

The Theory Practices Gap among Nursing and Midwifery Students in Palestine

Nawaf RN Amro^{*1}, Ayat Al Sous², Shatha Shkherat², Haya Nahli², Rajeh Hassasneh², Ayham Slimi²

^{*1}BSN. Department of Nursing, Faculty of Health Profession, Al Quds University
Under Graduating Master Degree in Science of Nursing (MSN) at Al Zaytoonah University.
Dr. Ahmad Al Hamaideh Hospital, Amman, Jordan

²BSN. Department of Nursing, Faculty of Health Profession, Al Quds University

*Correspondence author - nawwafamro_skills@hotmail.com



Abstract:

Clinical experience is one of the most significant sources of stress and anxiety producing components of the nursing program. Clinical training, not only gives students the opportunity to transfer what they have learnt during theory into the unfamiliar and complex clinical practice environments. It also helps students learn a variety of skills, such as how to establish communication, make decisions and work as a member of a team. The purpose of this study was to identify nursing and midwifery students' problems during clinical practice at the baccalaureate nursing program in Palestine. Descriptive cross-sectional study design was utilized. A stratified sample of 340 nursing and midwifery students was recruited. Data were collected on a self-administered questionnaire. The sample was derived from students who had experienced clinical practice among the students in the department of nursing and midwifery sciences in Al-Quds University in Palestine. The study started with 340 students, including 155 males and 185 females. The final analysis was conducted with 330 participants comprising 151 (45.8%) males and 179 (54.2%) females. The majority of respondents stated that they did perceive a difference between what they were taught in the classroom compared to what was used in their clinical experiences with 237 (71.8%) responding yes and 93 (28.2%) responding no. Approximately, half of the students perceived the extent of the gap between theoretical & practical side with 138 (41.8%) responding big. Therefore, nursing facilitators should train and make more researches to identifying more problems and working to enhancing these problems to have a professions nursing and midwifery in our life.

Keywords: Theory practice gap, clinical experience, nursing, students.

Introduction

Clinical experience is some regarding the most widespread sources concerning stress and anxiety producing factors over the nursing program, it is a core part about the baccalaureate nursing curricula. Clinical training, no longer solely offers students the opportunity in conformity with transfer what they have learnt at some stage in principle within the strange or complicated clinical practice environments (Mlek, 2011). It also facilitates students analyze a variety of competencies and learn a variety of skills, certain namely how to set up communication, make decisions and work as a member of a group. Therefore, a constructive clinical teaching surroundings that offers nursing students with opportunities for the development of confidence and competence, and with a focus on student learning desires instead of health care service delivery needs, is essential (Croxon & Maginnis, 2009). Moreover, theoretical and practical learning experiences are an integrated mixture of nursing education goal to enhance the capability of nursing students to comprehensively and systematically clear up the

customers' nursing problems via obtaining information, knowledge, abilities, and attitudes needed to enhance the quality of nursing care. (Anthony & Yastik, 2011; Budgen & Gamroth, 2008).

Administrators of university faculties for health science and Nursing schools in Palestine have followed preceptor as a method of organizing college students' scientific stories and supervision. Preceptor, supervisor and mentor are regularly used synonymously and interchangeably in the literature (Yonge, Billay, Myrick, & Luhanga, 2007). For this study, the time period preceptor has been chosen and defined because the personnel nurses who've the skills, talents and who agree to work with nursing college students to provide them with possibilities to boost their understanding with clinical exercise (Budgen & Gamroth, 2008). Learning and gaining knowledge in the clinical practice takes location while students practice what they have got discovered and learned in classroom scenario and practiced in a simulation laboratory into the fact of nursing. As college students and nurses utilize the nursing manner to assess, diagnose, plan,

implement, and compare their sufferers' capacity and actual issues, they may end up higher scientific decision makers and improve expert judgments (Huckabay, 2009).

