FACTORs CONTRIBUTING TO THEORY-PRACTICE GAP IN NURSING: A CASE OF GWANDA PROVINCIAL HOSPITAL

MZIZI NOMBULELO PRECIOUS
B1438850

RESEARCH PROJECT SUBMITTED TO THE FACULTY OF HEALTH SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT OF BACHELOR OF SCIENCE HONOURS DEGREE IN NURSING EDUCATION AT BINDURA UNIVERSITY OF SCIENCE EDUCATION

YEAR OF SUBMISSION- JUNE 2017
DECLARATION

I, Mzizi Nombulelo Precious declare that this project is an original work and has not been submitted to this university or any other university in Zimbabwe.

Student’s signature..................................................... Date.................................................................
HEALTH SCIENCE DEPARTMENT

APPROVAL FORM

Title of Dissertation: FACTORS CONTRIBUTING TO THEORY PRACTICE GAP: A CASE OF GWANDA PROVINCIAL HOSPITAL.

To be completed by the student:

The undersigned certify that the dissertation meets the preparation guidelines as presented in the faculty guide and instruction for typing dissertations.

............................................................  ............................................................

MZIZI NOMBULELO PRECIOUS  Date
(Signature of student)

To be completed by the Supervisor

This dissertation is suitable for submission to the faculty and was checked for conformity with the faculty guidelines

............................................................  ............................................................

Mrs C.S KATSINDE  Date
(Signature of supervisor)

To be completed by the chairperson of the department

I certify that to the best of my knowledge, the required procedures have been followed and the preparation criteria have been met for this dissertation.

............................................................  ............................................................

Ms E. MWANZA  Date
(Signature of chairperson)
ACKNOWLEDGEMENTS

This journey was full of twists and turns, my sincere gratitude goes to my supervisor Mrs C.S Katsinde for her unwavering support, academic and professional guidance throughout the study. Thank you madam for your patience, for realising my potentials and sailing with me through this adventure. You never got tired and you accommodated me in your busy schedule and mentored me throughout. You were my source of inspiration and I am fully equipped with all the research skills, thumbs up to you.

To the Medical Superintendent of Gwanda Provincial Hospital and Senior tutor, thank you for granting me the permission to carry out this study and of course not forgetting the participants (student nurses/midwives, nurse educators and clinical instructors) who made this study to be a success.

To my husband Bhekinkosi and my children Candice and Banele, thank you for your unflagging love, support and patience when I robbed you of the quality time to dedicate to my study. I know it was not easy for you when I was away but you had faith in me and it is because of you that I shouldered on even during trying times. I love you so much.

To Nyasha Muninipi, thank you for taking care of my children while I was pursuing my studies you did a great job and I am forever indebted to you.

Special thanks to my parents Mr and Mrs Bulala Mzizi who always had faith in me and saw the strength in me as you always told me that I am a sign and a wonder, you have always been my pillar through thick and thin. To Rose Ncube my mother in law, thank you for your positive remarks and encouraging me to work hard.

To my friend Likwa Dube, you encouraged me throughout and you saw the light at the end of the tunnel when I almost gave up, thank you for your constructive contributions. And the rest of the group 2014 BScNE students and BScNE lecturers who stood by me during trying and hard moments, I soldiered on because of your advice and encouragement.

I would like to acknowledge my own JESUS for fighting my enemies whilst I feast in their full view. Ebenezer Baba…
DEDICATIONS

This piece of work I dedicate it to my family; Bhekinkosi, Candice and Banele. Being away from you was not easy, you are the reason I kept on striving hard. I will always love you.

In loving memory of my late grandfather Colly
ABSTRACT

The overall purpose of this study was to determine factors contributing to theory-practice gap in nursing at Gwanda Provincial Hospital. A cross sectional descriptive design was used to accomplish the objectives of the study where data was collected on one occasion from different subjects. A sample of 50 consenting student nurses and student midwives was drawn using the stratified random sampling method. A purposive sampling method was used for the 10 consenting nurse educators and clinical instructors. A self-administered questionnaire and a structured interview guide were used to collect data from students and nurse educators/clinical instructors respectively. The nurse educators/clinical instructors were the key informants. Data collected was analysed using Statistical Package for Social Sciences (SPSS) version 22.0. The data was presented in the form of bar graphs, pie charts and tables. Benner’s Novice to expert model was used to guide the study.

The study revealed that fear of assessors by students, shortage of material resources, lack of uniformity between classroom and clinical teaching, lack of mentorship and preceptorship, lack of practice and inadequate clinical supervision contributed greatly to theory practice gap in nursing. Strategies to bridge the gap such as having regular meetings between the school department and the clinical area, allocation of mentors and preceptors to students, availing adequate resources and improving relationships between nurse educators/clinical instructors and students were identified. Therefore, a strong link between the school and the clinical area should be enhanced to facilitate correlation on theory to practice.
# TABLE OF CONTENTS

DECLARATION FORM ................................................................. i
APPROVAL FORM ........................................................................ ii
ACKNOWLEDGEMENTS ................................................................ III
DEDICATIONS ................................................................................. iv
ABSTRACT ..................................................................................... v
LIST OF FIGURES ........................................................................ viii
LIST OF TABLES ............................................................................. ix
LIST OF APPENDICES ................................................................... x
LIST OF ACRONYMS ..................................................................... xi

CHAPTER I ...................................................................................... 1
BACKGROUND TO THE STUDY .................................................. 1
Problem statement ....................................................................... 3
Research purpose ......................................................................... 3
Research Questions ..................................................................... 4
Significance of the study .......................................................... 4
Conceptual Definition of Terms ............................................... 4
Theoretical framework ............................................................. 6

CHAPTER II .................................................................................... 9
LITERATURE REVIEW ............................................................... 9
Introduction ................................................................................ 9
Factors affecting performance of students in the classroom setting ................................................................. 9
Factors affecting performance of students in the clinical setting ................................................................. 10
Theory-practice gap .................................................................. 11
Strategies that could be used to integrate theory and practice ................................................................. 12
Summary .................................................................................. 13

CHAPTER III .................................................................................. 14
RESEARCH METHODOLOGY ....................................................... 14
Research design ....................................................................... 14
Study Setting ........................................................................... 14
Population of the study ........................................................... 15
Sampling and Sample size ....................................................... 15
Sampling criteria ..................................................................... 16
Research Instruments .............................................................................................................................................. 16
Questionnaires ..................................................................................................................................................... 16
Structured Interviews ....................................................................................................................................... 17
Validity and reliability of the instruments ........................................................................................................... 17
Data collection procedures ................................................................................................................................. 17
Pilot study ............................................................................................................................................................. 18
Data Analysis and Presentation ............................................................................................................................ 18
Ethical considerations ......................................................................................................................................... 19
Summary ............................................................................................................................................................. 19
CHAPTER IV ......................................................................................................................................................... 20
RESULTS AND INTERPRETATION ............................................................................................................................. 20
Introduction .......................................................................................................................................................... 20
Reasons why student nurses and midwives fail practical assessments ............................................................... 32
Summary ............................................................................................................................................................. 32
CHAPTER V .......................................................................................................................................................... 33
DISCUSSION, SUMMARY, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION ............................................................................................................................................. 33
Introduction .......................................................................................................................................................... 33
Discussion of the findings ........................................................................................................................................ 34
Nursing Implications .......................................................................................................................................... 39
Implications to research ...................................................................................................................................... 39
Implications to Nursing Practice .......................................................................................................................... 39
Implications to Nursing Education ....................................................................................................................... 40
Implications to Administration ............................................................................................................................. 40
Recommendations ............................................................................................................................................... 40
Limitations ............................................................................................................................................................ 41
Conclusion ............................................................................................................................................................ 41
REFERENCES ........................................................................................................................................................ 42
### LIST OF FIGURES

