

NURSES' PERCEPTION OF THEORY-PRACTICE GAP AT ALEX EKWUEME FEDERAL UNIVERSITY TEACHING HOSPITAL ABAKALIKI: A QUALITATIVE STUDY

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ABSTRACT

Nursing education which has both theoretical and practical elements is aimed at producing skilled and competent professional practitioners who are able to apply the theoretical knowledge and skills learned in practice at the completion of their academic program. But the gap between theoretical knowledge and practice has continued to be a prevailing problem in nursing. The main aim of the study was to explore the perception of Nurses on the theory-practice gap in Nursing practice using qualitative approach. The study was done at Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA). A purposive sampling technique was used to recruit and invite participants for a focused group discussion. 20 Nurses participated in the FDG. Analysis of data was done using thematic coding analysis (Colaizzi method). Four themes were generated from the responses to include: (a) Deficient practical know-how to apply sound theory, (b) TRASI Gap factors: Trainer related factors, Students'-related gap factors and Institutional factors,(c) Motivation and (d) Evidence-based Nursing: (i) Research (ii) Justification of nursing actions (iii) Bracing competence. Regarding the views about theories, it was agreed that classroom learning were adequate but then some of the issues identified to be contributing to the gap include poor clinical skills despite good theoretical knowledge, resistance to reform and learning without indispensable tools. Several reasons described as 'TRASI gap factors' were indicated for the presence of the gap. On the possible ways of bridging the gap, motivation of teachers/ clinical instructors by provision of learning tools, understanding the nurse responsibilities by acquainting self with documents that define service/responsibilities, research, justification of nursing actions, bracing competencies, supervision of student nurses during clinical postings, constructive criticism of the students, review of employment criteria in employing nurse educators and ultimately evidenced based nursing were identified as some of the ways to overcome the theory- practice gap.

KEYWORDS: Nurses' perception, theory-practice gap, Alex Ekwueme Federal University Teaching Hospital, Abakaliki.

INTRODUCTION

Professional education in disciplines such as nursing education is aimed at producing skilled and competent professional practitioners who are able to apply the theoretical knowledge and skills learned in practice at the completion of their academic programme.

Nursing education has both theoretical and practical elements (Scully 2011) and like other practice disciplines, nursing combines theory and practice in which the theoretical knowledge guides practice and practice grounds the theory. Nursing students have substantial theoretical education prior to their opportunity to apply this knowledge to practical

situations in the clinical component of the course (Scully 2011). Clinical learning is also one of the key areas that determine the nursing students' performance in the clinical setting (Peyravi, 2005). However, there is an apparent theory-practice gap/discrepancy between nursing education (classroom teachings) and nursing practice (Landers 2001, Hartigan et al 2009 & Parks et al 2011).

The gap between theoretical knowledge and practice has continued to be a prevailing problem in nursing. Literatures show that there is a clear gap between what is taught in the classroom and what the nurse experience in the clinical area (Brasell- Brain & Vallance, 2002;

McKenna & Wellard, 2004). The theory-practice gap is one of the important issues in nursing today, given that it challenges the concept of research based practice, which is the basis of nursing as a profession (Scully 2011).

In recent years, nursing education has gradually moved from hospitals to universities. The theoretical part has started to gain more popularity in nursing education as several programmes in nursing are being developed and thus reducing the concentration on clinical education. The theoretical and clinical sides have different reasons that continue to widen the gap between the theory and the practice aspect of nursing (Brown 2013). The group most affected by the theory-practice gap is the nursing students. Ferrara (2010) states that student practicing nursing find themselves in situations where they are unable to respond accordingly to the nature of theory-practice aspect. According to van Zyl (2014), a theory-practice gap may exist because student nurses experience learning from a theoretical as well as a clinical perspective since they are constantly moving between the classroom (knowledge) and the different nursing units (practical). Each of these domains has its own characteristics and each subsequently poses different challenges for the students' understanding and integration of theory and practice. Studies that have attempted to investigate the causes of the 'theory-practice' gap (Ajani & Moez, 2011; Corlett 2000), reveal that an understanding of the theoretical aspects and principles of nursing do not guarantee the application thereof in patient care. Being taught how to do a physical assessment, for example, may be easier and simpler than putting it into practice in a clinical environment where one faces other challenges as well. The theory-practice gap is recognized as a major threat to the proficiency of nursing as a profession to cope with the ever evolving and increasingly complex healthcare needs of the society (Abdulai 2009). The role of the nurse practitioner has over the years become more complex and require more critical thinking and clinical judgment skills to fully enable the nurse practitioner to provide professional and safe patient care (van Zyl, 2014). This has placed more pressure on the higher education sector to consider new teaching and learning approaches, strategies and methods. This, in turn, implies that the nurse educators have to adapt to current teaching methods to facilitate critical thinking, a skill which seems to be essential for student nurses to integrate theory to practice (Landers, 2000). Theory-practice gap is a global nursing problem and is obtainable in our clinical environment. Most nurses practicing in the clinical area in Nigeria encounter the problem of theory-practice gap as what is learnt in the classrooms are hardly applied in practice. The initial years of practice for most nurses are stressful and confusing with reality shocks due to gaps in classroom learning and practice. If what nurses learnt as students is different from what they experience in practice, they may find it difficult to adapt to practice situations thereby leading to practice confusion. On the other hand, in situations where nurses cannot successfully carry out

