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Application of Self-Directed Learning in Health and Social Care Education: Report of a case study

Mature students freely negotiated methods for achieving their individual learning goals and this approach is probably the most successful in helping them to achieve their full potential.

Self-directed learning has a long and rich history. Kulich (1970) noted that prior to the evolution of formal schools, self-education was the primary means individuals had of dealing with the changes going on about them. Self-education, for example, has been an important tool in the lives of scholars throughout the history of western civilization. The likes of Benjamin Franklin, Cotton Mather, Abigail Adams, Colden Cadwallader, Eliza Pinckney, Socrates and Aristotle were all self-directed learners (Long 1983).

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A preliminary description of self-directed learning emerged from the earlier works of Lindeman (1926), "Adults are motivated to learn as they experience needs and interests that learning will satisfy ... adults have a deep need to be self-directing; therefore the role of the teacher is to emerge in a process of mutual inquiry" (p. 16). Later, scholars such as Knowles (1975) describes self-directed learning, "as process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes" (p. 18).

Since the 1980s, nurses have been encouraged to be autonomous and self-directed learners. To achieve the autonomy, there should be a shift of emphasis from teaching to learning about health care. Nurses themselves should be empowered to contribute to what they are taught. Thus, health care educators are no longer expected to provide leadership in all subject matters but make provision for self-directed learning (Bouchard and Steel 1980). The role of educators, since the evolution of adult education as a field of study, meant that andragogy has shifted the emphasis of education from teaching to learning and from the teacher to the learner. This culminates in the teacher becoming enabler or facilitator of learning and the learner bringing past experiences to learning situations and hence the popularity of self-directed learning.

Health and Social Care

Self-directed learning, as well as being part of learning, is also part of assessment and so it has been possible to negotiate grades. By allowing students to set their own grades, it helps them to become more independent and self-directed (Donaldson, 1992). It appears, however, that there is paucity of documented evidence of wide application of self-directed learning within health and social care education in Britain and indeed anywhere. The assumption is that if it works in nursing care, it would work in health and social care. To test the assumption, the author made several attempts to apply the concept of self-directed learning and this paper is a report on one successful application of the approach to health and social care education.

Students' preparation for the self-directed learning

There were eight students involved in this case study. They were following the course for advanced vocational certificate of education in health and social care at Northwest Kent College. The study started when they identified a weakness in their area of knowledge pertaining to application of an aspect of health and social care theory to practice. The students booked appointments to see the author who was the students' tutor at the time. The students brought to the meeting a range of relevant articles and notes made out of their course workbook. The author examined the material, and a definition, cited by Knowles (1990), was mutually agreed to guide the whole process of self-directed learning. As a guide, the self-directed learning would provide a vehicle for making the planning of learning experience a mutual undertaking between the students as learners and the author as a facilitator of learning.

Self-directed learning contract

The second meeting with the students provided opportunities to agree on a self-directed learning contract and the scope of the contract (see Table 1). The contract outlines what the students identified as their learning needs, how they will accomplish their learning goals within the agreed time frame and what the evaluation method will

Table 1
Self-directed Learning contract

OBJECTIVE	RESOURCES	IMPLEMENTATION	EVALUATION
On completion of the self-directed learning contract. Students will be able to apply psychological theories to social care practice	'A' Level psychology text book containing relevant theories	Visit to the library and access relevant books, Journal and internet	Prepare and present report, which will consider the following: -theories and studies, which have bearing upon behaviour in a chosen care setting -aspects of behaviour and attitudes in the care setting, which have clear relevance to the theories and studies -policies in place to promote psychological well being of clients in the care setting
	Telephone Association of Teachers in Psychology and seek information and advice	Read Class notes and handouts	Present report to peers
	Visit British Psychology Society's web site and access relevant information	Attend work placement as arranged	
	Access video from Film Council Ltd and CD runs from Insight Media		

be. The sections of the self-directed learning contract were entitled through negotiation and mutual agreement. A range of sources of information were suggested and students asked to search the sources for materials relevant to their learning need. A date was subsequently fixed for another meeting.

At the third meeting the students produced a list of literature that were appropriate to their learning needs. They set out clearly their objectives and outlined how they could be met. The scope of the objectives were however too broad, which showed their lack of knowledge of objective writing. Thus, they were given support with reviewing and re-writing their objectives. Finally, it was agreed that the learning would be evaluated through group presentation. It was decided also that a grade should not be awarded. The students were more interested in gaining experience as their reward.

