



# PAKISTANI NURSES' PERSPECTIVES ON THE THEORY PRACTICE GAP IN NURSING

Alina Hameed<sup>1</sup>, Hajra Sarwar<sup>2</sup>, Maqsooda star<sup>3</sup>, Uzma<sup>4</sup>, Asma Khalid<sup>5</sup>

1. MSN scholar, Lahore School of Nursing, The University of Lahore
2. MSN, Assistant Professor, Lahore School of Nursing, The University of Lahore
3. Post R/N BSN, Specialized in pediatric ,Nursing instructor Shalamar nursing college
4. BSN, Nursing Instructor Shalamar Nursing College
5. MSN, post R/N BSN, Principal Gulfreeen Nursing College Lahore

**Correspondence Author** –Alina Hameed, email address, alina.hameed95@gmail.com

6.

## Abstract

**Background:** The theory-practice gap refers to the disparity between the knowledge and skills gained during nursing education and their practical application in clinical settings. Understanding nurses' perspectives on this issue is crucial for identifying the factors contributing to the theory-practice gap and developing strategies to bridge the divide. This Study highlights the key themes and recommendations provided by Pakistani nurses to address the theory-practice gap.

**Objective:** To determine the perception association with demographic variable.

**Method:** This Analytical cross-sectional study included 192 nurses from hospitals and universities in Lahore, Pakistan, both public and private. The data was gathered using a self-administered questionnaire, and SPSS was utilized for analysis. The participants were chosen using a convenient sampling technique.

**Results:** Approximately 89.06% of the 192 respondents obtained a score exceeding 60%, whereas 10.90% received a score below 60%. This suggests that the majority of research participants exhibited a positive perception. Furthermore, the evaluation of participants' perceptions regarding the theory-practice gap in nursing indicated a favorable impression of the gap.

**Conclusion:** The participants' knowledge of and comprehension of the theory-practice gap is evident. Given that nurses make up the majority of the healthcare team in Pakistan, this is a call to action for all professionals at the individual and organizational levels to work together to close gaps and improve the quality of service.

**Key terms:** Theory-Practice Gap, Perceptions, Pakistani Nurse, and Evidence based practice

**DOI Number:** 10.48047/nq.2023.21.6.NQ23116

**NeuroQuantology2023;21(6): 1113-1119**

## I. INTRODUCTION

Nursing is a profession where practical experience plays a vital role, and clinical education holds significant importance in nursing training. Clinical nursing education involves the approaches implemented by Nursing Education Institutions (NEIs) to ensure that nursing students acquire the necessary clinical skills and proficiency (1). This can be achieved through simulated practice in skills labs or through direct involvement in real clinical settings. The aim is to meet the standards

set by nursing councils for qualification and registration as professional nurses (2). Through clinical nursing education, nursing students have the opportunity to apply theoretical knowledge in practical patient care activities (3). This practical experience not only allows them to develop their skills but also prepares them for the challenges and demands they will encounter in the actual nursing profession (4).

Theoretical education and clinical nursing services differ significantly from each other. The basis of nursing



practice lies in theoretical knowledge, while the practical environment determines the application of that knowledge (5). The mismatch between theory and practice in clinical settings limits the use of theoretical knowledge and promotes the use of traditional practices. Because of this, theoretical nursing sciences are unable to improve, and nursing services are provided at a lesser level(6).

In a research study, it was found that 97.1% of the participants expressed concerns or reservations regarding nursing treatments (7). When asked about their approach to dealing with these uncertainties, 93.4% reported seeking guidance from a professional staff member within the unit. Among the participants, 27.7% relied on evidence-based sources such as guidelines, papers, or books, while 62% referred to existing protocols for guidance (8). A nurse's performance is significantly impacted by their clinical expertise and acquisition of knowledge. The theory-practice gap has long been a subject of concern in nursing education and professional practice globally (9). This disparity between the theoretical knowledge acquired in nursing programs and its application in real-world clinical settings poses challenges for nursing professionals (3).