what they have learnt in practice, quality of care rendered to the patient will be diminished as Nurses cannot justify their care with scientific rationales. As a nurse working in the clinical area, the researcher observed that the ways nursing procedures are performed in practice are different from what was taught in the classroom.

Theory-practice gap could be defined as the disparities that exist between best practice ideals and values taught and those encountered in practice (Maben, Latter & Clark, 2006). Scully, (2011) described theory-practice gap as an ongoing problem faced by members of the nursing profession in matching textbook descriptions of clinical situations with the reality of practice. Corlett, (2000) described it as a discrepancy between what nurses learn in the classroom setting (the theoretical aspects of nursing) and what they experience in the nursing practice. Billings & Kowalski (2006) referred to theory-practice gap as a lack of understanding of the value of theory within nursing practice. One failure in theory-practice gap is not simply recognition, but the lack of incorporation of new findings within current nursing practice.

Theory-practice gap has consequences for the professional status and image of nursing. It affects the perceptions and impressions to the patient and other members of the team about the nurse (Ajani et al 2011). It has other influences on the nursing profession related to motivation and dignity of work. If nurses are not well equipped theoretically, the image of nurses being doctors' hand maidens is promoted. On the other hand, if they do not exhibit proficiency, their credibility is questioned leading to frustration and de-motivation. The theory-practice gap has created a tension that moved the profession forward over time as new knowledge has led to new practices. From the student nurses perspective, the theory-practice gap has been noted as demanding and has most times left them confused and uncertain about their roles and practice (Wall, Andrus & Morrison, 2014). Theory-practice gap is increased in postgraduate education in nursing (Fairbrother & Ford, 1998) as the presence of tertiary education in nursing and the predominance on academia and research in nursing education has reduced the focus on practice training. If the theory-practice gap is not minimized it can cause difficulties because the principles of practice established in curriculum of learning are not well aligned with the principles operating in the workplace (Ajani et al 2011).

Theoretical teachings comprise of many aspects but the study will be focused on the aspect of Clinical Nursing Procedures which the Nurses learnt in the classrooms/demonstration laboratories and are expected to carry out in the practice area. The clinical nurses procedures according to Jacob(2011) can be grouped under the following headings: Health assessment, Client care: hygiene and comfort, Safety, body mechanics and prevention of infection, Nutrition, Elimination,

Oxygenation, Circulation and fluid electrolyte balance, medication administration, immobilization and support, skin integrity and wound care, Advanced clinical procedures, Operating room and related procedures, Mental health care, Maternal and child and Community health nursing (Jacob, 2011).

Understanding the challenges to non application of theoretical knowledge to practice is essential to bridging the theory-practice gap hence this study is aimed at exploring the perception of nurses on theory –practice gap in their clinical practice.

Design

As qualitative researches are aimed at providing complete detailed description of the topic under discussion through firsthand experience, truthful reporting and quotation of actual conversation, a qualitative approach (Focused group discussion (FGD)) was used to collect data on nurses' perception of theory-practice gap. This was used to elicit the Nurses opinions and views and was meant to provide a good insight into the nurses' perception of utilization of theoretical knowledge in practice.

Area of study

This study was done at Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), a tertiary institution in Ebonyi State, Nigeria.

Sampling procedure

A purposive sampling technique was used to recruit and invite participants who met the inclusion criteria to participate in the FGD. However, 20 participants showed up and participated in the focused group discussion on the agreed day. They were made up of 9 females and 11 male nurses belonging to the Nursing officer 1 and 11 cadres with one Chief Nursing officer among them.

Instrument for data collection

Data was collected through focused group discussion using a focused group discussion guide. A checklist was also used as part of the focused group discussion guide to ascertain the disparities between knowledge and practice. The checklist contained a list of some clinical nursing procedures against which the nurses compared their current practice in the practice area to identify the gaps in practice. This was later compared with the researcher's observation checklist. A tape recorder was used to record the discussion. The researcher also used notepads to write down key points raised.