<table>
<thead>
<tr>
<th>Number</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Theory-practice gap model: Novice to Expert</td>
<td>8</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Response on students who failed theory</td>
<td>21</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Response on teaching methods preferred by students</td>
<td>22</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Response on students who failed practical assessments</td>
<td>23</td>
</tr>
<tr>
<td>Figure 5</td>
<td>Response on reasons for failing assessments</td>
<td>24</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Response of students on staff consultation</td>
<td>24</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Response on reasons for students failing block</td>
<td>28</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Response on preferred teaching methods</td>
<td>28</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Response on availability of teaching methods</td>
<td>29</td>
</tr>
<tr>
<td>Figure 10</td>
<td>Response on students companion to the clinical area</td>
<td>31</td>
</tr>
<tr>
<td>Figure 11</td>
<td>Response on teaching strategies commonly used in the clinical area</td>
<td>31</td>
</tr>
<tr>
<td>Number</td>
<td>Content</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Table 1</td>
<td>Demographic data of student nurses/midwives</td>
<td>20</td>
</tr>
<tr>
<td>Table 2</td>
<td>Response on level of training</td>
<td>21</td>
</tr>
<tr>
<td>Table 3</td>
<td>Reasons for failure of theory by students</td>
<td>22</td>
</tr>
<tr>
<td>Table 4</td>
<td>Response on factors relating to theory</td>
<td>23</td>
</tr>
<tr>
<td>Table 5</td>
<td>Response on factors affecting practice</td>
<td>25</td>
</tr>
<tr>
<td>Table 6</td>
<td>Response on knowledge on the theory practice gap</td>
<td>26</td>
</tr>
<tr>
<td>Table 7</td>
<td>Response on strategies to close the gap</td>
<td>26</td>
</tr>
<tr>
<td>Table 8</td>
<td>Demographic data of nurse educators/clinical instructors</td>
<td>27</td>
</tr>
<tr>
<td>Table 9</td>
<td>Response on resources not available</td>
<td>29</td>
</tr>
<tr>
<td>Table 10</td>
<td>Response on factors affecting practical performance</td>
<td>30</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Number</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Questionnaire for students</td>
<td>47</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Questionnaire for nurse educators/clinical instructors</td>
<td>51</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Consent form</td>
<td>54</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Request letter from Bindura University of Science Education</td>
<td>55</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Approval letter from Gwanda provincial Hospital</td>
<td>56</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Approval letter from Medical research Council of Zimbabwe</td>
<td>57</td>
</tr>
</tbody>
</table>
# LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSE</td>
<td>Bindura University of Science Education</td>
</tr>
<tr>
<td>SANC</td>
<td>South African Nurses Council</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>MRCZ</td>
<td>Medical Research Council of Zimbabwe</td>
</tr>
</tbody>
</table>
CHAPTER I

BACKGROUND TO THE STUDY

The gap between theory and practice has long been identified as a problem in nursing and midwifery (Landers, 2011). To meet the demands of health service provision, nurses need to have sound theoretical knowledge as well as proficient practical skills. Nursing education in Zimbabwe is among the best in the southern region (Mapanga & Mapanga, 2010). Zimbabwe exports nurses to most countries in the world. To maintain this level of nursing education, it is important to consider all issues that may negatively influence the quality of nurse education in Zimbabwe.

Theory-practice gap in nursing was defined by Landers (2011), as the discrepancy between what is taught in the classroom and how care is actually given in practice. If theory is considered to be the basis for understanding the reality of nursing, the content studied in the classroom should relate with what the student experiences in the ward. Therefore if a gap is identified between theory and practice, efforts should be made to reduce it.

The theory-practice gap is a global phenomenon and has been repeatedly debated within nursing. A study done in Iran by Saifan, Mohannad & Rami (2015), stated that the public and the government have criticized Iranian nurses because of poor quality of patient care and the divergence between nursing theory and clinical practice. Managers believed that staff’s lack of knowledge is a significant barrier to being productive and providing high quality of care. Nursing students experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting (Saifan et al, 2015).

In USA, a study by Corlett (2010), on the perspectives of student nurses on theory practice gap explained that lack of qualifications of the clinical instructors formed a key stone in increasing the gap between theory and practice. The same author cited lack of communication between theory and practice by teachers as another reason for this gap. Students mentioned the complexity of the clinical learning environment in comparison with the theory controlled
environment. However, poor communication between clinical instructors and lack of support in the clinical training increased the feelings of dissatisfaction among nursing students.

In South Africa, a study conducted by Cele, Gumede & Kubheka (2012), on the functions and roles of nurse preceptors in the clinical areas revealed that 87.5% of the professional nurses in the wards were unable to supervise student nurses due to heavy workloads that hindered effective clinical teaching of student nurses. The expectation of the SANC (2008), is that nurse educators should spend at least 30 minutes per fortnight per student nurse in the clinical area in order to ensure integration of theory and clinical practice. Clinical supervision is important as it provides the opportunity for nurse educators to assist student nurses to apply theory in practice (Nxumalo, 2011).

In Swaziland, Dlamini (2011), conducted a study on developing a clinical education model for the integration of theory and practice in nursing. The model frames how nurses can collaboratively manage clinical education and facilitate learning to produce competent nurse graduates. The same author says her research is the result of the theory practice gap that exists in nursing education in Swaziland and from the lack of an informative framework to guide clinical facilitation and supervision and hopes that after testing and possible adoption of this model, graduate competencies will be improved for better patient outcomes and health system improvement.

The literature showed several suggestions to close the gap between theory and practice in nursing education. It is suggested that learning be put in a context that makes it clear to be understood by students (Stockhausen, 2015). Giving real examples during lectures may reduce the feelings of mystery that students report as they implement their theoretical learning in real situations. Landers (2011), reiterates the need for more nursing teachers in the clinical area and indicated that nursing teachers should spend more time in the clinical area assisting students to link theory to practice thus ensuring students’ learning.

Thus this study aims to determine factors contributing to theory practice gap among student nurses and midwives at Gwanda Provincial Hospital.
Problem statement
Nursing students should be able to transfer their theoretical knowledge during clinical attachment whilst they are in training because health services expect nurses exiting a training programme should be competent at the entry level (Allan, Smith, & O’Driscoll, 2011). It has been noted with concern that students are taught theory in class but when they go to the clinical area they perform differently. What they are taught in classroom is not well applied into practice (Nxumalo, 2011). This kind of practice leaves the patients at risk as students practice on them leading to misdiagnosis and mismanagement of patients in the clinical area.

The researcher reviewed students results both theoretical and practical assessments at Gwanda School of nursing and observed with concern that there is a general trend in the majority of students scoring higher marks in theory and average marks in practical (unpublished data).

Class average results of two groups which were randomly selected at the School of Nursing revealed that there are discrepancies between theory and practical assessment marks of student nurses. Students scored better in theory than practical. End of block results for year 2 block 2, the class average was 73.4% whilst for practical assessments average mark for the group was 54.5%. The same trend was observed with student midwives where an average mark for end of senior block was 72.9% whilst for practical assessments it was 62.2%. Both results indicate that the problem is not confined to a particular group but is rather a general trend. It is for this reason that the researcher was motivated to conduct this study in order to find out the factors contributing to theory-practice gap among student nurses and midwives at Gwanda Provincial Hospital (unpublished data).

At present there is no study which has been done on the theory practice gap in nursing in Zimbabwe.

Research purpose
The study aimed to determine factors contributing to the theory-practice gap in nursing among student nurses and midwives at Gwanda Provincial Hospital.
The following were the study objectives:

1. To determine factors affecting performance of students in the classroom setting.
2. To determine factors affecting students’ performance in the clinical setting.
3. To identify strategies that could be used to integrate theory and practice.

The following were the research questions:

1. What are the factors affecting performance of students in the classroom setting?
2. What are the factors affecting performance of students in the clinical setting?
3. Which are the strategies that could be used to integrate theory and practice?

Significance of the study

Bridging the theory-practice gap will improve learning opportunities for students and improve the quality of care rendered to patients. The study will be of great importance in improving the quality of supervision and the quality of cadres being trained. It will stir the introduction into the curriculum of practical ways to improve psychomotor skills for the students of nursing. Bridging the gap between theory and practice has implications for recruitment of students into the nursing programme, as well as retention of newly qualified nurses.

Conceptual Definition of Terms

A single construct can have different meanings for different people (Neuman, 2007), therefore for the purpose of this study; the following terms were clarified pertaining to the factors that affect theory-practice integration of student nurses and midwives at Gwanda Provincial Hospital.

*Theory*

Landers (2011), refer to theory as the content covered in the classroom, as opposed to the actual practice of performing nursing activities.

For the purposes of this study, the term theory refers to theoretically related content pertaining to the three year comprehensive programme of nursing as prescribed by the Nurses Council of Zimbabwe and one year midwifery programme. The content is covered in the classroom setting
using various teaching strategies which equips the student nurses and midwives with the skills for clinical application.

**Practice**

Corlett (2010), defines practice as an activity or exercise repeatedly or regularly repeated in order to acquire, maintain or improve proficiency in it.

In this study practice means skills that are acquired in the real clinical setting that enable student nurses and midwives in nursing to develop methods and techniques of rendering optimal nursing care to patients in the clinical settings in which the student nurses are placed.

**Gap**

Dickerson (2012), says that a gap is the difference between what existed (knowledge, theories, assumptions, practices) and what is required/targeted (or what should be done). A gap is critical to determine need and necessity of conducting a research. Generally, a gap can be extension or challenge of the existing variable, theories and assumptions.

In this study, a gap means discrepancies which are there between theory and practice.

**Nurse educator**

According to Stockhausen (2015), a nurse is defined as a person whose job is to take care of sick or injured people, usually in hospital. An educator according to Dickerson (2012), is a person who gives intellectual, moral and social instruction or trains or gives information on a particular subject.