Nurses' lack of awareness of recent advancements and research findings is a direct result of these gaps (10). Instead, a lot of traditional methods, like contrasting intuition with evidence and research findings, have been used; absence of (EBP) integration into daily care or the curriculum; and a lack of cooperation between clinical activities and academic areas (11).

However, the majority of nurses in Pakistan have a nursing school education or certificate. There are 265 training institutes in Pakistan, but only 28 of them are university-based, and they only graduate a limited number of nurses, which lowers the educational level and widens the gap between theory and practice (12).

According to 56% of respondents, Hickey (2022) discovered that students believed practical skills were not given enough attention in the classroom (13). However, because a convenience sample was chosen and the majority of the informant remarks were generic in nature rather than mentioning specific practical abilities, broad conclusions from this study were not possible (14).

Pakistan was chosen for the study because of its diversity and multiculturalism. In order to take the

necessary steps to bridge the nursing theory-practice gap, the study's goal was to quantify its size (15).

In a non-experimental descriptive survey, 500 members of the healthcare industry were asked about their perceptions and attitudes towards the idea of integration in nursing. The results revealed that 77.80% of respondents had extremely positive perceptions of the idea, and 92.80% had positive attitudes towards it (16). According to the report, health professionals should concentrate on introducing the integration idea in order to close the gap between nursing service and education (17).

Recognizing this problem also helps to design methods for improving nurses' research knowledge and perception developing evidence-based practice abilities (3). The practice setting sets the framework in which theoretical information is implemented, while theoretical nursing knowledge underpins practice (18).

The theory-practice divide, a widespread problem in nursing, is the fundamental challenge confronting nursing as an academic subject. This study seeks to provide methods for bridging the gap between theory and practice in nursing education (8).

According to researcher, the practice settings have different expectations for new RN graduates than do academics. 65 to 75 percent of new graduates did not achieve the requirements for entry-level clinical judgment, according to who detailed 10 years of performance-based competence testing, and the majority struggled to integrate their knowledge and theoretical understanding into practice. 50% of them would likewise overlook potentially fatal circumstances (19).

Nursing education aims to prepare nurses with the necessary theoretical knowledge and practical skills to provide safe and effective patient care. However, the theory-practice gap has been a persistent challenge in nursing education and professional practice globally, including in Pakistan (20). The theory-practice gap not only affects the quality of patient care but also influences nurses' professional development and job satisfaction (21). Therefore, exploring the perspectives of Pakistani nurses on this issue is essential for improving nursing education and practice in the country

1114

## II. MATERIAL AND METHODS

This analytical cross-sectional study was conducted at two tertiary hospitals affiliated with a university. The target group included clinical nurses and nursing



educators. Convenient sampling was utilized, resulting in a sample size of 192 instances, with a 7% error margin and a 95% confidence range. The study obtained permission from the Content Validity Index (CVI) to utilize a survey questionnaire consisting of two sections. Section A collected socio-demographic information, while Section B contained nine perception-related questions. The perception questionnaire achieved a Content Validity Index (CVI) of 0.84, indicating high validity. Respondents used a Likert scale with response options ranging from "1 strongly disagree" to "4 strongly agree." The researcher used the statistical software SPSS version 21.0 to analyze the data. Mean and standard deviation were used for quantitative

variables, while frequency and percentage were used for categorical variables. Chi-square analysis was performed, and statistical significance was defined as a P-value less than 0.05. The inclusion criteria included clinical nurses and nursing educators above the age of 21 with at least a General Nurse (RN) degree and a minimum of one year of job experience. Both male and female nurses and teachers were included. Exclusion criteria were nurses who would not be available during data collection and participants under the age of 21 or employed by hospitals or colleges not specified in the study. Data collection was conducted using a self-administered questionnaire administered at the research institution through convenience sampling.

