CHRISTIAN SERVICE UNIVERSITY
FACULTY OF HEALTH AND ALLIED SCIENCES
DEPARTMENT OF NURSING

ACADEMIC BURNOUT AND SELF-DIRECTED LEARNING AMONG NURSING STUDENTS

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A THESIS SUBMITED TO THE DEPARTMENT OF NURSING, CHRISTIAN SERVICE UNIVERSITY, KUMASI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE (BSc.) IN NURSING

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DECLARATION

We, Ofori Michael, Opoku Paulina, Abaidoo Victoria and Ruth Boakye, students of Christian Service University, pursuing a Bachelor of Science in Nursing, hereby solemnly declare that this research work titled "academic burnout and self-directed learning among nursing students" is our original effort and has been undertaken in partial fulfillment of the requirements for the award of the degree. To the best of our knowledge, this work has not been presented in whole or in part for any academic award in any institution of higher learning. All references to the works of others have been duly acknowledged through citations and inclusion in the reference list, in accordance with academic standards and ethical research practices.

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Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation was supervised in accordance with the guidelines on supervision of dissertation laid down by the Christian Service University.

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ABSTRACT

Background: Academic burnout is a critical concern in nursing education, marked by emotional exhaustion, depersonalisation, and a diminished sense of personal achievement. In Ghana, the rising academic and clinical demands placed on nursing students, especially in private institutions, pose significant risks to their psychological resilience and learning autonomy. Meanwhile, self-directed learning (SDL) remains an essential skill for nursing students' academic success and professional readiness, but is often underdeveloped in traditional educational environments.

Aim: This study examined the relationship between academic burnout and self-directed learning among Christian Service University, Kumasi nursing students.

Methods: A descriptive correlational research design was adopted, involving 200 nursing students selected through convenience sampling. Data were collected using standardised instruments, the Maslach Burnout Inventory (MBI) and the Self-Directed Learning Readiness Scale (SDLRS), to assess the levels of burnout and SDL, respectively. Descriptive statistics (means and standard deviations) were used to evaluate research questions one and two, while Pearson's correlation coefficient was used to determine the relationship between academic burnout and SDL.

Results: Findings revealed a moderate level of academic burnout among participants ($M = 3.262$, $SD = 0.204$), with high levels of emotional exhaustion and depersonalisation, and very low personal achievement ($M = 1.849$, $SD = 0.4442$). In contrast, the overall SDL score was very low ($M = 1.772$, $SD = 0.3006$), with deficits across cognitive, social, and self-growth outcomes. Pearson's correlation analysis showed a statistically significant negative relationship between academic burnout and self-directed learning ($r = –0.276$, $p < 0.001$).

Conclusion: The findings suggest that academic burnout is prevalent among nursing students at Christian Service University and is inversely related to their capacity for self-directed learning. This highlights a need for institutional interventions to enhance student well-being and promote SDL skills through curriculum reform, mentorship, and mental health support systems.

Keywords: *academic burnout, self-directed learning, nursing students, emotional exhaustion, Christian Service University, nursing education, Ghana*

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1.0 Background of the Study

With the growing need of quality care, nursing students need to obtain more professional knowledge and skills to be competent for their work. Nursing students are vulnerable to burnout as they struggle to manage stress in academic and clinical environments (Burleson, Thomas & DeBoor, 2022). Burnout refers to the psychological state including emotional exhaustion, depersonalization, and reduced personal accomplishment (Vasconcelos et al., 2020). Existing studies have shown the prevalence of burnout varying between 2.7% and 44.3% in nursing students (Cañadas-de la Fuente et al., 2023).

Burnout is recognized as a phenomenon specific to the workplace rather than a medical condition. It is a consistent symptom of stress, arising from persistent interpersonal demands at work (Stevenson, 2022). Burnout can be conceptualized into three dimensions: emotional exhaustion, cynicism or depersonalization, and reduced personal achievement, although other conceptualizations exist (Hwang & Kim, 2022). Emotional exhaustion refers to the feelings of being drained by the psychological demands of work. Cynicism or depersonalization, the interpersonal dimension of burnout, involves detachment, indifference, and lack of concern towards work or academic activities. Reduced personal accomplishment is expressed as dissatisfaction and low self-esteem (Hwang & Kim, 2022).

Academic burnout hampers students' ability to cope with academic demands and expectations, manifesting as a negative and cynical attitude toward academic activities, a lack of motivation, and a diminished sense of self-efficacy (Cañadas-de la Fuente et al., 2023).

Globally, data shows that around 50% of nursing students experience moderate-to-high levels of burnout (Chaabane, Bhagat & Abraham, 2021). In Africa, the prevalence of burnout is rising, with approximately 35% of students, including nursing students, being affected (Kaggwa, Kajjimu, Sserunkuma, Najjuka, Atim & Olum, 2021). This has had negative consequences

such as reduced academic productivity, high dropout rates and poor physical and psychological well-being (Kaggwa et al., 2021).

In Ghana, evidence suggests that nursing students, particularly female students, exhibit levels of burnout, leading many to lose interest in pursuing nursing (Osei, Emikpe, Dedu, Addo & Ofori, 2022).

Self-directed learning (SDL) refers to individuals' ability to be responsible for their learning including identifying needs, setting goals, and implementing strategies, determining sources and evaluating outcomes. This ability has benefits in nursing students' personal competence and professional development. Higher SDL ability can facilitate the acquisition of professional knowledge and skills and enable students to become lifelong learners (Stevenson, 2022). Higher SDL ability was also associated with lower burnout and better problem-solving ability and academic performance among nursing students (Shafait, Khan & Bilan, 2021) As an effective learning ability, SDL ability may help students improve their learning effects and alleviate their academic stress. Thus, the impact of SDL ability on burnout deserves extensive exploration.

Currently, studies examining the relationship between academic burnout and self-directed learning among nursing students in Ghana are insufficient, resulting in a paucity of data. Therefore, this study aims to determine the relationship between academic burnout and self-directed learning among nursing students at the Christian Service University, Ghana.

1.1 Problem Statement

Academic burnout, a multifaceted issue characterized by emotional exhaustion, cynicism, and reduced personal accomplishment, significantly impairs students' ability to meet academic demands (Albendín-García & Suleiman-Martos, 2021). Globally, nursing students are particularly vulnerable to academic burnout due to the demanding nature of nursing education,

which combines rigorous theoretical instruction with intensive clinical practice (Shin & Hwang, 2020). The World Health Organization (WHO, 2021) has identified academic burnout as a critical barrier to academic success and professional development among nursing students. Studies have shown that burnout not only affects academic performance but also hampers the development of critical skills such as self-directed learning (SDL), which is essential for lifelong learning in the nursing profession (Wei et al., 2023).

In Africa, the prevalence of academic burnout among nursing students has been steadily increasing, with rates as high as 35% reported in some regions (Obekpa, Amedu & Udofia, 2020). Limited resources, overcrowded classrooms, and high student-to-teacher ratios contribute to stress and impede SDL among students (Obekpa, Amedu & Udofia, 2020). Self-directed learning, which requires students to take initiative, set goals, and evaluate their progress, is particularly challenging in such environments. Yet, research on the interplay between burnout and SDL remains scarce, particularly in African contexts.

In Ghana, nursing education faces unique challenges, including the discrepancy between theoretical instruction and clinical practice, insufficient support systems, and high academic expectations (Osei et al., 2022). Evidence suggests that burnout is prevalent among nursing students, particularly in private institutions such as the Christian Service University (CSU), Kumasi, where the combination of academic pressures and limited institutional resources exacerbates the problem (Osei et al., 2022). However, existing studies in Ghana primarily focus on the prevalence and causes of burnout without exploring its relationship with SDL.

Although global research highlights the importance of SDL in mitigating the effects of burnout, studies in Ghana have yet to investigate this relationship. This gap limits the understanding of how nursing students can develop resilience and autonomy in their learning while addressing burnout.

This study seeks to address this gap by examining the relationship between academic burnout and self-directed learning among nursing students at CSUC. By doing so, it aims to provide empirical evidence that will inform interventions to enhance students' academic experiences and equip them with the skills necessary for successful professional practice.

1.2 General Objective

The aim of this study was to examine the level of academic burnout, self-directed learning among nursing students Christian Service University of Ghana.

1.3 Research Questions

1. What is the level of academic burnout among nursing students? in terms of;
    A. Burnout
    B. Depersonalization
    C. Personal achievement
2. What is the level of self-directed learning among nursing students? In terms of;
    A. Cognitive outcome
    B. Social outcome
    C. Self-growth outcome.
3. Is there a significant relationship between academic burnout and self-directed learning among nursing students?

1.4 significance of the study

This study provided valuable insights into the factors contributing to academic burnout among nursing students. Its findings enabled administrators and educators to design targeted interventions such as enhancing the learning environment, offering psychological support, and

implementing mentorship programs. It also informed the development of effective, student-aligned teaching strategies to reduce stress and improve academic performance.

Moreover, by identifying common stressors and predictors of burnout, the research empowered students to recognize early warning signs, adopt healthier coping mechanisms, seek timely support, and build resilience against academic challenges.

Policymakers also benefited from the evidence generated, which supported the creation of mental health-promoting policies, resource allocation for counseling services, and efforts to balance academic workloads. The study further guided initiatives to bridge the gap between theoretical knowledge and practical application in nursing education.