For the purposes of this study, the concept “nurse educator” refers to all registered nurses currently employed at Gwanda Provincial Hospital with an additional qualification as a nurse tutor according to the Nurses Council of Zimbabwe and who is employed to facilitate learning.

**Clinical Instructor**

For the purposes of this study, the concept clinical instructor refers to all registered nurses currently employed at Gwanda Provincial Hospital with a permanent or acting post and who is employed for facilitation of learning.
Student

Stockhausen (2015), defines a student as a person studying at a university or other place of higher education.

In this study the term student refers to any person who is currently training at Gwanda Provincial Hospital and undergoing the three-year comprehensive programme leading to registration as a general nurse and any person undergoing a one year programme leading to registration as a midwife. The concept will be used interchangeably with student nurse/midwife.

Theoretical framework

Novice to Expert

Patricia Benner (1984), adapted a model of skill acquisition which was developed by a mathematician and a philosopher. This landmark model is utilized to assist with the transition of the student nurse from the classroom to the clinical setting. The researcher used the Novice to Expert model because she was looking at the integration of theory to practice. She was looking at what students are taught in the classroom and how they apply it to practice. Benner looks at how the student learns to acquire skills from being a purely novice in the clinical area with only theory from class and ends up being an expert in practical skills. Benner describes a widely acclaimed model consisting of five stages of clinical competence:

1. Novice:

The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.

In this study, the novice were the Pre training nursing students (PTS) who enter the clinical area as novices and have little understanding of contextual meaning of textbook learning. They need rules to guide performance and opportunity to develop skills that can only be acquired in real situations. Clinical teachers play key roles during this time. When they go to the clinical area, they do not have an idea on how to carry out the procedures.
2. Advanced Beginner:

Advanced Beginners demonstrate marginally acceptable performance because the student nurse has had prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues. May/may not be within a delayed time period. Knowledge is developing. Nurses who can demonstrate marginally acceptable performance and can cope with real situations. Clinical teachers continue to facilitate the transition of the advanced beginner.

In the context of this study, the advanced beginners were the Post PTS, the first year students who have been in the clinical area and have done the pre assessments. They have mastered some basic techniques and have started to correlate theory into practice.

3. Competent

Competence is demonstrated by the student nurse who has been on the training in the same or similar situations for one or two years. The nurse is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. For the Competent nurse, a plan establishes a perspective, and the plan is based on considerable conscious and analytic contemplation of the problem. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.

In this study, the competent nurse were the second year student nurses who has done most of the clinical assessments and has been left in the clinical area to be the manager. Second year students are confident and are able to justify their actions and can even identify some gaps between theory and practice.

4. Proficient

The Proficient nurse perceives situations as wholes rather than in terms of chopped up parts or aspects. The Proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient nurse can now recognise when the expected normal picture does not materialise.
In this study, the proficient nurse were the third year students who were preparing for a ward management. This student understands the running of the ward and can be a manager.

5. Expert:

The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient.

In the context of this study, an expert was a student who has passed all the clinical assessments and is awaiting to write State final examinations. The nurse educators and clinical instructors were also experts in this study. This student has all the theory and practice, is able to correlate the two without any difficulties and does not require supervision.

Figure 1: Theory-practice gap model; Novice to Expert
CHAPTER II

LITERATURE REVIEW

Introduction

Literature review is defined by Polit & Beck (2010), as a critical summary of research on the topic of interest, often prepared to put a research problem in context. The purpose of the review is to convey to the readers what is currently known regarding the topic of interest (Burns & Grove, 2009) so as to avoid repetition. In this chapter a review of available literature was conducted pertaining to knowledge on the theory-practice gap in nursing.

Factors affecting performance of students in the classroom setting

According to Ousey & Gallagher, (2007), in their study titled the theory practice relationship in nursing in New Zealand, knowledge gained by nurses in the classroom may be perceived to bear little resemblance to what is needed in practice; that is, academics are perceived to teach content that is inappropriate for use in the practice area. Muldon & Reilly (2013), indicates the importance of understanding theory in class as the foundation for understanding the science and art of nursing.

McGann & Thompson (2008), highlighted that one of the problems with regard to examinations are that student nurses spend time thinking about the meaning of questions as the questions will not be clear to them. In contrary, Mcmillan & Schumacher (2009), is of the opinion that lack of adequate knowledge base, too much examination anxiety and lack of test-taking skills might affect the performance of students.

In South Africa, a study by Nxumalo (2011), on factors that affect theory-practice integration by student nurses at a selected campus of a nursing college in the Limpopo province, students indicated several factors that included; failure in biological and natural sciences (BNS) subjects, use of traditional teaching strategies, inadequate use of a simulation laboratory for skills demonstration, inadequate supervision, shortage of resources and the nature of the assessment process and lack of interest in various subjects.
More than half (55%) of student nurses indicated that they had failed BNS subjects. Some, 23% of student nurses also indicated that they had less interest in these subjects. BNS subjects are, however, important in providing the foundation for understanding theory and practice. If student nurses do not understand the scientific foundation of nursing, this may hamper their theory-practice integration (Nxumalo, 2011).

Sinclair & Ferguson (2009), cited that the combination of lecture and discussion methods of teaching increased students' self-confidence for nursing practice. This also gives students a chance to practice thereby improving their skills. Wolf, Bender, Beitz & Wieland (2014), agreed that stimulating of the interest of students in a subject are subjected to applying techniques that lead to teaching excellence, the use of various teaching methods and strategies, fair assessment and the approachability/availability of lecturing staff.

Factors affecting performance of students in the clinical setting

Many nursing researchers reported that nursing students, in spite of good knowledge base, they were not skilful in clinical settings (Bendal 2011, Timmins & Kaliszer 2012, Polit & Beck, 2010). Students felt that what they had been taught in the classroom was too ideological and not functional in the real world states (Myrick et al, 2007). This was supported by Chapman (2012), who conducted a study in Ireland on lived experience of clinical practice, and emphasized that what students observed being taught in theory did not always connect in practice leading to conflict until the students were able to accept the differences. Accepting the differences required the students to be versatile in how they performed on clinical practice.

In Australia, Nolan (2008), carried a study on learning in clinical placement and found that student nurses experienced fear and anxiety during clinical placement, which in turn affected the student nurses responses to their clinical learning environment. Unfamiliarity to wards and procedures made the student nurses tremble.

Andrews & Roberts (2013), in their study on supporting student nurses learning in and through clinical practice conducted in Hong Kong, argued that although a variety of skills can be simulated in the clinical laboratory setting, student nurses are not always in the position to remember what they have learnt when they are faced with the real-life situations. Morgan (2007),
reiterates that this situation is perpetuated by the fact that student nurses feel that unit professional nurses demonstrate the skills in a different way from that which they were taught in the clinical skills laboratories.

Students feel that in the wards they are taught more quickly than in the clinical skills laboratories. Dolan (2013), adds that student nurses often report inconsistency between the way in which the nurse educators and the clinical preceptors view competency.

In Namibia, a study carried by Lipinge & Venter (2013), titled Student nurses experiences during a rural community placement, revealed that student nurses expressed dissatisfaction in the clinical area as they lacked support and guidance from the nurse educators during their clinical placements. Waterson et al (2013), highlighted that student nurses raised concerns about the lack of skills and experience by some nurse educators and further indicated that these could be a contributory factor in poor performance by student nurses.

In a study carried out by Mzizi & Dube (2015) in Matabeleland South on, Assessment of knowledge, utilization and attitudes of midwives on the partograph. This study showed a gap in linking theory of partograph to practice despite midwives demonstrating theoretical knowledge of its use. Whilst the study results revealed high levels of knowledge of the partograph (82.9%) an audit of 55 partographs showed poor practice in its use. The study showed a clear gap between what is taught in the classroom and what transpires in clinical practice.

Theory- practice gap

Rolfe (2013), states that the theory-practice gap is felt most accurately by student nurses. Students may find themselves torn between the demands of the tutor and practising nurses. They are faced with real clinical situations in which they are unable to generalise from what they have learned in theory. This discrepancy in nursing as it is practised by students in the clinical setting has long been a source of concern for teachers, practitioners and learners worldwide (Landers, 2011). The nurse is expected to generalize the concepts learned in all courses and apply them to real life work situations beyond the training context and maintain this behaviour over a long period of time (Holton, Bates, Bookter, & Yamkovenko, 2007). In order to achieve this, the student nurse should take control of new information and internalize it to transform existing knowledge and create new knowledge.
Strategies that could be used to integrate theory and practice

Ousey & Gallagher (2007), alluded a number of innovative strategies that can assist nursing students to develop their clinical skills. Such strategies include implementation of comprehensive orientation programs, mentoring, preceptoring, and coaching and these focus on supporting student learning in the clinical area so that theory learned in the classroom is reinforced through direct application to practice (Landers, 2011). According to the Mochaki (2011), peer mentoring is an essential component of the introduction of the new faculty member to the nursing school.

