

# Knowledge and Attitude of Newly Qualified Nurses About Theory and Practice Integration

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DOI: 10.29322/IJSRP.9.07.2019.p9106

<http://dx.doi.org/10.29322/IJSRP.9.07.2019.p9106>

**Abstract-** Theory and practice in nursing are closely linked. They interplay to create the reality of a concept. This research was to investigate the knowledge and attitude of newly qualified nurses about integration of theory into their practice. Descriptive survey design was used for the study involving all the Teaching Hospitals in Enugu and Bayelsa States in Nigeria. Purposive sampling was used to select the hospitals, stratified sampling technique was used to select the sample using 40% across board and convenience method was used to reach the respondents amounting to 272. A validated questionnaire developed by the researchers was used to measure desired parameters. The study found that 98.5% of respondents are knowledgeable about the terms theory and practice with 84.2% regarding the terms as related. Majority of respondents also expressed good knowledge about theory practice gap in nursing and 63.6% of respondents have negative attitude about the gap and described it as a problem. Shortage of nurses, nurses viewing theory as a classroom thing, hospital policies, poor clinical supervision, lack of equipment were implicated as some causes of the poor integration. Efforts made by respondents to close the gap were teaching and mentoring of colleagues to adopt evidence based practice, enforcement of use of nursing care plan. It was thus recommended that written interviews be utilised for promotion exercises, hospitals authorities be influenced to employ more nurses, use of nursing process should be mandatory, seminars/workshops be frequently organised in the hospitals units, and incentives be provided for attending update courses.

**Keywords-** Newly Qualified Nurses, Knowledge, Attitude, Theory and Practice

## INTRODUCTION

Theory and practice are momentous concepts to the nursing profession. According to Priede (2014), ideal practice demands theory and practice integration because they are reciprocal, meaning that theory should be used in practice. Practice needs theoretical questioning to align itself properly and attempt to identify what is unique to nursing. The impetus for practice is provided by theory because it guides knowledge and ultimately improves practice. Practice on its part also provides the premise for theories to be developed which corroborates their reciprocity (Saleh, 2018). Nevertheless, scholars hold differing views about the terms, theory and practice.

According to Scully (2011), the debate on theory and practice relationship in nursing has been for decades and has created what is commonly referred to as “theory-practice gap”, a problem which nurses are faced with. While some literature portrays theory and practice as intertwined and important to nursing (Rowan, 2010, Mintz-Binder, 2019), others view theory and practice as distinctive and unrelated in nature, doubting the relevance of one to the other, and to the practice of nursing (Gallagher, 2007).

According to Da Vinci (2012), theory, practice and research are noted as defining the science of nursing. Theory serves as compass for practice and practice gives life to theory because without practice theory dies out fast. It means theory should be used in practice because it is the basis for understanding the reality of nursing. Nevertheless, Saleh (2018) argues that knowing theory is not a guarantee for good practice because several factors including student, instructor, environment, culture, and the organizational process (Safazadeh, Irajpour, Ali mohammadi and Haghani, 2018) can interplay to ensure successful integration of theory and practice. In this vein, nursing theory and practice have been viewed as two distinct entities with varying influences on nursing activities and practice. In Gallagher (2007), it is also noted nursing education, in some cases also construes theory and practice as discrete entities separated by a metaphorical void thereby aggravating the gap between theory and practice. Interestingly, Saleh (2018) noted that the concept of theory-practice gap is common knowledge in nursing but has become the biggest challenge of the profession which is contributing to degrade the quality of service both in teaching and practice (Safazadeh, et al 2018) especially as newly qualified nurses reportedly find it at times extremely difficult to apply the knowledge they acquired during their education (Bouchlaghem and Mansouri, 2018).

To bridge the gap, Saleh (2018) suggested continued interaction and collaboration between nursing researchers/scholars and practicing nurses, increased students’ exposure to theoretical principles, stress theoretical concepts, constructs, and principles, and provide opportunity for teachers’ clinical involvement. Nevertheless, in the presence of contrasting views some nurses might not even recognize the existence of any gap because of their perception of theory and practice. Others who may have recognized or are aware of the gap may not see it as a problem as well, in which case, nothing might be done to close it. There is also the possibility that some nurses have noted the problem and may

be encountering obstacles in their attempt to close the gap. All these would create attitudes about theory and practice integration.

