

Determinants of parents' readiness for face-to-face learning among elementary school children during the new normal

Iqlima Dwi Kurnia^{1*}, Yuni Sufyanti Arief¹, Praba Diyan Rachmawati¹, Ilya Krisnana¹, Yutri Istiqomah¹, Syafira Dwi Ananta¹, and Pratuma Rithpho²

¹ Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

² Faculty of Nursing, Naresuan University, Phitsanulok, Thailand

*Correspondence: Iqlima Dwi Kurnia. Address: Faculty of Nursing Universitas Airlangga, Surabaya, Indonesia. Email: iqlima.dwi.k@fkip.unair.ac.id

Responsible Editor: Ferry Efendi

Received: 15 October 2023 ◦ Revised: 15 August 2024 ◦ Accepted: 18 August 2024

ABSTRACT

Introduction: The education field has undergone major changes as a result of the COVID-19 outbreak. Schools have had to quickly modify the way they teach, moving away from traditional face-to-face learning and toward a variety of models, such as fully online and hybrid courses. As things change, many schools are now thinking about going back to face-to-face learning. However, there are difficulties with this shift, particularly for parents of elementary school-aged children. This study aimed to determine the factors related to the readiness of parents who have elementary school-age children in regard to face-to-face learning using the Health Promotion Model (HPM) theoretical approach.

Methods: This was a cross-sectional study. The study population consisted of parents of elementary school students in Surabaya. A purposive sampling method was used to select 395 respondents. The independent variables included motivation, parental knowledge, perceived benefits, perceptions of barriers, self-efficacy, interpersonal factors, situational factors, and commitment, while the dependent variable was parental behavior in face-to-face learning readiness. Data were collected using a validated and reliable questionnaire. Data analysis was conducted using a logistic regression test, with a significance level of $\alpha \leq 0.05$.

Results: Most parents were 37 years old, and children in the 5th grade of elementary school. Most of the parents' motivation was in the sufficient category (57%). The parents' knowledge of COVID-19 was good (66.8%). Most parents had a good perception of benefits (68.4%), and the perception of barriers was sufficient (59.7%). Good self-efficacy was observed in only 49% of cases, and interpersonal and situational factors accounted for 99.7% and 100%, respectively. Meanwhile, regarding parental readiness for face-to-face learning, the majority exhibited good behavior (96.2%). The factors that influenced parental behavior in face-to-face learning readiness were parental knowledge (0.010), perceived benefits (0.019), and commitment (0.029).

Conclusions: Good knowledge, perceived benefits, and parental commitment are factors that influence parents' readiness to participate in face-to-face learning. To ensure children's safe return to school, parents must stay up-to-date on safety measures and learning options, and each parent must be prepared to adapt to changes if necessary, while also encouraging vaccination to protect against COVID-19

Keywords: COVID-19, face-to-face learning, good health and well-being, Health promotion model (HPM), parents

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has impacted all sectors worldwide, including education

(Sharma & Alvi, 2021). The pandemic prompted a sudden shift in the teaching and learning model in schools from offline to fully online, then to hybrid, and

eventually back to offline learning as the situation improved. This transition from online to offline learning necessitates parents' readiness to ensure their children can return to school safely and comfortably (Sholikhah, 2021). Previous studies have demonstrated that prolonged online learning negatively affects children's mental health, social welfare, academic performance, and exacerbates educational disparities (Hoffman, & Miller, 2020; Masonbrink & Hurley, 2020; UNICEF, 2020). Face-to-face learning during a pandemic is not easy and requires adaptation from educators, students, parents, and adequate facilities to support the learning process. The key is implementing new habits by applying methods and strict health protocols, leading to the improvement of life (Prabawati, 2020). Parental readiness has become more challenging over the past year due to the COVID-19 outbreak, which has restricted many offline activities initially designed to promote school readiness (e.g., site visits). To the best of our knowledge, few studies have examined children's school readiness and parents' involvement in preparing their children for school during the COVID-19 pandemic. A timely understanding of this topic is essential for explaining how to support children's school readiness during this unique time (Lau and Li, 2021).