Chapman (2012), added that reorganization of teaching and learning methodologies can greatly assist in bridging the academic and clinical divide. A fully equipped modern laboratory where students can conduct simulation exercises must be acquired. The laboratory will enable skill acquisition with the attainment of a minimum level of competency prior to repetition of skill in the clinical setting.

A study by Burns & Patterson (2009), titled Clinical practice and placement support revealed that facilities used for the clinical placement of student nurses play a bigger role in providing students with the opportunity to engage in practice and make links between theory and practice. In order to get maximum benefits from clinical placements, students must be able to interact with all the aspects of the environment, such as nurse educators, preceptors and professional nurses. Gallagher (2014), states that post-basic qualifications for clinical educators are important as it prepare clinical educators for the role of a clinical teacher.

According to Gillepsie & McFetridge (2007), in a study on The role of the nurse teacher in closing the theory-practice gap, clinical placement areas should be dynamic and have adequate resources at ward level in order to assist students to link theory and practice. It is therefore important to ensure that there is integration between teaching, supervision and practice in order to achieve high quality training.

Zorga (2012), emphasized that supervision which is provided during accompaniment of students enhances the process of life-long learning and development as an adult. Students are able to acquire new professional and personal insights through their own experience, and are further able
to integrate practical experiences with theoretical knowledge. Mochaki (2011), emphasized on the importance of student nurses orientation prior to placement in the clinical areas.

Stockhausen (2015), found that reflective practice is a registering prerequisite competency for beginning nurse practitioners. This type of reflection encourage student nurses to talk about their experiences in clinical practice, offer a more integrated approach to classroom theory and its application in practice, focus on the process of reflection-on-action and provides an avenue for students and the clinical teacher to set mutual goals of action to trial for future experiences.

Despite widespread agreement that the theory–practice gap is a reality in nursing education, Gallagher (2014), is of the opinion that the term is so embedded in educational nurse literature that it is very often used mindlessly and as a thought stopper. Rafferty, Allcock & Lathlean (2007), however, conclude that the debate surrounding the theory–practice gap is not only inevitable and healthy but also necessary for change in education. Given the scenario above, this research will come up with strategies that can be used to integrate theory with practice in relation to the training of student nurses and midwives.

Summary

This chapter comprised of literature from different authors on theory-practice gap in nursing. There were different views on factors affecting performance of students in the classroom and clinical settings. However, several strategies were highlighted by various authors of bridging the gap between theory and practice.
CHAPTER III
RESEARCH METHODOLOGY

A research methodology is the blueprint for conducting a study and it is necessary to maximise control over factors influencing the validity of the findings. This session described the research design and method used in this study, including the population and sampling frame, data collection, data analysis, validity and reliability and the ethical considerations. The study intended to determine factors contributing to theory-practice gap in nursing.

Research design

Research design is the overall plan for obtaining answers to the research questions and for handling challenges that can undermine the study evidence (Polit and Beck, 2010). This study used a cross-sectional descriptive design which is a non-experimental research design where data was collected on one occasion from different subjects (Brink et al, 2009). According to LoBiondo-Wood & Haber (2007), the advantage of using cross-sectional studies is that they are less costly in terms of time and money than longitudinal studies. The data and results are readily available.

In this study the researcher collected data from the first, second and third year student nurses and student midwives. Clinical instructors and the nurse educators were used as key informants. Both quantitative and qualitative research approaches were used in the study.

Study Setting

The study was carried out at Gwanda Provincial Hospital, a referral hospital for two mission hospitals, which is located in Matabeleland South Province 126 kilometers from Bulawayo. The hospital offers curative services in the outpatient and casualty departments, has medical and surgical wards, rehabilitation services, palliative care, tuberculosis reviews and follow ups and cervical cancer screening, antenatal and post-natal services. The hospital has a Multidisciplinary school that trains registered general nurses, midwives and environmental health technicians. It
has an average of 2 intakes of midwives per year, one intake of general nurses and one intake of environmental health technicians.

**Population of the study**

A target population is the largest body of individuals or units being researched on and has one or more characteristics in common that are of interest to the researcher (Best & Khan, 2007).

In this study, the population were all nurse educators, clinical instructors, student nurses and midwives at Gwanda Provincial Hospital. The Environmental Health Technicians were not included in the study as the researcher is a nurse by profession and her interests were on the student nurses and midwives.

**Sampling and Sample size**

Polit & Beck (2010), defined sampling as the process of selecting a portion of the population to represent the entire population. The researcher used the stratified random sampling. Cresswell (2007), defined stratification as the process of dividing members of the population into homogeneous subgroups before sampling. In this study stratified sampling technique was used to come up with two groups of student nurses and student midwives. Gwanda Provincial Hospital has a total number of 85 student nurses and midwives with 55 student nurses and 30 student midwives.

Simple random sampling was then used to get samples of student nurses and student midwives. The procedure involved establishing a sampling frame, that is, the list of the population elements. In this study, a list of all student nurses and student midwives at Gwanda Provincial Hospital was compiled. The elements were numbered consecutively. A table of random numbers was used to draw at random a sample of the desired size. Polit & Beck (2010), explained that samples drawn randomly in such a fashion are not subject to research biases. Random selection does guarantee that differences between the sample and the population are purely a function of chance (Polit & Beck, 2010).

The ratio for student midwives to student nurses is approximately 1: 2 (30:55). Therefore the researcher sampled 40 student nurses and 20 student midwives giving a total of 60 students. Polit
& Beck (2010) explained that the larger the sample, the smaller the sampling error. A purposive sampling of 10 nurse educators and clinical instructors was done from a total of 15. This study selected a sample size of 70 participants, because the larger the sample, the more representative it is likely to be.

Inclusion criteria

Inclusion criteria is an accepted standard used in choosing units or people with desired requirements for making a decision or judgment, (Glasser, 2010). In this study all student nurses, student midwives training at Gwanda Provincial Hospital were included in the study. All nurse educators and clinical instructors were also included as key informants. English speaking student nurses and midwives were both male and females were included in the study.

Exclusion criteria

Exclusion criteria refers to the sampling unit that is not considered within the main stream study (Glasser, 2010). In this study, student environmental health technicians, qualified staff from the clinical area, nurse aids, doctors, radiographers and general hands were not included in the study.

Research Instruments

An instrument in a research study is a device used to measure the concept of interest in a research project (Brink et al, 2009). Data was generated through questionnaires for students and structured interview for nurse educators and clinical instructors so as to reach at the conclusions of the study.

Questionnaires

A questionnaire is an instrument used to collect answers to questions or to collect factual data (Polit & Beck, 2010). The researcher used a self-administered structured questionnaire which comprised of 19 questions developed by the researcher to collect information on theory-practice gap in nursing. The instrument comprised of closed and open ended questions. According to Ary et al (2012), closed ended questions are used for securing factual information or options or issues where it is possible to identify a limited number of alternative responses. The open ended questions was preferred for more complex questions where the researcher was interested in
identifying the subjects’ understanding of the frame of reference used in responding or the motivations underlying the answer. The instrument was written in English and comprised of four sections. Section A was the demographic data, Section B was on factors affecting students’ classroom performance, Section C was on factors affecting students’ clinical performance and section D was on strategies that can be used to integrate theory and practice.

Structured Interviews

Interviews are discussions, usually one-on-one between an interviewer and an individual, meant to gather information on a specific set of topics (Coley, 2011). Semi-structured interviews were used by the researcher to gather information from the nurse educators and clinical instructors. Interviews can be conducted in person or over the phone. The interviews were conducted in person at Gwanda School of nursing and midwifery. Interviews can be used to gather background information or to tap into the expert knowledge of an individual. The semi-structured interviews were developed by the researcher and comprised of Section A with demographic data, section B was on factors affecting students’ performance in the classroom and section C was on factors affecting student’s clinical performance.

Validity and reliability of the instruments

Leedy & Ormrod (2010), defined validity as the extent to which an instrument measures what it is supposed to measure and performs as it is designed to perform. Haper (2011), defined reliability as the ability of a research instrument to provide similar results when used repeatedly under similar conditions. Johnson & Christensen (2008), further explained that reliability is the degree to which an assessment tool produces stable and consistent results. The questionnaire and interview guide were developed by the researcher being informed by the literature and then reviewed by the supervisor. A pilot study was conducted to ensure validity and reliability of the instrument before data collection.

Data collection procedures

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study (Burns & Groove (2009).
The permission to carry out the research was sought from Bindura University of Science Education (BUSE), Medical Research Council of Zimbabwe (MRCZ) and Gwanda Provincial Hospital for the purpose of distributing questionnaires to the student nurses and midwives as well as conducting interviews with the nurse educators and clinical instructors.

