

The Nursing Training-Practice Gap: Which is This?

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ABSTRACT

Nursing training is a formally recognized program of study providing a broad and sound foundation in nursing sciences for the general practice of nursing. Nursing practice is the ways, means, methods, and manners nurses use to offer care professionally. Sometimes gaps exist between nursing training and practice. These gaps impede on better patient care and outcomes. This review is relevant in that the causes of the gaps have been exposed for use and the way forward in reducing the gap. The objectives of this review were; to expose the nursing training-practice gap, to explore the causes of the widening gap, and to describe strategies for bridging the gap. Sources of information included PubMed, Cochrane Library, Google Scholar, Web of Science Platform, organizations, and books. It has been observed that the nursing training-practice gap constitute a persistent universal nursing problem affecting patients, nursing students, novice and expert nurses and institutions and is widening. The causes of the widening nursing training-practice gap have been described to be; changing trends and pertain of diseases, lack of a bond between the training schools as an academic environment and the hospital as a clinical environment, liberalization of nursing education, discrepancies in applying theoretical knowledge to practice, inconsistencies between ideals and values, professional stress due to high workload, scarce supervision on nurses' work, and unhealthy human attitudinal and behavioral factors. However, strategies to bridge the gap have also been provided to encompass, awareness creation, internships and apprenticeships in nursing training, preceptorship, facilitative supervision, continuous education, and evidence-based practice. This review is important in that nursing trainers, practitioners, and researchers could use the information for sensitization and reduction of the widening gap.

KEYWORDS: Nursing, Nursing training, Nursing practice, Nursing training-practice gap, Causes, Strategies for a way forward.

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INTRODUCTION

The theory-practice gap in nursing is the discrepancies between what students learn in the formal classroom and what they experience in the clinical setting (1). It is a lack of ability to relate the knowledge acquired in academic and research works with clinical practice (2). Despite many attempts by nurse faculty and clinicians to address the theory-practice gap, it remains a key issue in both nursing education and practice as the gap continues to widen (3). This gap is detrimental to standard nursing care of patients and outcomes. Problem: The widening nursing training-practice gap is deleterious to patients and patient outcomes. Given the problems of persistent and widening nursing training-practice

gap (3) faced by both novice and expert nurses and its negative consequences (4) on patient care and outcomes (5), and that this is becoming one of the biggest nursing problems (6) there is need to understand the nature of the gap, the possible causes, and propose strategies to mitigate the gap. The objectives of this review therefore were: to expose the nursing training-practice gap, to explore the causes of the widening gap, and to describe strategies for bridging the gap.

The Nursing Training-Practice Gap

International Council of Nurses (ICN) 1987 defines a nurse as "a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her

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country” (7,8). The ICN defines nursing training as “a formally recognized program of study providing a broad and sound foundation in nursing sciences for the practice of nursing, for a leadership role, and post-basic education for specialty or advanced nursing practice” (7,9). The American Nurses Association (ANA) defines nursing practice as the ways, means, methods, and manners nurses use to offer care professionally (10). Based on the nursing process, ANA has set up scope and standards of nursing practice to describe a competent level of nursing care seen in critical thinking as well as the level of professional behavior involving professional ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality assurance in practice, professional practice evaluation, resource utilization, and environmental health (10). Since nursing is a learned profession with a well-defined body of knowledge, ethics, and deontology, and the need to integrate the arts and science of nursing, there must be a congruence between nursing training and nursing practice (10). This congruence enhances the provision of holistic patient-centered nursing care and optimize health outcomes within specific environmental contexts (10). Failing which, a nursing training practice gap ensues.

The nursing training-practice gap can be defined as the discrepancies between what students learn in the formal classroom and what they experience in the clinical setting (1). It is a lack of ability to relate the knowledge acquired in

academic and research works with clinical practice (2) or the disparity between what should happen or should be done and what is actually happening in the clinical area (4). The American College of Surgeons describe the "practice gap" (11) as a problem with knowledge (does not know), skill (does not know how), and practice (does not do) (12). The gap may contribute greatly to misdiagnoses and poor administration of nursing care and lead to reduced effectiveness of care and suboptimal care outcomes (5). Despite many efforts by nurse faculty and clinicians to curb this, the theory-practice gap remains a key issue in both nursing education and practice (3). The training-practice gap may be intangible and difficult to quantify, it's often expressed as a negative entity with adverse consequences and thus needs clarification (4).

The gap has been seen in general practice and much more in some specialized areas of care. Such discrepancies have been described in the areas of emergency nursing, critical and intensive care (6,13), post-op care (14), and intramuscular injection administration (4).

