matter. Religious learning and academic learning were found most common to group settings (47 percent); personal development occurred on a one-to-one basis (29 percent); self-planning was utilized highly in current events (96 percent) and vocational learning (79 percent).

Cross (1982) expressed concern about the length of time individuals spend on self-directed learning projects. She questioned whether or not the length of time involved in learning projects was an indication of inefficient methods or if the projects in themselves were satisfying.

Reports of many authors conclude that adults are self-directed, identify needs and develop self-directed learning projects in both their personal and professional lives. Such conclusions generally apply to nurses and students in basic nursing programs who are adults. Integration of self-directed learning concepts and skills in continuing education programs for nurses and basic nursing programs would facilitate learning and maximize the individual's learning potential.

Self-Directed Learning in Continuing Education for Nurses

Continuing education programs for nurses, according to Reinhart (1977)

should endorse the principles of adult education, particularly those which assist the individual learner to achieve self-directedness and the aid in defining their learning goals. Non-traditional methods of adult education such as the learning contract and individualized goal setting in relationship to independent study were considered to encourage nurse practitioners to attain self-directedness as a professional goal and motivation for personal excellence in practice.

A survey study was conducted by Clark and Dickinson (1974) in which 220 female registered nurses employed on a full-time or part-time basis by five general hospitals in the Greater Vancouver Area, British Columbia, Canada participated. The questionnaire utilized was composed of four parts: (1) index of 22 selected continuing learning activities classified as either self-directed or other-directed; (2) a modification of the Adolph-Whaley scale to determine favorability of nurses' attitudes toward continuing education; (3) Sheffield's Continuing Learning Orientation Index to measure the nurses' reasons for educational participation in a one-year period; and (4) socio-economic data.

The findings indicated that:

1. All nurses participated to some extent in continuing learning activities.
2. Nurses participated more in self-directed than other-directed learning activities.
3. Nurses manifested three basic orientations to their involvement in educational activities: learning, goal and activity.
4. There were significant interrelationships between learning, occupational, professional and interactive orientations and extent of participation in continuing learning activities.
5. Nurses' attitudes toward continuing education correlated positively with their level of participation.

6. The majority of nurses had a positive attitude toward continuing education.
7. Participation by nurses in continuing learning activities was related to socio-economic variables as: number of preschool children, employment status, position, and educational preparation.
8. Motivational and attitudinal characteristics were better predictors of nurses' participation in continuing learning activities than selected socio-economic factors (pp. 23-24).

Moran (1977) conducted a study of 30 staff nurses employed at one hospital. Of the participants, three were associate degree nurses, 11 were diploma nurses and 16 were baccalaureate nurses. A modification of the interview schedule developed by Tough (1978) was used to obtain data.

Moran's findings demonstrated that:

1. Nurses spent more time in independent learning efforts (mean of 469 hours) than time spent in staff development (mean of 22.4 hours) in a 12 month period.
2. Nurses who spent more time in staff development courses also had higher rates of personal independent learning.
3. No significant correlation was found between the characteristics expected to influence the rate of learning efforts and staff development attendance or personal independent learning.
4. Age was found to be an important predictor of enrollment in formal courses. Younger nurses in the study were significantly more active in professional independent learning than older nurses.
5. The study found a tendency of nurses with less education to spend more time in professional independent learning. The researcher, Moran, implied that those having less than a baccalaureate degree may feel a greater need or interest in less formal types of learning.
6. Organizational participation in relationship to independent study was not significant.
7. Independent learning related to professional practice was strongly influenced by a climate of support for learning (pp. 16-19).

A study group of 800 registered nurses in six selected Cook County, Illinois, hospitals were surveyed by Curran (1977) utilizing a questionnaire to assess interest areas in continuing education. Participants in the research indicated in the data that: (1) there was some relationship between the nurses' age and learning needs; (2) nurses in lower income levels enroll more in courses for college credit than those of higher income; (3) nurses employed on a full-time basis are more active in continuing education than part-time nurses.

Bell and Rix (1979) chose a population of all registered nursing staff in one hospital of which 373 participated. Two important findings were noteworthy; there was greater participation of registered nurses in self-directed than other-directed learning activities and that head nurses with degree preparation appear to be more committed to lifelong learning.

A more recent continuing education study in which 152 nurses participated was conducted in Toronto by Savoie (1979). The subjects were enrolled in formal education courses varying in length and content, but were estimated by the instructors to require 50 percent learner self-direction in at least two of the three components of the teaching-learning process. The instruments used in data collection were the Biographical Information Questionnaire and Self-Directed Learning Readiness Scale and permission for release of course grades.

Savoie's (1979) findings substantiated a positive relationship between the Self-Directed Learning Readiness Scale and course grades. It was found that 51 nurses with the highest Self-Directed Readiness Scale scores achieved the highest course grades; the 50 nurses with the lowest Self-Directed Learning Readiness Scale scores achieved the lowest

course grades. Additionally, independent learner characteristics evolving from the Savoie (1979) study concluded the following information pertaining to the participants:

Need for the course in order to update in nursing.

Employment in nursing at the time of enrollment.

Knowledge of course content prior to enrollment.

Enrolled in related courses and involved in independent study during the year prior to enrollment.

Graduation from a nursing program which stressed self-directed learning.

View of learning was a life-time beneficial process.

Love of learning (p. 112).

Nurses practicing in the profession are not meeting their learning needs through other-directed learning activities. The reports have substantiated self-directed learning as the learning modality most often used by nurses. Many authors believe that self-directed learning is necessary for nurses to function as professionals and should be taught this skill in their basic nursing programs.

Self-Directed Learning in Nursing Programs

Data resulting from the research of adults as learners and continuing education for nurses indicated that there may be as many reasons for self-directed learning participation as there are individuals. The implications from the research should not be confined within the parameters of adult education and continuing education for nurses, but to basic nursing programs as well.

Bell and Rix (1979, p. 16) indicated that "many nursing education programs continue to be content-oriented." They suggested that

self-directed learning as a skill may need to be included in basic nursing programs. It was their basic belief that integration of the self-directed learning concept in nursing curricula would enhance individual commitment to lifelong learning.

Graduation from a basic nursing program which emphasized self-directed learning was listed as a factor promoting nurses' success in continuing education courses (Savoie, 1979). Implications from the Savoie study based upon this finding advocated, ". . . continuing education for faculties of basic nursing programs on the subject of self-directed learning" (p. 17) and encouragement of nursing faculties to emphasize self-directed learning skills which promote nurses' independent lifelong learning.