Analysis and outcome of the self-directed learning contract

The aim of the self-directed learning contract agreed with the students was to carry out an investigation into care in the community, which allow a range of examples of psychological theories to be demonstrated. The objective was to assist the students gain the knowledge of social and health psychology and then link these with specific approaches to promote independence and empowerment in a community care setting.

The self-directed learning was carried out over a period of five weeks. The first week was spent in the college library collecting relevant material whilst the remaining four weeks were spent in the community. The students were given guidance in choosing specific care settings which would enable them to achieve their learning goals. Arrangements were made for the students to be visited by the author in their respective work placements. The placement visit provided an opportunity for advice and general support to be given to the students.

Presentation

The students' report was presented to the first year cohort as a means of sharing experience. The presentation was divided into several parts. One of the students took the task of introducing the group and group members. Others took turns to present individual parts of the report. The presentation was well organised in content and layout. It clearly demonstrated knowledge and understanding of theoretical issues and application of theory to care practice. It thoroughly discussed the way that care settings can affect behaviour and psychological theories and studies, which have relevance to behaviour in the care setting. The students presented information which explained the ways empowerment and independence are promoted in the care settings.

The group approach to issues was excellent, as they showed great awareness to key issues within the topic area. The group showed depth of knowledge and responded well to questions from their peers. The group concluded the presentation by making suggestions on how to improve practice in the care setting. They also recommended ways in which potentially negative influences of care settings could be overcome. The positive outcome of the presentation was mainly due to the students' positive motivation.

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However, the students showed weakness in identifying factors which affect levels of aggression and hostility between people in the care setting as highlighted by social learning and psychoanalytic theories. Thus, it was agreed that this would form part of their future learning goals in a subsequent self-directed learning contract.

Mature students

Although, they started their presentation nervously the students quickly gained confidence. As Richardson (1987) contended, contract learning appeals mostly to mature students with experience who value their independence and are comfortable assuming control and taking responsibility.

The students' self-motivation and their single-mindedness helped the fulfilment of their goals and could be put forward as reasons why self-directed learning works well with adult learners. One of the students commented, in response to a question asked by her peers, "this exercise has helped build up my self-esteem as it acknowledges the fact that I am an adult learner by virtue of age, expectation and demand made on me in the placement care setting". This confirms the view that learning contract stresses learner-centred educational approach, which incorporates self-directed and student centred learning (Mazindu, 1990).

In response to questions from peers following the group presentation, other students commented;

"I prefer self-directed learning to any other known method of learning as direct involvement in the learning process made me remember all I have learnt". (Student A). This view reflects Knowles (1990) belief that through using self-directed learning, students learn more deeply and more permanently than through any other methods of learning.

"This method of learning provided me with the opportunity to take responsibility for my own learning through identifying my own learning need, plan how to meet the learning need and monitor my own progress". (Student B). This view confirms the assertion that self-directed learners demonstrate greater awareness of their responsibility in making learning meaningful and monitoring the progress they made towards achieving their own learning goals (Garrison, 1997).

"Self-directed learning enabled me to identify my learning goal, search for relevant information and present the information in response to my learning goal". (Student C). Guthrie et al (1996) noted during a Concept Oriented Reading programme that self-directed learning enabled students to obtain information from multiple texts, employ different strategies to achieve their learning goals and represent their own ideas in both drawing and writing.

"The whole process of the self-directed learning, which included the peers group presentation and subsequent question and answer session, helped me build on existing knowledge and remember what I have learnt". (Student D). Evidence from self-directed learning literature suggest that retention is better if incorporated in what is already known. Retention is also improved when opportunity for discussion, peers group teaching, questioning and answering session are incorporated into a learning method (Towle and Cottrell, 1996, Shatzer, 1996, Garrison, 1997).

Discussion and implication of self-directed learning

Health and social care educators should be responding positively to self-directed learning as an approach. It allows learners and facilitators the opportunity to discover knowledge and skills, which lead to self-fulfilment, self-motivation and life-long learning. As noted from the above case study, self-directed learning reduces the students' dependence on the teacher, consequently reducing the pressure and demands on the teacher's time and should be encouraged in health and social care education.

All students who participated in the case study are self-motivated adults and seek to fulfil their own human potentials. Thus, teachers of health and social care students should seek an approach aimed at helping their students to achieve their full potential. Self-directed learning is probably the most successful approach in helping adult learners to achieve their full potential in that it commits the learner to a sense of ownership of the learning. As could be seen from Table 1 above, it provides the learner with a visible structure for organising the learning experience (Mazindu, 1990).