In any case, so long as the problem continues to exist, the implication would be that nursing practice would be ritualistic, mechanical and intuitive with a scientific basis, which may affect nurses' morale, job satisfaction or retention (Maben et al, 2006) as they may not be motivated to study or utilise evidence based practice. Also, the patient may not receive good quality care, and the drive for autonomy in practice and professionalism might be compromised. The situation would even be worse, if it happens that nurses fail to recognize any gap or even trivialize it, in which case, there might not be any meaningful effort made to close the gap. Hence, this study of the knowledge and attitude of newly qualified nurses about theory and practice integration in nursing was carried out to identify the existence of the problem, the possible causes of the gap, and the attitude of nurses towards it. The hope of the study was to bring the issue to lime light and probably inspire some solutions for the problem in the area of study. This is particularly important because nurses need to bridge the gap if they must continue to develop and grow as professionals and ensure evidence-based quality care. The findings are therefore expected to benefit both the nurse as a provider of care and the consumer of health care. Additionally, the results of this study will contribute to the existing body of knowledge about theory-practice integration, and researchers can rely on them as reference for future studies.

## METHODS AND MATERIALS

A descriptive study was performed on registered nurses who are employed and have been practicing for a period within five years from time of licensure at the Federal Medical Centre (FMC), Yenagoa and Niger Delta University Teaching Hospital (NDUTH), Okolobiri both in Bayelsa State and Enugu State University Teaching Hospital (ESUTT) Parklane, Enugu and University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla both in Enugu State of Nigeria.

A stratified sample of 281 out of 702 (representing 40% the total population and across board) was used for the study (Table 1). The convenience sampling technique was used to reach respondents who were on duty in the wards of the various hospitals.

Data collection was with a validated questionnaire the researchers developed based on literature review. Prior to data collection, permission was obtained from the head of units to access the nurses. Oral consent was also obtained from each respondent before administering the questionnaires. Confidentiality and privacy was also maintained.

The questionnaire was administered by the researchers to respondents who were on duty in each ward during morning and afternoon shifts. Research assistants who were briefed on the purpose of the study administered the questionnaire to the night nurses in each ward. Retrieval of completely filled questionnaire was made, starting from the unit the distribution commenced. Some copies of the questionnaire that were not completed immediately were collected later. Out of the 281 copies of the questionnaire distributed, only 272 copies were retrieved giving a return rate of 96.8%.

Data collection lasted two weeks in each hospital. Therefore the entire data collection was for eight weeks. Data

analysis was carried out by simple descriptive statistics using frequencies and percentages.

## RESULTS

Of the 272 nurses that participated in the study, 226(83.1%) were Nursing officers II (NO IIs) while 46 (16.9%) were Nursing officers I (NO Is). Of these, majority (74.3%) were RN and RM holders, while 25.8% were nursing degree holders. All respondents have not exceeded five years since their licensure and have also not worked for more than five years since employment (Table 2).

The results show that respondents have high level of knowledge about theory, practice and their integration. Majority described theory as what is learnt in classroom and from books to pass examinations, a mere mental conception of how something should be done, is an idea that explains/predicts the way something should be done, the knowledge gained from the classroom and books on how to do a thing (Table 3). Practice was described by majority of respondents as solving identified problems by doing things based on information or knowledge gained from theory, the art of carrying out procedures as instructed, the conventional or traditional way of doing procedures or things, while 4(1.5%) out of 272 participants consider practice as administering of prescriptions in a hospital ward (Table 4).

Table 4 showed participants' perceptions about theory practice relationship. Of the 272, 219 (80.5%) indicated theory as needful to practice nursing in the ward while 19.5% (53) did not see any need of theory to practice nursing. Many, 91 (33.5%) indicated that theory provides explanations for practice, 40 (14.7%) respondents claim that theory provides the information needed to practice, 10.7% say practice provides the basis to develop theories, 83 (30.5%) regarded all the above as the relationship, while 29 (10.7) did not consider any of the options as indicating the relationship between theory and practice.

