

Nurses' Lifelong-Learning Tendencies and Their Attitudes Toward Distance Education: A Sample of Turkey

Abstract

Little is known about nurses' viewpoints, experience, and opinions regarding this issue even though lifelong learning and distance education are of great importance in nursing. It is important to have knowledge about nurses' lifelong-learning tendencies and attitudes toward distance education when structuring related education programmes. The aim of this study was to determine the correlation between nurses' lifelong-learning tendencies and their attitudes toward distance education. This is a descriptive research design with a stratified random sample. The sample included 417 nurses. The Lifelong-Learning Tendencies Scale and the Distance Education Attitude Scale were used to collect data. SPSS for Windows 16.0 was used for statistical analysis. Our results show that nurses do not tend to engage in lifelong learning, and they experience uncertainty in their attitudes toward distance education. We found a weak negative correlation between lifelong-learning tendencies and attitudes toward distance education. Continuing education programmes should be designed to improve and support nurses' attitudes toward lifelong learning and distance education. Distance education supports nurses' lifelong learning by updating their post-graduation knowledge improving comprehension about developments that affect and consciously broaden their viewpoint and intellectual level. Continuing education programmes to enhance nurses' personal and professional development should be designed to improve their attitudes toward lifelong learning and distance education.

Keywords: *lifelong learning, distance education, nurse, nursing, Turkey*

1. Introduction

The fact that scientific, technological and cultural changes are taking place quite rapidly today, and that the continuity and pace of change in information is great, knowledge, skills, and attitudes acquired in educational institutions can be insufficient over time. Thus, lifelong learning and distance education are gradually becoming more significant for maintaining professional development (Akkoyunlu 2008; Coşkun & Demirel 2012; DPT 2006; Ersoy & Yılmaz 2009; Goppe 2001; Haseski, Odabaşı & Kuzu 2011).

Lifelong learning is a supportive process which goes beyond the scope of formal education and incorporates non-formal education, expands and empowers the skills, attitudes, knowledge, values, and conceptions that individuals have acquired in their lifetime, and thereby enables them to apply these in real life (Candy 2003). The European Union (2000) describes lifelong learning as the sum of all educational activities that are exercised for a certain amount of time in order to promote knowledge, skills and competence. Lifelong learning creates a second chance for individuals through the updating of basic skills. It provides learning opportunities at high levels and enables individuals to engage in the teaching and learning process anywhere, such as home, office, or café, instead of restricting these activities to specific time or place. Nowadays, lifelong learning is considered as the necessary basic skill that individuals need to gain (Aspın & Chapman 2000; Ayhan 2005; Goppe 2001; Ryan 2003; Soran, Akkoyunlu & Kavak 2006). The underlying reason for the development of lifelong learning is to enable individuals and occupation-holders of varying ages to have equal and open access to a variety of qualified learning opportunities and experiences without time and space limits to learning (Akkoyunlu 2008; Coşkun & Demirel 2012). Heimstra (1976) emphasises that an individual's willingness to learn is crucial to lifelong learning (Coşkun & Demirel 2012). Nyiri (1997) argues that lifelong learning is constant, and individuals with a tendency toward lifelong learning are eager and take great pleasure in learning (Coşkun & Demirel 2012). Harpe and Rodloff (2000) emphasise that in order for lifelong learning to take place, education programmes should be organised in such a manner that individuals can control their learning process and decide what and how much they need to learn. Distance education, which provides individuals with lifelong learning opportunities at any time and in any place provides equal opportunities in education and promotes individuals' desire to learn (Holly 2009; Şenyuva 2011).

It is necessary for nurses to have lifelong-learning skills at an advanced level. Updating their post-graduation academic knowledge allows them to comprehend

important advancements that affect and change their lives and improve their viewpoint and intellectual level (Haseski, Odabaşı & Kuzu 2011; Goppe 2001; 2005, Taşocak 2000; Turan 2005). Distance education offers invaluable opportunities to realise lifelong learning. For nurses who have issues with limited time and space, geographical distance from facilities, and challenging working conditions, training through distance education applications is especially important. Distance education is indispensable for nurses to maintain their training, pursue their career, and improve their professional competences (Barnard, Nash & O'Brien 2005; Boz & Kurubacak 2008; Gopee 2002; Mouzakitis & Tuncay 2011; Twomey 2004). Perceptions about and attitudes to lifelong learning and distance education are of great importance in order to efficiently benefit from these programmes. Relevant studies show that distance education yields results in various professional training courses and certificate programmes that are as successful as those in undergraduate and graduate degrees (post-graduate and doctorate) (Adams & Timmis 2006; Atack & Rankin 2002; Carr & Farley 2003; Reiners 2005; Şenyuva 2012; Twomey 2004). National and international institutes for nurses point out that distance education is vital for making individual and professional development possible and for nurses to pursue training while working (Heidari & Galvin 2002; Holly 2009; McNeil et al. 2003; Mouzakitis & Tuncay 2011; Reiners 2005; Şenyuva 2012).