Based on the Health Promotion Model (HPM) theory, independent variables can be categorized into individual characteristics, perceived benefits and barriers (e.g., perceived benefits of face-to-face learning, perceived barriers such as concerns about COVID-19), and self-efficacy (e.g., confidence in the ability to ensure their child's safety during face-to-face learning) (Ostrognaj *et al.*, 2023). This research is suitable for the HPM theory because it focuses on understanding and predicting health-related behaviors, which aligns with the decision-making process of parents regarding their children's education, particularly in the context of face-to-face learning during the transition to the new normal. Based on the HPM theory, researchers can develop hypotheses about how these factors interact and influence parental readiness for face-to-face learning. For example, higher levels of parental knowledge and perceived benefits may lead to greater readiness for face-to-face learning, while perceived barriers and low self-efficacy may decrease readiness (Haller and Novita, 2021).

Parents have the primary responsibility for the education of their children (Wulan Sari, 2018). Parental readiness is closely related to parental participation, which improves the quality of educational programs (Sholikhah, 2021). In other words, the readiness of parents encompasses both material and nonmaterial

aspects. The readiness of parents to send their children to face-to-face learning is an important factor to consider when promoting such learning. Parents provided mixed responses to the limited face-to-face learning plan (Xie and Li, 2022). School readiness is also an important issue that challenges children's ability to return to school, especially during the COVID-19 pandemic when coronavirus cases remain volatile (Van Lancker & Parolin, 2020). Although many studies have examined the effects of COVID-19 on children's education, to the best of our knowledge the topic of parental readiness for the transition from online to offline learning in elementary schools has never been studied.

Materials and Methods

Study Design

A correlation analysis was conducted as part of the cross-sectional study design. This study aimed to analyze the factors influencing parents' readiness for face-to-face learning among elementary school children during the pandemic. Purposive sampling was used. The independent variables in this study were motivation, parental knowledge, perceived benefits of face-to-face learning, perceptions of barriers to face-to-face learning implementation, self-efficacy in face-to-face learning implementation, interpersonal factors, situational factors, and commitment. The dependent variable in this study was parental behavior in face-to-face learning readiness.

The population in this study consisted of parents of school-age children in the Surabaya area, totaling 227,805 individuals, using the Slovin formula to obtain the sample size. The sample was selected based on the following inclusion criteria: (1) parents of primary school children aged 6–12 years, (2) parents who could complete online questionnaires, and (3) parents who were willing to participate in this study. The researchers distributed online questionnaires for three months, from March to May 2022, and obtained 395 responses.

Procedure

The initial action involved conducting an online questionnaire using Google Forms. The Google Form was created by the researcher and used as a data collection tool. The form was designed to be user-friendly and easily understandable for parents whose children are in school. Once created, the Google Form was released. The recruitment process involved disseminating information through the social media platforms of both the researchers and the schools, as

Table 1. Demographic characteristics of respondents (n = 395)

Characteristics	n	%
Parent Age		
36	18	4.56%
37	175	44.30%
38	76	19.24%
39	122	30.88%
40	4	1.02%
Child's Age		
6-7	87	22.02%
8-9	117	29.60%
10-11	161	40.79%
12	30	7.56%
Grade		
1	46	11.65%
2	50	12.66%
3	67	16.96%
4	70	17.72%
5	111	28.10%
6	51	12.91%

well as directly providing information to parents of school-age children across various cities in Surabaya. The questionnaire distribution was facilitated by friends, colleagues, and teachers.

The Google Form included explanations about the research's purpose, benefits, risks, confidentiality principles, and voluntary participation. Parents who agreed after reading the informed consent could provide their consent by clicking the consent button. As a token of appreciation, every respondent who completed the questionnaire received compensation.