Several authors show that there is a gap in integrating theoretical learning and competencies to practice which have had an impact on students getting to know in clinical abilities and skills (Davhana-Maselesele, 2000; Mahmud, Alwi, Sulaiman, & Hassan, 2013; Tiwaken, Caranto, & David, 2015). As a consequence, they had been unable to transfer information and principle found out in their nursing program to actual practice which had terrible results on affected person effects (Peisachovich, 2015). Moreover, this loss of publicity to professional wondering impacts experienced nurses as well, who're not able to progress to a higher level of proficiency.

This paper describes and explains the undergraduate nursing student's belief and perception toward factors that influenced their clinical learning experiences. But, according to a assessment of the literature, there are few quantitative studies have been performed on the challenges clinical nursing college students. Unluckily, such studies are lacking and these challenges are still unknown in Palestine. know-how about the perceived factors that impact and influence learning in nursing students is vital in any student centered learning surroundings and will help nurse educators to broaden appropriate coaching strategies for the scientific gaining knowledge of environment and also health knowledge is essential for determining health behavior, individuals with higher levels of health knowledge may perform healthier behaviors at extra frequency than people who are much less knowledgeable (Amro, Rasheed, Khmour, Qraqra, & Ghayeb, 2017). In view that clinical practice periods are a critical thing in the curriculum of pre-registration nursing guides, it is essential to evaluate the students' experiences of their supervision and whether the intended learning outcomes are reached. Therefore, this study take a look to explain the challenges of the nursing students inside the clinical mastering surroundings.

Methodology

Design

A descriptive cross-sectional study design was applied. A stratified sample of 340 nursing and midwifery college students was recruited. The chosen students were approached because they have a specific knowledge or enough medical exercise to examine what's discovered from theory. We excluded international students because all of them not have experiences in our clinical sittings and also we excluded bridging students because maximum of these students have had operating revel in inside the hospitals and it would be difficult for them to relate to the concept theory-practice gap. Only students from second, third, and fourth

year were approached. The first year students were excluded as they were only exposed to clinical training at the faculty labs.

Setting and sample

The sample was derived from students who had experienced clinical practice among the students in the department of nursing and midwifery sciences in Al-Quds University in Palestine. A stratified sample of 340 nursing and midwifery students turned into recruited. The selected students were approached because they have expertise or enough scientific exercise to examine what is found out from principle. We excluded bridging college students because most of those college students have had working experience within the hospitals and it'd be difficult for them to relate to the theory-practice gap. Only students from second, third, and fourth year were approached. The first year students were excluded as they were only exposed to clinical training at the faculty labs. In Palestine, nursing training is primarily are taught over through 3-year hospital based apprentice ship programs and is carried out in hospitals and in the community. All nursing students are enrolled in university based, 4-year baccalaureate program in which clinical experience start in the second year of study. Clinical practice forms about 50% of the total program as required by the Ministry of higher education of Palestine. Clinical preceptor ship is given by faculty based preceptors, supported by registered nurses assigned to the clinical area. Students visit a number of public and private hospitals, community health centers and schools for clinical experience. The number of students assigned to units varies widely and is often dictated by the health institutions.

Data collection and instrumentation

Data were collected on a self-administered questionnaire. It was developed by the researchers as guided by the literature (Ozcan & Shukla, 1993; Smith, Clegg, Lawrence, & Todd, 2007). The questionnaire was divided into three sections: the first section defined Problems related to the instructors during practice period: the second section defined Problems related to the students and the third section defined problems with ward personnel and environment, The student's perceptions of an ideal learning environment were also sought using mainly Likert-type with response options ranging from "I Agree" (1), "I Disagree" (2), "I don't know" (3). The instrument was reviewed by four clinical and educational specialists and pretested among 30 students not included in the study population resulting in minor modifications to questions relating to the clinical learning experiences of students. A Cronbach alpha score of 0.81, a high level of internal consistency was recorded by the instrument. Data were collected one week in Oct 2016.