The relevant literature emphasizes the fact that little is known about nurses' viewpoints, experience, and opinions regarding this issue, even though lifelong learning and distance education are of great importance in nursing. It is important to have knowledge about nurses' lifelong-learning tendencies and attitudes toward distance education when structuring related education programmes. The presented study contributes to the information necessary to structure distance education in nursing and sheds light on the future research needs.

2. Methodology

2.1. Aim

In this study, we examined the correlation between nurses' lifelong-learning tendencies and their attitudes toward distance education.

We aimed to answer the following questions:

- What are the lifelong-learning tendencies of nurses?
- What are the attitudes of nurses toward distance education?
- What is the correlation between nurses' lifelong-learning tendencies and their attitudes toward distance education?

2.2. Design and Participants

The research was realized as a cross-sectional study.

2.3. Participants

Participants were 5284 nurses working in 13 education and research hospitals in Istanbul and providing service in all departments affiliated with the Ministry of Health. The sample group consisted of 417 nurses and incorporated a 95% (p) confidence interval and $\pm 5\%$ sampling error margin at a 95% power level.

The number of participants for the sample from each institute was determined through a stratified sampling method. The institute was the criterion, and a random sampling method was used to compose the sample from each institute (Karataş 2002).

2.4. Instruments

An information form, the Lifelong-Learning Tendencies Scale, and the Distance Education Attitude Scale were used to collect data.

- *Information Form*: This form was developed by the researchers in the light of the relevant literature. It was used to determine nurses' socio-demographic characteristics (Haseski Odabaşı & Kuzu, 2011, Goppe 2001, Goppe 2005, Kışla 2005, Soran, Akkoyunlu & Kavak 2006). The form consists of 10 questions regarding participants' age, gender, marital status, educational degree, field of study, working unit, duty, working experience, and whether he/she has attended any course or programme through distance education for lifelong learning.
- *Lifelong-Learning Tendencies Scale*: This scale was developed by Coşkun Diker (2009). Cronbach's alpha coefficient was .84, and the scale contains 27 items and 4 sub-dimensions, including motivation (6 items), lack of self-regulation (6 items), perseverance (6 items) and lack of interest (9 items). The items for the lack of self-regulation and lack of curiosity sub-dimensions of the scale negative terms were reverse scored. The participants responded using a 6-point Likert scale, with options ranging from *It is very true* (1) to *It is not true at all* (6). The lowest and highest possible scores on the motivation, lack of self-regulation, and perseverance sub-dimensions are 6 and 36, respectively. The lowest and highest possible scores on the lack of curiosity sub-dimension are 9 and 54, respectively. The median of the scale was determined with the assumption that results would be normally distributed. The lowest and highest possible scores for the scale are 27 and 162. Higher scores reflect a higher tendency toward lifelong learning (Coşkun Diker 2009). Cronbach's alpha coefficient for the scale in this study was .94.
- *Distance Education Attitude Scale*: Developed by Kışla (2005), this scale's

Cronbach's alpha coefficient was .89, and it consists of 35 items. The scale does not have any sub-dimensions. Items expressed in negative terms were reverse scored. The participants responded using a 5-point Likert scale, with options ranging from 'I totally agree' (5) to 'I totally disagree' (1). The lowest and highest possible scores for the scale are 35 and 175, respectively. Higher scores reflect more positive attitudes toward distance education (Kışla 2005). In this study, Cronbach's alpha coefficient of the scale was .93.

2.5. Ethical considerations

Legal approval was issued on May 7, 2011, from the Ethics Committee of T.C Ministry of Health Bakırköy Dr. Sadi Konuk Education and Research Hospital. In addition to this approval, institutional approval was received from T.C Ministry of Health Istanbul Provincial Directorate of Health. Each participant gave written and oral consent.

2.6. Data Analysis

SPSS for Windows 16.0 was used for statistical analysis. Minimum, maximum, and median scores as well as frequency, arithmetic mean, and standard deviation values were calculated for descriptive analysis. Pearson correlation tests were used for correlation analysis. The results were evaluated with a 95% confidence interval and $p < .05$ significance level (Karataş 2002).

2.7. Research limitations

The study is constrained to nurses working in teaching and research hospitals in Istanbul providing service in all departments affiliated to the Ministry of Health. It cannot be generalized to all nurses.

3. Results

Socio-demographic characteristics

With regard to gender, 88.0% of our participants were female and 12.0% were male. Slightly more than a half (52.8%) of the participants were married, and the average age was 29.61 ± 6.00 years.

With regard to education and work experience, 53.7% had bachelor degrees, and 21.8% were graduates of a vocational school of health; 35.7% work at internal units, and 36.9% work at other units (emergency care, etc.). Lastly, 35.5% had work experience of one to five years, and 27.1% had been working for 6–10 years (Table 1).

Table 1. Nurses' Socio-demographic characteristics (n: 417)

Socio-Demographic Characteristics		n	%
Gender	Female	367	88.0
	Male	50	12.0
Marital status	Married	216	51.8
	Single	201	48.2
Graduation	Vocational School of Health	91	21.8
	Associate Degree	62	14.9
	Bachelor's Degree	224	53.7
	Post-graduate Degree	40	9.6
Working unit	Internal unit	149	35.7
	Surgery	105	25.2
	Administrative unit	9	2.2
	Other	154	36.9
Working experience as nurse	0-11 months	40	9.6
	1-5 years	148	35.5
	6-10 years	113	27.1
	11-15 years	62	14.9
	16-20 years	23	5.5
	21 years and above	31	7.4

To access information related to their profession, 92.1% of the nurses stated that they utilised a computer/the internet, and 72.9% of them expressed their willingness to participate in distance education for lifelong learning.

Lifelong-learning tendencies of nurses and their attitudes toward distance education

Table 2. Lifelong Learning Tendencies Scale and Average Scores for Sub-dimensions (n: 417)

Lifelong Learning Tendencies Scale and Average Scores for Sub-dimensions	X± SS
Lack of curiosity	26.70±12.28
Lack of self-regulation	16.71±8.12
Perseverance	13.64±5.10
Motivation	11.07±4.75
Total	68.12±23.58

The lowest and highest scores on the Lifelong Learning Tendencies Scale were 27 and 152, respectively, and the average score was 68.1 ± 23.58 . Sub-dimensions scores of the scale were the average scores for lack of interest $26.70 (\pm 12.28)$, lack of self-regulation $16.71 (\pm 8.12)$, perseverance $13.64 (\pm 5.10)$, and motivation $11.07 (\pm 4.75)$, respectively (Table 2).

Table 3. Nurses' Average Scores for Distance Education Attitude Scale (n: 417)

Distance Education Attitude Scale	X \pm SS
Total	107.05 \pm 19.42

The lowest score on the Distance Education Attitude Scale was 51, and the highest score was 175. The average score on this scale was 107.05 ± 19.42 (Table 3).

Correlation between nurses' lifelong-learning tendencies and their attitudes toward distance education

Table 4. Correlation between Lifelong Learning Tendencies of Nurses and Their Attitudes toward Distance Education (n: 417)

Lifelong Learning Tendencies of Nurses	Attitude toward Lifelong Learning
Motivation	-.322** .000
Perseverance	-.370** .000
Lack of self-regulation	-.103** .036
Lack of interest	-.171** .000
Total	-.247** .000

Pearson Correlation

* $p > 0.05$, ** $p > 0.01$

There was a weak but statistically significant negative correlation between the nurses' lifelong-learning tendencies and their attitudes toward distance education ($r = -.247$, $p > 0.01$).

A weak negative correlation was found between the sub-dimensions of lifelong-learning tendencies for motivation ($r = -.322$, $p = .000$), perseverance ($r = -.370$, $p = .000$), lack of self-regulation ($r = -.103$, $p = .036$), and lack of interest ($r = -.171$, $p = .000$) and attitudes toward distance education ($p > .01$) (Table 4).

4. Discussion

The majority of the participating nurses were female and married. Their ages ranged from 18 to 50 years, and their average age was 29.61 ± 6.00 years. Most had bachelor's degrees and worked at internal units, with work experience ranging from one to five years.

Köse (2012), Mouzakitis & Tuncay (2011), Kaya et al. (2008), Gül, Gençtürk and Bozkurt (2004), Carr and Farley (2003), and Cragg et al. (2003) found that the majority of nurses use a computer/the internet to access information about their profession. This shows that nurses benefit from using computers/the internet and that this method of participating in lifelong learning and distance education is quite favourable.

The vast majority of the nurses expressed a desire to participate in a programme delivered by distance education for lifelong learning. This finding supports the results of previous research by Mouzakitis & Tuncay (2011), Boz & Kurubacak (2008), Adams & Timmis (2006), Barnard, Nash & O'Brien (2005), Reiners (2005), Atack & Rankin (2002), Carr & Farley (2003). These findings show that nurses are willing to participate in distance education that enables them to maintain their individual and professional development, continue their education while working, have a career, and enhance their professional competences. Moreover, these findings can be considered positive in terms of willingness and motivation, which are crucial components for lifelong learning.

This study showed that nurses' lifelong-learning tendencies were low (Table 2). This is similar to the results of Gopee (2005). This result is worrisome for their personal and professional development.

The motive power that enhances learning is curiosity, which is generally the necessity and willingness to obtain information. The lowest and highest scores on our lack-of-interest sub-dimension were 9 and 54, respectively. These scores indicate that this dimension was developed at a medium level, and they can be considered a positive sign in terms of lifelong learning (Derrick 2003; Köymen 2002; Schunk & Pintrich 2002; Smith 2001). These results suggest a need for education about lifelong learning.

Considering that the lowest and highest scores on our sub-dimensions of lack of self-regulation, perseverance, and motivation were 6 and 36, it can be said that these dimensions are found at a low level. This can be considered a negative result in terms of lifelong learning (Derrick 2003; Köymen 2002; Schunk & Pintrich 2002; Smith 2001). Poor self-regulation suggests that nurses are incapable of regulating their own learning and cannot overcome obstacles in the learning process. Another

striking result of the study is that motivation was the least developed area of all the sub-dimensions. Motivation ensures individuals' effective participation in the learning process and plays a significant role in changing behaviour and maintaining learning. Therefore, this result is worrisome in terms of lifelong learning. A profile of the results shows that nurses' lifelong-learning tendencies are low, their motivation is inadequate, they are relatively willing to participate in relevant learning activities, and they do not show determination in maintaining their optimum learning status. Together, these results imply that nurses do not value lifelong-learning activities and do not put enough effort into participating in such activities. They also suggest that even though nurses prefer learning experiences that trigger their curiosity, they do not tend to relate these characteristics to other areas in their lives.

The results of this study show that nurses experience uncertainty about distance education (Table 3). Karaman (2011), Mouzakıtıs & Tuncay (2011), Adams & Timmis (2006), Halter ve ark. (2006), Yu & Yang (2006), Barnard, Nash & O'Brien (2005), Reiners (2005), Carr & Farley (2003), and Atack & Rankin (2002) found that nurses displayed a positive attitude toward distance education and supported distance-education applications. The results of the study are not consistent with these studies.

A weak, negative correlation was found between the nurses' lifelong-learning tendencies and the sub-dimensions of motivation, perseverance, lack of self-regulation in learning, lack of interest, and attitudes toward distance education ($p > 0.01$) (Table 4). In other words, the higher the nurses' lifelong-learning tendencies are, the more negative their attitudes become toward distance education. Studies conducted by Akkoyunlu (2008), Barnard, Nash & O'Brien (2005), Haseski, Odabaşı & Kuzu (2011), and Gopee (2001; 2005) emphasise that distance education promotes lifelong learning. The results of our study are not in accordance with the literature. This result can be attributed to an unfavourable application of distance education in nursing in our country.

The results of this study show that nurses have low lifelong-learning tendencies and do not have a positive attitude toward distance education. Therefore, they might not benefit from distance education to maintain their personal and professional development. On the basis of our findings, it can be said that nurses' attitudes toward distance education and lifelong learning should be improved.

5. Conclusion and Recommendations

The results of this study show that nurses' lifelong-learning tendencies are poor and they experience uncertainty in their attitude toward distance education. There

is a weak, negative correlation between lifelong-learning tendencies and attitudes toward distance education.

On the basis of these findings, we suggest the following:

- Continuing education programmes should be constructed to improve and support nurses' attitudes toward lifelong learning and distance education.
- A study should be conducted with different samples, and nurses' opinions about lifelong learning and distance education should be analysed in depth with qualitative studies.

Acknowledgements: We gratefully acknowledge the support from the Istanbul University Florence Nightingale School of Nursing and students who participated in this research.

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