Data collected via Google Forms were calculated and updated regularly. The researcher checked for duplicate data using mobile numbers to ensure no duplicates. Any duplicate data were removed from the data tabulation. In Indonesia, every cellular card holder is legally required to register their phone numbers centrally, which helps reduce the use of multiple numbers. The data collection targeted parents of school-aged children in the Surabaya region.

Instrument

The independent variables in this study are factors aligned with the Health Promotion Model (HPM) theory, namely motivation, knowledge, perception of the benefits of face-to-face learning, perception of barriers, self-efficacy, interpersonal factors, situational factors, and commitment. The questionnaire used for these variables refers to The Health Promotion Model Manual

Table 2. Data characteristic variable

Variable	n	%
Motivation		
Low	1	.3
Moderate	225	57.0
High	169	42.8
Knowledge		
Low	15	3.8
Moderate	116	29.4
High	264	66.8
Benefit Perception		
Low	0	0
Moderate	125	31.6
High	270	68.4
Perception of Barriers		
Low	69	17.5
Moderate	236	59.7
High	90	22.8
Self-Efficacy		
Low	3	.8
Moderate	195	49.4
High	197	49.9
Interpersonal Factors		
No	1	.3
Yes	394	99.7
Situational Factor		
Yes	395	100.0
Commitment		
Low	4	1.0
High	391	99.0
Face-to-face Learning Readiness Behavior		
Low	15	3.8
High	380	96.2

(Pender, 1995). The dependent variable in this research is parents' readiness for face-to-face learning, measured using the "Learning Readiness Survey during the COVID-19 Pandemic" instrument developed by the Center for Policy Research, Balitbang, Ministry of Education and Culture, which has been tested for validity and reliability.

Responses were recorded on a scale of 1-4 to describe situations ranging from 1 (never), 2 (sometimes), 3 (often), to 4 (always), and were then categorized as high (76-100%), fair (56-75%), and low (< 55%). Parental face-to-face learning readiness behavior was categorized into two groups: high (> 65%) and low (< 65%).

Data Analysis

The collected data were analyzed using a logistic regression statistical test with a significance level of $\alpha = 0.05$. This test was chosen because the dependent variable is binary or categorical. Logistic regression helps

Table 3. Bivariate test relationship between variables

	Motivation	Knowledge	Perception of Benefit	Perception of barriers	Self-Efficacy	Interpersonal Influence	Situational Influence	Commitment	Behavior
Correlation Coefficient	.260**	.087	.454**	.023	.387**	.145**	.277**	.471**	1.000
Sig. (2-tailed)	.000	.008	.000	.645	.000	.004	.000	.000	.
Behavior (N)	395	395	395	395	395	395	395	395	395

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).

Table 4. Logistic regression statistical test

Variable	B	S.E	Wald	df	Sig.	OR	95% CI	
							Lower	Upper
Knowledge	.047	.018	6.553	1	.010	1.048	1.011	1.086
Benefit Perception	.119	.051	5.526	1	.019	1.127	1.020	1.245
Commitment	.076	.035	4.746	1	.029	1.079	1.008	1.156

explain which factors influence the likelihood of parents' readiness for face-to-face learning during the new normal COVID-19 period. It provides coefficient estimates that can be interpreted as a measure of the relative influence of the independent variables on the dependent variable.

Results

The results showed that most parents were 37 years old, most of the respondents' children were in the 5th grade of elementary school, and many of the children were 11 years old (Table 1).

Based on the study's results, most parents' motivation was in the sufficient category (57%), with only one respondent having low motivation. Parents' knowledge about COVID-19 was good in more than half of the cases (66.8%). Most parents had a good perception of benefits (68.4%), and the perception of barriers was sufficient (59.7%). Good self-efficacy was observed in only 49% of the cases, whereas interpersonal and situational factors accounted for 99.7% and 100%, respectively. Meanwhile, regarding parental readiness for face-to-face learning, the majority exhibited good behavior (96.2%), with only 3.8% not showing good readiness (Table 2).

The results of the bivariate test using Spearman's Rho to determine the relationship between variables revealed that six variables were related to parental readiness for face-to-face learning: knowledge, perceived benefits, self-efficacy, interpersonal factors, situational factors, and commitment (Table 3).