Ethical consideration

Ethical clearances were obtained from the Ethical research Committee of FETHA, Abakaliki and Ebonyi State University Ethical research committee. Permissions were obtained from the unit Heads of the wards involved before the nurses were approached. Letter of introduction of the researcher were given to participants. Informed consents were obtained from the participants assuring

them of anonymity and confidentiality and also that participation was voluntary.

Procedure for data collection

After approval and due permissions for the study was obtained from the Ethical research Committee of FETHA, Abakaliki and Ebonyi State University Abakaliki, invitations for a focused group discussion was extended to nurses through direct approach who met the inclusion criteria and showed willingness to participate in the discussion and also through the platform of graduate nurses association. A date was set for the FDG after confirming from the identified participants the most suitable day, place and time to reduce disruption of duties of participants. Most of the would be participants agreed the most convenient day to be Sunday as there would be a reduction in the ward activities as weekends were usually calmer. The agreed date and time was communicated to all the would-be participants via text messages. Agreed time was from 3pm.

On the agreed date, 20 of the invited Nurses showed up for the FDG. The agreed venue was children outpatient clinic (CHOP) being a quiet section of the Hospital in AEFUTHA 1 with less traffic. Arrangement of seats was done in such a way as to enhance face to face interaction. Each of the participants was given a consent form to sign at the beginning of the interview and were once again informed that participation is voluntarily. The researcher once again introduced herself and thanked those available for being present. The topic was then introduced and after explaining what it was all about, permission to record the discussion was sought and obtained. The discussion was based on the objectives using the focused group guide. For the objective 2 which was to ascertain the disparities between theoretical knowledge and practice, a checklist of the procedures was given to each of them against which they were asked to tick to compare the gap in practice. The researcher served as a moderator raising the questions and allowing the participants air their views, interrupting only to clarify points that were not clear. Discussion continued until all the objectives were discussed to saturation point and the meeting ended around 6.20pm. At the end of the discussions, the researcher thanked and appreciated the participants for their active participation.

Method of data analysis

A study thematic coding analysis was conducted using Colaizzi method. The researcher repeatedly listened to the recorded audio recording of the focused grouped discussion and transcribed the recording verbatim. The transcribed data was translated into themes.

Presentation of results

This dealt with presentation of results and findings. The focused group discussion had 20 nurses in attendance. Analysis of data was done using a thematic coding analysis (Colaizzi method).

Table 1: The demographic information for the focused group discussion sample

Nurse	Gender	Rank
Nurse A	Male	Nursing officer 1
Nurse B	Male	Nursing officer 1
Nurse C	Female	Nursing officer 1
Nurse D	Male	Nursing officer 11
Nurse E	Male	Nursing officer 1
Nurse F	Female	Nursing officer 1
Nurse G	Female	Nursing officer 11
Nurse H	Female	Nursing officer 11
Nurse I	Male	Nursing officer 1
Nurse J	Male	Nursing officer 1
Nurse K	Female	Chief Nursing officer
Nurse L	Male	Nursing officer 1
Nurse M	Male	Nursing officer 1
Nurse N	Female	Nursing officer 11
Nurse O	Female	Nursing officer 11
Nurse P	Female	Nursing officer 1
Nurse Q	Male	Nursing officer 1
Nurse R	Male	Nursing officer 1
Nurse S	Female	Nursing officer 1
Nurse T	Male	Nursing officer 1

Table 2: Age distribution of the focused group discussion participants

Age (years)	Number	Percentage %
20 - 29	3	15
30 – 39	16	80
40 -49	1	5
Above 50	0	0

Table 3: Other qualifications aside from BNSc

Qualification	Number	Percentage %
RN	5	25
RN, MSC	1	5
RN, Nurse Anaesthetist	2	10
RN, RM	12	60

RN: Registered Nurse; MSC: Masters; RM: Registered Midwife; BNSc: Bachelor of Nursing Science

The mean age of the nurses was 33.5 (range 30-39). 55% of the Nurses were males while 45% were females. 25% of the Nurses belonged to the Nursing Officer II cadre, 70% belonged to the Nursing Officer I cadre while 5% belonged to the Chief Nursing Officer cadre. Aside from having BNSc qualification, 25% of the Nurses had RN, 5% of the Nurses had RN and MSC, 10% of the Nurses had RN and are Nurse Anaesthetists while 60% had RN and RM qualifications.

From the discussion, four themes and some sub-themes were generated:

Deficient practical know-how to apply sound theory with three sub-themes ; (a) Poor clinical skills despite good theoretical knowledge, (b) Resistance to reform, and (c) Learning without indispensable materials, were generated.