The researcher distributed questionnaires to student nurses and midwives. There was a group of student midwives who were in the block and questionnaires were distributed during tea break. The rest of the students were in the clinical area. Questionnaires were distributed during tea break and lunch. The researcher requested for permission from the sister in charge in various wards. Sixty questionnaires were distributed to student nurses and student midwives. Fifty were received back complete, giving a response rate of 83.3%. After collecting data from students, the researcher went to the School of nursing and midwifery to interview nurse educators and clinical instructors. Permission was sought from the tutor in charge. Ten nurse educators and clinical instructors were interviewed as key informants. The whole data collection process took three consecutive days.

Pilot study

Mellish, Brink & Paton (2007), view a pilot study as an exact but small scale version of the main study. To ensure the validity and reliability of the instrument, a pilot study was done utilising the participants with similar characteristics to those participants of the study. A pilot study provides the researcher with an opportunity to conduct on a limited scale a research project. The pilot study was conducted on 10 student nurses and midwives and 5 nurse educators at Mpilo Central Hospital. Adjustments were made to the instrument afterwards to ensure the responses answered the research questions.

Data Analysis and Presentation

Data analysis is the systematic organisation and synthesis of research data (Polit & Beck, 2010). Data was grouped and classified to facilitate processing, checking and cross-referring. The researcher used SPSS version 22.0 statistical analysis mode software to analyse the data. The program generated frequency tables, graphs, pie diagrams and representative
characteristics or values, such as averages and percentages. Descriptive statistics were used because of their suitability in providing an objective reflection of the findings. Data was then presented on tables and figures as frequencies and percentages. Triangulation of data from the student nurses and midwives and from nurse educators and clinical instructors was done. Qualitative data was presented through narrative thick descriptions, it was classified according to themes and relationships and their implications to the theory-practice gap.

Ethical considerations

Ethics, also moral philosophy is the branch of philosophy that deals with the issues of right or wrong conduct (Mellish, et al, 2007). In practice, ethics seeks to resolve questions of human morality, by defining concepts such as good and evil, right and wrong, justice and crime. Permission to carry out the study was sought from the BUSE ethics committee, from the Medical Superintendent of Gwanda Provincial Hospital and the MRCZ. The study participants were contacted through the senior tutor and the matron at Gwanda Provincial hospital. Each participant was given a written informed consent form to sign following an explanation on the purpose of the study. Anonymity, and confidentiality of the information was assured by making sure there were no names on questionnaires. The completed questionnaires were kept in a lockable bag until the time when they were used for analysis of data to ensure confidentiality. The questionnaires will only be destroyed after the study so that the data obtained may not be used by any other persons for any reason.

Summary

A cross sectional descriptive research design was used to carry out the study. The design was chosen in recognition that qualitative and quantitative methods can be used to off-set the weaknesses associated in using only one of the two. Data collection was done using a questionnaire for students and structured interview for nurse educators and clinical instructors. Data presentation and analysis as well ethical considerations were also presented.
CHAPTER IV
RESULTS AND INTERPRETATION

Introduction

This chapter presents the findings of the study. Descriptive statistics were used to describe and summarise data obtained from the structured questionnaires and interviews. Data from 50 completed questionnaires from the student nurses/midwives and 10 structured interviews from the nurse educators and clinical instructors was analysed using the SPSS version 22.0 computer program. The results were presented in frequencies, percentages, graphs and tables.

The purpose of the study was to determine factors contributing to theory-practice gap in nursing at Gwanda Provincial Hospital. Sixty questionnaires were distributed and fifty were received, completed, giving a response rate of 83.3%. Ten nurse educators and clinical instructors were interviewed as key informants.

PART ONE RESPONSE BY STUDENT NURSES/MIDWIVES
SECTION A: Demographic data

Table 1: Demographic data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-25 years</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>26-30 years</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>31-35 years</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>36-40 years</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Females</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td><strong>Level of education of students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary level</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Advanced level</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Tertiary</td>
<td>25</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 1 above shows most 33(66%) of the respondents are between 20 and 30 years of age, a transition from late adolescent to early adulthood. The majority 37 (74%) of the respondents are
females. Twenty five respondents constituting 50% had done other courses before being enrolled at the school of nursing as their level of education is tertiary.

Table 2: Level of training

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First years</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Second years</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Third years</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Student midwives</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

Table 2 above shows most of respondents 20 (40%) were third year students and 18 (36%) were student midwives, 7(14%) were first years and only 5(10%) were second years.

SECTION B- Factors affecting performance of students in the classroom setting

Figure 2: Failure of theory

Figure 2 above shows most of the respondents 28 (56%) have never failed theory in class whilst 22 (44%) failed theory at some point in training.
Table 3: Reasons for failure

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much information given</td>
<td>8</td>
<td>36.4</td>
</tr>
<tr>
<td>No time for preparation</td>
<td>6</td>
<td>27.3</td>
</tr>
<tr>
<td>Information given not clear</td>
<td>5</td>
<td>22.2</td>
</tr>
<tr>
<td>Examinations too tough</td>
<td>3</td>
<td>13.6</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3 above shows 8 (36.4%) said they failed theory because there is too much information given during block, 6 (27.3%) said there is no time for preparation, 5 (22.2%) cited that information given was not clear and 3 (13.6%) said the examinations were too tough.

Figure 3: Teaching Methods preferred by students

Figure 3 above shows that 19 (38%) of respondents preferred lecture method, 17 (34%) preferred discussion, 7 (14%) preferred individual work and 7 (14%) preferred group work.
Table 4: Factors relating to Theory

<table>
<thead>
<tr>
<th>Variable</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>Relevancy of information taught in class to the level of study</td>
<td>46</td>
<td>92</td>
<td>4</td>
</tr>
<tr>
<td>Enough time to cover content in the block</td>
<td>12</td>
<td>24</td>
<td>38</td>
</tr>
<tr>
<td>Time given to go into the clinical area during the block</td>
<td>40</td>
<td>80</td>
<td>10</td>
</tr>
<tr>
<td>Examples given in class practical and relevant</td>
<td>43</td>
<td>86</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 4 above shows majority 46 (92%) of the respondents said that information taught in class is relevant to level of study. Most of the respondents 38 (76%) said that there was not enough time to cover content during the block. The majority of the respondents 40 (80%) highlighted that during the block they are given time to go to the clinical area whereas 10(20%) said that they were not given time to go to the clinical area. Forty –three (86%) of the respondents said that the examples they are given in class are practical and relevant, whilst 7(14%) said the examples were not practical and relevant.

SECTION C- Factors affecting students’ performance in the clinical setting

Figure 4: Failure of practical assessments
Figure 4 above shows the majority 35(70%) of students said they have never failed a practical assessment whilst 15(30%) failed a practical assessment at some time during training.

Figure 5: Reasons for failing

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of the assessors</td>
<td>67%</td>
</tr>
<tr>
<td>No enough time for preparation</td>
<td>20%</td>
</tr>
<tr>
<td>Forgetting major concepts</td>
<td>13%</td>
</tr>
</tbody>
</table>

Figure 5 above shows from the 15 students who failed theory, most 10 (67%) of the respondents said they failed assessments because they fear the assessors. Three (20%) said they did not get enough time for preparation and 2(13%) said they forgot major concepts.

Figure 6: Free staff to consult

<table>
<thead>
<tr>
<th>Staff to consult</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peers</td>
<td>38%</td>
</tr>
<tr>
<td>Other sisters</td>
<td>38%</td>
</tr>
<tr>
<td>Clinical instructors</td>
<td>20%</td>
</tr>
<tr>
<td>Sister in charge</td>
<td>4%</td>
</tr>
</tbody>
</table>

Figure 6 above shows 19(38%) students prefer to consult peers, 19(38%) prefer to consult other sisters whilst 10(20%) prefer clinical instructors and 2(4%) prefer sisters in charge.
Table 5: Factors affecting practice

<table>
<thead>
<tr>
<th>Variable</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>There is enough orientation to the clinical area before doing assessments</td>
<td>35</td>
<td>70</td>
<td>15</td>
</tr>
<tr>
<td>There are clinical instructors assisting students during clinical attachments</td>
<td>41</td>
<td>82</td>
<td>9</td>
</tr>
<tr>
<td>There are enough resources to use in the clinical area during clinical attachment</td>
<td>47</td>
<td>94</td>
<td>3</td>
</tr>
<tr>
<td>There is enough staff to assist students in the clinical area</td>
<td>31</td>
<td>62</td>
<td>19</td>
</tr>
<tr>
<td>There is supervision by the qualified staff</td>
<td>41</td>
<td>82</td>
<td>9</td>
</tr>
<tr>
<td>There is uniformity between classroom and clinical teaching</td>
<td>30</td>
<td>60</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 5 above shows that majority of the respondents 35 (70%) cited that they get enough orientation to the clinical area before doing assessments. Forty-one (82%) respondents said that they get assistance from instructors during clinical attachment. However, majority of the respondents 47 (94%) said the material resources in the clinical area are not enough. Most of the respondents 30 (60%) said that there is no uniformity between classroom and clinical teaching. Forty-one (82%) said there is supervision by qualified staff and 31(62%) said there is enough staff to assist students in the clinical area.
SECTION D- Theory practice gap and strategies of closing the gap

Table 6: Knowledge on the theory-practice gap

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response if respondents knew what theory practice gap is</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td><strong>Reasons for the gap</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of material and human resources</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Lack of mentorship and preceptorship</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>No time to practice in the clinical area</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Examples given in class not practical</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Different information from clinical instructors and trained sisters</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 6 above shows majority of the respondents 40 (80%) knew what theory practice gap is. Twenty (40%) of respondents cited lack of material and human resources as reason for the gap, 10(20%) mentioned lack of mentorship, 10(20%) cited that there is no time to practice in the clinical area, 5(10%) said examples given in class were not practical and 5(10%) said information taught by clinical instructors and trained sisters was different.