The logistic regression analysis reveals that knowledge, perceived benefits, and commitment are significant predictors of parental readiness for face-to-face learning during the new normal period. Specifically, each unit increase in knowledge increases the odds of parental readiness by approximately 4.8% (OR = 1.048, 95% CI: 1.011-1.086, $p = 0.010$), each unit increase in perceived benefits increases the odds by approximately 12.7% (OR = 1.127, 95% CI: 1.020-1.245, $p = 0.019$), and each unit increase in commitment increases the odds by approximately 7.9% (OR = 1.079, 95% CI: 1.008-1.156, $p = 0.029$). These findings indicate that improving parents' knowledge, enhancing their perception of the benefits of face-to-face learning, and strengthening their

commitment are essential for increasing their readiness to support their children's return to school (Table 4).

Discussions

Factors influencing parental behavior in face-to-face learning readiness are parental knowledge, perceived benefits, and commitment. The better the parents' knowledge, the higher the chance of having good readiness behavior compared to less knowledgeable parents. Parents who have a high perception of benefits are 1.020 times more likely to exhibit good face-to-face learning behavior readiness than those with low perceived benefits. Similarly, parents who have high commitment are 1.008 times more likely to show good face-to-face learning readiness behavior than parents with low commitment. Parents with good knowledge also exhibited good face-to-face learning readiness for elementary school children (Hariati, [2023](#)). This knowledge provides the basis for allowing their children to engage in limited face-to-face learning activities, carefully considering the positive and negative impacts. Parents and stakeholders function as the school's COVID-19 task force team (Sholikhah, [2021](#)). Parents with good knowledge understand that COVID-19 can weaken the immune system, making the body more susceptible to secondary infections, which motivates them to prepare well (Rahmawati, Pinastika and Wicaksono, [2022](#)).

The knowledge parents possess includes understanding the transmission methods, symptoms, prevention measures, and severity of COVID-19. They are aware that washing hands with soap or using hand sanitizers, wearing masks correctly, and maintaining overall health through exercise, rest, and nutrition are crucial (Septiani, [2020](#)). This aligns with previous research on COVID-19 prevention, including using masks, hand washing, covering the mouth when coughing or sneezing, maintaining distance, getting enough rest, and eating nutritious food (Menap & Sismulyanto, [2023](#)). Children are not significant sources of SARS-CoV-2 transmission compared to adults (Hariati, [2023](#); Shintya Oftaviana, Wahyuningrum and Daramatasia, [2023](#)). Previous studies have defined face-

to-face learning readiness as involving children's cognition, self-care, psychomotor skills, and preventive actions (Altun, [2018](#)). During the COVID-19 pandemic, elementary school students need to return to offline school settings to acquire competencies that may have been missed during online learning. This requires parental involvement in preparing their children for school and continuing health protocols (Lau and Li, [2021](#)). Parents prefer offline learning as it fosters children's abstract operational thinking, aiding in rational decision-making and better understanding health protocols (Malik, [2020](#)). Online learning lacks the academic atmosphere and social interactions that engage students, leading to poorer outcomes (Dong, [2021](#)). The return to face-to-face learning is beneficial due to the decreased spread of COVID-19 and the need for an unstructured, play-based learning method for young (Stephen, [2017](#)).

Parents with a high perception of benefits are more likely to be ready for face-to-face learning. During the pandemic lockdown, the shift to online learning impacted educational standards, and parents believe that offline learning should resume as COVID-19 cases decrease. Parental perception of the school's quality is a key indicator of satisfaction, reflecting the school's ability to adapt to rapid changes (Andresen *et al.*, [2020](#)). A high perception of benefits regarding offline learning is crucial for preparing children to return to school (Coroiu, [2021](#)). Parental satisfaction with the school's measures against COVID-19 is an important criterion for assessing school performance (Valiente *et al.*, [2021](#)). Research suggests that parental perception of benefit is also influenced by their children's vaccination status (Efendi *et al.*, [2023](#)). This perception is supported by the availability of school infrastructure, such as hand sanitizers, multivitamins, sinks with soap and running water, masks, and a COVID task force (Dong, [2021](#)). A UNICEF-IRC study highlighted the impact of COVID-19 on education and the role of parents in learning and school readiness (Andrew *et al.*, [2020](#)). Parents believe that learning outcomes are more effective in school settings, aligning with previous research on parental satisfaction and school quality (Haller and Novita, [2021](#)).