III. RESULTS

Demographic Variables of the Study Participants

Factors		(n)	(%)	Mean	SD
<b>Age (years)</b>	21- 30	130	67.7	1.40	0.640
	31- 40	48	25.0		
	41- 50	13	6.8		
	Above 50	1	0.5		
<b>Gender</b>	Male	10	5.2		
	Female	182	94.8		
<b>Designation</b>	Instructor	18	9.4		
	Clinicians	173	90.1		
<b>Level of education</b>	Masters	12	6.3		
	Bachelor	89	46.4		
	General Nurse (RN) /	91	47.4		
	Diploma				
<b>Experience</b>	3-years below	59	30.7	1.97	0.856
	4 -7 years	94	49.0		
	8 – 10 years	25	13.0		
	Above 10 years	14	7.3		

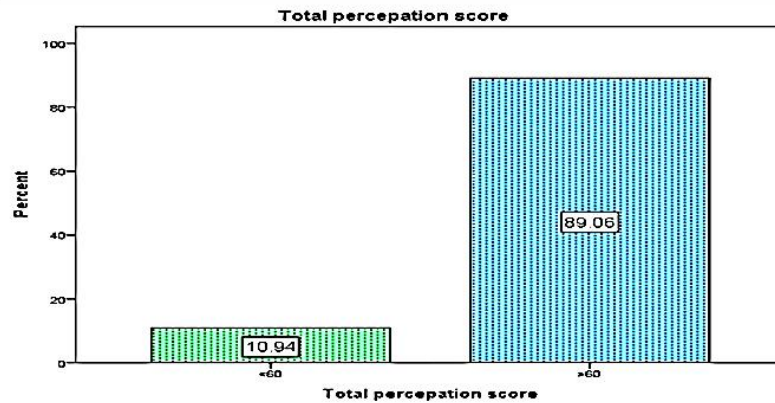
1115

Analyzed by frequency and percentage

Among the 192 participants in the research, 67.7% were under the age of 30, 25% were between the ages of 31 and 40, 6.8% were between the ages of 41 and 50, and just 0.5% were above 50. The participants' average age was 1.40 + 0.640. This indicates that the majority of the participants were young. 5.2% of the 192 responders were men, while 94.8% were women. 90.1% of respondents, or Clinicians, and 9.4%, or Nursing Instructors, were surveyed. Regarding education, 6.3%

had a master's degree, 46.4% had a bachelor's, and 47.4% had a general nurse (RN)/diploma. Regarding the survey participants' experience levels, 49% fell between 4 and 7 years, 30.7% between 3 and 7, 13% between 8 and 10, and 7.3% had experience of more than 10 years. The participants' average experience was (1.97 + 0.856). It implies that the majority of participants have 4–7 years of expertise.





About 89.06% of the 192 respondents had scores more than 60%, while 10.90% had scores below 60%. This indicates that the majority of the research participants had favorable impression scores. It was further

demonstrated that, when assessing participants' perceptions of the theory-practice gap, figure 1 (above) shows that there were good perceptions of the gap in theory and practice in nursing.

**Table 2: Relationship between Perception and Respondent's Age**

Variables			Perception		P value
			≥60% Positive Perception	<60% Negative Perception	
Age (years)	21- 30	130	123 (94.6)	7(5.3)	0.003
	31- 40	48	38 (79.1)	10 (20.8)	
	41- 50	13	9 (69.2)	4 (30.7)	
	> 50	1	1 (100)	0 (0)	
Experience (years)	< 3	59	54 (91.5)	5 (8.47)	0.659
	4 -7	94	81 (86.1)	13(13.8)	
	8 – 10	25	23(92)	2(8)	
	>10	14	13(92.8)	1(7.1)	
Gender	Female	182	161(88.4)	21 (11.5)	0.3055
	Male	10	10(100)	0(0)	
Level of Education	Diploma	91	85(93.4)	6 (6.5)	0.139
	Bachelor	89	75 (84.2)	14 (15.7)	
	Masters	12	11(91.6)	1 (8.3)	