Epstein (1974) believed basic nursing programs to be rigid. As such, the curricula encouraged educational situations which promoted rigidity, passivity and conformist roles of students. Her view considered basic nursing programs not only to be rigid, but teacher-centered with limited teacher-student interaction.

Mauksch (1972) indicated that the socialization process in basic nursing programs did not develop the skills of the students to be autonomous and self-directed in practice. This concern was supported by Litvach (1971) who expressed the fact that students in basic nursing programs were not meeting their needs and that the educational climate did not support student goal attainment.

Conley (1973) suggested that the students' love of learning must be facilitated progressively from other-directed learning activities. Two steps were considered necessary by Conley for the student to achieve independence in learning: (1) the student must develop her own standards

and compare them to personal achievements during the learning process; and (2) increase student dependence on self-planned learning in the performance of a learning assignment. This process would make it possible for college level students to be self-directed and develop a number of learning strategies that would place the student in control of the learning situation.

The fact that individuals have had unpleasant experiences in prior, formal, educational settings in which their learning needs were ignored influence independent learning ability (Delaney and Schoolcraft, 1977). It was stated by Delaney and Schoolcraft that a positive learning climate, particularly in the clinical setting, would provide the necessary structure and additionally promote competence through individualized learning.

According to Swanson (1980), a large proportion of independent studies were generated by students of high academic ability. Intelligence was acknowledged as an essential component for independent study, but other traits were considered of equal importance ". . . e.g., creativity comprised of flexibility and originality, and motivation" (p. 15).

deTornyay (1982) reported that the self-directed study concept is generally accepted by nursing educators. "IS is . . . a central strategy used for basic nursing education. In fact, IS is the basic sociological pattern required with learning modules, learning contracts, and computer assisted instruction" (p. 138).

Independent study was cited by deTornyay to be of definite value in the following areas:

1. Increased student responsibility and participation.

2. Allowed for differences in student needs, interests and learning rates.
3. Permitted students to study required content at a time that is most appropriate to a clinical setting and most convenient for them.
4. Established a minimal level of knowledge in a particular subject that is required of all students.
5. Provided enrichment experiences for some students to progress through learning experiences more rapidly.
6. Materials were helpful in providing information to students preparing for a specific clinical experience.
7. Cultivated the skills and attitudes that are essential to lifelong learning and provided practice in analyzing, evaluating and using information (p. 138).

Martens (1981) expressed the need to include self-directed learning activities in baccalaureate nursing programs. She believed that the introduction of self-directed learning in the lower division nursing courses would lessen the confusion about self-directed learning later in the curriculum. The actual self-directed learning skills and activities, according to her, were more appropriate to upper division nursing courses.

As the student approaches graduation, she is more comfortable in the role of the nurse and the various settings in which nurses practice. This comfort and insight enable the student to better realize learning possibilities and the vast array of learning resources (p. 477).

Several investigations in the area of independent study have been conducted in basic nursing programs. Most of the studies in this area were descriptive rather than experimental and cited in the Western Council on Higher Education in Nursing (1964) report.

Coe (1964) investigated two groups of students in a nursing history course. Independent study methods were utilized by one group while the other group was taught by the traditional lecture method. No differences were found in the performance of the two student groups in the study.

A comparison of teacher-directed and student-directed methods of instruction were evaluated by Douglass (1964) at San Jose State College. The findings of her study indicated that after a self-directed learning experience, the above average nursing student was not able to identify more patient problems than the average student.

Drumheller (1964) researched independent study in a nursing of children course at Loretto Heights College. She reported that nursing students at the junior level expressed a need for contact and direction from a classroom instructor and were not ready for independent study. All of the students at some time during the study expressed concern about learning in the absence of traditional teaching methods, but fewer than half of the independent study group asked for individual assistance from an instructor. Drumheller concluded from her study that there was no apparent change in attitudes toward independent study, but students did increase their depth and scope of study.

Self-directed learning and traditional instruction approaches were studied by Hess (1964) at the University of California. An insignificant difference was found in the performance of two groups of nursing students using a self-directed learning approach and one group using a traditional instruction approach at mid-term. No performance difference was noted in either of the groups at the end of the course.

White (1970) used an experimental design for the purpose of determining whether or not an individualized approach to learning would assist nursing students in over-coming educational problems. The subjects selected were 110 freshmen and sophomore students in a community college nursing program. Two control groups were determined by grade level and were given taped lectures and an opportunity to participate

in small seminars. White (1970) concluded from the study that there was no differences between the academic achievement of the control group and the self-directed learning group.

Bruckner (1976) conducted a study to determine if a relationship existed between first year associate degree nursing students' preference for independent study or for teacher directed instruction and personality factors. She selected students from five Illinois community college associate degree nursing programs. The five nursing programs chosen utilized either independent study, teacher-directed study or a combination of both.

A random selection of 50 students were chosen from each of the five programs, with data collected through use of the Myers-Briggs Type Indicator and Learning Style Questionnaire. The preference for independent study or teacher-directed study was analyzed separately with the four categories of personality factors. She concluded from the study that there was little, if any, relationship between first year associate degree nursing students' preference for independent study or for teacher-directed instruction and personality factors when the current method of instruction was considered.

Wiley (1981) selected students of a baccalaureate degree nursing program to determine the effects of a self-directed learning project and preference for structure. An experimental study using a non-equivalent control-group design was selected and the Guglielmino Self-Directed Learning Readiness Scale administered to the subjects. The conclusions of the research indicated that: (1) teaching the self-directed learning process to persons preferring low structure increased their readiness for self-directed learning; (2) students who prefer high structure did

not utilize self-directed learning as well but could adapt to this mode if provided some assistance.

Summary

Many authors have agreed that adults in their personal and professional lives and nurses practicing in the profession are meeting their needs through self-directed learning more so than through other-directed learning activities. Cooper (1980, p. 1) maintained that, "progress in nursing depends upon increased numbers of motivated, dedicated, self-directed learners."

Self-direction as a desirable characteristic in the professional is also considered a desirable characteristic in the learner. The self-directed learning process should be included in the basic nursing curricula according to most authors. In fact, self-directed learning is considered by some authors to be the most important element in a student's education.