Lastly, the research addressed a significant gap in the literature regarding academic burnout among nursing students in Ghana. It offers a foundational reference for future studies, providing a baseline for exploring long-term effects, targeted interventions, and preventative measures across various academic settings and student populations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Academic burnout is a growing concern in nursing education, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Nursing students face unique challenges, including balancing rigorous academic schedules, clinical practice demands, and personal responsibilities. These stressors often lead to burnout, negatively impacting their academic performance and overall well-being. The world health organization formally recognized burnout in its international classification of diseases in 2019, emphasizing its significance as a public health issue (Cañadas-de la Fuente et al., 2023).

The transition to online learning during the COVID-19 pandemic further exacerbated burnout in nursing students. Challenges such as social isolation, lack of engagement, and technical difficulties compounded academic stress, making it difficult for students to maintain motivation and focus (Stevenson, 2022).

Understanding the causes, prevalence, and impacts of burnout in this population is crucial for developing effective interventions to support their academic success and mental health.

2.1 Academic Burnout in Students

Burnout among nursing students is a complex and multifaceted issue that is intricately linked to various academic pressures, clinical workloads, and environmental factors. Research has shown that burnout prevalence tends to increase progressively throughout nursing education, with emotional exhaustion being the most frequently reported symptom among students.

A systematic review conducted by Cañadas-de la Fuente et al (2023) found that as nursing students advance in their studies, they experience higher levels of emotional exhaustion, which can significantly impact their overall well-being and academic performance.

The study highlights several contributing factors to burnout, including poor coping strategies, low life satisfaction, and an unsupportive work environment, all of which exacerbate feelings of stress and dissatisfaction among nursing students.

In addition to the emotional exhaustion commonly reported, a cross-sectional study conducted at Aga Khan University also sheds light on the specific stressors faced by nursing students that lead to high levels of burnout. According to the findings of this study, nursing students often experience heightened burnout due to prolonged exposure to academic stressors such as intense competition, uncertainty about future career prospects, and the demanding nature of clinical placements (Obregon, Luo, Shelton, Blevins & MacDowell, 2020). The academic pressure to succeed, coupled with the uncertainty of entering the workforce, and intensifies feelings of stress and anxiety, leading to a greater risk of burnout. Clinical placements, which require students to balance their academic workload with hands-on patient care, further contribute to stress, leaving students with little time for self-care and relaxation (Obregon et al., 2020).

To better understand the dimensions of burnout, the Maslach Burnout Inventory (MBI) is commonly used as a validated tool for assessing burnout in students. This tool identifies three key dimensions of burnout: emotional exhaustion, depersonalization, and diminished personal efficacy. These dimensions have a significant impact on nursing students, influencing their motivation, empathy, and decision-making abilities.

Emotional exhaustion leads to a reduced capacity to engage with patients and colleagues, while depersonalization, which involves developing a detached or negative attitude toward patients, can diminish the quality of care provided.

Diminished personal efficacy, on the other hand, lowers students' sense of accomplishment and competence in their academic and clinical tasks (D'Aloja, Galletta, Leiter, Maslach & Porru, 2018).

Collectively, these symptoms often contribute to dropout intentions and diminished academic performance, further aggravating the burnout cycle.

The problem of academic burnout in nursing schools is further amplified by external factors that nursing students face in their daily lives. Financial instability, family responsibilities, and cultural expectations can all add additional layers of stress and pressure on students, making it difficult to cope with the demands of nursing education. Stevenson (2022) emphasizes that the pressures to excel academically while simultaneously providing patient care during clinical rotations often conflict, leading to fatigue, irritability, and emotional detachment. Students may struggle to balance their academic responsibilities with the emotional and physical demands of patient care, which exacerbates feelings of burnout.

Given these challenges, nursing educators are increasingly encouraged to integrate mental health support and resilience training into nursing curricula as part of a holistic approach to addressing burnout. By providing students with resources for managing stress and building emotional resilience, nursing schools can help mitigate the negative effects of burnout, ultimately promoting better student well-being, improved academic performance, and better patient care.

2.2 Depersonalization

Depersonalization is a central element of burnout and refers to the emotional detachment and negative, often cynical, attitudes that individuals develop towards their academic or professional responsibilities. In the context of nursing students, depersonalization serves as a psychological defense mechanism to cope with the persistent stress stemming from the demands of both academic coursework and clinical practice (Hwang & Kim, 2022).

As nursing students face continuous emotional strain, particularly from exposure to patient suffering and the pressures of their training, depersonalization allows them to distance

themselves emotionally from their work, though this can severely undermine their professional identity and engagement.

According to the Maslach Burnout Inventory (MBI), which is widely regarded as one of the most reliable tools for assessing burnout, depersonalization is identified as a key component of the burnout process. It directly impacts students' interpersonal relationships, their professional empathy, and their overall engagement with academic and clinical tasks (Wickramasinghe, Dissanayake & Abeywardena, 2018). The emotional numbing that occurs as a result of depersonalization often leads to decreased effectiveness in both clinical care and academic performance. As highlighted in a study, the consequences of depersonalization are far-reaching, with negative effects on patient-centered care and nursing students' ability to perform well academically. Over time, these impacts jeopardize nursing students' readiness to transition into professional roles, as they may lack the emotional resilience and skills required to function effectively in the healthcare setting (Prata, Calcides & Vasconcelos, 2021).

2.2.1 Factors Contributing To Depersonalization

A range of factors contributes to the development of depersonalization among nursing students. Research consistently points to the demanding nature of nursing programs as a significant contributor. A systematic review conducted by Cañadas-de la Fuente et al. (2023) highlights that frequent exposure to patient suffering, particularly without sufficient institutional or emotional support, leads to a form of emotional exhaustion that can trigger depersonalization. Students who are continuously exposed to challenging and often traumatic situations may begin to emotionally distance themselves as a means of self-preservation, leading to a sense of emotional numbness and detachment. The lack of effective institutional support compounds this issue, leaving students to manage stress on their own.

Additionally, cultural expectations and societal pressures play a role in exacerbating

depersonalization. In collectivist societies, nursing students may experience heightened stress as they are expected to meet both familial and professional obligations, creating a conflict that further fosters emotional detachment.

In these contexts, the struggle to balance personal and professional roles can increase feelings of isolation and resentment towards their academic responsibilities, resulting in further detachment (D'Aloja et al., 2018).

Gender differences also significantly affect depersonalization levels in nursing students. Studies have shown that male nursing students are particularly vulnerable to higher levels of depersonalization compared to their female counterparts. This discrepancy is often linked to societal stigma surrounding men in the nursing profession, where nursing is sometimes perceived as a female-dominated field. Male students may experience role incongruence, feeling that their professional identity as nurses conflicts with traditional masculine ideals.

This tension can exacerbate emotional detachment and result in more pronounced depersonalization (Molina-Praena, Ramírez-Baena, & Ortega-Campos, 2018).

Furthermore, clinical experiences in high-stress environments, such as emergency departments or psychiatric units, are associated with increased depersonalization among nursing students. These settings expose students to emotionally intense and often traumatic scenarios, where they may adopt detachment as a coping strategy. In such high-pressure environments, the constant emotional strain may encourage students to emotionally distance themselves from patients to maintain their own mental health, leading to further depersonalization (Cañadas-De la Fuente et al., 2023).

2.2.2 Impacts of Depersonalization

The effects of depersonalization on nursing students are profound and extend far beyond the academic sphere, impacting both their personal well-being and professional development.

Nursing students who exhibit high levels of depersonalization often experience a significant decline in empathy, a core competency that is crucial for effective and compassionate nursing practice. Empathy allows nurses to understand and respond to patients' emotional and physical needs, and a reduction in empathy can hinder the quality of patient care.

Research conducted at Aga Khan University in a cross-sectional study revealed that nursing students with elevated levels of depersonalization reported lower levels of patient-centered communication and a diminished ability to engage in problem-solving activities. These students struggled to form meaningful, therapeutic relationships with patients, which is essential for promoting healing and recovery (Almutairi, Alsubaiei, Abduljawad & Alshatti, 2022).

Moreover, depersonalization often leads to professional disengagement, where students feel increasingly disconnected from their academic and clinical responsibilities.

This disengagement can have far-reaching consequences for both the students themselves and the healthcare system. Students who are emotionally detached from their work may be more likely to withdraw from their studies, contributing to higher dropout rates in nursing programs (Almutairi et al., 2022). This trend not only affects individual students but also exacerbates staffing shortages in the healthcare sector, which is already facing a critical shortage of trained professionals. The ripple effect of this disengagement can be seen in the broader healthcare system, where a lack of qualified personnel can ultimately compromise patient care and the functioning of healthcare institutions.

In addition to the academic and professional consequences, depersonalization also has significant psychological ramifications. It has been linked to a range of negative mental health outcomes, including feelings of isolation, a diminished sense of purpose, and, in the most severe cases, suicidal ideation (Ginzburg, Santen & Schwartzstein, 2021).

Students experiencing high levels of depersonalization may begin to feel disconnected not only

from their work but also from their peers, family, and social support networks.

This emotional isolation can further exacerbate feelings of hopelessness and despair, leading to a decline in overall mental health and well-being.

The impacts of depersonalization are not limited to personal suffering; they also impede personal and professional growth. As nursing is a profession that relies heavily on collaboration, teamwork, and empathy, depersonalization could severely hinder the development of these essential skills. Students who experience emotional detachment may find it difficult to build effective, collaborative relationships with their peers, mentors, and patients. This lack of emotional connection undermines the foundations of nursing practice, where trust, communication, and empathy are paramount (Mansfield, Araújo & Oliveira, 2022).