*Chi-square test, p is significant at the level below  $\alpha=0.05$*

The findings from the table revealed a significant relationship ( $p=0.003$ ) between the participants' perception of the theory-practice gap and their age. It

was observed that individuals above 50 years old and those between 21 and 30 years old had more favorable perceptions compared to the other age groups. The



results indicated that there was no significant association ( $p=0.659$ ) between the respondents' experience and their perception of the theory-practice gap. Similarly, the gender of the respondents did not show a significant association with their perception. This means that participants with varying levels of experience in the nursing field had similar perceptions, and gender did not affect the perception of the participants. Furthermore, there was no significant difference ( $p=0.3055$ ) in the knowledge level of the participants based on their gender. Additionally, there was no significant correlation ( $p=0.139$ ) between the participants' educational attainment and their perception. The table (Table 3) showed that individuals with a Master's Degree had a higher perception score compared to those with a Bachelor's degree or a diploma."

#### IV- DISCUSSION

The nursing field has engaged in extensive conversations regarding the disparity between theoretical knowledge and practical application. The precise location of this gap, its characteristics (whether it is advantageous or disadvantageous), and the debate on whether it should be minimized are among the topics discussed. This paper focuses on a study that employed an innovative approach to exploring the theory-practice gap from multiple perspectives. By considering the viewpoints of different groups, a more comprehensive understanding of the theory-practice gap has emerged, enabling examination from various angles rather than relying solely on one group's standpoint (22).

In our study participants shared their perspectives on methods to bridge the theory-practice gap. A majority of approximately 63% agreed that the government should provide adequate support for research and training institutions, while nurses should actively engage in clinical practice. Around 62.5% believed that modifying the curriculum could be an effective approach to address the gap. A smaller percentage, approximately 47.9% and 37.5%, expressed agreement with using the KWL chart and promoting intra- and inter-sector collaboration as means to close the gap. However a large-scale study involving over 3,500 hospital and health system nurse executives revealed that only 10% of these executives considered nursing students fully competent in delivering safe and effective care. In contrast, almost 90% of academic leaders held

this belief. Additionally, only 25% of 5,700 frontline nurse leaders found the clinical skills of recent RN graduates to be satisfactory (22, 23).

All groups identified shared concerns: clinical placements that are too short, how theory and practice are arranged, how clinical areas and educational institutions don't work together, and how link teacher roles aren't clear (24). This can be done in the following ways: enhancing communication between clinical settings and academic institutions, creating preceptor lecturing roles, creating a novel curriculum that allows for closer integration of theory and practice, assessing the impact of clinical placement duration on knowledge and skill acquisition, and developing (25).

A study named "The connection between theory and practice in the initial nursing learning experience" mentions a nursing curriculum that unmistakably shows the relationship between the basic nature of nursing and practice, which is predicated on. Using learning outcomes, the student can simultaneously learn about the role of theories in connection to clinical practice (10).

Clinical and academic nurses have at some point had to deal with the reality and ramifications of the theory-practice divide since they have to deliver exceptional, equitable, cost-effective, and effective health care services (26).

The results of this study show a strong relationship between respondents' perceptions and the nature of their jobs (27). This shows that clinical nurses see things better than academic nurses. This could be as a result of their direct patient care participation and exposure to real healthcare system events (28).

Despite this, the system has been shown to be plagued by numerous issues. Poor facilities and equipment, as well as the knowledge gap and lack of continuing education were caused by insufficient intra- and inter professional teamwork, especially among clinical nurses (29).

One of the contributing causes to TPG, according to research participants, is the lack of human and material resources for the delivery of care. The limited resources are distributed across the curriculum to support students' learning(30).Nurse clinicians who offer care as well as nurse educators who instruct nursing students make up the human resources. The material resources take the shape of the tools and equipment used to care for patients as well as those used to instruct nursing students (31).