Also the theme **TRASI Gap factors** being a coinage for Trainer related factors, Students'-related gap factors and Institutional factors emerged.

The theme **Motivation and Evidence-based Nursing** was generated with sub-themes as (a) Research (b) Justification of nursing actions (c) Bracing competence.

Poor clinical skills despite good theoretical knowledge:

The researcher sought to understand how the participants perceive the theory-practice gap and in describing it the respondents' first of all expressed that theory is adequate and rich in terms of content as well as effective. The effectiveness used here is understood to be the impact theory makes in the profession and how it affects the society at large in a positive way. Principles in nursing continue to remain relevant as the curriculum is adjusted periodically to meet the changing needs of the populace.

As expressed in the words of Nurse B:

'...of course you know that the Nursing and Midwifery council of Nigeria revise their curriculum from time to time in line with the changes in the society so that nurses will still be very relevant in the society. Like now there is

a prediction that the life expectancy of Nigerians in the next 4-5 years will be increased, so the Nursing and Midwifery council is already contemplating introducing Gerontology Nursing because if the life expectancy increases, there will be a lot of aged people in the society to care for and this is one of the areas that are yet to be developed in Nigeria.'

However they voiced that despite having theories that work, there is no commensurate expertise to apply what was taught in the class room to situations in the clinical setting. Their description tend to portray a marked lack in skill or inability to translate theory into practice.

Resistance to reform

It was also pointed out that nurses do not welcome significant changes in the way things are done. In other words, they are not willing to adopt new practices because they are accustomed to routines (old way of doing things). So non-acceptance of new practice constitute theory-practice gap.

In the words of Nurse C '*... human beings being what they are, are very difficult to change especially when the information is coming from the younger ones.'*

Learning without indispensable materials

In describing this phenomenon, the respondents referred to learning without materials that are really necessary for a successful undertaking of a particular course. It was explained that the three domains of learning should be well represented in nursing education so that consolidation will be assured but the challenge is that while cognitive and affective domains of learning might be well cultivated, the psychomotor aspect suffers neglect and creates a shortfall in clinical expertise chiefly because the domains are not mutually exclusive of each other. In other words, there is less 'doing' during learning owing to non-availability of tools for demonstration.... Nurse J put it this way:

'...when you talk of nursing education, we have different domains of learning. We have the cognitive, the affective and the psychomotor domain of nursing and none go without the other and when we talk about it now, we may be talking about the cognitive and the affective domain but when we talk about the psychomotor, how is it being projected in nursing, sometimes you discover that the materials needed are not there...'

The respondents perceived theory as relevant. The relevance extends to the society as the Nursing council makes effort to accommodate emerging health care needs such as care of the growing aging population, gerontology.

Respondents in general believe that theory-practice gap exists because of a number of observations they made in the past which still persists. The extent of improvisation is disheartening and is gradually becoming the norm. As explained by a respondent, students are taught the ideal

procedural guidelines and the associated equipment for such procedures but on getting to the hospital/practice field, the newly qualified nurse is encouraged to improvise for the moment due to limited resources. Unfortunately, the nurse soon learns that those equipments are not forthcoming and with time get accustomed to that way of doing things and these are the skills that would be transferred to the students who come for posting. The trend continues on and on.

Another theme generated from the study is the TRASI gap factors. TRASI is a coinage from trainer, student and institution which are believed to be factors responsible for the existing gap between theory and practice.

TRASI Gap factors: includes (a) Trainer related factors (Teachers' ineptitude, Poor supervision of students, Unpopularity of mentorship and facade) (b) Students'-related gap factors (Loss of intent, and Loafing), and (c) Institutional factors (Loss of skills to inactivity due to policies and discrepancies in the clinical setting).

Teachers' ineptitude: It was expressed that some of the lecturers/tutors have not gained adequate clinical experience before assuming roles as lecturers or tutors. As a result, they are not in the position to raise competent nurses; they don't have what it takes. Another concern raised was in the aspect of preparation of teachers. A course in education is necessary for teachers because it equips them with skills for assessment, teaching, evaluation but it was pointed out however, that some of the lecturers have not undertaken any course in education which is deemed a prerequisite for being a tutor. The outcome of employing such lecturers is graduation of half-baked nurses. According to Nurse A: *'Teachers are not qualified enough to pass the theory practice, to give out the information. They don't know more of the practical aspect of what they teach.'*

Poor supervision of students: Supervision is among the areas thought to be neglected by lecturers. The student are sent for clinical posting without proper establishment of monitoring team whose responsibility it is to ensure that the student report to the clinical base and are doing what they are meant to be doing at a period in time. At such times, proper records of attendance for the posting should also be kept for progress of the students to be easily evaluated. And sometimes, time is not devoted to looking through the log book and as such the students do not utilize the time effectively as they are not followed up.

