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Bridging the theory practice gap

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Introduction
The gap between theory and practice has long been identified as a problem in nursing and midwifery. In the past this has been described as an “embarrassing failure” (Rafferty et al., 1996 p.685) and presently there is a strong consensus that the existence of this gap is not only pressing but increasing (Spouse 2001; Landers 2000).

This article reports the findings of a qualitative descriptive study conducted. The purpose of this study was to explore the theory practice gap from the perspective of the midwifery student. This was considered to be a unique angle on this well researched and debated contemporary issue in nursing.

Literature Review
A review of current literature was conducted to examine a substantial representative core of the available knowledge on and around the theory practice gap. Most research reviewed centred on the impact of the theory practice gap on clinical outcomes and student nurse/midwife workplace readiness at registration. Since nursing education moved from the hospital to the university, nursing academics have researched the value of the ‘lecturer practitioner model’ as a means of connecting the university and the clinical setting (Cook and Wilby 1998; Fairbrother and Ford 1998; Brereton 1995). More recently the role of the nurse teacher (Landers 2000) and the perceptions of the nurse preceptor (Ohrling and Hallberg 2000) have been explored. After an exhaustive literature review however, no research was identified that sought to explore the theory practice gap, from the perspective of the student.

Methodology
Hermeneutic analysis is a method that aims to extract the meaning embedded in language (Byrne 2001). This method was used to analyse data obtained through interviewing five midwifery students and asking them a series of open ended questions about their perceptions of the gap between what they were being taught at university and what they experienced in their clinical placements. All students were at the same stage in their course and were engaged in their clinical experience at the same private hospital. Their interviews were tape recorded and then professionally transcribed word for word. The transcriptions were analysed to extract statements that were identical or very close to identical. These were clustered and themes were used to portray an exhaustive description of the topic. These themes were returned to the students for confirmation. All research guidelines were followed to ensure ethical process.

Findings
The four themes that reliably described the student’s perception of the theory practice gap were:

- Practice based on tradition contributes to the theory practice gap
- Having peers and others to identify with [sharing work related concerns and confusions] helps to bridge the theory practice gap
Acceptance [of the status quo], in the face of powerlessness [to effect a clinical change], is a coping mechanism. Seniority and increased autonomy (though daunting) allows some freedom to implement practice preferences based on evidence and this helps to bridge the theory practice gap.

Discussion
Nursing education is the responsibility of key players. These are the student, the university and the clinician. Each has an important and interdependent role in the development of the student nurse and midwife. Firstly, the student must be motivated to learn and reflect on practice. Secondly, tertiary institutions responsible for the theoretical input must provide accurate evidence based teaching that reflects the current clinical environment. This includes consideration of staffing levels, financial constraints and a strong awareness of the importance of fitting within the context of the clinical setting. Teaching must be more than imparting a collection of facts; successful students have an appreciation of how to use those facts in each unique clinical setting they encounter. Finally, clinicians have a responsibility to support student development. The clinical role model is highly influential in the development of the student nurse and midwife. Prioritising, putting theory into practice in context specific and workable ways, and implementing research are merely a few of the vital aspects of nursing and midwifery that can only truly be learnt in the workplace. As with any student, responsibility and empowerment go hand in hand. A mentor in the workplace who is able to guide students to grow in competence and confidence is invaluable. As student nurses and midwives of today tend to obtain clinical practice in many different agencies throughout their education, the sense of belonging to a single hospital and being a part of the staff of that hospital is therefore limited. Students in this study identified networking with their peers to be a very important way of coping with the theory practice gap. Clinicians who are responsible for student nurses and midwives can facilitate this networking.

Conclusion
Bridging the theory practice gap will improve learning opportunities for students and working conditions for clinicians. Students of today are the leaders of tomorrow. All nurses, wherever they work, have a responsibility to forward the profession of nursing in some way. Ensuring future generations of nurses and midwives are competent and confident enough to take the place of today’s nurses is not the responsibility of a select few. The challenge for the nursing profession in contemporary Australia is not filling student nurse and midwife places; it is keeping graduate nurses and midwives in the workforce. All nurses are affected when staffing numbers are low and patient numbers are high. If the voices of student nurses and midwives are headed perhaps the theory practice gap may begin to be bridged.

References