Table 7: Strategies to close the gap

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and update clinical procedure manuals</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Administration to lobby and provide enough resources</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Students to be allocated mentors and preceptors in the clinical area</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

Table 7 above shows most of the respondents 30 (60%) mentioned that the administration should lobby and provide resources for use in the clinical area, 12(24%) said the procedure manuals should be reviewed and updated whilst 8(16%) said students should be allocated mentors and preceptors in the clinical area.
### 4.2 PART TWO: RESPONSES BY NURSE EDUCATORS/CLINICAL INSTRUCTORS

**SECTION A: Demographic data**

Table 8: Demographic data

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-35 years</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>36-40 years</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>41-45 years</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>46-50 years</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>above 50 years</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td><strong>Position at school</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse educators</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>Clinical instructors</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td><strong>Professional Qualifications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Post basic</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td><strong>Years of experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 years</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>4-6 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7-9 years</td>
<td>6</td>
<td>60</td>
</tr>
<tr>
<td>10-12 years</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 8 above shows 4 (40%) of the respondents are between the ages 36-40 years, 2(20%) are between 30-35 years, 2(20%) are between 46-50 years, 1(10%) is between 41-45 years and 1(10%) is above 50 years. Eight (80%) are females and 2(20%) are males. Six (60%) are nurse educators and 4(40%) are clinical instructors. Five (50%) are master’s degree holders, 3(30%) are bachelor’s degree holders and 2(20%) have a post basic as their highest qualification. Six (60%) have 7-9 years’ experience in the teaching field, 2(20%) have 0-3 years and 2(20%) have between 10-12 years of experience.
SECTION B: Factors affecting performance of students in the classroom setting

Figure 7: Reasons for students failing block

N=10

Figure 7 above shows 4 (40%) of respondents said students fail the block because they is poor selection of questions. Three (30%) said they fail because of poor time management, 2 (20%) said students cannot express themselves properly, poor grammar and punctuation. Only 1 (10%) said the block is packed therefore they do not get time to master the concepts.

Figure 8: Teaching strategies

N=10
Figure 8 above shows that half of the respondents 5(50%) prefer a lecture method, 3(30%) prefer other methods like discussions and group work and only 2(20%) use demonstrations for teaching in class.

Figure 9: Availability of teaching resources

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Internet</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Library</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Models</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Human resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse educators</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Clinical instructors</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Enough staff</td>
<td>5</td>
<td>50</td>
</tr>
</tbody>
</table>

Table 9 above shows half of the respondents 5(50%) said models were not available for classroom teaching, 2(20%) said computers were not available, 2(20%) mentioned library and
1(10%) said internet services were not available. Five (50%) respondents said there was enough staff to teach in class. Four (40%) said there was shortage of nurse educators and only 1(10%) said there was shortage of clinical instructors.

SECTION C: Factors affecting students’ performance in the clinical setting

Table 10: Factors affecting practical performance

<table>
<thead>
<tr>
<th>Variables</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available of a demonstration room at the school</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Access to the demonstration room by students</td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Time to discuss students problems/challenges during clinical attachment</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Enough resources for use in the clinical area</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Availability of a procedure manual in the clinical area</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Discrepancy in ways of doing procedure in the school and clinical area</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 10 above shows all the 10(100%) respondents said there is a demonstration room at the school of nursing and midwifery. Nine (90%) of the respondents said students have time to access the demonstration room. Eight (80%) said there is shortage of resources for use in the clinical area. Seven (70%) said procedure manuals were available in the clinical area and 7(70%) highlighted that there is discrepancy in ways of doing procedures in the school and clinical area.
Figure 10: Students companion in the clinical area  

Figure 10 above show that clinical instructors 8(80%) accompany students to the demonstration room and demonstrate procedures before students go to the clinical area and only 2(20%) nurse educators demonstrate procedures to students.

Figure 11: Teaching strategies commonly used in the clinical area  

Figure 11 above show half of the respondents 5(50%) said they use individual instructions to ensure that students have grasped the concepts, 4(40%) use demonstrations and 1(10%) use other methods.
Reasons why student nurses and midwives fail practical assessments

The reasons for students failing practicals were grouped into themes. Five themes emerged and these are:

Nurse educators and clinical instructors said there are too many shot cuts in the clinical area due to shortage of resources.

Lack of mentorship and period of training is too short.

It was highlighted that packs used in the clinical area are not up to standard and are different from those used during demonstrations.

One of the respondents said, ‘Students do not take their learning seriously and they copy wrong things whilst they will be having procedure manuals’.

Others cited lack of supervision, panic, anxiety and lack of motivation from the qualified staff.

Summary

In this chapter, data analysis and interpretation was done. It was then presented in tables, graphs and pie charts.
CHAPTER V

DISCUSSION, SUMMARY, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

Introduction
This section discusses and summarises the findings of the study. The implications with respect to nursing practice, nursing research and nursing education are highlighted. The study further proposes recommendations for consideration. The study limitations are also highlighted.

The purpose of the study was to determine factors contributing to the theory-practice gap in nursing among student nurses and midwives at Gwanda Provincial Hospital.

The study answered the following questions:

- What are the factors affecting students’ performance in the classroom setting?
- What are the factors affecting students’ performance in the clinical setting?
- What strategies can be put in place to enhance integration of theory and practice?

This study was carried out at Gwanda Provincial Hospital. A cross-sectional descriptive study design was used. Data was collected from first, second and third year student nurses and student midwives. Clinical instructors and the nurse educators were used as key informants. Stratified sampling was used to select students and purposive sampling for the key informants. A total of seventy participants were selected for the study. Self-administered questionnaires were used to collect data from the students and structured interview was used for the clinical instructors and nurse educators. Response rate for students was 83.3% response rate. Benner’s model of novice to expert was used to guide the study.
Discussion of the findings

Section A: Demographic characteristics

The findings reveal that majority of student nurses were in the age group 20 and 30 years, a transition from late adolescent to early adulthood which is something to be considered in the learning situation. Zorga (2012), is of the opinion that age is known to be a predictor of academic achievement as the students will be more mature.

Most of the nurse educators/ clinical instructors were between the ages of 36-40 years. The findings reveal that many nurse educators and clinical instructors were at almost the same age as 34% of some student midwives. This could be because student midwives are doing post basic hence they trained for three years for a Diploma in Nursing then worked in the clinical area for a minimum of two years before coming for midwifery training. This phenomenon is viewed by Nolan, (2008), as positive since students may be able to relate to nurse educators and clinical instructors with ease because of no vast age differences.

Majority of the students were females and so are the nurse educators and clinical instructors. Gallagher (2014), explains that nursing is a female dominated field and this can be attributed to issues such as status, pay and gender role stereotyping of the profession. Although Muldoon & Reilly (2013), indicate that teaching is much more attractive to both men and women, in this study males are fewer than females. Mcmillan & Schumacher (2009), highlighted that females grasps concepts faster than males and they are good with practical whereas males are good with theory. The majority of respondents were third year students. The researcher assumed that they all had adequate exposure to both theory and practice and would have been able to respond to the questions in the questionnaire with insight hence respondents were selected randomly.

SECTION B: Factors affecting performance of students in the classroom setting

Regarding theory, most 28(56%) of the students have never failed theory examinations. Mulholland (2009), indicated that it is important to understand theory in class as this forms the foundation for understanding the science and art of nursing. However, the students who failed theory stated that they failed theory because there is too much information given during block. Others said they had not enough time for preparation and information given was not clear and the
examinations were too tough. These findings are consistent with the results by McGann & Thompson (2008), who highlighted that one of the problems with regard to examinations is that student nurses spend time thinking about the meaning of questions as the phrasing of the question will not be clear. However, most teachers said students fail theory because there is poor selection of questions; students fail to manage time as they do not finish; students cannot express themselves properly as evidenced by poor grammar and punctuation mistakes.