## CONCLUSION

Pakistani nurses acknowledge the existence of a theory-practice gap and identify multiple factors contributing to this issue. Addressing the perspectives and recommendations of nurses can inform the development of targeted interventions to bridge the theory-practice gap in nursing. Based on their perspectives, this study demonstrates how knowledgeable nursing educators and professionals are about the theory-practice gap in nursing. It is intended that initiatives be taken to consider the study's suggestions and recommendations at both the individual and organizational levels. Despite the fact that nurses are undervalued in Pakistan, eliminating this gap will lead to higher-quality care because they make up the bulk of the country's health care professionals. The new curriculum will be influenced by nurses' perspectives on nursing education, the gap between theory and practice, and its causes and solutions.

## RECOMMENDATIONS

Based on the result, Pakistani nurses offered several recommendations to bridge the theory-practice gap: Increase clinical exposure: Nursing programs should provide more hands-on clinical experiences to enhance practical skills and confidence among nursing students. Revise the curriculum: The nursing curriculum should be updated regularly to incorporate evidence-based practices, technological advancements, and critical thinking skills. Improve faculty support and preceptorship programs: Nursing faculty members and preceptors should provide adequate support, guidance, and mentoring during clinical placements to bridge the theory-practice gap effectively. Address language barriers: Language barriers can be minimized by incorporating local languages into nursing education and providing language support programs for nurses with limited English proficiency. Promote research and professional development: Institutions should encourage research activities and provide opportunities for professional development to enhance nurses' knowledge and skills

## STUDY IMPLICATIONS

The significance of this study is that to inform policymakers, nursing educators, and healthcare professionals about the experiences and viewpoints of Pakistani nurses regarding the theory-practice gap. It can serve as a foundation for implementing evidence-based changes in nursing curricula, clinical education strategies, and support systems to bridge the gap

effectively. Ultimately, addressing the theory-practice gap can improve the quality of nursing care and patient outcomes in Pakistan.

## REFERENCES

1. Hoeck B, Delmar C. Theoretical development in the context of nursing—The hidden epistemology of nursing theory. *Nursing Philosophy*. 2018;19(1):e12196.
2. Salifu DA, Heymans Y, Christmalls CD, editors. Teaching and learning of clinical competence in Ghana: Experiences of students and post-registration nurses. *Healthcare*; 2022: MDPI.
3. Akram AS, Mohamad A, Akram S. The role of clinical instructor in bridging the gap between theory and practice in nursing education. *International Journal of Caring Sciences*. 2018;11(2):876-82.
4. Feti JK. Perception of nursing students in the gap between theory-practice in nursing education: Master's Thesis]. Turkish Republic of North Cyprus, Near East University ...; 2022.
5. Vosoughi MN, Zamanzadeh V, Valizadeh L, Ghahramanian A, Lotfi M, Bagheriyeh F, et al. An introduction to the TPSN model: a comprehensive approach to reducing the theory-practice gap in nursing. *BMC nursing*. 2022;21(1):1-13. 1118
6. O'Connor S. The theory practice gap among nurse educators: A pedagogical pickle. *Nurse Education in Practice*. 2022;65:103464.
7. Hashemiparast M, Negarandeh R, Theofanidis D. Exploring the barriers of utilizing theoretical knowledge in clinical settings: A qualitative study. *International journal of nursing sciences*. 2019;6(4):399-405.
8. Greenway K, Butt G, Walthall H. What is a theory-practice gap? An exploration of the concept. *Nurse education in practice*. 2019;34:1-6.
9. Solvik E, Struksnes S. Training nursing skills: a quantitative study of nursing students' experiences before and after clinical practice. *Nursing Research and Practice*. 2018;2018.
10. Saifan A, Devadas B, Daradkeh F, Abdel-Fattah H, Aljabery M, Michael LM. Solutions to bridge the theory-practice gap in nursing education in the UAE: a qualitative study. *BMC Medical Education*. 2021;21(1):1-11.



