Theory Practice Gap- Role of Nurse Teacher, Students and Staff Nurses in Bhutan

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Abstract
A qualitative study was done to find out whether there is gap between theory and practice, where theory is taught in FNPH (Faculty of Nursing and Public Health) and practice is done in hospitals and Basic Health Units. The study was done in few Districts of Bhutan where students of FNPH were sent for field training and clinical posting. Study samples comprised of nurse educators, clinical nurses and students of FNPH. A total of fifteen participants, five from each group were randomly selected. An in-depth personal interview was done with these three groups of participants. Analysis was done thematically. The result would be used to review and revise the FNPH curriculum and also inspect into the clinical posting of students including the duration in each posting in future.

1 Background
The Department of Nursing was asked to do research and were given the task to finalize the topics. Lecturers debated on many topics and one very appropriate topic was Theory practice gap. Literature review was done and theory practice gap was very relevant and timely to our Institute. This issue was discussed by lecturers and students since 1980s. Pinpointing the gap was easy but where the gap lies was difficult. Both teaching institute and practice area including the educators and clinical nurses did felt the gap.

2 Aims of study
a. To explore factors affecting theory-practice gap
b. To examine in what areas are the gaps e.g. communication, resources, teaching, etc
c. To know the dimension of the gap and its affect on students’ learning and clinical practice
d. Is the gap in theory (knowledge) or is it in practicing nursing

3 Review of literature
The gap between theory and practice (Allmark 1995 and, (Cook,1991) have long been identified as a problem in nursing. In the past this has been described as an “embarrassing failure” and presently there is a strong consensus that the existence of this gap is not only pressing but increasing (Landers 2000). This gap in theory and practice (Hewison and Wildman 1996) was raised by students, teacher and staff nurses in most nursing schools ever since nursing practice became an institutional mode of teaching. In nursing education, all procedures are detailed out in a stepwise manner but during practice, many short cut methods are used due to shortage of time, resources or manpower which affects the quality of care. In respect of the dimension of this gap, it is generally considered that larger the gap greater the problem towards effective application of theory in practical context. On the contrary, there are those who consider that the gap between theory and practice is inevitable (Lindsay, 1990; McLeod, 1996; Rolfe, 1998). Periodic meeting are conducted among teachers and teaching hospital staff nurses for good collaboration to solve various problems impacting the total patient care and theory-practice gap being one of the main issue. Majority of nurses regard the gap as a negative by-product of learning created by the actions of nurses and nurse education in particular. Similarly, according to many initiatives have been introduced in an effort to bridge
the theory-practice gap (Corlett 2000) and these are largely focused around the role of the nurse teacher. Therefore, it is believed that if human action created the gap; the gap may be adjusted by addressing the ways in which nursing is learned and practiced. Bridging the theory-practice gap (Upton 1999) will improve learning opportunities for students, make teachers look at ways to facilitate learning, and improve working conditions in the clinical specialties; thus, resulting in better quality of holistic nursing care. However, conclusive evidence is needed before developing strategies aiming to better integrate the theory and practice of nursing. This research will study the factors affecting the theory-practice gap in nursing and aim to provide some implication and recommendations for reforming nursing education and service delivery in Bhutan.

4 Sample
Three groups of participants were interviewed. Seven nurse educators comprising of mixture of seniors and juniors from FNPH, seven clinical nurses from two District hospitals comprising of seniors and juniors and seven students from FNPH of three categories comprising of seniors and juniors. A total of twenty one participants were interviewed

5 Theoretical Frame work

6 Data collection method
The group of lecturers, clinical nurses and students were randomly selected through random selection procedure. They were approached individually and interview was done after getting signature in written consent form. In the process of interview, a tape record and notes were used to record the sessions for which permission was taken from them. The interview was done in a room where only interviewer and participant were present. The pause, facial expressions were noted along with other non verbal expressions.

7 Data analysis method
In this study, deductive approach using a prepared framework was utilized to analyse the data. The interviews were designed in open question and were used to deduct responses from participants. The field notes, interview transcript and observation provided a descriptive account of study. Further, common themes were categorized that emerge from the data. The transcript was read repeatedly many times to confirm and qualify them into themes, and category. Each category was put under certain codes. Thematic analysis that groups the data into themes helped answer the research objectives. These themes directly evolved from the research objectives and
naturally emerged from the data as the study was conducted.

8 Findings
a. Students
• Not able to apply theory taught in FNPH to practice in areas e.g. BMHS, research, therapeutic management
  “no opportunity to diagnose in JDWNRH” (Jigme Dorji Wangchuk national referral Hospital), ‘all diseases taught in FNPH does not come in BHU, haven’t seen some cases in hospital’, “research learnt in theory but no practices”
• Practice all procedure competently as supervision is only from I/C’ other staff say “not correct” but what is “not correct” is not pointed out.
• Practice opportunity is wasted due to search of articles, all procedure taught are not practiced in clinical areas
  “we focus on main steps and use short cuts”

b. Clinical Nurse
• Keep update with theory through CME (continue medical education), internet, asking friends and physicians
  “we ask people who return from training to take do CME for us”
• Few nurses lack professionalism and feel compelled to do nursing practice may affect in students supervision and teaching
• Feel that theory practice gap is not much to affect students learning
• Lack in theory e.g. pathology and pharmacology

c. Nurse educators
• Not able to supervise continuously due to theory classes for different category in all weeks
  “We have classes with all categories e.g. HA, GNM, BPH, that’s why we cannot go for supervision continuously”
• Theory taught are enough but in practice, nursing procedure demonstration on real patients are less
  “We demonstrate less on real patient because of non availability when we need the case”
• All theory learnt in FNPH is not practiced in clinical areas
  “Being a teaching institute, we have to teach all nursing procedure and cases but sometime case may not be there to be observed”

Suggestions from the three groups
• Pharmacology is taught early in course/training and difficult to apply later in clinical practice
• Nursing process – what is learnt in teaching institute is used only during admission in hospital and not fully used in wards due to time shortage.
• Resources of all kinds should be made available in Institute as well as in clinical area to reduce the gap as complete equipments are written in books only
• Nurse educators should be in clinical areas more often to supervise students
• Need to strengthen the good relationship between clinical nurses and nurse educators through more communications and meetings
• A balance is needed between theory taught and practice making it relevant to the practical situation
• Frequent monitoring and evaluation from both sides for both students and staff are mandatory
• Increase practical placement for all students thereby increasing practical hours
• Use more clinical nurses to teach theory modules as they have rich experiences in practice

9 Discussion/Conclusion
A qualitative study with small sample was conducted in three hospitals and Faculty of Nursing & Public health. The personal interviews with three groups of people with mixture of juniors and seniors did reveal issues on theory practice gap.

The need to have CME for clinical nurse, more supervision from nurse educators and students need to discuss issues related to clinical more often with nurse educators would lessen the gap between theory and practice.
10 References