On the extent of integration of the terms, 70 (25.7%) think of theory as only needed to carry out certain procedures like giving of injection. Twenty nurses (7.4%) considered theory as not necessary if a procedure is prescribed by a doctor and the nurse is familiar with it. Four subjects (1.5%) regarded theory as not needed any more if one has become very conversant with the routine care of patient, while 178 (65.4%) considered theory as needed in all situations and procedures of patient care and at all times of practice (Table 5).

As responses to the questions, "Do you think the knowledge you gained from training and books is fully utilised in your care of patients, and have you heard of theory-practice gap respectively?", 37.9% (103) participants claimed that they utilize the knowledge they gained from training and books fully in their patients' care, while 169 (62.1%) do not. Many participants (85.3%) have heard of theory-practice gap, while 40 (14.7%) claim they have not heard of it. Describing the concept, 107 (39.3%) out of the 272 respondents described the expression as a discrepancy between what is learnt and what is practiced, 47 (17.3%) described it as the inability to transfer classroom knowledge to practice, 25 (9.2%) stated it as failure of practice to live up to theory, 34 (12.5%) as practicing nursing without making use of the knowledge and understanding derivable from its theory, 44 (16.2%) all the provided options as description for the expression,

while 15 (5.5%) did not choose any option as describing theory-practice gap.

On the existence of theory practice gap in nursing, 231(84.9%) indicated that theory-practice gap exist in nursing, 35 (12.9%) said it does not exist. In this vein, 225 (82.7%) of respondents reported that their inability to put into practice what they have learnt affect their practice of the profession, while 47 (17.3%) claimed that it does not affect their practice. Consequently, 173(63.6%) of the respondents consider the theory practice gap as a problem, 97 (35.7%) do not think it to be a problem.

Regarding elements that possibly create the gap, 117 (43%) of respondents indicated shortage of nurses as a factor responsible for the gap, 143 (52.6%) blamed nurses viewing theory as a thing of classroom and not absolutely relevant in practice as a factor for the gap, 109 (40.1%) identified hospital policies and organizational constraints on how things should be done as responsible, 92 (33.8%) said poor clinical supervision both during training and on the job is a factor, 153 (56.3%) indicted inadequate supplies and equipment as a cause for the gap, 17 (6.3%) mentioned nature of training and socialization received from the training schools as an influence, 100 (36.8%) identified lack of interest of nurses in doing their practice based on existing current information from research findings and literature as the cause of the gap, 115 (42.3%) reported irregular or infrequent reading and updating of knowledge in current standard practices as a factor, 144 (52.9%) claimed that not reading frequently or attending seminars and workshops often enough to update knowledge/poor knowledge of current information is a cause, 39 (14%) implicated lack of time as a cause, while 46 (16.9%) regarded inter-professional squabbles or poor inter-professional relationship as a cause for the theory practice gap.

On recommendations that can close the gap, 26.8% of respondents think that good and effective teaching methods in training schools will help, 79 (29.0%) said adoption of the habit of always making use of existing current information in the practice in the ward will help, 48 (17.6%) identified adequate clinical supervision during training and in the work situation as possible help, 47 (17.3%) suggested frequent exposure to update courses as help, while 25 (9.1%).

Concerning efforts made by nurses to remedy the gap, 66 (24.3%) respondents said they have tried to influence change in many ways. 41 (15.1%) claim that they draw up care plans of patients for other colleague to implement, 81 (29.8%) suggested to their bosses to make the use of nursing process mandatory by all nurses, 10 (3.7%) claim that they have done options b, c and d at different times. But the efforts have not been effective. 74 (27.2%) of the subjects claim that their efforts yielded positive results, 187 (68.8%) reported no positive results.

## DISCUSSION OF FINDINGS

Although this study was done with junior nurses, it applies to all nurses and the nursing profession. The major findings in this work are discussed based on the set objectives of the study.