Parents with high commitment had better readiness for children's limited face-to-face schooling during the pandemic. According to the UNESCO IIEP Learning Portal, parents are the first educators of their children, and the support they provide affects their children's development, learning, and subsequent educational outcomes (Bubb and Jones, [2020](#)). Commitment is the act of binding oneself to do something and can affect

one's consistency and motivation to change one's behavior. Parents who have a high commitment to preparing their children to return to school will be followed by good behavior in readiness to return to school, such as providing masks, vitamins, and hand sanitizers (Andresen *et al.*, [2020](#)). A study by Mahuro and Hungi in Uganda found that parental participation in the form of time and resource commitments for their children's education plays a vital role in motivating children to prepare for school so that academic scores can improve again (Dietrich, Patzina and Lerche, [2021](#)). The Program for International Student Assessment and the Organization for Economic Co-operation and Development both state that parental commitment to a child's school readiness is crucial. By showing their children how to prepare, plan, monitor, and be aware of the learning process, highly committed parents can help children avoid contracting or transmitting COVID-19 to others during the learning process (Damiati *et al.*, [2023](#)). In addition, research has shown how children's literacy and skills improve when their parents are involved in school preparation (Garbe *et al.*, [2020](#)). Parental commitment can be related to children's readiness in school during the pandemic by providing support for safe and comfortable learning, as well as facilitating factors such as nutrition, health, and infrastructure such as hand sanitizers, provision of masks, vitamins, and indirect hygiene.

The strength of this study lies in its use of a comprehensive Health Promotion Model theory, a large sample size, a valid questionnaire, and appropriate statistical analysis, which offers valuable insight into the factors influencing parental readiness for face-to-face learning. This research can encourage greater parental involvement in school activities and decision-making processes, as well as foster stronger school-parent partnerships. However, there are several limitations in this research, namely that this research focuses on parents of elementary school students in Surabaya, as such these findings may not be applicable to parents in other locations or with children in different age groups.

Conclusion

Good knowledge, perceived benefits, and commitment from parents influence parents' readiness for face-to-face learning. To ensure children's safe return to school, parents must stay up-to-date on safety measures and each parent must be prepared to adapt to changes if necessary, while also encouraging vaccination to protect against COVID-19. The implications of this study are multi-faceted. First, it underscores the

importance of providing parents with accurate information and resources to enhance their knowledge of the benefits and safety measures associated with face-to-face learning. Schools can develop educational programs and communication strategies tailored to address parental concerns and misconceptions, thereby fostering a supportive environment for students' return to school. Additionally, the findings emphasize the need for schools to engage parents as partners in the education process. By involving parents in decision-making and planning, schools can build trust and collaboration, ultimately enhancing the quality of education and student outcomes. We recommend long-term monitoring and evaluation of the transition to face-to-face learning, including continuous assessment of parental attitudes and behaviors. This approach will identify emerging issues and inform future strategies. Additionally, there is a need to supplement quantitative findings with qualitative research to explore the underlying reasons behind parental attitudes and behaviors toward face-to-face learning more thoroughly.

Acknowledgments

We would like to thank all participants who were willing to fill in the research data. This study received funding from Faculty of Nursing Universitas Airlangga.

Funding source

RKAT Faculty of Nursing Universitas Airlangga

Conflicts of Interest

We declare that there is no conflict of interest in this study.