Ethical Issues

Previous to starting the examiner moral approval and permission had been granted through the administration of the faculty of nursing. . The purpose of the study and how the data would be used were explained to the student and they were reminded that no names or identification numbers were required on the questionnaire. Written informed consent was obtained from the students earlier than the questionnaires had been administered. The 30 students who participated inside the improvement of the questionnaire additionally did so voluntarily. All completed questionnaires have been then saved to maintain confidentiality and anonymity.

Data analysis

The data analysis was performed using the statistical package for the Social Sciences (SPSS) for windows version 23. Descriptive statistics (frequency, distribution, mean) were used to analysis the data.

Results

Demographic characteristics of respondents

Table 1 presents the demographic characteristics of the students. The study started with 340 students, including 155 males and 185 females. The final analysis was conducted with 330 participants comprising 151 (45.8%) males and 179 (54.2%) females. Ten participants were excluded from the final analyses, 6 females and 4 males, because of withdrawal of the 330 participants, 83 (25.2%) were 2nd year, 123 (37.6%) were 3rd year, and 124 (37.2%) were 4rd year students. The majority of respondents stated that they did perceive a difference between what they were taught in the classroom compared to what was used in their clinical experiences with 237 (71.8%) responding yes and 93 (28.2%) responding no. Approximately, half of the students perceived the extent of the gap between theoretical & practical side with 138 (41.8%) responding big, and the rest of the students perceived it with 150 (45.5%) responding moderate and 42 (12.7%) responding low.

Table 1: Distribution of the studied sample according to their Socio-demographic data (n = 330)

Characteristics	No. of respondents (n)	(%)
Age-group		
< 20	147	44.5
Between 20 – 25	150	45.5
>25	33	10.0
Gender		
Male	151	45.8
Female	179	54.2
Academic year		
2 nd year	83	25.2
3 rd year	123	37.6
4 th year	124	37.2
Type of Training Hospital		
Government	190	57.6
Private	140	42.4
Place of Residence		
City	116	35.2
Village	195	59.1
Camp	19	5.4
The extent of feeling that there is gap between theoretical & practical side		
Yes	237	71.8
No	93	28.2
The extent of the gap between theoretical & practical side		
Big	138	41.8
Moderate	150	45.5
Low	42	12.7

Problems related to the instructors during practice period

Closely, most of students 85.2% report that there are not able to find teaching staff to be able to practices one-on-one, 78.8% do not assess students objectively, 74.5% clinical instructor are not able to ensure cooperation with ward personnel. Almost 63.0% of the students reported that Lack of support, which was provided by the instructor for us as

students during the training period, and the lack of his interest in our weaknesses, 62.7% that lack of supervision for us as students by the trainers in the training place, 59.7% that the instructor disregarding in the way of our performance as students, and 55.5% that inefficiency of instructor who have trained me in the training place (practical place), contributed to the creation of the gap between the theoretical and the practical (Table 2).

Table 2: Frequency and percentages of Variables that related to the instructors during practice period

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
Inefficiency of instructor who have trained me in the training place (practical place), contributed to the creation of the gap between the theoretical and the practical.	183 (55.5)	122 (37.0)	25 (7.5)
The lack of commitment of the instructor in the training place, contributed to creating this gap.	153 (46.4)	155 (47.0)	21 (6.4)
The instructor disregarding in the way of our performance as students, during training, contributing to find the gap.	197 (59.7)	112 (33.9)	21 (6.4)
Lack of supervision for us as students by the trainers in the training place, contributed to the existence of this gap.	207 (62.7)	105 (31.8)	17 (5.2)
Lack of support, which was provided by the instructor for us as students during the training period.	208 (63.0)	109 (33.0)	11 (3.3)
The education and training method adopted during the training period was dominated by neglect and lack of guidance, which led to the emergence of the gap between theory and practice.	154 (46.7)	155 (47.0)	19 (5.8)
The lack of presence of the instructor with us (students) during the training period, contributed to the creation of the gap to us between the theoretical and the practical.	153 (46.4)	158 (47.9)	18 (5.5)
The lack of interest with the objectives of the course outline which were expected from the training site was a main reason to create a gap between what we have learned in the university and what we found actually.	159 (48.2)	137 (41.5)	30 (9.1)
Feedback and evaluation by the instructor is not enough.	164 (49.7)	138 (41.8)	27 (8.2)
I am not able to find my clinical instructor to be able to practice one-on-one.	281 (85.2)	46 (13.9)	3 (0.9)
Clinical instructor do not assess students objectively.	260 (78.8)	60 (18.2)	10 (3.0)
Clinical instructor are not able to ensure cooperation with ward personnel.	246 (74.5)	75 (22.7)	9 (2.7)