**Objective One:** To ascertain the knowledge nurses have about theory-practice gap in nursing.

Findings from the study reveal that 94.5% of the subjects have knowledge about theory-practice gap in nursing.

Demonstrating their knowledge of the gap, 84.9% asserted that theory-practice gap exists in nursing. This shows that nurses have a fairly good knowledge about theory and practice integration (or theory-practice gap) in nursing. This could be due to their exposure to the terms theory and practice during training and the emphasis in the classroom of evidence-based practice. The result agrees with the report of Saleh (2018), that, theory-practice gap is well known by nurses.

Further findings of the study revealed that 62.1% of respondents claimed they could not fully utilise the knowledge they had gained from books and training. These experiences are also congruent with the report of Maben et al (2006), that, even if a practitioner knows what to do for patients it is not always possible to do so, thus justifying their knowledge of the theory-practice gap in nursing.

However, 40 respondents claimed ignorance of a theory-practice gap that they have not heard of it. This may be due to their view of the terms theory and practice. Saleh (2018) noted that practitioners view the theory-practice relationship in different ways, which has generated serious debates over the years. Gallagher (2007) corroborated this, noting that, the specific way nurses think of theory or practice has contributed to the belief that they are separate entities.

**Objective Two:** To determine if nurses perceive the gap as a problem

Findings from the study show significantly that many nurses are not comfortable with the gap. They perceive it as a problem and majority (82.7%) described it as affecting their practice. Other respondents (64.3%) reported that it makes their practice routine and ritualistic, 70.6% said it reduces them to merely carrying out orders from other professionals, while 17.6% claims, it reduces their professional autonomy and ability to take initiatives. This may be the reason why 63.6% regard the gap as a problem. These findings agree with the prediction of Maben et al (2006), that the gap would affect nurses' morale, job satisfaction or retention; make practitioners mechanical and ritualistic rather than being scientific. The respondents' view of the gap as a problem is also consonant with the opinion of steveklabnik (2012) that theory and practice are two inseparable and inclusive entities because they always have a relationship of one giving birth to the other.

However, the findings also showed that, although a large proportion of the respondents claimed the gap affected them adversely, 1.5% stated the effect as a benefit to them, it affords them the opportunity to care for many patients in a short time so that they could rest; 4.4% said they do not need theory to practice nursing, which reflects the report of Saleh (2018), that theory and practice are distinct and unrelated and that knowing theory is not a guarantee to good practice. Nevertheless, since most respondents regard the gap as a problem, it is possible that more nurses will also see it as a problem since transfer of what is taught to what is experienced is imperative to ensure safe practice in nursing (Maginnis & Croxon, 2010). Therefore, a solution is needed.

**Objective Three:** To identify factors nurses perceive as influencing the integration of theory and practice.

Findings from Table 7 revealed that many factors affect the integration of theory and practice in nursing. In order of ranking according to response percentages, the factors include: inadequate supplies and equipment (56,3%), not reading frequently or

attending seminars/workshops for update (52.9%), nurses viewing theory as a thing of classroom and not absolutely relevant in practice (52.6%), shortage of nurses (43%), irregular or infrequent reading and updating of knowledge in current standard practices (42.5%), hospital policies and organisational constraints on how things should be done (40.1%), lack of interest of nurses in doing their practice based on existing current information from research findings and literature (36.8%), poor clinical supervision both during training and on the job (33.8%), inter-professional squabbles or poor inter-professional relationship (16.9%), lack of time (14.3%) and nature of training and socialization (6.3%). These factors identified in the study are not confined to this study population alone. They are also reported in Akinbo, Odebiyi, Okunola, and Aderoba(2013) and Safazadeh, et al (2018) as negatively affecting the integration of theory and practice. Other factors implicated are: duration of licensure and employment (79.4%) and the thought that if a nurse stays off from reading often for 5 to 9 years, he or she will lose touch with current knowledge(39%). These responses are based on the fact that, naturally if one does not see or do a thing often, the ability to recognise it or do it is gradually lost. The finding again agrees with that of Akinbo et al (2013), which reported that practitioners with less than 5 years since licensure appeared more knowledgeable about the concept of evidence-based practice (i.e. good theory-practice integration) than those with greater than 15 years since licensure. The little difference between the findings of this study and that of Akinbo et al is that, in their work, above 15 years of licensure is the upper limit at which a practitioner might lose touch with theory-integrated practice, while respondents in this study expect a practitioner to should lose touch with theory-based practice in less than 10 years.