Hands-on attitudes need to change

The emphasis placed on hands-on attitudes, to health and social care in Britain, need to change. Having said that, any transition from a hands-on approach culture of health and social care to theory linked care practice may not be easy. This is partly due to health and social care's continuous isolation from the influences of formal education and mainly due to failure over many years to secure professional status for health and social care workers. This case study demonstrated the effectiveness of self-directed learning as a means of linking theory to practice. The success of self-directed learning as a teaching/instructional strategy in health and social care education would depend on the ability of the teacher or facilitator on one hand and the students' own enthusiasm and commitment to the agreement on the other. The onus is on the teacher to assist the student throughout the learning contract regime. As such, it calls to question the quality of the teacher or facilitator who might be regarded as a main weakness of the self-directed learning, but equally its greatest strength (Mazindu, 1990).

Work placement mentors

The preparation of health and social care teachers to perform the role of self-directed learning facilitator is simple and straight forward as will be explained below. However, it is not clear about the preparation of work placement mentor/supervisors. The role of placement mentor/supervisor is critically important in the process of learning through the self-directed learning approach. He or she is usually a highly competent person within the care setting who can teach and guide the student through practice experience.

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Facilitators could organise workshops and encourage placement mentors/supervisors to attend as part of their continuous professional development, prior to placing the student. This would give placement mentors/supervisors insight into the process of learning through the self-directed learning contract.

Employers should grant paid educational leave as it is imperative that appropriate skill should be provided for those offering supervision and guidance to students whilst in placement.

Applying a learning contract

Knowles (1990) suggests an eight step approach to applying a learning contract (Table 2).

Table 2
Eight steps of applying a learning contract

Step 1 Diagnose learning needs
Step 2 Specify learning objectives
Step 3 Specify learning resources and strategies
Step 4 Specify evidence of accomplishment
Step 5 Specify how evidence will be validated
Step 6 Review contract
Step 7 Carry out contract
Step 8 Evaluate learning

The implication of self-directed learning contract as a teaching/instructional strategy is that it involves handing over learning to the student, which challenges the basic assumptions underpinning traditional health and social care education. Both educational institutions and students may resist self-directed learning preferring the traditional approaches. As Freire (1978) observed over three decades ago, that the threat to control over the access to knowledge inherent in any attempt to involve the student in the learning process, results in pressure from the teacher's peer group to conform to traditional methods and relationships. In other words, self-directed learning challenges the traditional teacher-student relationships and attitudes. Thus, the introduction of learning contract to health and social care education will be a risky venture, which may be opposed by colleagues within the curriculum area, the learning group and the department/management.

Minimising difficulties

To minimise the difficulties it has been recommended that learners must be assessed carefully for their readiness to make the transition from pedagogical to andragogical methods of learning, so that the change will not produce negative outcomes:

- There should be negotiated agreement between all parties concerned about the state of teaching/learning and the need for the introduction of self-directed learning contract
- The change from traditional approach to self-directed learning methods must be carefully managed and monitored, proceeding at a measured gradual pace taking account of preparedness of learners, placement mentors/supervisors and teachers/facilitators
- Contract learning could be introduced to work alongside other methods of teaching/learning thus forming an effective alternative
- Finally, self-directed learning could be introduced on a pilot basis as a way of minimising the degree of success or failure before full-scale introduction (Mazindu, 1990).

Limitations

While there are many benefits to be gained from the introduction of self-directed learning to health and social care education, consideration needs to be given to possible limitations. Experience shows that increased workload could result from implementation of a self-directed learning contract, both in the implementation stage and in the time taken to facilitate the contract.

Another problem, which may be faced by health and social care educators intending to use a self-directed learning contract as a

teaching strategy, is the assessment method. This problem stems from the nature of a self-directed learning contract. No two learning contracts are the same and the type of work subsequently produced would be varied.

Further research

Finally, the use of self-directed learning in health and social care education is a relatively new idea. Thus, it provides an area, which requires further research. For example, research is needed to develop the concept to include evidence based practice, which is a process in which clinical questions are the stimulus for health and social care students to search for evidence and critically evaluate the evidence before applying the evidence to practice. Research is also required to find a way of incorporating computer technology into self-directed learning, which would help health and social care students to search for clinical evidence necessary to support their practice through electronic means.

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