Their preferred style of learning;
Their level of awareness regarding SDL.
Free response sections in the questionnaire allowed students to outline the positive and negative aspects of SDL (Box 1).

Independent study
The study found the majority of participants spent between two and six hours a week on independent study (Table 1). The majority saw SDL and independent learning as separate entities. This indicated that the concept of SDL was not fully understood. The majority of students thought SDL was a teaching method that was used alongside other methods, rather than a representation of beliefs about the adult self-concept of learning. A variety of teaching and learning strategies, such as learning contracts, between the student and teacher have been suggested to facilitate SDL. Rather than focusing solely on observable teaching and learning methods, control and autonomy in the learning environment need to be explored if SDL is to be understood and implemented (Hewitt-Taylor, 2001).

The difficulty in articulating exactly what SDL is may be the reason for it being reduced to more easily defined techniques and methods. However, the time taken to understand the principles and adjust accordingly could be beneficial for student nurses. The study found that the concept of SDL is not clearly understood by student nurses; this means that preparing them to use SDL should begin at the onset of their nurse education.

Style of learning
Students were asked to identify which style of learning would enhance their role as self-directed learners. The majority preferred to be taught directly (Table 2). However, we noticed that the teaching preferences of some mature students differed from those of their younger counterparts. Mature students advocated a variety of teaching methods as a way of facilitating learning. These findings are consistent with the views of Slotnick et al. (2003) who stated that teaching preferences are not attributable to age but to life experiences.

Eighty per cent of first year students at the university’s school of health are 18 year olds, most of whom have entered nurse education directly from school. The assumption made by teaching staff is that, as they are 18 years old and classed as adults, they have experiences that are a resource for learning and that they should have a readiness to engage with learning. However, the majority of student nurses enter the course having been in full time further education colleges where teaching is mainly teacher centred.

Knowledge of SDL
The majority of the students had heard the term SDL, but 72 of them had difficulty understanding its nature and purpose (Table 3). This echoed the findings of Hewitt-Taylor (2001) who found that teachers’ and students’ understanding and perceptions of SDL differed greatly. The present study revealed that students were expected to engage in self-directed study from the onset of the course; however, the students thought they should be taught the concept of SDL and how to develop SDL skills before actively engaging in the learning process.

The study revealed three main problematic areas regarding SDL:
- Understanding the role of a self directed learner;
- Understanding the concept, purpose and nature of SDL;
- The lack of clear direction within the curriculum.

Through the free response section of the questionnaire, students identified that independent study will enable learning. Some said they had no prior experience of SDL. One theme consistently identified by participants was anxiety at not knowing what was expected of them in their role as self directed learners, and the lack of formal structure within the curriculum. As suggested by Nolan and Nolan (1997), students need support and direction, particularly in the early stages of nurse education. This support can be put in place from the onset and built within the curriculum, instructing students on the SDL process. If they understand the process, students are more likely to engage in SDL. Encouraging them to reflect on the learning process can further support and facilitate SDL.

DISCUSSION
The study results suggest that SDL can be an effective method of helping students learn, but they need to be aware of the expectations and skills required to become effective self-directed learners. According to Clarke (1991), the benefits of SDL in nurse education include preparation for lifelong learning, increased interpersonal skills and increased lateral thinking ability.

Within the university’s School of Health and Well Being, self directed activities appear limited. It is not evident how students can be motivated, developed and facilitated to develop the skills to be effective self directed learners. From the start of the course, nurse educators need to introduce and assist learners in constructing a personal learning plan, including self assessment and assessment of their educational needs. Although it may be difficult to adopt total self direction within nurse education programmes that contain statutory competencies, nursing requires specific skills and knowledge; the skills of self direction need to be cultivated and fostered from the beginning. SDL is vital if the challenges in today’s healthcare environment are to be met and high quality patient care delivered.

Whether SDL is individual or collective, the biggest misconception is trying to capture it in a single definition; it is a