**Objective Four:** To identify what nurses proffer as recommendations to bridge the gap.

From the results in Table 8, respondents identified various factors that would help to close the gap, in which good and effective teaching methods in training schools and adoption of the habit of always making use of existing current information in the practice in the ward dominated. Also, other factors such as adequate clinical supervision during training and in the work situation, frequent exposure to update courses and good reading culture were implicated as capable of closing the gap. In the same way, respondents' opinions were sought on this issue and they suggested that hospital managements should employ written interviews as a tool for promotion; supportive supervision should be adopted to encourage colleagues; salaries should be increased to motivate staff, and in-service training should be granted to nurses. The possible reason for the above result could be, because nurses see the gap as a problem which has negative influence on their practice, they desire it to be closed. This reason agrees with the opinion of Maben et al (2006), that, the presence of the gap would affect nurses' morale, job satisfaction and quality of care given to patients.

**Objective Five:** To elicit efforts being made by nurses to help bridge the gap.

Majority of the respondents have made much effort to close the gap; ranging from teaching, encouraging and mentoring of colleagues to imbibe evidence-based practice; initiating seminars or workshops and using the nursing process in patient; while other respondents have not made significant effort to close

the gap. A proportion of respondents (40.1%) also reported that other of their colleagues do not use the nursing process in the management of patients. The efforts made to encourage those colleagues were questioned and 44.8% of the respondents claimed to have encouraged them by drawing up care plans for others to implement and suggesting to their bosses to make the use of nursing process mandatory. These efforts were made possibly in recognition of the negative effect of the gap, the need to improve the quality of patient care and the need to increase the use of evidence in their daily practice since evidence helps in deciding the best care to be given to patients. This reason aligns with the view of Raudonis and Acton (2012) that theory offers nurses with a perspective with which to analyze client situations, and would help them collect useful data, plan comprehensive care and deliver better care.

The findings from this study revealed that nurses have knowledge of the theory-practice gap, nurses perceive the gap as a problem, nurses were able to identify factors responsible for the theory-practice gap, nurses were able to suggest possible measures to close the gap, and numerous efforts are being made to close the gap.

Since nurses are aware of the theory-practice divide, and consider it as a problem, not making adequate efforts to close the gap will not only affect the quality of nursing care but the nursing profession in general. Therefore, the knowledge should be utilised by those concerned or in authority to orientate nurses through seminars and workshops towards the existing gap and sensitize them towards looking for solutions.

Consequent upon the findings, it was recommended that nurse-managers should try and influence hospital authorities to employ more nurses in order to curb the problem of staff shortage, which respondents considered a cause of theory-practice gap. Nurse-managers and their hospital managements should make use of written interviews as a tool for promotion exercises as this will help nurses read and become conversant with current knowledge and standards of practice to be used. Hospital unit managers or heads should make the use of the nursing process mandatory being that it is a tool that will integrate theory and practice. Seminars/workshops should be organised frequently in the hospital units to encourage knowledge update. Management should provide incentive in form of allowance for attending update courses, in order to encourage nurses' interest in such activities. Hospital authorities should be encouraged to provide basic equipments to enable the effective discharge of care. This will help to integrate theory to practice as there will be minimal improvisation. Nurse-managers should update themselves on the skills of supervision and should also be knowledgeable in current ideal practices so as to adequately supervise and provide necessary support.