Nurse H said:

'Another factor is that when these students are now sent, probably the clinical instructor from the school does not check on them well and there is no something like log book for them to sign so as to be able to assess and check them well. ...and they don't know with each clinical posting experience which area of the curriculum should

be covered and this should equally be signed in their log book.'

Unpopularity of mentorship: Another factor found to be critical in creating the said gap is the absence of mentor-mentee relationship. A mentor is someone who is vast in knowledge and experience and can guide and support the not-so-experienced younger colleagues into competence or achieving their career goal. So the mentee can go to the mentor with issues of personal or career interest for advice and guidance. Normally, if such relationship must flourish, journey into such relationship is initiated by the person who needs mentoring and then, the mentor must oblige to bear the responsibility.

Be that as it may, it was observed that nurses both in the clinical and academic settings are not drawing the younger ones close by way of mentorship in order to transfer the essential skills needed to grow clinical expertise. Not only are the senior nurses not willing to mentor, the younger ones are also not interested in applying themselves to that. This is an asset that is lacking in our context and has contributed to theory-practice gap. According to Nurse D:

'One of the major factors that are responsible for the theory practice gap is the problem of the mentor-mentee relationship in nursing. In a nutshell, some of our nurses are not ready to mentor the younger ones or those that are supposed to mentor the younger ones are not ready to do that and that affects the practice because ordinarily, mentors are those that have perfected the skills and they are supposed to transfer it to the younger ones and because they are not doing that and sometimes the mentees are not willing to be mentored and that affects practice.'

Façade: Theory-practice gap was also perpetuated by false appearances put up by many schools of nursing and universities. The Nursing and Midwifery Council of Nigeria embarks on periodic accreditation exercise which is aimed at ensuring that institutions of learning have the necessary staff strength and materials to run the programme. This exercise, as important as it may be, does not meet the actual state of affairs in schools and universities. To make it explicit, institutions put up a picture of what they are not, make special arrangements such as provision of mannequins and other equipment/instruments whereas those instruments are not made available for learning. By purporting to be what they are not, such institutions retain or regain their status as 'accredited'. Such institutions continue to operate on a substandard ground.

In the words of Nurse C:

'...you know we use accreditation to check and upgrade the quality and standard of teaching of the schools. It is like a drama, during the accreditation they bring out all these things to present and you find out that students are not using them, they're just for the sake of accreditation...'

Another factor which is related is curriculum overload. Although, it is not as overarching /prominent as others, it was expressed that the nursing curriculum contains a lot of courses some of which at close consideration, may not be really relevant. And in a bid to cover all the courses within the allotted period of time, the courses are rushed through and the students left half-baked.

Nurse P added: *'They have so much to cover in the curriculum so in as much they come to the class, they rush through things, they leave students half baked.'*

b. Students-related factors: Loss of intent, and Loafing.

Loss of intent: Nonchalance attitude towards the reason for clinical posting by some of the students is implicated in the theory-practice gap. When the students sent on clinical experience no longer perceive the purpose for the exercise as so but rather use it for other frivolous activities, the aim is defeated. Instead of acquiring new skills, they learn nothing and in place of dexterity, they get estranged to the procedures. Apart from using the period for non-academic pursuits, they are faulted for not being diligent. In a nutshell, they are not playing their students' part well.

Worthy of note is communication flaws between the tutors and clinicians. Different clinical postings at different times/periods are intended for the acquisition of different skills in nursing, determined by the varying specialty wards they are sent to. But unfortunately, the students are sent without proper notification to the clinicians specifying the type of the type of posting the students have embarked on and clearly defined expected outcomes. As a result, the clinicians make no additional effort to ensure the students learn the specific skills related to that particular posting. If for instance, the students are on orthopaedic posting, and all they do is go to CSSD to collect or return instruments, then you can suffice it to say that the intent of the posting is lost.

'Some of the students see the period of clinical posting as truancy period because they have left the school where stringent rules, regulations, their teachers are on them, they now feel freer in the wards during the clinical posting experience and play truancy and don't bend to learn so that they can marry what have been taught in the class to what is done in the clinical posting and so be able to ask questions and then be able to bridge the gap.' (Nurse G)

c. Institutional factors: which include loss of skills to inactivity due to policies and discrepancies in clinical settings.