The nursing training-practice gap is a universal problem (15) and a great challenge for experts in the field (3). It has been a persistent nursing problem since the era of Florence Nightingale (16) experienced by experts as well as novice nurses (4). Safazadeh et al indicated that the nursing training-practice gap has become the biggest universal challenge of this profession greatly reducing the quality of teaching and practice (6).

Table 1: Causes and remedies

Gap	Causes	Remedy
Difficulties modifying practice	Changing trends and patterns	Continues education
Inexperience and lack of confidence	Lack of a bond between academic and clinical environments	Institute preceptorship
Gaps in emergency, intensive and post op care	Liberalization of nursing education	Institute preceptorship
Challenges adapting in new services	Discrepancies in applying theoretical knowledge to practice	Use evidence-based practice
Increasing healthcare errors	Professional stress	Institute facilitative supervision

Causes of Widening Nursing Training-practice Gap

Changing trends and patterns of diseases where traditional methods learned are no longer successful or effective necessitate the modification of the practice by the nursing professional (2,17). Sometimes, some professionals become impatient and may not be able to make the necessary modifications in the face of such situations (17).

The lack of a bond between the training schools as an academic environment and the hospital as a clinical environment influences the quality of nursing education and subsequent care delivery (6). New nurses face difficulties which Ugwu et al (18) describe as environmental system challenges and say this is compounded by integration inadequacy such as team cooperation paucity, scarce

surveillance, and insufficient timing of clinical placement or rotation. Even when enough practice has been done from simulation in class, there is a big difference between doing return demonstrations in class and real patient care (19).

In Cameroon, the liberalization of nursing education and the uncontrolled proliferation of nursing schools without adequate supervision widen the already significant nursing training-practice gap (20). This is magnified by the lack of rigorous regulatory mechanisms for nursing practice from the Council for nurses, midwives, and paramedical personnel. Looking at the state of affairs in nursing in Cameroon and the wide training-practice gap now should be a critical moment for the harmonization of policy and practice for nurse

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education (21) as this may spontaneously result in the harmonization of nursing practice.

There are lots of discrepancies in applying theoretical knowledge to practice in nursing (22). These discrepancies have been attributed to the attitudes of healthcare providers, lack of work ethics, the effects of the environment, the condition or state of equipment used (1), non-standardize practices, lack of professional support; insufficiencies in the teaching and learning process; and differences between doing things in simulated and real clinical situations (23). Sometimes due to resource constraints, the lack of necessary resources and the need to improvise during training plays a great role in the widening nursing training-practice gap (24). Inconsistencies between ideals and values: At the beginning of a new career, the novice may have a decreased ability to listen, ask questions, and speak out (25) as the individual may be timid. Though a few may have the skills to stand up for themselves, others feel intimidated or shy. A lack of confirmation and appreciation in communication (26) may lead to moral disorders and cognitive dissonance decreasing their ability to use intuition and take initiative. Actions like ignoring the other's requests, failing to answer their questions, and other subtle behaviors like nonverbal contact and avoiding direct eye contact may convey disconfirmation (27). When this happens, this will reduce the individual's enthusiasm and drop their performance.

Professional stress due to high workload: Novice nurses have limited clinical experience and can find work to be very

stressful. This could increase the chances of errors in nursing care resulting in suboptimal patient outcomes. This can be worse where the workload is high with a shortage of nursing staff and high staff turnover (28) and can easily lead to low efficiency and effectiveness, emotional burnout, resignation, abandonment of the profession, and early retirement from the job (29). Increased stress increases the risk of work-related accidents and diseases, performance, and patient outcomes (30).

Scarce supervision, evaluation, and insufficient methods of feedback delivery (6): Effective and available supervision ensures that things are done correctly following standard operating procedures and guidelines. When supervision is ineffective or less frequent, this may give a chance for deviation, delay evaluation, and feedback. Ugwu et al refers to this as surveillance scarcity (18). When supervision, monitoring, and feedback are delayed, quality drops and the gap between theory and practice widens.

Unhealthy human attitudinal and behavioral factors (18) can lead to a lack of support from managers (31), faculty members (32), and colleagues (33). Smythe & Carter (34) in a review suggests that newly qualified nurses require ongoing support post-qualification in a healthy and enabling working environment that supports learning. Good interpersonal and inter-professional relationships between experts and novice nurses are important to positively influence new nurses to gain competencies and improve their learning and patient outcomes (35).

Table 2: Causes and Consequences of Widening Nursing Training-Practice Gap

Causes	Consequences
Changing trends and patterns	Certain learned skills are no longer effective
Lack of a bond between academic and clinical environments	Limit clinical exposure of students
Liberalization of nursing education	Nurses receive varying qualities of training
Discrepancies in applying theoretical knowledge to practice	Significant adjustment is needed when nurses change care settings.
Inconsistencies between ideals and values	Certain care activities conflict nurses' core values
Professional stress	Stress increase chances of error and decrease patients' safety and outcomes
Scarce supervision	Poor compliance to protocols and guideline
Unhealthy human attitudinal and behavioral factors	Strained interpersonal relationships increase work tension leading to errors, burnout, hence poor outcomes

Strategies to Bridge the Nursing Training-Practice Gap

Awareness creation: Identifying the problem is usually the first step in its solution. According to Abdullahi et al (2), the awareness of the nursing training-practice gap at individual nurses and institutional levels will translate to significant minimization of the gap to optimize nursing care outcomes. Harmonization and professionalization of nursing training (21) will introduce the students to the clinical area early so they don't see it strange after training. A variety of teaching strategies are used in clinical education, including modeling, observation, case presentations, direct questioning, thinking

aloud, and coaching. These approaches to clinical teaching can help provide insight into the thought processes, clinical reasoning, and the hands-on provision of care (36).

Internships and apprenticeships in nursing training: During nursing training, internships are meant to give nursing students opportunities to learn in real-life settings (37). This valuable experience allows the students to observe experts handle complex situations and gives them a chance to match and apply what they have learned in books to actual life situations. This helps to synchronize the learning and clinical

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environments (15) and is more effective with the presence of clinical instructors or link lecturers at the clinical site (6).

Preceptorship: The role of a mentor in nursing cannot be over-emphasized. Having a mentor is having a guide to help the novice nurse navigate her way from theory to practice and from novice to expert. They give insight, formative feedback and propose ways to improve or adapt theory to fit in clinical situations. Preceptorship has been prescribed by many researchers as a bridge to the nursing training-practice gap though completely closing the gap may be overwhelming (3,15).

Facilitative supervision: Supervision is a very important process in nursing practice (6) that ensures things are done following guidelines, procedures, and protocols (3). Salem and Beattle (38) define facilitative supervision as “*an approach to supervision that emphasizes mentoring, joint problem-solving, and two-way communication between the supervisor and those being supervised*”. This type of supervision identifies problems, proposes solutions, implements the solutions, monitors the evolution, and evaluates outcomes or goal-attainment and has a higher efficacy in problem-solving and continuous quality improvement at all levels (36).

Continuous education: This is central to nurses and represents lifelong professional exposure to information beyond that

learned from basic nursing training which helps to enrich and promote the professional practice of nurses and keep their knowledge and skills up-to-date (39). This may take the form of webinars, online courses, in-person classes, seminars, and conferences (40) that offer nurses the chance to improve upon their education and experience and develop their career portfolio (41). This should take a certain number of hours per year (39,40). While continuous education helps the nurse review existing knowledge and improve her skills as well as learn new skills, continuing nursing education is the best way the nurse can stay abreast with the latest trends in the constantly evolving, developing, and improving profession. Health organizations should draw policies that favor and fully fund continuous professional education for nurses to improve the nurses’ competencies and quality of the nursing care. (39,42).

Evidence-based practice: This process encompasses applying gathered data from comprehensive, thorough, and rigorous research to practical nursing tasks, therefore linking academic learning with real-world application. Evidence is used to design and implement standard operating procedures and clinical guidelines that allow care beneficiaries to actively participate in their own care (3).

Table 3: Strategies and Implementation Approaches to Bridge the Training-Practice Gap

Strategy	Implementation Approach
Awareness creation	Identify gaps and sensitize nurses on the gaps
Internships and apprenticeships in nursing training	Link every training school to a teaching hospital. ensure effective internships with link lecturers
Preceptorship	Train and assign all new nurses to a preceptor.
Facilitative supervision	Areas for improvement are identified and acted upon early
Continuous education	Fix mandatory hours for CE per year, institute licensure and license renewal exams
Evidence-based practice	Ensure the availability of evidence, SOPs, and guidelines

CONCLUSION

This review on the nursing training-practice gap exposed the nursing training-practice gap as a persistent discrepancy between what is learned in the nursing school and what is practiced in the clinical area. Found out that the causes of the gap ranged from those related to the nursing training, nursing practice, the nurse and the health institution. After exploring the causes, some strategies have been proposed to bridge the gap including, awareness creation, intensification of internships and apprenticeships, preceptorship, facilitative supervision, continuous education and the use of evidence-based practice. The widening nursing training-practice gap is a big nursing problem that needs a lasting solution.

RECOMMENDATIONS

The following recommendations have been made:

1. Surveys be carried on to ascertain the exact situation of the nursing training training-practice gap

2. That nursing trainers, practitioners, and researchers use this information for sensitization to reduce this gap
3. That a preceptorship program be developed for new nurses
4. That continuous education become a mandatory activity with a specified hours per year for all nurses

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