**APPENDICES**

**Table 1: Distribution of sample in the hospitals (40% each)**

Hospital	NO I	NO II	Total
UNTH	29	113	142
ESUTTH	1	78	79
NDUTH	6	24	30
FMC	10	20	30
Total	46	235	281

**Table 2: Demographic Characteristics of Respondents**

Characteristics	Frequency	Percentage
<b>Age:</b>		
22 – 29 years	160	58.8
30 – 35 years	112	41.2
<b>Sex:</b>		
Male	15	5.5
Female	257	94.5
<b>Rank:</b>		
NO II	226	83.1
NO I	46	16.9
<b>Qualification:</b>		
RN	41	15.1
RN,RM	161	59.2
BSc Nursing	27	9.9
BNSc	17	6.3
Others	26	9.6
<b>Years since licensure:</b>		
Under 1 year	49	18.0
1 – 3 years	130	47.8
4 – 5 years	93	34.2
<b>Duration of employment:</b>		
1 year	13	4.8
2 years	81	29.9
3 years	72	26.5
4 years	76	27.9
5 years	30	11.0

**Table 3: What respondents think is theory**

Options	Frequency	Percentage
What you learn in classroom and from books to pass exams	29	10.7
Mere mental conception of how something should be done	65	23.9
Ideas that explains/predicts the way something should be done	138	50.7
Knowledge gained from class and books on how to do a thing	35	12.9
No response	5	1.8

**Table 4: What respondents think is practice**

options	Frequency	Percentage
Art of carrying out procedures as instructed	70	25.7
Solving identified problems by doing things based on information	123	45.2
Conventional or traditional way of doing procedures or things.	75	27.6
Administering of prescriptions in a hospital ward	4	1.5

**Table 5: Responses about theory and practice relationship**

Options	Frequency	Percentage
Theory provides the information needed to practice	40	14.7
Practice provides the basis to develop theories	29	10.7
Theory provides explanations for practice	91	33.5
All of the above	83	30.5
None of the above	29	10.7

**Table 6: Respondents' View of Extent of Theory-Practice Integration**

Options	Frequency	Percentage
Only needed to carry out certain procedures like giving of injection	70	25.7
Not necessary if procedure is prescribed by a doctor and you are familiar with it	20	7.4
Not needed any more if one has become very conversant with the procedures and procedures of	4	1.5
Needed in all situations and procedures and procedures of	178	65.4

**Table 7: Responses on factors subjects think are responsible for the theory practice gap**

Options	Frequency	Percentage
Shortage of Nurses	117	43
Nurses view theory as a thing of classroom and not absolutely relevant in practice	143	52.6
Hospital policies and organizational constraints on how things should be done	109	40.1
Poor clinical supervision both during training and on the job	92	33.8
Inadequate supplies and equipment	153	56.3
Nature of training and socialization received from the training schools	17	6.3
Lack of interest of nurses in doing their practice based on existing current information from research findings and literature	100	36.8
Irregular or infrequent reading and updating of knowledge in current standard practices	115	42.3
Not reading frequently or attending seminars and workshops often enough to update knowledge/poor knowledge of current information	144	52.9
Lack of time	39	14.3
Inter-professional squabbles or poor inter-professional relationship	46	16.9

**Table 8: Factors That Respondents' Think Can Integrate Theory and Practice**

Options	Frequency	Percentage
Good and effective teaching methods in training schools	73	26.8
Adoption of the habit of always making use of existing current information in the practice in the ward	79	29.0
Adequate clinical supervision during training and in the work situation	48	17.6
Frequent exposure to update Courses	47	17.3
Good reading culture	25	9.1

**Table 9: Respondents' Efforts To Integrate Theory and Practice**

Questions	Options			
	Frequency		Percentage	
	Yes	No	Yes	No
Have you ever taught, encouraged or mentored a colleague to imbibe the practice of caring for patients based on current research evidences?	211	61	77.6	22.4
Have you ever initiated an update seminar or workshop regarding a procedure in your unit of practice?	162	110	59.6	40.4
Do you make use of the nursing process in your day to day care of patients being that it is a tool for evidence-based care and a bridge for theory and practice?	141	131	51.8	48.2
Do other colleagues also make use of the nursing process?	163	109	59.9	40.1

**ACKNOWLEDGMENT**

The authors wish to thank the hospitals for allowing us access their nurses for data collection. We also thank the nurses for participating in the study. Lastly, we acknowledge our families and friends for their psychological and financial support to have this work completed.

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