Research of independent study or self-directed learning in basic nursing programs has been scant and has not demonstrated significant results thus far. Studies, either replicated or original, should continue and focus upon self-directed learning in both associate degree and baccalaureate degree nursing programs.

CHAPTER III

METHODOLOGY

This chapter details the procedures utilized for collecting data related to the purposes of the study: (1) selection of the students, (2) instrument, (3) collection of data, and (4) analysis of data.

The purpose of the study was to determine: (1) the differences of self-directed learning readiness; and (2) if a relationship existed between self-directed learning readiness and age, sex, and cumulative grade point average of entering students, first level students, second level students and graduates of an associate degree nursing program.

Identification of Population

Students and graduates from the Tulsa Junior College Associate Degree Nursing Program, Tulsa, Oklahoma, participated in the present study. The college is the largest two-year college in Oklahoma in terms of numbers of students served. It ranks third in size in terms of total individual student enrollment among the 27 colleges and universities in the Oklahoma State System of Higher Education.

The Associate Degree Nursing Program at Tulsa Junior College became operational in 1971. It is the largest associate degree nursing program in the State of Oklahoma with an averaged combined enrollment of 300 students in the first and second year levels.

All participants in the study were selectively admitted into the

associate degree nursing program based upon the following criteria:

1. High school graduation or General Educational Development test achievement.
2. American College Test composite score of 15 or a minimum of a 2.0 cumulative grade point average for 12 college credit hours.

A total of 573 associate degree nursing students and 1981 graduates comprised the population. The three study groups and one graduate group were predetermined, stratified populations based upon enrollment or graduation status in the associate degree nursing program.

Instrument

The instrument selected for the study was a questionnaire developed by Guglielmino (1977). The content of the questionnaire was determined by noted authorities on self-directed learning (see Appendix D for a copy). The participants in a three-round Delphi survey were: Alf, Brown, Buffie, Chickering, Coolican, Gleason, Hatch, Houle, Knowles, McKeachie, Morstain, Thompson, Tough, and Weitman (Guglielmino, 1977).

The questionnaire was initially administered to 307 subjects in Georgia, Canada and Virginia. A reported reliability of .87 was estimated. Eight factors in self-direction in learning were identified through factor analysis: openness to learning opportunities, self-concept as an effective learner, initiative and independence in learning, love of learning, creativity, informed acceptance of responsibility for one's own learning, future orientation, and ability to use basic study skills and problem solving skills.

Fifty-eight, self-reporting, Likert-type items were contained in the Self-Directed Learning Readiness Scale which is described as "a

questionnaire designed to gather data on learning preferences and attitudes toward learning" (Guglielmino, 1977, p. 2). Guglielmino reported that in addition to use of the questionnaire in areas of prediction and diagnosis, it may also be used as a screening tool involving self-directed study.

Collection of the Data

Access to the student population and the mailing/return of the questionnaire to graduates were factors in selecting the time frame for the study. The period between April 1, 1982 and August 31, 1982 was considered adequate time for the collection of the data.

Arrangements were made with the Tulsa Junior College Diagnostic and Prescriptive Center counselor, a school psychologist, to distribute and administer the Self-Directed Learning Readiness Scale to all entering students during a required, scheduled, pretesting session. Three sessions were utilized for the majority of the entering students and individual appointments arranged for those entering students who had not participated in the large group meetings between the months of April and August, 1982.

Faculty conducting required nursing courses for currently enrolled first level and second level students were contacted. Arrangements were made with nursing faculty for the distribution and administration of the Self-Directed Learning Readiness Scale during scheduled class periods during the month of April, 1982.

A brief explanation of the questionnaire, voluntary participation and assurance of anonymity was presented to all students by the Diagnostic and Prescriptive Center counselor. Completed questionnaires were

collected at the end of each class period involved.

A graduate class of 1981 was contacted by mail to participate in the study. A cover letter (see Appendix E for a copy of the letter) described the purpose of the study and provided assurance of anonymity. A copy of the Self-Directed Learning Readiness Scale was included in the mailing and the completed questionnaire requested to be returned in the enclosed, self-addressed, stamped envelope.

The responses obtained from all questionnaires were transferred to electronic sensitive computer cards. Raw scores of the Self-Directed Learning Readiness Scale were tabulated individually according to the scoring directions provided by Guglielmino and Associates.

Age and sex variables were entered by the subjects on the identification heading on each of the questionnaires. Cumulative grade point averages were obtained from transcripts after receiving subjects' permission.

Analysis of the Data

Data collection from the study were analyzed through the use of three statistical methodologies. The statistical measurements utilized were: (1) analysis of variance to determine self-directed learning readiness difference between groups; (2) contingency coefficient C to determine the measure of extent of association between self-directed learning readiness and age and sex; (3) Pearson product moment coefficient of correlation (r) to determine the relationship between self-directed learning readiness scores and cumulative grade point average.

CHAPTER IV

PRESENTATION AND DISCUSSION OF FINDINGS

The content of this chapter is divided into four sections. The sections are presented in the following order: (1) return rates; (2) description of the subjects; (3) self-directed learning readiness scores; and (4) examination of the hypothesis.

Return Rates

The Self-Directed Learning Readiness Scale was administered to (1) entering students on April 8, 1982, May 20, 1982, June 10, 1982 and on an individual basis until August 31, 1982; (2) first level students on April 14, 1982; and (3) second level students on April 21, 1982. The questionnaire was mailed to 1981 graduates on July 23, 1982. Information displayed in Table I shows the actual returns of the study.

The 84 percent response rate of participants in this study was considered sufficient. Students and graduates were contacted on a one-time basis due to a high response rate. Of the 479 questionnaires returned, only two were not used in the study because of missing information.

TABLE I
 NUMBERS OF STUDENTS AND GRADUATES FROM THE POPULATION
 RESPONDING TO THE SELF-DIRECTED LEARNING
 READINESS SCALE

	NUMBER OF SUBJECTS	NUMBER RESPONDING	PERCENT RESPONDING
Entering Students	210	210	100
First Level Students	145	133	92
Second Level Students	112	90	80
Graduates	<u>106</u>	<u>46</u>	<u>43</u>
Total	573	479	84

Description of the Subjects

The students and graduates who participated in this study comprised a heterogenous group with nursing as a declared major. Variations existed in educational, ethnic, marital, religious and socio-economic backgrounds. However, for the purpose of this study only the variables of self-directed learning readiness, age, sex, and cumulative grade point averages were considered.

