1 INTRODUCTION

Nursing is the protection, promotion and optimization of health, prevention of illness and injury, and alleviation from suffering through the diagnosis and treatment of human response, for the individuals, families, and communities (American Nurses Association, 2012). Hence, the main goal of every institute of nursing education is to improve health field of the country by providing high quality and standard patient care through upgrading knowledge, attitudes and practice of the students. Students are taught both the theories and practice of Nursing. Theory is defined as the content that student nurses learn in the classroom. Practice is the experience which is obtained at the clinical settings through application of the theories (Jones et al., 1997). “Matching of the textbook descriptions of clinical situations with the reality of practice is an ongoing problem faced by members of the nursing profession and it is commonly referred to as the theory practice gap” (Scully, 2011, p. 93). It means there is a big gap between ongoing practice and desired practice. This theory practice gap has reduced the quality of patient care and decreased patient satisfaction and this also damages the image of nursing. Lack of knowledge and skills, insufficient equipment, inadequate time to perform procedures, inadequate clinical supervision and poor supervisory relationship are identified factors for the theory practice gap in other parts of the world. However, limited literature is available in the Sri Lankan context. Therefore it is important to find the factors for the theory practice gap. The main purpose of this study is to identify the factors associated with the theory practice gap among the student nurses in the College of Nursing Colombo, which is one of main institutes in nursing education in Sri Lanka. The specific objectives were to identify student nurses’ knowledge and attitudes on clinical education; hospital environmental factors contributing to the student nurse’s clinical education; identifying the associated factors in student nurses curriculum that contribute to the theory practice gap.

2 METHODOLOGY

A quantitative descriptive design was utilized in this study (Burns and Grove, 2007). A convenient sample of 182 student nurses of the third year in the College of Nursing, Colombo was utilized. Data was collected using a self-administered questionnaire which assessed individualized factors, environmental and nursing curriculum related factors which contribute to theory practice gap according to student
perceptions. Prior research findings and opinions of experts were sought to achieve content validity of the questionnaire. Reliability and understandability was assured by performing pre-test reliability with 10 participants. Ethical approval was obtained from the ethical review committee at National Hospital of Sri Lanka (NHSL). Written Informed consent was taken from each voluntary participant, and anonymity and confidentiality were assured by securing the information within their search team. The data was analysed using the Statistical Package for Social Sciences (SPSS) 22 version.

3 RESULTS AND DISCUSSION

A total 182 of nursing students enrolled to the study of whom 94% (n=158) were female. Among the participating students, 76% (n=128) had clinical experience mainly from NHSL. Of the sample, 94% had experiences in variety of special wards including medical and surgical ward.

3.1 Individualized factors

As individualized factors which caused the theory practice gap, 82% of students believed it is anxiety whereas 86% thought it is due to lack of knowledge and attitudes. In Iran, Jamshidi et al. (2016) revealed that students’ lack of knowledge and skills is associated with the theory practice gap. Only 42% of participants believed inadequate self-confidence as the cause. Faezeh et al. (2016) revealed the student nurses’ self-confidence is one of the other factor associated with theory practice gap.

3.2 Environmental Factors

Knowledge on healthcare settings outside the hospital is required during placements in community including home care and nursing homes, and mental health care (Bjork, 2014). As hospital environmental factors which negatively impact clinical education, 52% of students thought it is as insufficient equipment. This finding supports the result of a study conducted by Chuan and Barnett (2012), where sufficient equipment was shown to enhance student learning. When considering other environmental factors, only 49% believed in less adjustable hospital environmental facilities while 50% less opportunities due to students being treated as workers, and only 33% thought it as busy ward/unit. These findings are in agreement with the results of a study conducted by Chuan and Barnett (2012) that factors which inhibit student learning were inadequate time to perform procedures, in the clinical unit, busy wards and students being treated as workers. Seventeen percent of students believed poor interpersonal relationship and communication with hospital staff and students and poor nurses’ attitudes towards impacted student learning negatively. The study conducted by Kaphagwani and Useh (2013) revealed that effective learning takes place in a clinical environment with good interpersonal relationship and communication. This finding further emphasises the study findings of Chuan and Barnett (2012) which found that staff nurses’ attitudes towards student learning enhances student learning. Of the sample, 47% indicated inadequate clinical supervision, and 54% indicated supervisory relationship and feedback and leadership style of the ward sister. Few studies revealed that clinical supervision, supervisory relationship and feedback as important factors in the clinical environment (Kaphagawani and Useh, 2013; Papastavrou et al., 2016). Comparatively, Lawal et al., (2016) identified that maintaining positive interpersonal relationships directly influenced learning in clinical setting. Further they found that practicing with demonstration and return demonstration also influencing factors on clinical learning. Moreover, Mabuda et al., (2008),
revealed that there is a negative impact of poor teaching - learning support, less opportunities for learning, inadequate theory-practice integration, and poor interpersonal relationships among nursing staff, nursing tutors and the students on student learning.