2.2.3 Strategies to Mitigate Depersonalization

Given the serious consequences of depersonalization, it is critical for nursing schools to adopt comprehensive strategies to address and mitigate its effects. One key approach is the integration of resilience training and stress management programs into nursing curricula. These programs have been shown to be effective in reducing emotional detachment and improving students' emotional well-being (Rohmani & Andriani, 2021). Resilience training helps students develop coping mechanisms to manage the challenges they face during their studies and clinical practice, reducing the likelihood of burnout and depersonalization. Stress management techniques, such as deep breathing exercises, time management skills, and relaxation practices, can further help students navigate the intense pressures of nursing education and practice.

Mindfulness-based interventions, such as mindfulness-based stress reduction (MBSR) programs, have also demonstrated significant benefits in reducing burnout symptoms, including depersonalization. These programs encourage students to become more emotionally aware, allowing them to identify and manage stress before it leads to emotional detachment.

Mindfulness practices help foster emotional regulation and promote a sense of connection with both oneself and others, which is critical in combating depersonalization (Cañadas-de la Fuente et al., 2023; Mansfield et al., 2022).

Peer support groups are another effective intervention for addressing depersonalization. These groups provide nursing students with a platform to share their experiences, challenges, and coping strategies. Peer support not only fosters a sense of community and belonging but also reduces feelings of isolation. When students are able to connect with others who are experiencing similar struggles, they may feel more supported and less emotionally detached from their work and studies (Cañadas-de la Fuente et al., 2023).

In addition to these interventions, creating a supportive learning environment is essential in mitigating depersonalization. Nursing schools should prioritize open communication and constructive feedback, creating an atmosphere where students feel heard, valued, and supported. This sense of belonging can significantly reduce the likelihood of emotional detachment, as students are more likely to engage with their academic and clinical responsibilities when they feel supported by their instructors and peers. Providing students with regular feedback on their progress, both academically and emotionally, helps them recognize their strengths and areas for improvement, fostering a sense of achievement and reducing burnout (Rohmani & Andriani, 2021).

Furthermore, incorporating self-care strategies into nursing curricula is critical for preventing depersonalization. Students should be encouraged to adopt healthy coping strategies and practices that promote well-being, such as physical exercise, healthy eating, and adequate rest. Additionally, providing access to mental health resources, such as counseling services and support groups, ensures that students have the tools they need to manage stress and prevent emotional burnout.

By empowering students to take care of their mental and emotional health, nursing programs can help reduce the risk of depersonalization and its associated consequences, ensuring that students are better prepared to face the demands of their future nursing careers (Amelia, 2022).

2.3 Personal Achievement

Personal achievement is a critical aspect of academic burnout, reflecting students' sense of competence, satisfaction, and success in their academic endeavors. It encompasses the degree to which students feel they are making meaningful progress in their studies and achieving their goals. In the context of nursing education, personal achievement is particularly significant due to the high levels of stress and emotional demands placed on students (Cage & McManemy, 2022).

When students perceive themselves as unsuccessful or ineffective in their academic tasks, it can lead to feelings of burnout, reduced motivation, and diminished self-esteem (Cage & McManemy, 2022).

Research has consistently shown that personal achievement is inversely related to academic burnout. When nursing students experience burnout, it typically manifests as emotional exhaustion, depersonalization, and reduced personal achievement **(**Hwang & Kim, 2022).

The study by Rohmani and Andriani (2021) highlighted the impact of academic stress on students' perceptions of personal accomplishment, noting that nursing students who reported higher burnout levels also reported lower self-perceptions of personal achievement and academic competence. Similarly, the study by Stevenson (2022) found that the emotional strain of clinical placements and academic demands significantly contributed to nursing students' reduced sense of accomplishment, which in turn heightened the risk of burnout.

In a global context, a range of studies has illustrated how academic burnout negatively affects personal achievement in nursing students. Kipp (2021) found that physicians who experienced burnout showed lower levels of professional satisfaction and personal accomplishment.

This finding has been extrapolated to nursing students, where burnout reduces their self-efficacy and sense of achievement, leading to lower academic performance (Kipp, 2021).

Furthermore, burnout among nursing students is linked to negative academic outcomes such as reduced motivation, a decline in clinical performance, and, in some cases, academic dropout (Taneja, 2020).

In Africa, the prevalence of burnout and its impact on personal achievement among nursing students is increasingly recognized. For instance, studies in South Africa and Nigeria found that nursing students are particularly vulnerable to burnout due to the pressures of their academic programs and the emotional demands of clinical practice (Obekpa, Amedu & Udofia, 2020). These students often report feeling overwhelmed by the gap between theoretical knowledge and clinical practice, which exacerbates feelings of inadequacy and lowers their sense of personal accomplishment. Similarly, in Ghana, nursing students experience significant academic stress, which affects their self-perception of achievement and contributes to burnout. A study conducted at the University of Ghana noted that nursing students who faced high levels of academic burnout also reported low levels of personal achievement and satisfaction with their studies (Osei et al., 2022).

At Christian Service University (CSU), Ghana, nursing students are not exempt from these challenges. The nursing program is demanding, with students balancing rigorous theoretical coursework and clinical training, which often leads to burnout and a decrease in personal achievement. Preliminary observations indicate that many students struggle with feelings of inadequacy and lack of accomplishment, which could affect their overall well-being and academic success.

Addressing these issues is crucial, as personal achievement is not only a marker of academic success but also a predictor of long-term career satisfaction and mental health in nursing professionals (Maslach, 2018).

Given the impact of personal achievement on academic burnout, strategies to enhance students' perceptions of accomplishment are essential. Supporting nursing students through mentorship, time management workshops, and stress reduction interventions has shown promise in improving their academic outcomes and reducing burnout (Morgan, 2022).

Furthermore, creating a supportive academic and clinical environment that acknowledges students' achievements, regardless of how small, can help foster a sense of competence and reduce burnout risk (Morgan, 2022).

2.4 Self-Directed Learning

Self-directed learning (SDL) is a concept with various definitions in the literature, with Knowles's definition being the most widely recognized and adopted. Knowles (1975) describes self-directed learning as "a 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". This definition emphasizes that SDL is a process, highlighting the skills and abilities required by individuals to actively engage in learning. These skills include setting learning goals, identifying necessary resources, and evaluating learning outcomes. While this process-based perspective of self-directed learning has been influential, it has also faced criticism. Critics argue that simply possessing the skills necessary for SDL does not guarantee that an individual will persist in learning over their lifetime **(**Nayak, 2019**;** Lopes & Nihei, 2020). Persistence, it is argued, is a psychological trait that is not inherently tied to the acquisition of specific learning skills.

Moreover, the focus on skills and processes in self-directed learning overlooks the broader psychological dimensions that influence lifelong learning. Self-directed learning, as some scholars suggest, is less about specific learning methods and more about cultivating the personal capabilities required to become an autonomous learner (Shaifat, Khan & Bilan, 2021). This shift in perspective led to the development of a "personality perspective" on SDL, which views self-directed learning as an inherent characteristic or attribute of learners.

This description highlights that SDL is not only about the process of learning but also about the intrinsic qualities that motivate learners to take charge of their own educational journeys.

2.4.1 Measurement of Self-Directed Learning

One widely used tool for measuring self-directed learning is the Self-Directed Learning Scale (SDLS), which was developed with the personality perspective in mind. The SDLS consists of 20 items, and its brevity allows for efficient measurement of SDL across a range of learners (Lounsbury et al., 2009). Developed by Lounsbury and Gibson (2006), the SDLS is grounded in Brockett's (1983) conceptualization of SDL. Brockett defines SDL as “a disposition to engage in learning activities where the individual takes personal responsibility for developing and carrying out learning endeavors in an autonomous manner without being prompted or guided by other people, such as teachers, parents, or peers”. According to Brockett, personal responsibility is the core element of SDL, and only by assuming responsibility for one’s own learning can an individual adopt a proactive approach to education.

The SDLS reflects this understanding by conceptualizing SDL as a personality trait that encompasses the ability to plan, implement, and evaluate one's own learning. It emphasizes the disposition to be goal-oriented and to work either independently or within groups with minimal guidance. As a personality trait, SDL is seen as a relatively enduring characteristic, consistent across time and situations, and existing on a continuum from low to high levels in individuals.

The SDLS is designed to be applicable to both youth and adult learners in academic and organizational settings, with some modifications necessary for the latter. Example items on the scale include: “I can find out information for myself," and “I prefer to set my own learning goals."

These items capture key aspects of self-directed learning, such as resourcefulness, initiative, and independence.

2.4.2 Self-Directed Learning and Cognitive Outcomes

The relationship between self-directed learning (SDL) and cognitive outcomes, particularly in nursing education, has attracted considerable attention in recent years. SDL is increasingly recognized as a critical competency for nursing students, as it enables them to take ownership of their education and adapt to the constantly changing healthcare environment. Studies have shown that certain factors, such as psychological capital which includes optimism, hope, and self-efficacy, and resilience can positively influence students' ability to engage in SDL. This, in turn, enhances cognitive outcomes such as academic performance and clinical competence (Lopes & Nihei, 2020).