Regarding preferred teaching method, lecture method (38%) and discussion (34%) was most preferred by the students. These findings concur with those by nurse educators who preferred to use a lecture method. In a study conducted by Sinclair & Ferguson (2009), findings agree that the combination of lecture and discussion increased students’ self-confidence for nursing practice.

Majority of the students said there was enough staff to teach in class and this concurred with the teacher’s responses. Majority of the teaching staff (50%) have Master’s degree qualifications and a teaching experience of 7-9 years. Stockhausen (2015), supported that the availability of teaching staff makes it easy for the educators to share topics and students are exposed to qualified staff for consultation thereby improving their understanding of major concepts. However some clinical instructors (20%) have less than 3 years of experience. Waterson et al (2013), reveals that student nurses raised concerns about the lack of skills and experience by some nurse educators and further indicated that these could be a contributory factor in poor performance by student nurses. Novice teachers are at risk to “burn-out” quickly because they are usually ill-prepared to deal with the overwhelming organisational demands of teaching source

Regarding blocks most of the students said that there was not enough time to cover content during the block and this was in agreement with responses by the nurse educators who mentioned that the blocks are too short and it does not give students time to cover all the content. This makes it difficult for students to grasp all the concepts hence making it difficult for them to correlate theory and practice. Nurse educators 50% mentioned shortage of teaching models that it can be a contributing factor for theory-practice gap.
SECTION C: Factors affecting students’ performance in the clinical setting

Results of this study show that majority of students (70%) have never failed a practical assessment. Students who failed practical assessments (30%) said this was because they fear the assessors, that there is not enough time to prepare for the assessment and a few said they forgot major concepts during the assessment. However, nurse educators and clinical instructors indicated that students fail assessments because of panic, fear and anxiety. These findings are consistent with the results indicated by Nolan (2008), who found that student nurses experienced fear and anxiety during clinical placement.

Regarding student’s orientation to the clinical area majority of the respondents (70%) indicated that they get enough orientation to the clinical area before doing assessments. This concurs with the nurse educators responses in which they agreed that students are given orientation before assessing them. These findings are consistent with the results in a study conducted by Mochaki (2011), who found that student nurses are orientated prior to placement in the clinical areas. This is a very important aspect as orientation gives students time to familiarize themselves with the clinical environment and to ask questions where they do not understand.

On communication, most students said they preferred to consult other trained staff and peers (76%) compared to nurse educators and clinical instructors although they get assistance from instructors during clinical attachment. Clinical instructors are the ones who accompany students into the clinical area and conduct clinical teaching and follow ups. Staff from school should spend more time in the clinical area so that they enhance relationships with students. This will help in quick identification of abnormalities during procedures. Burns & Patterson (2009), alluded that in order to get maximum benefits from clinical placements, students must be able to interact with all the aspects of the environment, such as nurse educators, preceptors and professional nurses.

As for the material resources most of the respondents said the material resources in the clinical area are not enough. These findings concur with those of the nurse educators, who reiterated that there is shortage of resources for use in the clinical area. Shortage of resources is a cause for concern as students will have problems in carrying out procedures and exposing them to
substandard practices. Carson & Carnwell (2007), emphasized that facilities used for the clinical placement of student nurses play a bigger role in providing students with the opportunity to engage in practice and make links between theory and practice. These findings are consistent with the findings of Rolfe, (2013), who indicated that shortage of resources such as staff, supplies and equipment affected the development of the required competencies of nurses and lead to insufficient learning experiences. Adequate resources at ward level are necessary as they maximise exploitation of all learning opportunities and in the process help students to integrate theory and practice.

Regarding the congruency of classroom and clinical teaching, most of the respondents (60%) said that there is no uniformity between classroom and clinical teaching. These findings are supported by the responses of the nurse educators (70%) who reiterated that there is a difference in ways procedures are done at the school and at the clinical area. Morgan (2007), highlighted that this situation is perpetuated by the fact that student nurses feel that unit professional nurses demonstrate the skills in a different way from that which they were taught in the clinical skills laboratories.

SECTION D: theory practice gap and strategies of bridging the gap

Majority of the respondents (80%) knew what theory practice gap is, which according to Landers (2011), is the discrepancy between what is taught in the classroom and how care is actually given in practice.

Both the students and nurse educators mentioned that theory-practice gap was due to lack of mentorship and preceptorship in the clinical area, different ways of demonstrating procedures by instructors and other trained nurses in the clinical area. Some respondents said that during clinical placement they were not given enough time to practice what was taught. These findings are in agreement with those by Myrick et al (2007), where students felt that what they had been taught in the classroom was too ideological and not functional in the real world states. This was also supported by Chapman (2012), who emphasized that what students observed being taught in theory did not always connect in practice, leading to conflict until the students were able to accept the differences. Accepting the differences required the students to be versatile in how they performed on clinical practice.
Nurse educators also alluded that packs used in the clinical area are not up to standard and are different from those used during demonstrations for example delivery packs and sterile packs hence the researcher believes that this brings the discrepancy in the correlation of theory to practice. Educators reiterated students do not take their learning seriously and they copy wrong things whilst they will be having procedure manuals.

Several strategies for bridging the theory practice gap were suggested by both students and nurse educators. These include review and update clinical procedure manuals at least every five years to keep abreast with new trends; provide enough resources in the clinical area, equipment and medication so as to avoid short cuts; uniformity in all departments in terms of how procedures enhanced through regular meetings between the school and clinical area; allocating mentors and preceptors to assist students in the clinical area; frequent visit by nurse educators and clinical instructors to the clinical area to assist students. These strategies concur with those suggested by Ousey & Gallagher (2007), thus implementation of comprehensive orientation programs, mentoring, preceptorship, and coaching focus on supporting student learning in the clinical area so that theory learned in the classroom is reinforced through direct application to practice. Chapman (2012), added that reorganization of teaching and learning methodologies can greatly assist in bridging the academic and clinical divide.

Summary of findings

The findings reveal that the majority of the student nurses and midwives were in their transition from late adolescent to early adulthood. The nurse educators and clinical instructors were in the same age group with a third of the midwifery students.

This study showed that most students fail block because the information given during the block is too much such that they do not get enough time to go over it, to read and understand the concepts and this affected application of theory into practice. Students preferred the lecture method and discussions. Varying the teaching methods enables to reach to all the students with various learning styles. Lack of innovative teaching strategies may hamper the students’ ability to integrate theory and practice.

Whilst students indicated that they fail practical assessments because they fear the assessors, nurse educators reiterated students fail because of panic and anxiety. Both students and teachers
indicated that lack of resources hindered learning. This leads to improvisation and short cuts when carrying out the procedures. In the process students end up failing to apply the major concepts and at the end they totally forget the proper procedures. Absence of mentors and preceptors in the clinical area was a concern from both nurse educators and students. Lack of uniformity between classroom and clinical teaching was said to be due to shortage of resources, lack of standard procedure manuals and the qualified staff trained from different institutions hence they have different ways of doing procedures. Nurse educators reiterated lack of standard packs for procedures and too many short cuts affect correlation of theory to practice.

Students felt it is important to review and update clinical procedure manuals regularly so as to maintain the proper standards. They recommended regular meetings between school and clinical area to discuss procedures in order for staff to share ideas and iron out any discrepancies that may lead to lack of uniformity between the classroom and clinical teaching. The students highlighted the importance of giving more practical examples during lessons so that they are able to correlate with practice. Both human and material resources were a concern, as well as the need for students to interact with all the aspects of the environment to maximise learning opportunities.

Nursing Implications

Implications to research

There is not much research conducted in Zimbabwe in this area hence more research could be conducted in this area in more settings to enable generalization of results.

Implications to Nursing Practice

Nurse educators need to strengthen their ward supervisions so as to help the student nurses to correlate theory and practice, thus, the students will see the need to also study during ward attachments and not during block only. Mentors and preceptors are required in the clinical area to assist with teaching and guiding students.
Implications to Nursing Education

Nurse educators and clinical instructors should use examples which are more practical. Students to be given enough time for revision. Clinical procedure manuals to be periodically reviewed so that students are able to refer and keep abreast with current information.

Implications to Administration

Nursing administration should source resources like computers, text books and models for use in the schools of nursing.

Recommendations

The following recommendations were made based on the research findings.