A classification by groups and sex of the 477 Associate degree students and graduates who participated in this study can be found in Table II. Of the 477 subjects, 457 (96 percent) were female and 20 (4 percent) were male. The graduate group contained no male subjects in the study although three male graduates were members of the class.

The age of the associate degree nursing students and graduates ranged from 19 to 56 years of age. For the purpose of this study,

subjects were grouped into age ranges. The age ranges utilized were: 18 to 24; 25 to 34; 35 to 44; 45 to 54; and 55 and over. The data are presented in Table III.

TABLE II
CLASSIFICATION OF ASSOCIATE DEGREE NURSING
STUDENTS AND GRADUATES BY SEX

SEX	ENTERING STUDENTS		FIRST LEVEL STUDENTS		SECOND LEVEL STUDENTS		GRADUATES		TOTAL N
	N	%	N	%	N	%	N	%	
Female	198	94	127	95	88	98	44	100	457
Male	<u>12</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>20</u>
Total	210	100	133	100	90	100	44	100	477

TABLE III
CLASSIFICATION OF ASSOCIATE DEGREE NURSING
STUDENTS AND GRADUATES BY AGE CATEGORIES

AGE-RANGE	FREQUENCY	PERCENT
18 - 24	95	19.9
25 - 34	224	47.0
35 - 44	122	25.6
45 - 54	31	6.5
55 and over	<u>5</u>	<u>1.0</u>
Total	477	100.0

The cumulative grade point averages of the 477 participants in this study ranged from 0.40 to 4.0 (See Appendix F for further information on subjects' cumulative grade point averages). Of the total number of reported cumulative grade point averaged, 458 (96 percent) were between 2.0 and 4.0. Nineteen (4.0 percent) were between a 0.40 to 1.94 cumulative grade point average.

The cumulative grade point average means for the entering students, first level students, second level students and graduates are found in Table IV. The cumulative grade point average grand mean was 2.85. A median of 2.84 and a mode of 3.00 for all students' and graduates' grade point averages was obtained.

TABLE IV
COMPARISON OF CUMULATIVE GRADE POINT
AVERAGE MEANS BY GROUPS

	ENTERING STUDENTS N=210	FIRST LEVEL STUDENTS N=133	SECOND LEVEL STUDENTS N=90	GRADUATES N=44
Mean GPA	2.86	2.83	2.82	2.98

Self-Directed Learning Readiness Scores

The self-directed learning readiness scores achieved by the 477 participants in the study ranged from a lower limit of 175 to an upper limit of 287. The cumulative grade point averages of the subjects were distributed as follows: 0.4 - 0.50 (0.2 percent); 0.51 - 1.00 (0 percent);

1.50 (.8 percent); 1.51 - 2.00 (2.9 percent); 2.01 - 2.50 (21.8 percent); 2.51 (34.3 percent); 3.01 - 3.50 (28.5 percent); and 3.51 - 4.00 (11.3 percent). The distribution of cumulative grade point averages are presented in Table V.

TABLE V
DISTRIBUTION OF CUMULATIVE
GRADE POINT AVERAGES

CUMULATIVE GRADE POINT AVERAGE RANGE	N	PERCENTAGE*
0.4 - 0.50	1	0.2
0.51 - 1.00	0	0
1.01 - 1.50	4	0.8
1.51 - 2.00	14	2.9
2.01 - 2.50	104	21.8
2.51 - 3.00	164	34.3
3.01 - 3.50	136	28.5
3.51 - 4.00	<u>54</u>	<u>11.3</u>
TOTAL	477	100. *

*Does not equal 100 due to rounding

The group means on the self-directed learning readiness scores were as follows: 239.36 for entering students; 227.95 for first level students; 231.23 for second level students; and 250.18 for graduates.

These data are presented in Table VI.

TABLE VI
 SELF-DIRECTED LEARNING READINESS
 SCORE MEANS BY GROUPS

	ENTERING STUDENTS N=210	FIRST LEVEL STUDENTS N=133	SECOND LEVEL STUDENTS N=90	GRADUATES N=44
Mean Score	239.36	227.95	231.23	250.18

Examination of Hypotheses

Hypothesis I

There is a significant difference in the self-directed learning readiness within groups of associate degree nursing program entering students, first level students, second level students and graduates.

Hypothesis II

There is a significant difference in the self-directed learning readiness between groups of associate degree nursing program entering students, first level students, second level students and graduates. No significant difference was found when the analysis of variance was utilized to determine if there was a significant difference within and between groups of associate degree nursing program entering students, first level students, second level students, and graduates. The F score of 15.526 is shown in Table VII was not significant at the .05 level and Hypothesis I and II were rejected. The readiness for self-directed learning is similar in all levels of students or graduates.

TABLE VII

F SCORE REFLECTING DIFFERENCE WITHIN AND BETWEEN GROUPS
ON SELF-DIRECTED LEARNING READINESS SCORES

SOURCE	d.f.	SUM OF SQUARES	MEAN SQUARES	F	LEVEL OF SIGNIFICANCE
Between Groups	473	221542.5	468.4		
Within Groups	3	21816.3	7272.1	15.526	n.s.
Total	476	243358.8			

Hypothesis III

There is a significant relationship between the self-directed learning readiness and the age of associate degree nursing program entering students, first level students, second level students and graduates.

In order to determine if there was a significant relationship between self-directed learning readiness and age, the Contingency Coefficient C was applied. Self-directed learning readiness and age were considered as attributes and categorized as nominal data. The Contingency Coefficient of 0.68985 was not significant at the .05 level, therefore the hypothesis was rejected. The age of the student or graduate does not effect his/her readiness for self-directed learning.

Hypothesis IV

There is a significant relationship between the self-directed readiness and the sex of associate degree nursing program entering students,

first level students, second level students and graduates.

Considering the variables of self-directed learning readiness and sex as nominal data, the Contingency Coefficient C was utilized. A contingency Coefficient of 0.38905 was obtained indicating that there was no significant relationship at the .05 level between self-directed learning readiness and sex. The hypothesis stated was therefore rejected. The sex of the students or graduates does not relate to readiness for self-directed learning; however, the low ratio of males to females in the study should be taken into consideration.

Hypothesis V

There is a significant relationship between the self-directed learning readiness scores and the cumulative grade point average of associate degree nursing program entering students, first level students, second level students and graduates.

To determine the existence and degree of relationship between self-directed learning readiness scores and cumulative grade point average, the total self-directed learning readiness scores were correlated with the total cumulative grade point averages by means of the Pearson Product Moment Correlation Coefficient. As the data presented in Table VII indicate, a positive correlation of .11 was obtained and was significant at the .01 level. The stated hypothesis was not rejected. The students and graduates who achieve a higher score on the Self-Directed Learning Readiness Scale will also tend to have a higher grade point average.

TABLE VIII
CORRELATION BETWEEN SELF-DIRECTED LEARNING
READINESS SCORES AND CUMULATIVE
GRADE POINT AVERAGES

DESCRIPTION	CORRELATION r	LEVEL OF SIGNIFICANCE
Self-directed learning readiness scores and cum- ulative grade point averages	.11	.01

Summary

In summary, there were no significant differences found within and between entering students, first level students, second level students and graduates. There were no significant relationships found between self-directed learning readiness and age and sex of the subjects participating. A significant correlation; however, was obtained between self-directed learning readiness scores and cumulative grade point averages of the subjects.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS AND IMPLICATIONS

The content of this chapter is divided into three sections. A summary of the study is presented in the first section followed by the findings and conclusions of the study. The final section contains the implications and recommendations for practice and further research.

Summary

The purpose of this study was: (1) to determine the differences within and between self-directed learning readiness, and (2) to determine the relationship of self-directed learning readiness with age, sex and cumulative grade point averages of entering students, first level students, second level students and graduates of an associate degree nursing program.

The study sought to answer the following questions:

1. Is there a significant difference within groups of entering students, first level students, second level students and graduates of an associate degree nursing program on the self-directed learning readiness scores?
2. Is there a significant difference between groups of entering students, first level students, second level students and graduates of an associate degree nursing program in self-directed learning readiness?

3. Is there a significant relationship between self-directed learning readiness and age of entering students, first level students, second level students and graduates of an associate degree nursing program?

4. Is there a significant relationship between self-directed readiness and the sex of entering students, first level students, second level students and graduates of an associate degree nursing program?

5. Is there a significant correlation between self-directed learning readiness scores and the cumulative grade point averages of entering students, first level students, second level students and graduates of an associate degree nursing program?

A comprehensive review of the literature was conducted by the researcher. The review indicated that adults and practicing registered nurses are involved in self-directed learning projects. The review also indicated that self-directed learning is a basic sociological pattern in preprofessional nursing programs. Some educators, however, believe preprofessional nursing programs to be rigid and not supportive of self-directed readiness in the individual student. It was apparent in the literature review that very little research has been conducted in the area of self-directed learning readiness in preprofessional nursing programs.

The 477 participants cooperating in the study were entering students, first level students, second level students and graduates of the Tulsa Junior College Associate Degree Nursing Program. The research was conducted between April 1, 1982 and August 31, 1982.

The instrument used in the research was developed by Guglielmino (1977). The Self-Directed Learning Readiness Scale administered was a 58-item, self-reporting, Likert-type questionnaire. Age and sex

variables were provided on the questionnaires by the subjects. Cumulative grade point averages were obtained from transcripts with subjects' approval.

The questionnaire was administered to students during scheduled periods on campus. Graduates were requested to participate in the study by mail.

Data was analyzed utilizing the Self-Directed Learning Readiness Scale scoring methodology developed by Guglielmino and Associates. The statistical measurements used to determine significance were: Analysis of Variance, Contingency Coefficient C and Pearson Product Moment Correlation.

Findings

The research questions developed for this study resulted in the formulation of five hypotheses. The findings of this study are listed following the specific questions which this study sought to answer.

1. Is there a significant difference within groups of entering students, first level students, second level students and graduates of an associate degree nursing program in self-directed learning readiness?

There was no significant difference in self-directed learning readiness within groups of entering students, first level students, second level students and graduates of an associate degree nursing program.

2. Is there a significant difference between groups of entering students, first level students, second level students and graduates of an associate degree nursing program?

There was no significant difference in self-directed learning readiness between groups of entering students, first level students, second level students and graduates of an associate degree nursing program. The self-directed learning readiness score means for each group and the grand mean of 235.65 were higher than the mean of 214.44 reported in Guglielmino (1977) study.

The self-directed learning readiness score mean of 250.18 for graduates were higher than the means of the other three groups. It was also noted that the self-directed learning readiness score means for entering students and graduates were somewhat higher than the means of first level students and second level students in the associate degree nursing program.

3. Is there a significant relationship between self-directed learning readiness and the age of entering students, first level students, second level students and graduates of an associate degree nursing program?

There was no significant relationship between self-directed learning readiness scores and the age of entering students, first level students and graduates of an associate degree nursing program.

The largest number of participants in this study were between the ages of 25-34 (47 percent). In decreasing order, the subjects were found in the following age ranges; 35-44 (25.6 percent); 18-24 (19.9 percent); 45-54 (6.5 percent); and 55 and over (1.0 percent).

4. Is there a significant relationship between self-directed learning readiness and the sex of entering students, first level students, second level students and graduates of an associate degree nursing program?

There is no significant relationship between self-directed learning readiness and the sex of entering students, first level students, second level students and graduates of an associate degree nursing program.

5. Is there a significant correlation between the self-directed learning readiness scores and the cumulative grade point averages of entering students, first level students, second level students and graduates of an associate degree nursing program?

There was a significant correlation between the self-directed learning readiness scores and the cumulative grade point averages of entering students, first level students, second level students, and graduates.

Conclusions

The conclusions that result from the above findings are as follows:

1. There was not sufficient variation by age, sex, or levels of participants to demonstrate significant differences according to these variables.
2. People who have higher cumulative grade point averages tend to have higher self-directed learning readiness ability.
3. The Self-Directed Learning Readiness Scale group means of the participants in this study were higher than the mean of the Gaglielmino (1977) report. The differences may be there, but no statistical tests were applied to determine if significance existed.
4. Predictions of self-directed learning readiness for associate degree nursing students cannot be based on age, sex and levels in the program. However, predictions of self-directed learning

readiness can be tied to students' grade point averages.

5. The Self-Directed Learning Readiness Scale was not adequate to assess changes in self-directed learning readiness due to participation in the Associate Degree Nursing Program. However, a future longitudinal study might show changes resulting from the nursing program.

6. The current curricula offerings related to self-directed learning do not appear to have an impact on students' self-directed learning readiness.