Loss of skill to inactivity

The older generation of nurses had more procedures as their responsibilities than the present ones. The present nurses are facing the challenge of losing their roles to allied professionals. It is not clear whether there are

documents disqualifying nurses from carrying out certain responsibilities but the situation is that after training, a nurse assumes duty only to be informed that he or she is not allowed to carry out some of the procedure she or he is trained to perform. The respondents also disclosed that what the students meet in the clinical setting sometimes differ from what they are taught in the classroom. How they are taught to carry out certain procedures may not be what they will observe in the wards and this creates confusion. The end result of these discrepancies and being prevented from doing what you have been trained to do over time is loss of mastery of those procedures.

Motivation: this theme was generated on the ways of bridging the gap and has two elements- Provision of learning tools, Acquainting self with documents that define service/responsibilities.

Provision of learning tools: one way of bridging the theory-practice gap is by motivating the nurses. One of the ways to do that is provision of materials for learning. These include models, competent staff, mannequins, simulation laboratory etc.

'I'm also suggesting that the schools should provide teaching materials that will now help them to impart the practical knowledge to the students.' (Nurse F)

'This idea of improvisation should be brought to the barest minimum.' (Nurse Q)

Acquaint self with documents that define service/responsibilities: this motivation can also come from individual nurse to him or herself. And that is being conversant with the roles and responsibilities of the nurses in the scheme of service. It then lies with the nurses to request for such documents, read it and understand the terms. This will enable them to know and maintain their roles. Nurse D said:

'Nursing facilities should provide practice protocols. It should be handy, so that It's not just they said. There should be protocols, guidelines for procedures in the wards.' (Nurse M).

Evidence-based Nursing: this is the fourth theme generated and comprises of the following (a) Research (b) Justification of nursing actions (c) Bracing competence.

Research

Apart from motivation, another way of bridging the gap is by embracing evidence-based nursing of which an integral part of it is research. The respondent revealed that research skills are very important to nurses and must be improved on if practice would be taken to a level of excellence.

Nurse B opined: *'the nurse clinicians should also involve themselves in research work and even read research journals to see the current issues on grounds.'*

Justification of nursing actions

There are many sources of knowledge for nursing and nurses are encouraged to back up their actions and decisions with evidences. Some of the sources of evidence include research, clinical experience etc. Having this thought encourages critical thinking rather than just carrying out routine activities.

"You should have a rationale for any action you are taking so that whenever you are called upon, you have a backup for the action you have taken" (Nurse N).

Bracing competence

Nurses are encouraged to improve their skills by having a good grasp of clinical experience after graduation. It is understandable that some nurses will find themselves in many places other than clinical settings however, it was suggested that working for clinical experience first is necessary for one to be more relevant even in other areas of practice.

'The educators should try to gain the knowledge of the practical aspect so they'll be able to deliver it because the students look up to them. ...They should combine the education and clinical experience aspect so that they will be perfect in what they are doing.' (Nurse J).

DISCUSSION

This study adopted a qualitative design approach to explore nurses' perception based on experience of the theory –practice gap using a focused group discussion. Overall, the phenomenon, Theory-practice gap was described as lack of clinical expertise to apply a sound theory. Theory itself was described in terms of the courses that are taught in nursing institutions of learning and the principles upon which they are built. It was perceived to contribute to the robustness of the profession and seen as relevant in the society while practice refers to dexterity in clinical skills. Respondents believe that theory-practice gap exists because of a number of observations they made in the past which still persists. Factors responsible for the gap were described under the 'TRASI gap factors' which include trainer-related factors, (trainers' ineptitude, poor supervision, and unpopularity of mentorship, and facade), students related factors, (loss of intent, loafing) and/or related to clinical institutions (loss of skills to inactivity due to policies and discrepancies in the practice setting) are responsible for the disconnect between theory and practice. In other words, the practice of nursing has not measured up to what it should be because of the aforementioned factors. The pragmatic solutions to this problem include motivation of nurse teachers/instructors by providing learning resources and embracing Evidence-based Nursing which has Research, Justification of nursing actions, and bracing competence as its components, equally proper documentation and storage of materials used in carrying out procedures will help to curb the problem of improvisation.

All the participants in the discussion concurred that theory practice gap exists in the institution. The respondents believe that theory-practice gap exists because of a number of observations they made in the past which still persists.

On the views of Nurses on theory-practice gap, the theme deficient practical know how to apply sound theory was generated with the following subthemes- Poor clinical skills despite good theoretical knowledge, Resistance to reform, and Learning without indispensable tools.

Theory was perceived to be relevant in the profession and in the society at large as the curriculum is adjusted to meet the changing needs of the society. Nursing education in terms of theoretical teachings of practical was considered adequate but despite the adequacy, there is no commensurate expertise to apply what was taught in the classrooms to the practical settings. This could be attributed to unavailability of materials to practice with which promotes improvisation in Nursing and promotes the disparity in theory and practice. This inability to apply knowledge in practice leads to knowledge waste and inefficiency in practice.