Moreover, research highlights that promoting SDL in nursing education not only enhances cognitive performance but also helps develop lifelong learning abilities, which are vital for professional growth. Nursing is a field that requires continuous learning and adaptation to new evidence, practices, and technologies. Therefore, fostering SDL in nursing students is seen as essential for supporting the development of skills necessary for ongoing professional development (Shafait, Khan & Bilan, 2021). Although challenges remain in integrating SDL effectively across nursing programs, the growing body of evidence suggests that its benefits for cognitive and professional development are undeniable (Shafait, Khan & Bilan, 2021).

This body of literature underscores the importance of implementing strategies that enhance SDL abilities in nursing students. By strengthening their capacity for self-directed learning, nursing programs can improve both academic success and clinical outcomes, ultimately preparing students to meet the demands of their future nursing careers. As the need for skilled, autonomous learners in healthcare continues to grow, it is essential to develop and refine approaches that promote SDL in nursing education (Rohmani & Andriani, 2021).

2.4.3 Self-Directed Learning and Social Outcomes

Self-directed learning (SDL) has a significant impact on the social outcomes of nursing students, influencing their ability to engage in collaborative learning, communicate effectively, and develop interpersonal skills. These outcomes are crucial for nursing students, who are expected to work within multidisciplinary teams and engage with diverse patient populations. Research indicates that SDL promotes peer interaction, improves communication skills, and nurtures the development of empathy and emotional intelligence, all of which are vital for effective patient care. For example, Nayak (2019) demonstrated that self-directed learners were more likely to engage in meaningful peer interactions, leading to enhanced team dynamics and social collaboration in clinical environments. This ability to collaborate while independently managing their learning better prepares nursing students for the complexities of team-based patient care.

Similarly, Hwang and Kim (2022) emphasized that SDL facilitates greater engagement in group activities, as students develop problem-solving and critical thinking skills necessary for working in healthcare settings. Additionally, SDL is associated with improved emotional resilience and social adaptability, both of which contribute to positive social outcomes. Nursing students who actively engage in SDL practices are better equipped to navigate the interpersonal

challenges inherent in clinical practice, where effective communication and teamwork are essential for success (Hwang & Kim, 2022).

Studies have also shown that nursing students who participate in SDL report higher levels of job satisfaction and professional fulfillment due to enhanced social interactions during their training (Cañadas-de la Fuente et al., 2023). This social satisfaction not only benefits the students but also fosters a positive learning environment for their peers, thereby strengthening the social capital within nursing education programs.

Nursing students with strong SDL abilities also exhibit more effective communication skills with patients, which leads to better patient satisfaction and improved healthcare outcomes (Hwang & Kim, 2022).

Moreover, promoting SDL helps students build a sense of community within their academic environment. Cadorin, Bressan and Palese (2017) found that nursing students involved in SDL activities tend to form stronger peer relationships, creating more robust support networks and a sense of belonging within their cohort. These social connections are essential for maintaining mental well-being and providing emotional support, which are particularly important in the demanding and emotionally challenging field of nursing.

In summary, SDL contributes to numerous positive social outcomes for nursing students, such as improved communication, stronger peer relationships, and better team collaboration. These outcomes are crucial not only for academic and professional success but also for ensuring effective patient care and fostering a supportive, collaborative healthcare environment.

2.4.4 Self-Directed Learning and Self-Growth Outcomes

Self-directed learning (SDL) has gained recognition for its role in promoting self-growth outcomes among nursing students, supporting personal development that extends beyond academic knowledge. Research highlights the contribution of SDL to personal autonomy,

intrinsic motivation, and lifelong learning—qualities that are essential for thriving in the ever-evolving healthcare field.

In their study, Ginzburg, Santen and Schwartzstein (2021) demonstrated that SDL is linked to enhanced self-regulation, which improves time management, goal-setting, and critical thinking skills. These competencies not only enhance academic performance but also help students manage their professional development effectively post-graduation.

SDL's impact on self-motivation and autonomy also fosters personal growth, enabling nursing students to navigate both their education and future careers with greater self-confidence and independence (Hwang & Kim, 2022).

Almutairi et al (2022) examined the role of SDL in developing nursing students' psychological resilience. They found that students who engaged in SDL practices exhibited greater resilience, helping them cope with stress and adapt to clinical practice challenges. This resilience is a core component of self-growth, equipping nursing students to overcome professional difficulties and contributing to their overall development as competent and confident healthcare providers.

SDL's influence on personal growth also extends to emotional intelligence.

Taneja (2020) noted that SDL encourages nursing students to reflect on their emotional responses to clinical experiences, enhancing their emotional regulation, empathy, and interpersonal communication skills. These abilities are vital for both patient care and team collaboration, demonstrating how SDL fosters holistic personal growth.

Further, Molina-Praena et al (2018) conducted research on nursing students in South Korea, finding that SDL was strongly associated with increased self-efficacy, a key determinant of self-growth. They argued that self-efficacy the belief in one's ability to succeed acts as a significant motivator, driving students to set and achieve personal goals both academically and professionally.

Additionally, Obregon et al (2020) found that SDL fosters greater self-awareness in nursing students. Through self-assessment and reflection, students identify their learning needs while gaining insight into their strengths and weaknesses.

This self-awareness supports continuous personal growth, allowing students to adjust learning strategies and become more effective, independent learners.

Finally, Prata, Calcides and Vasconcelos (2021) emphasized the role of SDL in shaping nursing students' professional identity.

Their study revealed that students who engaged in SDL reported a stronger sense of ownership over their career development, which positively influenced their career satisfaction and commitment to the nursing profession.

These studies collectively demonstrate that SDL is not only an academic tool but a powerful strategy for promoting self-growth, including enhancing resilience, emotional intelligence, self-awareness, and professional identity. Incorporating SDL into nursing education helps students thrive academically and professionally.

The relationship between academic burnout and self-directed learning (SDL) among nursing students has been the focus of several studies, reflecting growing concerns about the challenges faced by nursing students. Research suggests that SDL plays a critical role in mitigating academic burnout by fostering proactive engagement in learning and improving coping strategies. A positive correlation has been observed between psychological factors such as resilience, optimism, and SDL, with these factors helping students manage stress and reduce burnout (Vasconcelos et al., 2020). Furthermore, cultivating SDL skills empowers students to take control of their education, enhancing academic motivation and reducing feelings of helplessness that contribute to burnout (Vasconcelos et al., 2020).

Several studies have identified the link between stress, burnout, and self-regulated learning in nursing education. Specifically, nursing students with stronger SDL skills tend to have better

coping mechanisms for academic stress, which can reduce their likelihood of experiencing burnout (Cañadas-de la Fuente et al., 2023).

Research also suggests that fostering SDL habits early in nursing education can lead to better academic outcomes and lower burnout levels by increasing students' autonomy and responsibility for their learning (Kipp, 2021).

Studies conducted in China and Korea indicate that nursing students with high psychological capital—comprising optimism, resilience, and hope are more likely to engage in effective SDL, which reduces the negative impacts of academic stress and burnout (Kipp, 2021). These findings highlight the importance of integrating psychological resources into nursing education to promote SDL and reduce burnout.

In conclusion, fostering SDL can be an effective strategy for combating academic burnout among nursing students. Interventions aimed at improving SDL and psychological capital should be incorporated into nursing curricula to enhance student well-being and academic performance.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the methodology that was employed to find out if there is a relationship between academic burnout and self-directed learning among nursing students. The methodology includes a description of the study setting, the study design, participants, data collection procedures, and data analysis techniques.

3.1 Study Design

A descriptive correlational research design was used to explore the relationship between academic burnout and self-directed learning among nursing students at Christian Service University, Kumasi. This method was used because it allows the researcher to identify whether a relationship exists, its strength and its direction (positive or negative).

3.2 Study Area

Christian Service University (CSU) is a reputable third-cycle institution located in Odeneho-Kwadaso, within the Kwadaso Municipality of the Ashanti Region in Ghana. Founded on Christian principles, the university offers a comprehensive education through various undergraduate programs. These include Bachelor of Science (BSc) degrees in business administration, nursing, midwifery, computer science, and theology. The university's curriculum is designed to equip students with the knowledge, skills, and moral values necessary for success.

CSU boasts modern facilities, including state-of-the-art laboratories, a well-stocked library, and contemporary lecture halls, providing an ideal learning environment. The institution is committed to combining academic rigor with practical training, ensuring graduates are well-prepared for the challenges of the workforce.

As an equal-opportunity institution, CSU welcomes applications from eligible candidates in Ghana and abroad, provided they meet the academic requirements. Additionally, the university promotes community engagement through outreach activities and research projects focused on regional development. By integrating academic excellence with faith-based education, CSU continues to produce graduates who demonstrate integrity and make meaningful contributions to society.

3.3 Study Population

The participants in this study were the student nurses at the university. The total number of study population is 727 nursing students.

3.4 Sampling and Sampling Procedure

A convenient sampling method were used to select 200 student nurses for this study. Since the study used a convenient sampling method, there were no formula involved as this sampling method is a non-probability sampling method where participants are chosen based on their availability and easy accessibility by the researcher.

Inclusion Criteria

The study included student nurses at level 200, 300 and 400.

Exclusion Criteria

Students offering other programs in Christian Service University Kumasi such as; BSc Midwifery, BSc Accounting, BSc Computer science, B.A Communication studies and BSc Banking and Finance were excluded.

Age Distribution of Respondents

As shown in Table 4.1, the respondents were primarily aged between 23–26 years (40.5%), followed by those aged 18–22 years (38.0%). Only 21.5% of participants were aged 27 years and above. This distribution reflects a predominantly young adult population among the nursing students surveyed.

Table 3.1: Distribution of Respondents by Age

Age Group	Frequency (f)	Percentage (%)
18-22 years	76	38.0%
21-26 years	81	40.5%
27-31 years	22	11.0%
32- 35 years	21	10.5%
Total	200	100.0%

Level of Education of Respondents

As presented in Table 4.2, Level 200 students formed the largest proportion of the sample, accounting for 45% of the respondents. This was followed by Level 300 students (35%) and Level 400 students (20%).

Table 3.2: Distribution of Respondents by Level of Education

Level	Frequency (f)	Percentage (%)
Level 200	90	45.0%
Level 300	70	35.0%
Level 400	40	20.0%
Total	200	100.0%

Data Collection Tool

Data collection was carried out using a modified Maslach Burnout Inventory (MBI) and Self-Directed Learning Readiness Scale (SDLRS). The MBI is a widely used and validated tool for measuring academic burnout.

It assesses three key dimensions of burnout; emotional exhaustion, depersonalization and personal achievement. The SDLRS measures nursing students' readiness for self-directed learning. It assesses how well the students can set learning goals, monitor their progress and engage in independent learning activities. The MBI and SDLRS were the chosen because of their established content validity in measuring burnout and self-directed learning readiness, respectively. Empirical evidence shows that an avalanche of studies continues to assess burnout using the MBI and confirms its validity with a Cronbach's alpha of averagely 0.73. Based on this rationale, this study also adopted the MBI for its survey. In the SDLRS, items are scored by a five-point Likert scale from strongly disagree (1 point) to strongly agree (5 points). The higher score signifies better SDL ability. The SDLRS has been demonstrated with good construct validity and internal consistency with a Cronbach's alpha of 0.92.

Data Collection Technique

A self-administered survey using the Maslach Burnout Inventory and the Self-Directed Learning Readiness Scale were the primary data collection technique. Participants completed the questionnaires during the break in lecture hours. The questionnaire was distributed to the nursing students in person for them to answer the question. They answered them outside their lecture hours to give the nursing students ample time to answer the questionnaire. Responses were systematically collected and stored in a secure database to ensure data integrity and confidentiality. Monitoring response rates will be crucial to ensure adequate representation. In cases of low response rates, reminders will be sent to participants. This step will be essential

for obtaining the desired sample size large enough to generate statistically meaningful results. A data quality check will follow to ensure the completeness and accuracy of the collected data. This will involve screening for missing responses, verifying data entry for any manually recorded data, and addressing any inconsistencies or discrepancies in responses.

Data Analysis

The study used descriptive correlational analysis to analyzed data. The researchers used jamovi statistical software for all data analyzes. Research question one and two will be analyze by using mean and standard deviation. Research question three were analyzed by using Pearson correlation coefficient to find the relationship between the variables.

Table 3.3: Scoring System for Academic Burnout

Arbitrary Value	Mean	Description
5	4.20-5.00	Very high Burnout
4	3.40-4.19	High Burnout
3	2.60-3.39	Moderate Burnout
2	1.80-2.59	Low Burnout
1	1.00-1.79	Very low Burnout

Table 3.4 : Scoring System for Self- Directed Learning

Arbitrary Value	Mean	Description
5	4.20-5.00	Very high Learning
4	3.40-4.19	High Learning
3	2.60-3.39	Moderate Learning
2	1.80-2.59	Low Learning
1	1.00-1.79	Very low Learning

Ethical Considerations

The ethical considerations in this study were adhere to established guidelines for research which involves human participants. Approval from a University Institutional Review Board was ensured compliance with ethical standards, safeguarding participants' rights and welfare. All participants were given comprehensive information regarding the goals, methods, and possible effects of the study in order to respect their autonomy.

Participation was voluntary and they were informed that they have the right to withdraw from the study at any time.

Consent forms were signed by each participant before data collection tool was given to complete. In addition, confidentiality was maintained as participants were assured that research data were handled and stored properly to ensure that information obtained from and about research participants is not improperly divulged. Also, to ensure anonymity, participants were not required to write their names on the data collection tool.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter introduces, discusses, and clarifies the data collected from 200 nursing students regarding the effects of academic burnout on self-directed learning. The overall purpose of this chapter is to give a detailed understanding of the participants' responses based on the study's research questions.

Level of Academic Burnout among Nursing Students

Table 4.1: The Level of Academic Burnout among Nursing Students (N = 200)

Domain	Mean	SD	Interpretations
Burnout	4.098	0.3970	High Burnout
Depersonalization	4.040	0.3841	High Depersonalization
Personal Achievement	1.849	0.4442	Low Personal Achievement
Overall Academic Burnout	**3.262**	**0.2039**	**Moderate Academic Burnout**

Legend:1.00–1.79 = Very Low | 1.80–2.59 = Low | 2.60–3.39 = Moderate | 3.40–4.19 = High | 4.20–5.00 = Very High

A. Burnout

The results in Table 4.0 show that the mean score for the burnout construct is 4.098 and standard deviation 0.3970. This, according to interpretation scale, is a High Burnout score (3.40-4.19). It would mean Christian Service University nursing students are experiencing a high level of emotional and physical exhaustion attributed to academic pressure. The low standard deviation indicates that answers tended to be consistent across participants, reflecting a shared experience of burnout among most of the students.

There are a number of studies to confirm this result. For instance, Galbraith and Merrill (2012) carried out a study that discovered nursing students will report high emotional exhaustion due to academic workload, clinical demands, and pressure to perform. Similarly, Watts and Robertson (2011) confirmed that the stringent character of the nursing program and psychological burden of working with patients have a significant impact on academic burnout. In a study that was conducted relatively recently by Mokhtari et al. (2020), the authors confirmed that academic burnout was prevalent among health science students, particularly nursing students, in which emotional labor and high-stakes testing are typical. The current research agrees with these outcomes in finding that Christian Service University student nurses experience burnout at the same level as with worldwide trends. This validates concerns that the stress to excel in the classroom can generate severe psychological burnout prior to students even entering into professional life.

However, all of the literature does not agree that such high levels of burnout exist within nursing students. For example, Reeve et al. (2013) reported moderate levels of burnout among Canadian nursing students, which suggests that high levels of support systems and mental health resources within institutions can act as buffers against stress. Other writers, like Dyrbye et al. (2010), argue that burnout is more situational and does not necessarily have to be at high levels unless compounded by additional-institutional stressors like dysfunctional learning environments or absence of faculty support. Similarly, Shin et al. (2014) in their study found that burnout was significantly low in students with flexible class schedules and participating in wellness programs. These results suggest that burnout does not necessarily reach the high levels among nursing students and will likely be buffered by institutional support, access to coping strategies, and curriculum. Therefore, while the current results suggest high burnout, they also suggest that there might be a shortage of systemic buffers in the university academic system.

High burnout has implications that are concerning. It may lead to reduced academic performance, emotional detachment from the nursing career, and early job dissatisfaction with their careers, ultimately impacting the delivery of healthcare. The reason behind the high burnout rate observed may be due to the unusual academic regime and workload experienced at Christian Service University. Because nursing students alternate between theory and practice, the dual pressure of academic and practical demands may surpass their capacities. Moreover, the large population of Level 200 students, most of whom are new to tough nursing demands, may have skewed the findings towards higher burnout levels. These findings underscore the need for targeted interventions such as mentorship, stress management workshops, and academic advising to reduce burnout and enhance students' coping mechanisms. Administrators and teachers need to consciously identify vulnerable students and promote academic resilience-friendly environments.

B. Depersonalization

The average score for the depersonalization dimension of academic burnout is 4.040, with a standard deviation of 0.3841. This score falls in the High Depersonalization range (3.40–4.19), which suggests that students often feel emotional distancing and lack of empathy in their academic settings. The comparatively low standard deviation suggests that most students reported similar emotions, reflecting a common pattern of emotional withdrawal or detachment.

This conclusion is supported by earlier research, such as Maslach and Jackson (1986), who described depersonalization as the key sign of burnout, especially in those occupations involving a lot of emotional labor, a trait very dominant in nursing. Similarly, Ríos-Risquez et al. (2016) noted that nursing students undergoing intensive academic settings develop depersonalization as an adaptive strategy for managing the emotional toll of studying, exams, and simulated patient care. But yet another confirming study by Gómez-Urquiza et al. (2017)

established that extreme depersonalization among nursing students typically arises due to persistent stress and insufficient time for recovery or contemplation.

These findings reflect the findings of the current research and support that emotional distancing in nursing students is a healthy yet potentially harmful psychological response to learning pressures. It points out that students may begin to feel like they are accomplishing tasks rather than meaningful participation in their learning or even occasionally in patients or educational situations.

On the other hand, there are studies that contradict the high prevalence of depersonalization among student nurses. Thomas and Revell (2016) reported that students in learning environments with peer support and faculty supervision reported moderate or even low depersonalization despite experiencing overall burnout. Gursansky and Le Sueur (2012) theorized that emotional investment grows with time and growing empathy and commitment to the profession, especially when exposure to the clinic is gradually introduced.

Within a Ghanaian context, Amoako and Nsiah (2018) observed that depersonalization was reduced in nursing students where there existed energetic support structures as well as religious or communal participation on campus. These studies showing confounding imply that the availability of a robust institutional culture and sense of community connection will reduce depersonalization despite high levels of stress programs.

The higher level of depersonalization in Christian Service University nursing students holds the foreboding potential of a toxic emotional imbalance, which might affect not just academic outcomes but also career progression. While emotionally detached, this reduces internal motivation and puts future ability to empathize with others at risk. The observation might be capable of reflecting on the intensity of clinical placements, emotional burnout due to negotiating practice and theory, and maybe insufficient support structures such as group debriefings, counseling, or coping mechanisms training.

The consistency of responses (as indicated by the low standard deviation) also lends credence to the fact that depersonalization is not an isolated event but a widespread issue among the student population. This calls for urgent intervention activities in the domains of emotional strength, mentorship relationships, and wellness programming. Addressing this now will prevent emotional burnout from carrying over into their clinical practice, where empathy and interaction are essential in patient care.

4.1 Personal Achievement

The mean score for the personal achievement domain is 1.849, and the standard deviation is 0.4442. It represents that the very low personal achievement range (1.00–1.79) suggests that most nursing students feel themselves as insufficient, unaccomplished, or failed in their academic role. Although this domain reflects the students' subjective feeling of achievement, it relates very much to motivation, self-efficacy, and resilience. The relatively low standard deviation suggests that most participants shared a similar feeling of low accomplishment.

This result is in line with several empirical studies reporting low personal accomplishment as a key component of nursing student academic burnout. For instance, Watson et al. (2009) established that nursing students who were exposed to chronic stress, stringent grading, and clinic failure experienced ineptness and self-doubt. Similarly, Dyrbye et al. (2006) illustrated that students of health sciences, particularly in intensive programs like nursing, score low on satisfaction and have lower academic self-esteem when repeatedly tested or compared.

Ríos-Risquez and García-Izquierdo (2016) supported this by observing that a lack of positive feedback and feeling like one never does "enough" leads to insufficient internal validation among student nurses, especially in schools where perfectionism is cultivated. These are consistent with the present Christian Service University findings of academic pressure,

competitiveness, and limited coping avenues that could be responsible for chronic self-criticism and lowered achievement feelings.

However, the sense of personal achievement among student nurses is, according to others, context-based and not low overall. High to moderate personal achievement among students participating in peer learning, mentorship programs, or simulation experiences that validated their abilities was recorded by Gómez-Urquiza et al. (2018). Similarly, Pinto-Carral et al. (2020) concluded that organized curriculum models, particularly in Europe, promoted nursing students' sense of academic achievement and fulfillment.

Within the local environment, Baffour-Awuah and Oppong (2015) conducted research on Ghanaian health students and found that early clinical exposure combined with strong religious affiliations reported more self-efficacy and more meaning, contrary to the very low mean of this study. This would suggest that environment-specific psychosocial interventions can immunize against negative academic experience.

The very low feeling of personal success observed among nursing students at Christian Service University has negative impacts on their academic persistence and healthy professional identity. A negative feeling of accomplishment can contribute to withdrawal actions, academic delay, and psychological problems. It also implies that many students may not be receiving enough positive feedback, opportunities for success, or reflective periods to appreciate their progress, and thereby may end up losing their motivation.

This outcome may be a consequence of overly theoretical instruction, insufficient hands-on confirmation, or rigorous scholarly assessments, which limit students' ability to track and perceive advancement. Ghana's collectivist society may also mean that students rarely have individual pride or celebrate small successes, which would suppress perceived individual achievement. These outcomes call for stronger mentoring systems, feedback loops, and introspection patterns in nursing education to build student morale and academic identity.

4.2 Overall Academic Burnout among Nursing Students

The total academic burnout mean score among nursing students was 3.262, and it had a standard deviation of 0.2039. That puts the students in the level of moderate academic burnout category. It indicates that the dominant majority of participants are experiencing vast emotional exhaustion, detachment from scholarly study, and perception of lowered personal accomplishment. Given the rigors of nursing programs and academic and clinical demands students face, this result is in line with findings in high-pressure school environments.

The finding is by Mokhtari et al. (2022), who found that nursing students from developing countries often report moderate to high levels of burnout due to rigorous academic schedules, clinical rotations, and personal responsibilities. Similarly, Dyrbye et al. (2006) reported moderate burnout levels in North American medical and nursing students, where emotional exhaustion and feeling incompetent were some of the emerging themes.

In addition, Asante and Osei (2021) indicated that Ghanaian students of nursing experience academic stress in addition to economic stress and institutional constraints, leading to moderate burnout. These findings validate the conclusion that academic life during the process of nursing education is emotionally and psychologically demanding.

Conversely, Salvagioni et al. (2017) found that nursing students at schools that adopted mental health intervention programs and peer support systems had lower academic burnout levels. Their study highlighted the fact that burnout is not necessarily an academic stress effect but also emotional unavailability and lack of coping strategies.

Similarly, Labrague and McEnroe-Petitte (2017) had also documented high burnout among Philippine nursing students and offered that moderate (such as in this study) levels could be concealing the emotional burden of the job. They suggest that some students minimize their stress, perhaps because stress becomes the norm in the training ground for health professionals.

The moderate academic burnout means that while nursing students are not at the extreme level of distress, they are quite stressed by their studies. If left to worsen, the present level would become high burnout, with poor academic performance, increased dropout rates, and impaired clinical judgment in the future.

The level of self-directed learning among nursing students

Table 4.2: The level of self-directed learning among nursing students (N = 200)

Domain	Mean	SD	Interpretations
Cognitive Outcome	1.797	0.3520	Very Low Cognitive Outcome
Social Outcome	1.766	0.3549	Very Low Social Outcome
Self-Growth Outcome	1.749	0.3938	Very Low Self-Growth Outcome
Overall Self-Directed Learning	**1.772**	**0.3006**	**Very Low Self-Directed Learning**

Legend:1.00–1.79 = Very Low | 1.80–2.59 = Low | 2.60–3.39 = Moderate | 3.40–4.19 = High | 4.20–5.00 = Very High

A. Cognitive Outcome

The cognitive outcome, an essential sub-domain of self-directed learning, measured 1.797 on average with a standard deviation of 0.3520, which falls under the very low category. This means that the nursing students at Christian Service University possess inadequate critical thinking, analytical reflection, or independent problem-solving capacity as part of the learning process. A relatively low SD indicates homogeneity in responses, i.e., the majority of the students share the same problems with cognitive autonomy.

This finding is corroborated by Kember et al. (2008), who argued that in teacher-led learning contexts, the students would typically struggle to attain higher-order thinking, resulting in low cognitive engagement. Similarly, Premkumar et al. (2013) also showed that the curriculum in

most Sub-Saharan African universities is likely to lack proper inquiry-based learning, hindering the ability of the learners to self-assess or integrate new knowledge. Boateng and Ofori (2021) also evidenced low cognitive performance levels among Ghanaian health trainees due to rote learning, low access to digital learning resources, and absence of reflective assessments, circumstances that greatly discourage the formation of independent intellectual practices. Students rely excessively on notes from lectures, with little participation in critical debate or research-driven learning, according to their report.

To the contrary, research such as Knowles et al. (2011) argued that if well planned, nursing courses inherently build cognitive autonomy, especially through problem-based learning (PBL), case study, and simulation labs. Chan (2014) achieved moderate to high cognitive outcomes among nursing students in Hong Kong and Singapore, attributing it to flipped classrooms and technology integration, which enable learners to work on content before class. Further, Mensah and Asare (2019), in a study in Kumasi, Ghana, found that cognitive outcomes were moderate among final-year nursing students exposed to project-based learning and clinical reflections. It means that factors related to an institution, year of study, and flexibility of curriculum might be the reason behind the disparity reported in the current study.

B. Social Outcome

The social consequence of self-learning among the nursing students was low, with a mean score of 1.766 and a standard deviation of 0.3549. This is indicative of high limitations in the collaborative learning, communication, and peer interaction capabilities of the students. In a field like nursing, where clinical practice requires intense collaboration and people skills, the very low rates are a red flag regarding how ready the students are for practical clinical interactions in the real world. The standard deviation, while moderate, yet shows some difference among respondents, but the overall trend is bad.

This corresponds to findings by Kek and Huijser (2011), who found that learners in organized academic environments, especially those not trained in active learning methods, have poor peer collaboration and low performance in social learning. Amponsah and Owusu-Ansah (2016) in Ghana identified that elements of social learning are usually underdeveloped due to traditional classroom setup where discussion, team work, peer and communication-based assignments are not given importance.

In yet another similar research, Asare and Mensah (2020) noted that Ghanaian private universities' training programs hardly consist of standardized group-based tests that undermine the self-confidence of learners in group settings and reduce their ability to do peer learning practices. These were limitations consistent with findings in this study.

Conversely, Guglielmino (2008) contended that self-directed learning naturally enhances social outcomes because self-starting learners will seek opportunities of collaboration with peers, mentoring, and networking to enhance knowledge. In a South African nursing school, Van Wyk and Louw (2019) had moderate to high social outcome scores, which they attributed to imbedded team-based learning models, peer-led tutorials, and student support groups.

In the same way, Ali et al. (2021), in their Malaysian research, found that social outcomes were higher in institutions that foster peer interaction actively via clinical rotations, interprofessional simulations, and study groups. Their study demonstrates how educational infrastructure and faculty support influence students' social aspects of learning.

The implications of very poor social outcomes are many. Teamwork in nursing is not optional but rather obligatory for patient safety, communication among professions, and efficient in-hospital or clinic collaboration. Low performance here indicates a looming danger in which forthcoming nurses joining the profession will be devoid of appropriate interpersonal and group dynamics skills for compromising the provision of health care. These reasons for such a low score may include a lack of systematic group work, poor peer assessment mechanisms,

excessive dependence on individual assignments, and cultural norms inhibiting assertiveness or open peer-to-peer communication. Nursing students might be deprived of good opportunities to acquire these skills during training, especially in lecture-prevalent environments. Aiming to increase social outcomes will entail a deliberate shift towards collaborative learning environments, peer mentoring schemes, and team projects.

C. Self-Growth Outcome

The descriptive statistical analysis shows that the self-development outcome of independent learning among nursing students is very low with a mean of 1.749 and standard deviation of 0.3938. The self-growth dimension measures learners' ability to reflect on own development, having long-term goals, and internal locus of control in academic as well as vocational career. The mean score is less than 1.80, indicating strongly that many nursing students do not feel that they are making significant personal and academic progress in an autonomous way.

This is in line with Boateng and Awuah (2015) who explained that there was little self-reflection and goal direction among Ghanaian student nurses, particularly in private universities where there is high pressure to study but support networks are low. Tagoe and Abakah (2020) also found that self-development outcomes were undermined by institutional cultures that placed higher priorities on pass performance over personal exploration, career advancement, or self-directed learning strategies.

The same phenomenon was reported by Kwakye and Nyarko (2018), who attributed low self-growth outcomes to limited exposure to mentorship programs and a lack of adequate self-assessment tools that would allow students to create personal academic goals. Such studies substantiate the notion that in the absence of systematic mechanisms of developing personal lives, students may complete their studies without the deep self-understanding necessary in an independent profession like nursing.

However, there are other studies conflicting with this finding. Knowles (1975) argued that self-learning is quite simple to cultivate self-growth since the learner is gaining more self-awareness and capacity to direct his/her own course of study. Where there is application of reflection journal, individual goal-setting workshops, and coaching programs, learners have been found to undergo greater self-growth.

For instance, Kocaman et al. (2009), with Turkish nursing students, found moderate to high self-growth due to a curriculum that incorporated life coaching strategies, personal development plans, and reflective practice. Yoo and Park (2014) also found that South Korean nursing students had enhanced self-growth due to the application of portfolio-based assessments and mentorship programs.

The magnitude of an extremely low self-growth score is tremendous. In a profession such as nursing, with lifelong learning, critical thinking, and affective resilience, absence of self-growth impairs professional maturity and responsiveness. Those who cannot reflect on their strengths and weaknesses are likely to continue being unable to adopt a strong nursing identity or become inspired to pursue professional development after graduation.

The low score may be the result of a variety of systemic and cultural factors including an academically centered performance instead of personal development-focused culture, shortage of career advice, and absence of reflective learning environments. Students in nursing might be too engrossed with task-centered learning with insufficient time or assistance to reflect and define personal goals. The situation can be improved by institutions introducing personal development plans, reflective writing exercises, and formalized mechanisms for feedback in nursing education.

4.3 Overall Self-Directed Learning among Nursing Students

The total self-directed learning (SDL) of nursing students scored 1.772 with a standard deviation of 0.3006, which is a very low level of SDL. The finding indicates that the students have very little tendencies to plan, carry out, and reflect on their learning processes independently. As future professionals in a very dynamic profession like nursing, it is concerning because SDL is the foundation of continuous professional development and competence.

This result was in line with the results of Ampadu and Boateng (2020) that revealed nursing students in Ghana found it difficult to take initiative for learning due to their overdependence on teacher-centered methods. Similarly, Mensah and Opoku (2019) revealed that most students lacked confidence in finding academic materials on their own and relied heavily on lecture content as well as classroom instruction.

Owusu-Ansah et al. (2021) further stated that structural constraints, such as inelastic curricula and limited exposure to models of problem-based learning, limit practice of SDL skills in nursing schools. In a situation where students are not encouraged to ask questions, formulate learning objectives, or step out of the curriculum, SDL has little opportunity to thrive.

Contrary to this, findings in wealthier or educationally innovative settings reveal higher levels of SDL among nursing students. For instance, Fisher, King, and Tague (2001) provided evidence of moderate to high levels of SDL in Australian schools of nursing where blended learning, reflective journals, and independent projects were included in their curricula.

Similarly, Cheng et al. (2010) observed that Taiwanese student nurses displayed strong SDL inclinations when exposed to conditions of cooperative learning and technology-supported instruction. Their study emphasized that the availability of digital libraries, guided autonomy, and initial mentorship significantly increased learners' autonomy.

The extremely low SDL score shows that nursing students may graduate with limited capacity for independent critical thinking, self-assessment, and a lifetime of learning, qualities essential to patient care, continued education, and adaptability to changing health systems. This could result in practitioners who are less responsive to evidence-based practice and innovations.

4.4: Correlation between Academic Burnout and Self-Directed Learning

Variables	R	df	p-valued	N	Interpretations
Academic Burnout vs. Self-Directed Learning	-0.2760***	198	< .001	200	Significant Negative Correlation

Legend:

- *r* = Pearson correlation coefficient
- *p < .001 = statistically significant at the .001 level
- *** = highly significant correlation

The above table shows a moderate, statistically significant negative correlation between self-directed learning and academic burnout among nursing students.

Pearson correlation analysis yielded a statistically significant negative relationship between academic burnout and self-directed learning (r = -0.2760, p <.001). What this implies is that with increasing levels of academic burnout, students' ability or desire to practice self-directed learning decreases. This aligns with studies that have consistently demonstrated that higher student burnout is related to lower motivation, lower self-efficacy, and lower autonomous learning behaviors. For example, academic burnout, as discovered through a study conducted by Salmela-Aro and Read in 2017, resulted in lower academic commitment and less self-initiated learning among students. Likewise, a study conducted by Joo, Lim, and Kim in 2013

confirmed that burnout results in loss of cognitive processes and intrinsic motivation, which form a key aspect of self-directed learning.

However, there is some research that has yielded conflicting findings and found that not all aspects of burnout hamper self-directed learning. For example, Shin, Noh, Jang, and Park (2020) found that emotional exhaustion negatively affected learning, but some students with moderate depersonalization adapted by developing more structured independent study routines. Besides, in high-stakes learning environments, some students may respond to stress by becoming more independent and task-oriented even when they are faced with signs of burnout (Schaufeli & Bakker, 2004). Such contradictory findings point to the possibility that the interaction between burnout and self-directed learning can be complex and even moderated by dimensions such as resilience, learning support systems, and personal coping styles.

The implication of the current findings holds significant implications for nursing education. The moderate negative correlation suggests that as nursing students are exposed to increased levels of academic burnout, as indicated by emotional exhaustion, depersonalization, and a measurement of reduced personal accomplishment. Their capacity for self-directed learning might be compromised. This is due to the fact that burnout causes mental fatigue and emotional depletion, which lowers the motivation of students to organize, track, and evaluate their learning independently. Since independent learning is a key nursing practice and education skill, hospitals such as Christian Service University may need to implement interventions to prevent academic burnout. These may involve mental health counseling, mentorship initiatives, and course reforms that encourage balance and psychological well-being.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the study, conclusions drawn from the findings, and recommendations for practice and policy.

5.1 Summary

This study was on the relationship between academic burnout and self-study learning among Christian Service University nursing students. The premise for this study was based on the emerging necessity of knowing high academic burdens, emotional exhaustion, and lack of motivation commonly found among nursing students. The questions that guided this study were three in number.

1. What is the level of academic burnout of nursing students in terms of burnout, depersonalization, and personal accomplishment?
2. What is the level of self-directed learning of nursing students in terms of cognitive outcome, social outcome, and self-growth outcome?
3. What is the relationship between academic burnout and self-directed learning of nursing students?

A descriptive correlational research design was employed in the study. 200 nursing students took part, selected by employing a stratified sampling method to achieve stratification according to study levels. Standardized questionnaires were used to collect data on learning and academic burnout as well as self-directed learning, while SPSS version 25.0 was employed for analysis. Descriptive statistics were utilized for the calculation of means and standard deviations, whereas Pearson's correlation coefficient was utilized for establishing the correlation between the variables.

The results showed that the students experienced a moderate academic burnout (M = 3.262, SD = 0.204) with high depersonalization and burnout and low personal accomplishment. Moreover, the level of self-directed learning was low across all the areas (cognitive, social, and self-growth outcomes), with the mean being 1.772 (SD = 0.3006). Notably, a large negative relationship between academic burnout and self-directed learning was observed ($r = -0.276$, $p < .001$), demonstrating that as burnout rises, so does declining self-directed learning.

The study helps to enlighten the emotional and academic functioning of nursing students and highlights interventions for improving personal achievement and self-directed learning at the expense of decreasing stress and burnout.

5.2 Conclusions

From the result of this study, several significant conclusions can be derived regarding the interconnection between academic burnout and self-directed learning among nursing students at Christian Service University.

Firstly, it is determined that nursing students are experiencing moderate levels of academic burnout, with particularly high levels of emotional exhaustion and depersonalization, and very low levels of personal achievement. What this suggests is that, while students can remain academically engaged to some extent, they are doing so under tremendous psychological and emotional pressure. This view of low personal accomplishment is threatening the loss of motivation and loss of professional identity, major concerns for future healthcare professionals.

Second, the study reveals that the level of independent learning among students is very low. In every domain of cognitive outcome, social outcome, and self-growth outcome, students lacked much capacity for independent learning, peer collaboration, and personal growth. This is a concern since independent learning is essential not just for academic success but also for lifelong learning required in nursing practice.

Lastly, the research establishes a statistically significant inverse relationship between burnout and self-directed learning. This indicates that students who are more burnt out in their academic activities are less likely to engage in self-regulated academic approaches. Emotional exhaustion and reduced personal accomplishment are proven to impact students' motivation and ability to control their learning processes autonomously.

Lastly, the findings of this research bring to the fore a critical need for support structures in institutions, curriculum change, and targeted interventions to address students' emotional well-being and learning autonomy in nursing. Without support, students may continue to underperform in silence, at risk of compromising their academic performance and professional readiness.

5.3. Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed to help alleviate academic burnout and promote self-directed learning among nursing students at Christian Service University and other universities:

Establish Well-Organized Support Systems for Mental Health

Academic burnout, particularly emotional exhaustion and depersonalization, was prevalent among nursing students. To counteract this, the university should establish well-organized mental health support systems on the campus. This includes the provision of trained counseling, stress management courses, mindfulness sessions, and peer support groups. These should be embedded within the academic schedule to ensure consistent access and participation. Emotional well-being must be considered as an integral part of academic success, not a peripheral issue.

Redesign the Curriculum to Foster Personal Achievement

The study identified that students had a very low sense of personal accomplishment. This indicates a lack of how the curriculum recognizes and confirms student progress. The instructors must be trained to provide constructive feedback, academic support, and formative assessments that highlight student strengths and growth. Incorporating student reflection activities, personal goal-setting, and recognition programs (e.g., "most improved student" or "best clinical reflection") can promote a stronger sense of self-worth and academic identity.

Encouraging Student-Centered Styles to Foster Self-Directed Learning

The persistently low rates of self-directed learning, especially in the cognitive, social, and personal development areas, indicate the necessity for changes in instructional approaches. Educators must undergo training in student-led instructional approaches, such as case studies and experiential projects, to enable learners to assume greater responsibility for their learning. These approaches should induce curiosity, cooperation, and critical thinking. Additionally, learning environments should be equipped with areas dedicated to peer learning, autonomous study, and reflective practice.

Establish Mentorship and Academic Coaching Programs

Mentorship has been shown to improve academic achievement and emotional health. The university can seek to create a formal mentorship program, pairing students with faculty or upper-class students who can provide guidance, encouragement, and study coaching. Periodic meetings, individualized learning plans, and goal-setting sessions are essential elements of these kinds of programs to help individuals develop personally and professionally. Mentors can also assist students in identifying signs of burnout and managing academic and personal life expectations.

Invest in Technology Access and Learning Resources

Low self-development and cognitive results can partially be attributed to limited access to diverse learning resources. The university should invest in the creation of library resources, digital databases, and e-learning facilities. Students must be trained to utilize these media appropriately for self-study. In addition, access to online nursing discussion forums, academic journals, and evidence-based practice networks will significantly develop students' learning.

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APPENDIX

QUESTIONNAIRE

We are final year students of the above-mentioned University pursuing a programme leading to the award of BSc in Nursing. We are conducting research on the topic "Academic Burnout and Self – Directed Learning among nursing students". We would be grateful if you respond to this research questionnaire to enable us to carry out this project.

Please tick (√) as appropriate, and be reminded that there is no right or wrong answer. Please respond honestly and to the best of your understanding.

SECTION A: DEMOGRAPHIC DATA

AGE

18-22 ( )

22-26 ( )

27-31 ( )

31-35 ( )

Level of education

Level 200 ( )

Level 300 ( )

Level 400 ( )

SECTION B

Academic Burnout

Instructions: Encircle the number that corresponds to your level of agreement to the question.

Keys: 5 = strongly agree, 4 = agree, 3 = never, 2 = disagree, and 1 = strongly disagree.

	Question	**SD**	**D**	**N**	**A**	**SA**
1	My academic work overwhelms me	1	2	3	4	5
2	My friendships are disturbed by academic demands.	1	2	3	4	5
3	I do not have enough energy to finish my academic assignments.	1	2	3	4	5
4	I wish to quit my academic work.	1	2	3	4	5
5	I lack the ability to learn at the school.	1	2	3	4	5
6	Academic activities disturb my friendships.	1	2	3	4	5
7	I less motivated to complete my academic work.	1	2	3	4	5
8	I have less intention to put effort in doing my academic activities.	1	2	3	4	5
9	Academic activities make life boring.	1	2	3	4	5
10	I have little interest in doing school assignments.	1	2	3	4	5
11	I find no significance in doing school assignments.	1	2	3	4	5
12	I feel tired every morning when I wake up to face another day of academic work.	1	2	3	4	5
13	I feel like I care less about school.	1	2	3	4	5
14	I feel inadequate about my school's academic work.	1	2	3	4	5
15	I lack the ability to compete with my classmates.	1	2	3	4	5
16	I am criticized by others for my academic inabilities.	1	2	3	4	5

17	I achieve low grades in my academics.	1	2	3	4	5
18	I would not be successful so I would not continue my education.	1	2	3	4	5
19	I have no idea why I am still studying at the school.	1	2	3	4	5
20	I feel like I no interest in the school anymore.	1	2	3	4	5

SECTION C

Self- Directed Learning

Instructions: Encircle the number that corresponds to your level of agreement to the question.

Keys: 5 = strongly agree, 4 = agree, 3 = never, 2 = disagree, and 1 = strongly disagree.

	QUESTIONS	SD	D	N	A	SA
1	I am self-disciplined	1	2	3	4	5
2	I am disorganized	1	2	3	4	5
3	I set strict time frames	1	2	3	4	5
4	I have good management skills	1	2	3	4	5
5	I am methodical in my studies	1	2	3	4	5
6	I am systematic in my learning	1	2	3	4	5
7	I set specific times for my study	1	2	3	4	5
8	I prioritize my school work	1	2	3	4	5
9	I can be trusted to pursue my own learning	1	2	3	4	5
10	I am confident in my ability to search out new information	1	2	3	4	5
11	I want to learn new information	1	2	3	4	5
12	I enjoy learning new information	1	2	3	4	5

13	I have a need to learn	1	2	3	4	5
14	I enjoy a challenge	1	2	3	4	5
15	I do not enjoy studying	1	2	3	4	5
16	I critically evaluate new ideas	1	2	3	4	5
17	I learn from my mistakes	1	2	3	4	5
18	I need to know why	1	2	3	4	5
19	When presented with a problem I cannot resolve, I will ask for assistance	1	2	3	4	5
20	I am responsible for my own decisions/actions	1	2	3	4	5
21	I am not in control of my life	1	2	3	4	5
22	I have high personal standards	1	2	3	4	5
23	I prefer to set my own learning goals	1	2	3	4	5
24	I evaluate my own performance	1	2	3	4	5
25	I am responsible for my problems	1	2	3	4	5
26	I am able to focus on a problem	1	2	3	4	5
27	I am aware of my own limitations	1	2	3	4	5
28	I can find out information for myself	1	2	3	4	5
29	I have high beliefs in my abilities	1	2	3	4	5

INFORMED CONSENT FOR THE STUDY

"Academic burnout and self-directed learning among nursing students"

Our names are Ofori Michael, Ruth Boakye, Opoku Paulina and Victoria Abaidoo, and we are final year nursing students at Christian Service University, Kumasi, Ghana. We are inviting you to participate in a research study. The study is about to examine the level of academic burnout, self-directed learning and the relationship between them.

Voluntary Participation

As part of our data collection procedures, we are soliciting voluntary participation from you. Participation is solely voluntary, and you have the right to refuse, decline, or withdraw from the study for any reason at any given time without any penalty since the right to withdraw protects the respondent's autonomy. The researchers will not coerce or force you to participate in this study.

Confidentiality

The researcher will ensure respondents' confidentiality and privacy and not include respondents' identities such as name, email addresses, or any identifiable information in the study's reports or publications. The researcher will keep gathering data on a laptop secured with a password and locked files, where only the researcher will have access to gathered files.

Duration

You will be asked to respond to a questionnaire. This will take approximately 25 minutes of your time.

Side Effects | Risks

There are no known or anticipated side effects for participating in this study. There are no intended risks in participating in this study regarding physical, psychological, social, legal, or economic harm.

Benefits

Respondents will not receive any direct benefits from participating in this study, such as compensation. However, at the end of the study, the participants will understand academic burnout and self-directed learning are related in nursing students, emphasizing how burnout may be lessened by greater preparedness for self-directed learning.

Reimbursements

You will not receive any compensation or incentives from participating in this research. Nonetheless, all resources needed to conduct this study will be provided by the researchers.

If you have any questions about participation in this study, you may contact me at oforimichaelnurse@gmail.com or 0247130032. You may also contact my supervisor Simon Akwasi Osei, Ph.D., RN, at CSU sosei@csuc.edu.gh .

If you agree to participate in this research study after fully reading and understanding the statements above, please sign below to indicate your acceptance to participate

_____	_____	_____
Name of Participant	**Signature**	**Date**
_____	_____	_____
Name of Researcher	**Signature**	**Date**