Implications and Recommendations for Practice

Based upon these research findings, the following implications and recommendations for practice are presented:

1. Faculty in basic nursing programs should determine which students possess learner characteristics necessary to perform self-directed learning projects in courses. The Self-Directed Learning Readiness Scale could be administered to nursing program applicants to determine which applicants might require special assistance in order to succeed.

2. Faculty in basic nursing programs should investigate the degree of self-directed learning activities and teacher-directed instruction used in each nursing course. Appropriate guidance could be provided to students depending on the methodology used and the type of learner the student is identified to be on the Self-Directed Learning Readiness Scale.

3. Staff development programs could be offered to faculty in basic nursing programs to acquaint them with the findings of this study. Faculty could develop strategies for assisting students in courses or

components of courses requiring a degree of learner self-direction.

4. Faculties in basic nursing programs could develop a curriculum plan in which the acquisition of self-directed learning skills could be introduced in beginning nursing courses and practiced with greater frequency with each higher level nursing course. The emphasis on self-directed learning in basic nursing programs would enable students to continue to learn independently during practice as a registered nurse.

Implications for Future Research

The findings of this study answered some of the questions raised by the investigator and raised some new ones. Additional research in the area of self-directed learning readiness may result in ways to better meet the students' learning needs and encourage lifelong independent learning as a professional. Listed below are some possible topics.

1. The study should be replicated using a random selection of subjects in each of the levels of students and graduates from all associate degree nursing programs on a national or regional basis.
2. Using the same research subjects, conduct a follow-up study in about two years to compare self-directed learning readiness within and between groups.
3. Conduct an investigation of self-directed learning readiness before and after completion of the first and second levels in the nursing program. A comparison of scores achieved before and after each level on the Self-Directed Learning Readiness Scale could indicate the effect of the instruction methodology of each level on the students.

4. Using the Self-Directed Learning Readiness Scale, survey the faculty in basic nursing programs for level of self-direction. This information could also be correlated with the specialty areas in which the individual nursing faculty teach.

5. Conduct a study in which the self-directed learning readiness scores are correlated with the American College Test components of: reading, mathematics, social sciences, natural sciences, and composite scores. This information could be utilized to revise the admission requirements for the associate degree nursing program.

6. Conduct a study in which the self-directed learning readiness scores are correlated with the individual nursing course grades. This type of study would provide information suggesting the development of independent learning modules.

7. Conduct a study to correlate additional factors such as marital status, ethnic background, socio-economic status, religion, and number of children to self-directed learning readiness to determine if significance exists.

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APPENDIX A

NATIONAL LEAGUE FOR NURSING POSITION STATEMENT



**POSITION STATEMENT
ON
PREPARATION FOR PRACTICE IN NURSING**

**A Statement Approved by the Board of Directors
National League for Nursing
February 1981**

The membership of the National League for Nursing includes not only the nursing profession, but also other health professions, health care and educational institutions, and the consumer public at large. All these sectors have an interest in the quality of nursing services, and thus in nursing education.

The NLN, representing both nursing service and nursing education, and with a deep commitment to society and service to its members, is dedicated to the improvement of all types of nursing programs.

The League values a health care system that responds to the needs of a pluralistic and democratic society, which grows and changes as it is affected by sociological, economic, and political factors.

Thus, the League believes that, in the interest of the nation's health, individuals who wish to enter nursing should be free to choose from a number of educational alternatives, each of which legitimately fulfills the purpose of nursing's uppermost goal: to meet the health care needs of the nation.

No individual who chooses a career in nursing should be barred from entry because of race, age, marital status, sex, or economic status. The wide range of roles in which a nurse may function offers an opportunity for any individual demonstrating the necessary competence to pursue a career in nursing. The number of roles available also offers variety of choice and options for growth. Therefore, NLN also believes that nursing career guidance must serve to help students select the program that best meets their personal and career goals.

To meet the responsibility for the educational preparation for the broad range of roles defined as nursing, and to meet health care needs, nursing must have an expanded corps of personnel, made up of practitioners who have been prepared in programs that differ in purposes and length, and that prepare for varying kinds of practice entailing different degrees of responsibility. Included must be individuals with a high degree of preparation who can make maximum contributions in all areas of nursing practice (preventive, curative, rehabilitative), in research, and in the education of nurses and other health professionals.

Because of its dedication to its constituency as well as its recognition of the health care needs of society, the National League for Nursing must endeavor to accredit and strengthen all nursing education programs. In keeping with this posture, the League stands behind its long commitment to the demonstration of minimum competency prior to licensure and to nationwide standardization of tests that demonstrate such competency. It also supports flexible programs in nursing that allow nurses to advance from one level of educational preparation to another. Diversity of social reality requires diversity in preparation for nursing.

Nursing and nursing education will become more complex as the healing arts change. The demand for nursing care mandates the role and functions of the nurse, now and in the future. Educational programs in nursing must be adaptive and responsive to the nursing needs of the people, and must plan accordingly to prepare practitioners to meet these needs.

As we move forward, the need for competently prepared faculty members, administrators, clinical specialists, and researchers requires higher levels of preparation. The need for nurses with master's and doctoral degrees places increasing emphasis upon baccalaureate education in nursing as preparation for graduate study. Experimentation and innovation in all programs will be necessary to attract sufficient numbers of practitioners at all levels and to prepare them to meet the nation's health care needs.

**national league for nursing
ten columbus circle
new york, new york 10019**

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APPENDIX B

NATIONAL LEAGUE FOR NURSING STATEMENT ON
EDUCATION FOR ENTRY INTO THE
PROFESSIONAL PRACTICE OF
NURSING



council of

baccalaureate and higher degree programs

STATEMENT ON EDUCATION
FOR ENTRY INTO
THE PROFESSIONAL PRACTICE OF NURSING

The Council of Baccalaureate and Higher Degree Programs of the National League for Nursing is unequivocal in the belief the baccalaureate nursing education is the minimal education for the professional practice of nursing. In order to provide the knowledge base and self-directed learning processes necessary to meet the future and ever changing needs of society professional nursing education must be based upon and incorporate learnings from the libraries. The roles and functions of nurses in professional practice demand decision-making that is independent as well as collaborative in the care of individuals, families and groups.