Nurses especially the older ones have been known not to welcome significant changes in the way things are done especially when the information is from a younger person. In other words, they are not willing to adopt new practices because they are accustomed to routines (old way of doing things). In some work places, new nurses eager to put into practice the latest evidence based research that they learnt are usually deflated when they start work as their desires and attempts to transfer knowledge are usually ignored and rejected. This non-acceptance of new practice constitute theory-practice gap.

In describing this phenomenon, it was referred to learning without tools that are really necessary for a successful undertaking of a particular course. It was explained that the three domains of learning should be well represented in nursing education so that consolidation will be assured but the challenge here is that while cognitive and affective domains of learning might be well cultivated, the psychomotor aspect suffers neglect and creates a shortfall in clinical expertise chiefly because the domains are not mutually exclusive of each other. In other words, there is less 'doing' during learning owing to non-availability of tools for demonstration. Instead improvisation takes over and such is being projected down even to the younger generation of Nurses. The extent of improvisation is disheartening and is gradually becoming the norm in nursing. As explained by a respondent, students are taught the ideal procedural guidelines and the associated equipment for such procedures but on getting to the hospital/practice field, they are encouraged to improvise for the moment due to limited resources. Unfortunately, they soon learn

that the equipment are not forthcoming and with time get accustomed to those ways of doing things and these are the skills that would be transferred to the students who come for clinical posting.

This agrees with the finding by Odetola *et al.* (2018) in the study 'Theory Practice Gap: The Experiences of Nigerian Nursing Students' that there are discrepancies between instrumental equipment in wards and in schools as students are taught and learn about using state of the art instruments and equipment while in contrast, the clinical environment either lacked specific technical instruments completely or they were unavailable.

The disparities between theoretical knowledge and practice were established using the observation checklist. It was observed that even though the Nursing procedures are well taught during nursing training, not all the steps are carried out during nursing practice. This goes to show that disparities does exist in practice thereby authenticating that theory-practice gap does exist. The implication of this is that the quality of nursing practice is reduced because for every nursing procedure, there is a backing scientific rationale aimed at promoting the standard of nursing care. For instance in medication, where the nurse does not stay back to ensure the patient swallows all the drugs given, drug compliance may not be maintained as some of the patients who dislike taking drugs may accept the drugs but puts it away the moment the nurse turns her back. Nursing practice is accomplished through the application of critical thinking, judgment and skill but when it is practiced unscientifically, the image of nursing as a profession is not promoted. This inability to integrate theoretical knowledge into practice hinders evidence based practice in nursing.

Several reasons were indicated for the presence of this phenomenon (theory-practice gap) which was described as the 'TRASI gap factors' which include trainer related factors, student related factors and/or clinical institutional related factors.

The trainer related factors which include teacher's ineptitude, poor supervision of students and unpopularity of mentorship agree with the findings by Saifan *et al.* (2015) who conducted a study on 'theory- practice gap in Nursing Education: a qualitative perspective' in which he identified that lack of qualifications of clinical instructors formed a keystone in increasing the gap between theory and practice as well as lack of communication between theory and practice teachers. Ajani and Moez (2011) also identified lack of current clinical practice amongst nurse educators as one of the factors responsible for promoting theory-practice gap in nursing.

Poor supervision of students on clinical posting is another theme/factor that was generated as it was pointed out that most students play truancy during their clinical posting period and therefore do not bend down to learn

so as to improve on their clinical expertise. The implication is that even when they have taught theoretically, integrating that theory into practice becomes a problem due to their attitude to the postings. That is why it is necessary that during clinical postings, students are not just sent with the covering letter but should have a preceptor sent with them to monitor on a regular basis. Unscheduled visits are necessary to monitor if the students are actually at their posting area and also to monitor their progress.

Mentorship is being regarded as one of the ways a profession grows but the unpopularity of mentorship in nursing has been identified as one of the reasons for the theory-practice gap. A mentor is someone who is vast in knowledge and experience and can guide and support the not-so-experienced younger colleagues into competence or achieving their career goal. So the mentee can go to the mentor with issues of personal or career interest for advice and guidance. It has been observed that nurses both in the clinical and academic settings are not drawing the younger ones close by way of mentorship in order to transfer the essential skills needed to grow clinical expertise. Not only are the senior nurses not willing to mentor, the younger ones are also not interested in being mentored and this invariably affects nursing practice.

The façade/false appearances put up by many schools of nursing and universities during accreditation periods were also identified as a factor contributing to theory-practice gap. The nursing and midwifery council of Nigeria embark on periodic accreditation exercise which is aimed at ensuring that institutions of learning have the necessary staff strength and materials to run the programme. This exercise, as important as it may be, does not usually meet the actual state of affairs in schools and universities. The institutions put up a picture of what they are not, make special arrangements such as provision of mannequins and other equipment/instruments whereas those instruments are not made available for learning. Through such means, the institutions retain or regain their status as 'accredited' while they continue to operate on a substandard ground.

Curriculum overload was also implicated in theory practice gap. Whereby in the bid to cover all the courses within an allotted period of time, the courses are rushed through and the students end up being half baked.

The student related factors include loss of intent and loafing. The nonchalance attitude by some students towards their clinical postings was identified as one of the factors responsible for theory-practice gap. Where the student fails to gain the experience he/she was meant to get during a clinical posting, the aim of the posting is defeated and the student goes back to school without the appropriate skills that he/she was meant to acquire.

The findings on the student related factors and the institutional related factors which include

communication gap between teachers and Nurses in the ward, regulatory constraints, loss of skills due to inactivity, and poor clinical research skills agree with the findings by Saifan *et al.* (2015) whose study stressed on the importance of communication and coordination between the Nurse educators in the schools and the clinical instructors in the clinical setting. Nurses have been observed to lose some of the skills learned in school during practice due to inactivity. For instance, securing of IV access which nurses were taught in schools has been taken over by doctors and many nurses presently cannot confidently secure an IV access due to non practice. It The study agrees with Dadgaran *et al.* (2012) who studied 'A global issue in nursing students' clinical learning: the theory-practice gap', who identified student related factors and instructor related factors as affecting the theory-practice gap. Ajani and Moez (2011) also agreed that there is a relational problem between the schools of nursing and the hospital area or the clinical placement.

On the possible ways of bridging the gap, motivation of teachers/ clinical instructors by provision of learning tools, understanding the nurse responsibilities by acquainting self with documents that define service/responsibilities, research, justification of nursing actions, bracing competencies, supervision of student nurses during clinical postings, constructive criticism of the students, review of employment criteria in employing nurse educators and ultimately evidenced based nursing were identified as some of the ways to overcome the theory- practice gap.

This is one of the themes generated and has two elements/subthemes- Provision of learning tools and acquainting self with documents that define service/responsibilities.

One way of bridging the theory-practice gap is by motivating the nurses. This can be done through provision of materials for learning which include models, mannequins, simulation laboratories etc. Such provisions will make teaching and learning more enjoyable both for the students and teachers thereby bringing theory-practice gap to the barest minimum. As a way forward, it was suggested that nurse managers should release the equipment usually stored and used ceremonially for exams for routine use. As it is possible they hide this equipment for fear of losing them, this fear can be surmounted by appropriate inventory and documentation of the equipment. It was also suggested that nurse managers can introduce procedure booklets to the management of the health facilities. Such booklet will contain the various procedures and the equipment involved so that management will provide them for quality care. The onus would now be on the managers and individual nurses to safeguard the equipment by maintaining up-to-date records of them.

This motivation can also come from individual nurse to him or herself. And that is being conversant with the roles and responsibilities of the nurses in the scheme of service. It then lies on the nurses to request for such documents, read it and understand the terms. This will enable them to know and maintain their roles.

Apart from motivation, another way of bridging the gap is by embracing evidence-based nursing of which an integral part of it is research. Research skills are very important to nurses and must be improved on if practice would be taken to a level of excellence. Research has been hereunto seen as one of the activities of the academicians but it is high time those in practice participate actively in research.

There are many sources of knowledge for nursing and nurses are encouraged to back up their actions and decisions with evidences. Among the sources of evidence are research, clinical experiences etc. Critical thinking should be encouraged in nursing rather just carrying out routine activities. Every nurse should have a rationale for any action taken so that whenever called upon, can have an explanation for the action taken.

Nurses are encouraged to improve their skills by having a good grasp of clinical experience after graduation. It is understandable that not all nurses will find themselves in the clinical setting during employment however, it was suggested that working for clinical experience first is necessary for one to be more relevant even in other areas of practice.

CONCLUSION

The study aimed at exploring Nurses perception of theory practice gap at Alex Ekwueme Federal University Teaching Hospital Abakaliki using a qualitative approach. Twenty Nurses were engaged in a focused group discussion. It was agreed that theory –practice gap does exist in the institution. Trainers, Students and Clinical institutions were identified as the major contributors to the gap. This implies that the students, the teachers as well as clinical institutions have an active role to play in bridging the gap. Motivation, Nurse Clinicians getting involved in research, mentoring and supervision of student nurses while on clinical postings and evidenced based nursing practice amongst others were identified as ways of bridging the gap.

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