3.3 Factors related to Nursing Curriculum

Identified factors in the nursing curriculum contributing to the theory practice gap vary. Among students, 81% of students have no idea about their curriculum. According to the study findings 85% of participants were not satisfied with the content which is not updated to current medical issues. In 2011, Ajani and Moez found that, it is necessary to update the nurse with new knowledge and practice of the field for maintenance of a proper balance between theory and practice. This is also compatible with the study implemented by, Tiwaken et al., (2015), to examine the live experience of student nurses during their clinical practice. Seventeen percent of students stated the theoretical content is not helpful to them to integrate with practice and 36% suggested for changes and updating the standard procedures to match the real and actual clinical setup. As the same finding in Sharif and Masoumi (2005) students stated that the theoretical content, which they have been learning in nursing schools did not help them to integrate theory and practice. However, according to Jayasekara and Schultz (2006), when introducing a new curriculum to a country it is essential to adapt it culturally to the particular country.

3.4 Causes for not practicing standard nursing care

Surprisingly only 6% implemented standard nursing procedures while a majority (94%) were not performing at the ward setup. According to the students’ points of view, the following were the reasons for not practicing standard nursing care: 85% responded that they didn’t receive clear practical knowledge through the procedure demonstration, 28% of them stated the ward staff expect to fulfil their routine, 11% of students stated it takes long time, 9% expressed that support from the ward is inadequate, 11% said inadequate clinical supervision, while 18% of participants stated the reason as due to heavy routines.

3.5 Practice related factors

When looking at the reasons for not receiving clear practical knowledge through the procedure demonstration, y some reasons can be identified (Figure 1). Of this sample, 37% (n=61) of students stated that the demonstration does not give solutions or suggestions for the actual practical setup. But only 1% of students expressed that the procedure book does not explain the content in a clear and accurate manner and, they had did not have sufficient opportunity to perform a repeat demonstration as the reason. Compatible with these findings are the findings of Sharghi et al. (2015): there is no application of theoretical aspects of the nursing (85.6%), usage of traditional routine-oriented methods in general practice at the wards (81.1%) insufficient time for performance based on knowledge in relation to the nurses’ workload (86.5%), weakness and usefulness of scientific function encouragements systems in clinics (85.2%) whereas learnt theoretical subjects are not been practiced in clinical fields after graduation.).

3.6 Suggestions to reduce theory practical gap in providing patient care

The students suggested a few things to reduce the theory practice gap. The majority (36%) suggested for updating the standard procedures with the current
actual clinical setup, whereas 24% proposed that tutoring should be done at the clinical teaching at ward rather than demonstrations at the skill lab. Of the sample, 18% suggested that tutors should be actively involved to solve the theory problems while applying it to a practical setup.

Figure 1: Reasons for not receiving clear practical knowledge through the procedure demonstration

A - Differences between demonstration and actual practice
B - Single demonstration is inadequate
C - Procedures are depend on tutors
D - Explanation of procedure books are not clear
E - Less opportunity for return demonstration

4 CONCLUSIONS AND RECOMMENDATIONS

This study concludes that individual factors such as anxiety, insufficient knowledge and inadequate self-confidence affect clinical education negatively. Insufficient equipment, students being treated as workers, inadequate time to perform procedure, poor interpersonal relationship and communication with hospital staff, poor staff attitudes towards student learning, insufficient clinical supervision, and leadership style of the ward sister are environmental factors which influence clinical learning. Moreover the findings concluded that the nursing curriculum’s theoretical content is not enough to have a good knowledge, and inadequately supports developing confidence in the clinical set up, and does not integrate theory and practice, and the differences between the actual ward situation and demonstration room and that there is variability in the procedures depending on tutors.

It is highly recommended to enhance collaborative work in the clinical environment within the nursing school; increase facilities; treat students as adult learners; implement modern teaching methodologies; conduct continuous revision and upgrading of the curriculum so that it is suited for current medical education needs; and further studies are recommended to identify problematic areas and overcome the theory practice gap in nursing education. Promoting distance learning programmes among nurses to improve their knowledge, attitudes and practices is another recommendation.

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