Complex and unpredictable situations in varied settings demand the problem-solving orientation of baccalaureate nursing education. As a promoter of healthy behaviors and a provider of care for the ill, these nurses utilize concepts and theories from the natural and social sciences, the humanities and nursing. Advanced education for leadership positions in practice, education, research, administration, and consultation build on the nursing preparation.

Thus, the Council has endorsed the concept that a bachelor's degree with a major in nursing is the minimal education for the professional practice of nursing.

Adopted by the Council of Baccalaureate and Higher Degree programs.
November 20, 1980

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APPENDIX C

NATIONAL LEAGUE FOR NURSING STATEMENT ON
ASSOCIATE DEGREE NURSING EDUCATION
AND PRACTICE



DRAFT I

Statement on Associate Degree Nursing Education and Practice*

The Council of Associate Degree Programs of the National League for Nursing subscribes to the principle that the totality of nursing practice is comprised of three major components—vocational, technical, and professional. Practitioners of technical and professional nursing are most appropriately prepared in institutions of higher education and their preparation is based on a foundation of the humanities and natural and social sciences as well as technical knowledge and competencies.

The Council also believes that the minimum educational degree for independent professional nursing practice should be a master's. Baccalaureate education provides a base from which its graduates can become professional nurses. At the baccalaureate level, nurses are prepared as self-directed, accountable generalists who, together with colleagues and citizens, can help to identify community and societal health needs and provide comprehensive service through practice in a variety of settings. The scope of this practice includes assessing the health status and potential of individuals, families and communities; implementing plans for prevention, health promotion, rehabilitation, counseling, education, and care in acute and long-term illness, and evaluating the effectiveness of nursing care provided.

For technical nursing practice the Council believes that the minimum educational requirements is the associate degree. Practitioners holding this degree are prepared to become accountable health care providers, able to care for the common health problems of clients in a complex technical environment. The scope of technical practice centers on direct client care and is defined by the roles of the care provider—client-teacher, communicator, manager of client care, and member within the profession of nursing.

The competency of a practitioners of technical nursing is assured at the minimal level of safe practice by licensure as a registered nurse, as described within state nurse practice acts. This process has been successful in the past and the Council believes remains appropriate for the future. Nursing competency above and beyond the registered nurse level should be likewise assured and the qualifications of this practitioner should be designed through additional credentialing mechanisms.

Finally, the Council recognizes the technical education is not necessarily the basic foundation of professional education; however, professional preparation does induce components of technical preparation. Therefore, the Council supports the provision of educational mobility opportunities through innovation programs of academic integrity, which allows progression from technical and professional nursing practice.

NLN DSHDP Characteristics of Baccalaureate Education, 1979, pp. 1-3.

Prepared by the Executive Committee Council of Associate Degree Programs,
September, 1980

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APPENDIX D

QUESTIONNAIRE

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

P. 60-63

University
Microfilms
International

300 N. ZEEB RD., ANN ARBOR, MI 48106 (313) 761-4700

Name _____ Sex _____ Birthdate _____
 Date of Testing _____ Location of Testing _____

QUESTIONNAIRE

INSTRUCTIONS: This is a questionnaire designed to gather data on learning preferences and attitudes towards learning. After reading each item, please indicate the degree to which you feel that statement is true of you. Please read each choice carefully and circle the number of the response which best expresses your feeling.

There is no time limit for the questionnaire. Try not to spend too much time on any one item, however. Your first reaction to the question will usually be the most accurate.

RESPONSES

ITEMS:

1. I'm looking forward to learning as long as I'm living.
2. I know what I want to learn.
3. When I see something that I don't understand, I stay away from it.
4. If there is something I want to learn, I can figure out a way to learn it.
5. I love to learn.
6. It takes me a while to get started on new projects.
7. In a classroom, I expect the teacher to tell all class members exactly what to do at all times.
8. I believe that thinking about who you are, where you are, and where you are going should be a major part of every person's education.
9. I don't work very well on my own.

	<i>Almost never true of me; I hardly ever feel this way.</i>	<i>Not often true of me; I feel this way less than half the time.</i>	<i>Sometimes true of me; I feel this way about half the time.</i>	<i>Usually true of me; I feel this way more than half the time.</i>	<i>Almost always true of me; there are very few times when I don't feel this way.</i>
1	1	2	3	4	5
2	1	2	3	4	5
3	1	2	3	4	5
4	1	2	3	4	5
5	1	2	3	4	5
6	1	2	3	4	5
7	1	2	3	4	5
8	1	2	3	4	5
9	1	2	3	4	5

	<i>Almost never true of me; I hardly ever feel this way.</i>	<i>Not often true of me; I feel this way less than half the time.</i>	<i>Sometimes true of me; I feel this way about half the time.</i>	<i>Usually true of me; I feel this way more than half the time.</i>	<i>Almost always true of me; there are very few times when I don't feel this way</i>
10. If I discover a need for information that I don't have, I know where to go to get it.	1	2	3	4	5
11. I can learn things on my own better than most people.	1	2	3	4	5
12. Even if I have a great idea, I can't seem to develop a plan for making it work.	1	2	3	4	5
13. In a learning experience, I prefer to take part in deciding what will be learned and how.	1	2	3	4	5
14. Difficult study doesn't bother me if I'm interested in something.	1	2	3	4	5
15. No one but me is truly responsible for what I learn.	1	2	3	4	5
16. I can tell whether I'm learning something well or not.	1	2	3	4	5
17. There are so many things I want to learn that I wish that there were more hours in a day.	1	2	3	4	5
18. If there is something I have decided to learn, I can find time for it, no matter how busy I am.	1	2	3	4	5
19. Understanding what I read is a problem for me.	1	2	3	4	5
20. If I don't learn, it's not my fault.	1	2	3	4	5
21. I know when I need to learn more about something.	1	2	3	4	5
22. If I can understand something well enough to get a good grade on a test, it doesn't bother me if I still have questions about it.	1	2	3	4	5
23. I think libraries are boring places.	1	2	3	4	5
24. The people I admire most are always learning new things.	1	2	3	4	5