References

- Altun, D. (2018) 'A paradigm shift in school readiness: a comparison of parents' pre-service and in-service preschool teachers' views.', *Int. J. Progress. Educ.*, 14, pp. 37–56. doi: 10.29329/ijpe.2018.139.4.
- Andresen, S. et al. (2020) 'Kinder, Eltern und ihre Erfahrungen während der Corona-Pandemie: Erste Ergebnisse der bundesweiten Studie KiCo', pp. 1–23.
- Andrew, A. et al. (2020) 'Learning during the lockdown: real-time data on children's experiences during home learning', *ifs*, pp. 1–24.
- Bubb, S. and Jones, M. A. (2020) 'Learning from the COVID-19 home-schooling experience: Listening to pupils, parents/carers and teachers', *Improving Schools*, 23(3), pp. 209–222. doi: 10.1177/1365480220958797.
- Coroiu, A. et al (2021) 'Parent-for-child mask behavior during the COVID-19 pandemic in Canada and the United States: An investigation of attitudes, norms, and perceived control using the theory of planned behavior | Elsevier Enhanced Reader', *Preventive Medicine Reports*. doi: <https://doi.org/10.1016/j.pmedr.2021.101533>.

- Damiati, N. et al. (2023) 'Correlation of Knowledge and Attitude Toward Hypertension Self-Management Practice During the Covid-19 Pandemic', *Indonesian Journal of Community Health Nursing*, 8(1), pp. 29–38. doi: 10.20473/ijchn.v8i1.45164.
- Dietrich, H., Patzina, A. and Lerche, A. (2021) 'Social inequality in the homeschooling efforts of German high school students during a school closing period', *European Societies*, 23(S1), pp. S348–S369. doi: 10.1080/14616696.2020.1826556.
- Dong C, M. P. (2021) 'Two worlds collide? The role of Chinese traditions and Western influences in Chinese preservice teachers' perceptions of appropriate technology use.', *Br J Educ Technol.*, 52(1), pp. 288–303.
- Efendi, D. et al. (2023) 'Path analysis of COVID-19 vaccine adherence among adolescents across Indonesia, in the Maluku-Papua Islands (Eastern Indonesia), and on Java Island', *Journal of Pediatric Nursing*. doi: 10.1016/J.PEDN.2023.07.008.
- Garbe, A. et al. (2020) 'Parents' Experiences with Remote Education during COVID-19 School Closures', *American Journal of Qualitative Research*, 4(3), pp. 45–65. doi: 10.29333/ajqr/8471.
- Haller, T. and Novita, S. (2021) 'Parents' Perceptions of School Support During COVID-19: What Satisfies Parents?', *Frontiers in Education*, 6(September), pp. 1–15. doi: 10.3389/educ.2021.700441.
- Hariati, S. et al (2023) 'View of Hospitalized children with COVID-19 confirmed: A pilot study', *Pedimatern Nursing Journal*, 9(1), pp. 13–18.
- Hoffman, J. A., and Miller, E. A. (2020) 'Addressing the consequences of school closure due to COVID-19 on children's physical and mental well-being.', *World Med. Health Policy*, 12, pp. 300–310. doi: 10.1002/wmh3.365.
- Lau, E. Y. H. and Li, J. Bin (2021) 'Hong Kong Children's School Readiness in Times of COVID-19: The Contributions of Parent Perceived Social Support, Parent Competency, and Time Spent With Children', *Frontiers in Psychology*, 12(December). doi: 10.3389/fpsyg.2021.779449.
- Malik F, M. R. (2020) *Cognitive Development. Treasure Island. FL: StatPearls Publishing.*
- Masonbrink, A. R., and Hurley, E. (2020) 'Advocating for children during the COVID-19 school closures.', *Pediatrics* 146:e20201440. doi: 10.1542/peds.2020-1440.
- Menap, sismulyanto, et al. (2023). View of Knowledge, attitudes, and practice against COVID-19 in West Nusa Tenggara, Indonesia. *Jurnal NERS*, 18(2). <https://e-journal.unair.ac.id/JNERS/article/view/44580/25424>
- Ostrognej, T. et al. (2023) 'Virtual Health Promotion Work–Integrated Learning Placements: A COVID-19 Consequence or Preparation for the Future?', *Health Promotion Practice*, pp. 1–6. doi: 10.1177/15248399231180560.
- Pender, N. et al (1995) 'Health Promotion Models', *Rehabilitation: The Use of Theories and Models in Practice*, pp. 131–146. doi: 10.1016/B978-0-443-10024-6.50010-4.
- Prabawati, A. (2020) 'Pembuatan Piranti Kehidupan Masyarakat Di Masa Pandemi Covid-19.', *Majalah Ilmiah Pelita Ilmu*, p. 75. doi: <https://doi.org/10.37849/mipi.v3i1.194>.
- Rahmawati, I., Pinastika, R. A. and Wicaksono, R. B. (2022) 'Lung Abscess as a Delayed Complication in a COVID-19 Pneumonia Patient: A Case Report', *Jurnal Respirasi*, 8(3), pp. 161–168. doi: 10.20473/jr.v8-i.3.2022.161-168.
- Septiani, A. (2020) *Bagaimana Cara Mencegah dan Menghindari Virus Corona?*
- Sharma, A., & Alvi, I. (2021) 'Evaluating pre and post covid 19 learning: En empirical study of learners' perception in higher education.', *Education and Information Technologies*. doi: <https://doi.org/10.1007/s10639-021-10521-3>.
- Shintya Oftaviana, Wahyuningrum, A. D. and Daramatasia, W. (2023)