Problems related to the students

More than two thirds reported that there are not able to transfer theoretic knowledge into practice. Almost 65.5% of the students reported that lack of possessed information by the students, 60% that lack of initiative, 56.7% that difference between the educational programs in educational institutions, 56.1% that fear of the new training

environment, 55.5% that fear of applying what I have learned in theory to real patients in the training place, and 53.9% that lack of my commitment as a student during the period of my study, and my academic carelessness in both the university and training was a direct cause of the existence of a gap between theory and practice (Table 3).

Table 3: Frequency and percentages of variables that related to the students

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
The lack of information that I have as a student, was a direct cause of the existence of a gap between theory and practice.	216 (65.5)	91 (27.6)	23 (7.0)
The lack of my knowledge was the reason for the weakness of my self-confidence as a new student, which contributed to the existence of a gap between theory and practice.	172(52.1)	133 (40.3)	25 (7.6)
Fear of the new training environment for me as a student, was the reason for creating a gap that I have.	185 (56.1)	124 (37.6)	19 (5.8)
Fear of applying what I have learned in theory to real patients in the training place was the reason to create a gap that I have.	183 (55.5)	130 (39.4)	17 (5.2)
The lack of my commitment as a student during the period of my study, and my academic carelessness in both the university and training, contributed to the creation of a gap between the theoretical and practical side.	178 (53.9)	121 (36.7)	31 (9.4)
The difference between the educational programs in educational institutions, contributed to the creation of the gap between theory and practice.	187 (56.7)	114 (34.5)	28 (8.5)
The weakness of my academic achievement during the study was the reason of creating this gap that I have.	150 (45.5)	154 (46.7)	26 (7.9)
I did not train in my work place previously.	165 (50.0)	111 (33.6)	52 (15.8)
The lack of initiative I have, was the reason for the emergence of this gap.	198 (60.0)	110 (33.3)	20 (6.1)
Fully depending on the teacher to explain the material and the lack of early preparations, contributed to the emergence of this gap that I have.	178 (53.9)	110 (33.3)	39 (11.8)
I cannot transfer theoretic knowledge into practice.	275 (83.3)	52 (18.2)	3 (0.9)

Problems with ward personnel and environment

The majority of the students stated that they were not created for them on wards to practice subjects that they had learned and also not having a room for students to change clothes (85.2%) and (84.9%) respectively. (83.3%) of the

students stated that they were used for tasks other than primary patient care, (72.1%) that ward personnel were critical of them because they slowed down the work on the wards. Table 4

Table 4: Frequency and percentages of Variables that related to ward personnel and environment

Item	Frequencies & Percentages		
	Agree	Disagree	Don't know
The limited availability of medical equipment at the hospital, and sometimes lack of its presence, was the reason of not being able to apply my work perfectly.	219 (66.4)	101 (30.6)	10 (3.0)
Lack of adequate educational opportunities in training place is the cause of creating this gap.	236 (71.5)	83 (25.2)	9 (2.7)
The fear of applying what we have learned to real patients contributed to the creation of a gap that I have.	222 (67.3)	97 (29.4)	10 (3.0)
The lack of nursing staff cooperation in training places contributed to create the gap that I have.	243 (73.6)	74 (22.4)	12 (3.6)
Being used to do tasks other than patient care.	275 (83.3)	52 (18.2)	3 (0.9)
Not creating an environment in which procedures learned in class could be practiced.	281 (85.2)	46 (13.9)	3 (0.9)
Being excluded by ward personnel.	238 (72.1)	77 (23.3)	15 (4.5)
Not having a room for students to change clothes and lockers.	280 (84.9)	41 (12.4)	9 (2.7)
Not having a room for joint meetings with teaching faculty and Students.	250 (75.8)	64 (19.4)	16 (4.8)