	<i>Almost never true of me; I hardly ever feel this way.</i>	<i>Not often true of me; I feel this way less than half the time.</i>	<i>Sometimes true of me; I feel this way about half the time.</i>	<i>Usually true of me; I feel this way more than half the time.</i>	<i>Almost always true of me; there are very few times when I don't feel this way</i>
25. I can think of many different ways to learn about a new topic.	1	2	3	4	5
26. I try to relate what I am learning to my long-term goals.	1	2	3	4	5
27. I am capable of learning for myself almost anything I might need to know.	1	2	3	4	5
28. I really enjoy tracking down the answer to a question.	1	2	3	4	5
29. I don't like dealing with questions where there is not one right answer.	1	2	3	4	5
30. I have a lot of curiosity about things.	1	2	3	4	5
31. I'll be glad when I'm finished learning.	1	2	3	4	5
32. I'm not as interested in learning as some other people seem to be.	1	2	3	4	5
33. I don't have any problem with basic study skills.	1	2	3	4	5
34. I like to try new things, even if I'm not sure how they will turn out.	1	2	3	4	5
35. I don't like it when people who really know what they're doing point out mistakes that I am making.	1	2	3	4	5
36. I'm good at thinking of unusual ways to do things.	1	2	3	4	5
37. I like to think about the future.	1	2	3	4	5
38. I'm better than most people are at trying to find out the things I need to know.	1	2	3	4	5
39. I think of problems as challenges, not stopsigns.	1	2	3	4	5
40. I can make myself do what I think I should.	1	2	3	4	5

	<i>Almost never true of me; I hardly ever feel this way.</i>	<i>Not often true of me; I feel this way less than half the time.</i>	<i>Sometimes true of me; I feel this way about half the time.</i>	<i>Usually true of me; I feel this way more than half the time.</i>	<i>Almost always true of me; there are very few times when I don't feel this way.</i>
41. I'm happy with the way I investigate problems.	1	2	3	4	5
42. I become a leader in group learning situations.	1	2	3	4	5
43. I enjoy discussing ideas.	1	2	3	4	5
44. I don't like challenging learning situations.	1	2	3	4	5
45. I have a strong desire to learn new things.	1	2	3	4	5
46. The more I learn, the more exciting the world becomes.	1	2	3	4	5
47. Learning is fun.	1	2	3	4	5
48. It's better to stick with the learning methods that we know will work instead of always trying new ones.	1	2	3	4	5
49. I want to learn more so that I can keep growing as a person.	1	2	3	4	5
50. I am responsible for my learning — no one else is.	1	2	3	4	5
51. Learning how to learn is important to me.	1	2	3	4	5
52. I will never be too old to learn new things.	1	2	3	4	5
53. Constant learning is a bore.	1	2	3	4	5
54. Learning is a tool for life.	1	2	3	4	5
55. I learn several new things on my own each year.	1	2	3	4	5
56. Learning doesn't make any difference in my life.	1	2	3	4	5
57. I am an effective learner in the classroom and on my own.	1	2	3	4	5
58. Learners are leaders.	1	2	3	4	5

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Permission has been obtained from Lucy Guglielmino to reprint this instrument for purposes of this dissertation.

APPENDIX E

COVER LETTER

Tulsa Junior College
909 S. Boston Avenue
Tulsa, Oklahoma 74119

Ms. Ethel Lee Smith
256 East 46th Place
Tulsa, Oklahoma 74106

July 23, 1982

Dear Ms. Smith,

I am currently completing my requirements as a candidate for Doctor of Education at Oklahoma State University and need your help.

I have selected the subject of self-directed learning readiness ability because I believe the Associate Degree Nurse is as self-directed as the Baccalaureate Degree Nurse contrary to what the National League for Nursing states in their literature.

In order to complete my dissertation requirements, and to better serve future students entering the Nursing Program. I am requesting that you complete the enclosed questionnaire.

The responses on the questionnaire will remain completely confidential. All data from each questionnaire will be used in a composite of the Class of 1981, thus providing anonymity for each individual. The submitted questionnaire will be destroyed at the completion of the study.

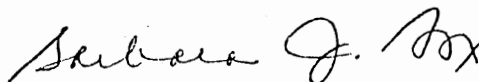
Please respond by August 10, 1982 so that data can be analyzed and deadlines met.

An enclosed self-addressed, stamped envelope is provided for your convenience.

I hope that your first year in nursing practice has been exciting and rewarding.

Thank you for your cooperation.

Sincerely,



Barbara J. Box, R.N., M.S.
Chairman
Nursing Services Division

BJB:lc

APPENDIX F

DISTRIBUTION OF SELF-DIRECTED
LEARNING READINESS SCORES

TABLE IX
 DISTRIBUTION OF SELF-DIRECTED
 LEARNING READINESS SCORES

SCORE RANGE	N	PERCENTAGE*
175-184	8	1.6
186-194	15	3.1
195-204	23	4.8
205-214	37	7.7
215-224	55	11.5
225-234	94	19.7
235-244	62	12.9
245-254	83	17.4
255-264	51	10.6
265-274	35	7.3
275-284	12	2.5
285-287	<u>2</u>	<u>0.4</u>
Total	477	100. *

*Rounded

2
VITA

Barbara Jean Box

Candidate for the Degree of

Doctor of Education

Thesis: SELF-DIRECTED LEARNING READINESS OF STUDENTS AND GRADUATES OF AN ASSOCIATE DEGREE NURSING PROGRAM

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in New Kensington, Pennsylvania, December 19, 1937, the daughter of Joseph S. Grden and Violet M. Grden.

Education: Graduated from New Kensington High School, New Kensington, Pennsylvania in June, 1955, received a Bachelor of Science in Nursing degree from Carlow College in 1959; received a Master of Science degree with a nursing major from the University of Oklahoma in 1978; completed requirements for the Doctor of Education degree at Oklahoma State University in December, 1982.

Professional Experience: Head Nurse, University of Hospitals of Cleveland, Cleveland, Ohio, 1959-1965; Instructor of Nursing, The Medical Center, Columbus, Georgia, 1965-1967; Instructor of Nursing, Columbus College, Columbus, Georgia, 1967-1968; Inservice Instructor, Ben Taub Hospital, Houston, Texas, 1968-1969; Instructor of Nursing, Tulsa Junior College, 1972-1978; Division Chairman of Nursing Services Division, Tulsa Junior College, 1978-1982.

Professional Organizations and Boards: American Nurses' Association, National League for Nursing, Oklahoma Association of Community and Junior College, Nursing Services Incorporated Advisory Board, The University of Oklahoma Continuing Education for Nurses Advisory Board, Langston University Nursing Program Advisory Board, Tulsa Chapter of the American Red Cross Advisory Board.

Honor Societies: Sigma Theta Tau, 1978, Phi Delta Kappa, 1981.