11. Ahlstedt C, Lindvall CE, Holmström IK, Athlin ÅM. What makes registered nurses remain in work? An ethnographic study. *International journal of nursing studies*. 2019;89:32-8.
12. Blakeslee JR. Effects of high-fidelity simulation on the critical thinking skills of baccalaureate nursing students: A causal-comparative research study. *Nurse Education Today*. 2020;92:104494.
13. Farzi S, Shahriari M, Farzi S. Exploring the challenges of clinical education in nursing and strategies to improve it: A qualitative study. *Journal of education and health promotion*. 2018;7.
14. Romero-Silva R, Santos J, Hurtado-Hernández M. A conceptual framework of the applicability of production scheduling from a contingency theory approach: addressing the theory-practice gap. *Production Planning & Control*. 2022:1-21.
15. Jasemi M, Whitehead B, Habibzadeh H, Zabihi RE, Rezaie SA. Challenges in the clinical education of the nursing profession in Iran: A qualitative study. *Nurse education today*. 2018;67:21-6.
16. Sezer H. How should clinical education be in nursing education. *J Nurs Res Pract*. 2018;2(1):15.
17. Adha YS, Thomas C. Strategies for bridging the theory-practice gap in nursing education from the perspective of nursing teachers, clinical nurses, and nursing students: A qualitative study. 2023.
18. Barrett M, Oborn E. Bridging the research-practice divide: Harnessing expertise collaboration in making a wider set of contributions. *Information and Organization*. 2018;28(1):44-51.
19. Hussein M, Osuji J. Bridging the theory-practice dichotomy in nursing: The role of nurse educators. *J Nurs Educ Pract*. 2017;7(3):20-5.
20. Bazrafkan L, Najafi Kalyani M. Nursing students' experiences of clinical education: A qualitative study. *Investigacion y educacion en enfermeria*. 2018;36(3).
21. Cowen KJ, Hubbard LJ, Hancock DC. Expectations and experiences of nursing students in clinical courses: A descriptive study. *Nurse education today*. 2018;67:15-20.
22. Günay U, Kiliç G. The transfer of theoretical knowledge to clinical practice by nursing students and the difficulties they experience: A qualitative study. *Nurse education today*. 2018;65:81-6.
23. Makin S. The research-practice gap as a pragmatic knowledge boundary. *Information and Organization*. 2021;31(2):100334.
24. Nielsen K, Norlyk A, Henriksen JH. Nursing students' learning experiences in clinical placements or simulation-a qualitative study. *Journal of Nursing Education and Practice*. 2019;9(1):32-43.
25. Chazette L, Brunotte W, Speith T, editors. Exploring explainability: a definition, a model, and a knowledge catalogue. 2021 IEEE 29th international requirements engineering conference (RE); 2021: IEEE.
26. Salifu DA, Gross J, Salifu MA, Ninnoni JP. Experiences and perceptions of the theory-practice gap in nursing in a resource-constrained setting: A qualitative description study. *Nursing open*. 2019;6(1):72-83.
27. Aamlid H, Tveit B. Simulation as a joint learning activity in clinical placement—interaction between first-year nursing students and qualified nurses. *Journal of Clinical Nursing*. 2022;31(1-2):250-61.
28. McSharry E, Lathlean J. Clinical teaching and learning within a preceptorship model in an acute care hospital in Ireland; a qualitative study. *Nurse Education Today*. 2017;51:73-80.
29. Shoghi M, Sajadi M, Oskuie F, Dehnad A, Borimnejad L. Strategies for bridging the theory-practice gap from the perspective of nursing experts. *Heliyon*. 2019;5(9):e02503.
30. Ngozika Ugwu S, Ogbonnaya NP, Chijioke VC, Esievo JN. Causes and effects of theory-practice gap during clinical practice: the lived experiences of baccalaureate nursing students. *International Journal of Qualitative Studies on Health and Well-being*. 2023;18(1):2164949.
31. Ribaeus K, Enochsson A-B, Löfdahl Hultman A. Student teachers' professional development: early practice and horizontal networks as ways to bridge the theory-practice gap. *Journal of early childhood teacher education*. 2022;43(1):2-16.