- 'Correlation of Physical Activity During The COVID-19 Pandemic to Blood Pressure of Nursing Students of STIKES Widyagama Husada Malang', *Critical Medical and Surgical Nursing Journal*, 11(2), pp. 58–62. doi: 10.20473/cmsnj.v11i2.38965.
- Sholikhah, I. (2021) 'Analisis Kesiapan Orang Tua Menghadapi Pembelajaran Tatap Muka (PTM) di Masa Pandemi', *JIRA: Jurnal Inovasi dan Riset Akademik*, 2(7), pp. 925–940. doi: 10.47387/jira.v2i7.181.
- Stephen C, E. S. (2017) *Young Children Playing and Learning in a Digital Age: A Cultural and Critical Perspective*. Milton Park, Abingdon-on-Thames: Routledge.
- UNICEF (2020) *Unicef calls for averting a lost generation as COVID-19 threatens to cause irreversible harm to children's education, nutrition and well-being*.
- Valiente, C. et al. (2021) 'School readiness and achievement in early elementary school: Moderation by Students' temperament', *Journal of Applied Developmental Psychology*, 74(April 2020), p. 101265. doi: 10.1016/j.appdev.2021.101265.
- Van Lancker, W., and Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *Lancet Public Health*, 5, e243–e244. [https://doi.org/doi: 10.1016/S2468-2667\(20\)30084-0](https://doi.org/doi: 10.1016/S2468-2667(20)30084-0)
- Wulan sari, P. O. (2018) 'HUBUNGAN PERHATIAN ORANG TUA TERHADAP KESIAPAN BELAJAR SISWA DAN PRESTASI BELAJAR', *Pedagogi: Jurnal Ilmu Pendidikan.*, 18(1), p. 85. doi: doi.org/10.24036/fip.100.v18i1.301.000-000.
- Xie, S. and Li, H. (2022) 'Self-regulation mediates the relations between family factors and preschool readiness', *Early Childhood Research Quarterly*, 59(3688), pp. 32–43. doi: 10.1016/j.ecresq.2021.10.005.

How to cite this article: Kurnia, I. D., Arief, Y. S., Rachmawati, P. D., Krisnana, I., Istiqomah, I., Ananta, S. D., and Rithpho, P. (2024) 'Determinants of parents' readiness for face-to-face learning among elementary school children during the new normal', *Jurnal Ners*, 19(3), pp. 356-362. doi: <http://dx.doi.org/10.20473/jn.v19i3.50630>