Discussion

The findings acquired from the study proven that a spread of students' issues with troubles associated with the teachers at some point of practice period, students and ward personnel and environment had been determined. However, there's widespread agreement inside the scholarly literature that it's relates to the distancing of theoretical expertise from the practical dimension of nursing and indeed this definition has been utilized to illustrate the issue i faced as an undergraduate nursing students (Corlett, Palfreyman, Staines, & Marr, 2003; Higginson, 2004; Maben, Latter, & Clark, 2006; Rolfe, 2002; Scherer & Scherer, 2007; Wolf, Bender, Beitz, Wieland, & Vito, 2004).

The results of our study implies there are lack of commitment of the instructor, lack of support, lack of supervision and lack of presence of the instructor with the students during training period and also clinical instructors are not able to ensure cooperation with ward personnel (Table 2). The results of this study are consistent with the international study results (Scully, 2011; Sharif & Masoumi, 2005). Moreover, mostly, half of students reported that the lack of presence of the instructor with us during the training period, contributed to the creation of the gap that led to unprepared students for new procedure and help the ward staff and students form positive relationships and also Lack of support, which was provided by the instructor for us as students during the training period. In another study conducted at Antalya School for Health Sciences 84% of midwifery and nursing students expected the teaching staff to be in control of the ward, to prepare students for new

procedures, to know ward procedures, and help the ward staff and students form positive relationships. At the same time 31% of the students wanted teaching staff to trust the students, be tolerant, respectful and supportive (Katar, 2009). In addition, our research results shown that the teaching staff were not able to establish cooperation with ward employees and were not able to develop objective assessment criteria for students on wards. The results of other studies on this subject are consistent with ours (Table 2) (Karaöz, 2013; Katar, 2009).

In addition, our study results shown that the most common problem experienced by students was not being able to transfer topics that they had learned into practice (83.3%). Previous studies have shown that students are not able to transfer topics they learned as theory into practice, that there were gaps between theoretic and practical classes, and that students believe that they have not met the objectives of practical classes. The results of this study are consistent with the international study results (Sharif & Masoumi, 2005; Smith et al., 2007; Tan, 2007). Other problems widely experienced by our students in clinical sites were being used for tasks other than primary patient care, being excluded from clinical practice and not being shown tolerance. In other studies conducted on this subject as well students reported widespread experience with problems associated with health care employees on wards (Katar, 2009; Ozcan & Shukla, 1993). However because students do not always have teaching staff with them they may be excluded from wards for rejecting non-nursing tasks and may perceive themselves to be unnecessary on the ward. Moreover, our research results shown that students experienced problems

with the scarcity of resources/equipment, and physical conditions on wards, such as not having a place to change clothes, not having areas where they can have joint meetings with clinical instructors (Table 4). There is a study support our result shown that 21.9% of the students perceived not having a place to change clothes and 15.8% not having a break room to be a problem. (Katar, 2009).

Conclusion

Nursing education has each theoretical and practical elements. College students have substantial theoretical education prior to their opportunity to apply this knowledge to practical situations in the clinical component of the course (Scully, 2011). However, the primary challenge is to faced through nurse educators (both classroom and medical) is to persuade college students to adapt formal, generalized understanding to solve unique troubles and to increase beliefs, values and vital questioning in the realistic environment (Spouse, 2001). Therefore, nursing program directors should invest in recruiting, studying, training and developing their teaching staff to prepare nursing and midwifery students effectively for the demanding situations of the nursing career.

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Conflicts of interest:

The authors declare that they have no competing interests.

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Nawaf RN Amro received the BSN from Al-Quds University, Palestine. And also I'm the undergraduating student in M.S degrees in Nurse at Al- Zaytooneh University, Jordan.ss