- Adequate resources such as models and computers should be made available for knowledge and skills development.
- Mentors and preceptors to be available in the clinical area to assist with the teaching and learning of students.
- Nurse educators must supervise students in the real clinical setting in order to encourage clinical nurses to exhibit skills in the correct manner, and also to observe the equipment’s that are in current use in the clinical setting so that the simulation is realistic to the clinical environments.
- Orientation and supervision of student nurses and midwives in the clinical area should be the joint responsibility of nurse educators, clinical preceptors and qualified nurses in the wards.
- Communication between the school of nursing and clinical area should be encouraged in order to address such concerns as those raised by the student nurses relating to the discrepancy between classroom and clinical teaching. Bilateral regular meetings should be planned in advance by the school of nursing and clinical area.
- Replication of the same study in a different nursing college or campus could shed light on the magnitude of the problem.
• A study on attitudes of nurse educators towards the student nurses and the attitudes of the student nurses towards their studies is also recommended.

Limitations

The study was conducted at Gwanda Provincial Hospital therefore the findings cannot be generalised.

Conclusion

The aim of the study was to determine factors contributing to poor linkage between theory and practice. If the nursing profession has to produce effective and capable nurses the gap between theory and practice must be closed. This study found that student nurses and midwives at Gwanda Provincial Hospital experienced challenges in integrating theory into practice. Bridging the theory-practice gap benefits students, clinicians, and most importantly, patients. Students gain improved learning opportunities, clinicians benefit from improved working conditions from having increased numbers of competent practitioners, and the patient is ensured quality nursing care from caring and competent providers. Factors contributing to the theory-practice gap according to the study findings are fear of assessors by students, shortage of material resources, lack of uniformity between classroom and clinical teaching, lack of mentorship and preceptorship, lack of practice and inadequate clinical supervision.
REFERENCES


Appendix A

RESEARCH INSTRUMENT 1

QUESTIONNAIRE FOR STUDENT NURSES/MIDWIVES

This questionnaire seeks to get information on FACTORS CONTRIBUTING TO THEORY PRACTICE GAP: A CASE OF GWANDA PROVINCIAL HOSPITAL

Your responses to this questionnaire will be treated with confidentiality so, do not write your name on the questionnaire

Complete the questionnaire by either ticking or circling your responses and filling the spaces provided.

SECTION A: DEMOGRAPHIC DATA

1. Age ……………….years

2. Sex

   Male □
   Female □

3. Level of education

   a) Ordinary level □
   b) Advanced level □
   c) Tertiary level □

4. Level of training for students

   a) First year □
   b) Second year □
   c) Third year □
   d) Student midwife □

SECTION B: THEORY

1. Have you ever failed an end of block examination?

   a) Yes □
   b) No □

2. What are the reasons for failing a block?
a) Too much information given
b) No time for preparation
c) Information given not clear
d) Examinations too tough
e) Any other reason………………………………………………

3. Which of the following methods makes you understand concepts better
   a) Lecture
   b) Discussion
   c) Group work
d) Individual work
e) Research

4. Is the information taught in class relevant for the level of study?
   a) Yes
   b) No

5. Is the time enough to cover the content in the block?
   a) Yes
   b) No

6. During the block, are you given time to go into the clinical area
   a) Yes
   b) No

7. Are the examples given in class practical and relevant?
   a) Yes
   b) No

SECTION C: PRACTICAL

8. Have you ever failed a practical assessment?
   a) Yes
b) No

9. What are your reasons for failing the practical assessment(s)
   a) Fear of the assessors
   b) Not enough time for preparation
   c) Forgetting major concepts
   d) Other, specify…………………………….

10. Do you get enough orientation to the clinical area before doing assessments?
   a) Yes
   b) No

11. Are the clinical instructors assisting you during clinical attachments?
   a) Yes
   b) No

12. Which one of the following are you free to consult in the clinical area when faced with challenges?
   a) Sister in charge
   b) Clinical Instructors
   c) Other sisters
   e) Peers

13. Are there enough resources to use in the clinical area during clinical attachment?
   a) Yes
   b) No

14. Is there enough staff to assist you in the clinical area?
   a) Yes
   b) No

15. When carrying out procedures, are you supervised by the qualified staff?
   a) Yes
   b) No
16. Is there uniformity from what you are taught in the classroom and what you are taught by the clinical staff?

a) Yes
b) No

SECTION D: Strategies of bridging the theory-practice gap

17. What do you understand by the term theory practice gap in nursing?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
Appendix B

RESEARCH INSTRUMENT 2

STRUCTURED INTERVIEW QUESTIONS FOR NURSE EDUCATORS/ CLINICAL INSTRUCTORS

This interview seeks to get information on FACTORS CONTRIBUTING TO THEORY PRACTICE GAP: A CASE OF GWANDA PROVINCIAL HOSPITAL

SECTION A: DEMOGRAPHIC DATA

1. How old are you?

2. Sex

3. What is your position at the school ………………………………

4. What is your highest professional qualification?

5. For how long have you been working at the school?

SECTION B: THEORY

6. Why do students fail end of block examinations?

---------------------------------------------------------------
7. Which teaching methods do you frequently use with students during theoretical instruction

8. Do you have enough material resources for teaching?

9. Which material resources is not available?

10. Do you have enough human resources and which human resources is not available?

SECTION C: PRACTICAL

11. Do you have a demonstration laboratory in your nursing school

12. Can students access demonstration room anytime?

13. Do you discuss students problems/challenges during clinical placement?
14. Are there enough resources for use in the clinical area?

15. Do you have procedure manuals in the clinical area?

16. Is there a discrepancy in ways of doing procedures in the school and clinical area?

17. Who accompanies students in the clinical area?

18. Which teaching methods do you use in the clinical area?

19. Why do students fail assessments?
Appendix C

Consent Form

RE: FACTORS CONTRIBUTING TO THEORY PRACTICE GAP: A CASE AT GWANDA PROVINCIAL HOSPITAL

My name is Mzizi Nombulelo Precious. I am a Bachelor of Science (Hons) in Nursing Education at Bindura University of Science Education (BUSE). I am doing a study on the above mentioned topic.

I am requesting you to participate in this study. The information obtained from this study will be treated as confidential and no one else besides the investigator will have access to it. Codes will be used instead of names to ensure confidentiality. Responding to the questions in the self administered questionnaires will lasts approximately 20 minutes and you are free to withdraw from the study at any point during the process. You are also free to decline to participate in this interview and your decision will not affect the quality of services given to you by this institution.

For any queries pertaining to this study you can contact me during the week through Bindura University of Science Education, Department of Health Science, P. Bag 1020, Bindura, Telephone +271 7531-4.

I have read (or this consent form has been read to me) and I have understood this consent form and voluntarily consent to participate in this study

…………………………..  ……………………………..  
Participant’s signature  Date

…………………………..  ……………………………..  
Investigator’s signature  Date
TO WHOM IT MAY CONCERN

08 December, 2016

The Medical Superintendent
Gwanda Provincial Hospital
PO Box 125
GWANDA

Dear Sir/ Madam

RE: PERMISSION TO CARRY OUT RESEARCH: PRECIOUS MZIZI B1438850

This is to confirm that PRECIOUS MZIZI registration number B1438850 is currently studying Bachelor of Science (Hon) in Nursing Education programme in the Department of Health Sciences at Bindura University of Science Education. She is required to carry out a research project in partial fulfillment of Degree programme. Her research topic is as follows:

Factors contributing to theory-practice gap: A case of Gwanda Provincial Hospital

Your assistance in this regard will be greatly appreciated.

Yours faithfully

Ms. E. MWANZA
Chairperson: Department of Health Science
Appendix E

15 December 2016

Ms E Mwanza
Department of Health Science
P Bag 1020
Bindura

Dear Madam

RE: Permission to Carryout Research: Mzizi Precious Nombulelo B1438850

The above subject refers:

This is to confirm that Mzizi Precious Nombulelo has been granted permission to carry out a research as a partial fulfilment of Bachelor of Science [Hons] in Nursing Education programme. Her research topic is as follows:

Factors contributing to theory-practice gap: A Case of Gwanda Provincial Hospital

Regards

[Signature]

P. T Chimberengwa (Dr)
MEDICAL SUPERINTENDENT – GWANDA PROVINCIAL HOSPITAL
Appendix F

REF: MRCZ/B/1202

04 January, 2017

Precious Nombulele Msizi
Bindura University Of Science Education
Department of Health Sciences
P. Bag 1020
Bindura

RE: FACTORS CONTRIBUTING TO THEORY PRACTICE GAP; A CASE OF GWANDA PROVINCIAL HOSPITAL

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has reviewed and approved your application to conduct the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

a) Study proposal
b) Questionnaires (English)
c) Data collection tool (English)

APPROVAL NUMBER: MRCZ/B/1202

This number should be used on all correspondence, consent forms and documents as appropriate.

- TYPE OF MEETING: Expedited
- EFFECTIVE APPROVAL DATE: 04 January, 2017
- EXPIRATION DATE: 03 January, 2018

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- SERIOUS AdVERSE EVENT REPORTING: All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- MODIFICATIONS: Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (excluding changes in the consent documents).
- TERMINATION OF STUDY: On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- QUESTIONS: Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Yours Faithfully

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH