

Original Article

The Recommended Solutions of Nursing Students to Bridge the Gap between the School and Practice Areas

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Abstract

Background: The nursing education includes both theoretical and practical experience. While the theoretical information is gained, these data is tried to be turned into manner.

Objectives: This study was conducted to detect the recommended solutions of nursing students to bridge the gap between the school and practice areas.

Methods: The cohort of this descriptive study was formed of 592 nursing students studying currently at the 3rd and 4th classes of undergraduate degrees from 3 different universities. The most frequent problem of the students at the practicing field was detected to be with the nurse/midwife (54.5%).

Result: The most commonly accepted solutions by the students to bridge the gap between the school and the practicing field were to provide parallelism between the practising field and the students' needs, the compliance between the theoretical information and the applications in practice, to perform the practicing classes in the rooms that are provided in the practicing field, to focus on improving the skills before practicing, and to inform students about the practice.

Conclusion: It was seen that the students recommended the collaborative models, especially the integrated model to fill the gaps between the school and the practicing fields. The students most frequently had problems with the nurses at the practice areas.

Key words: Nursing student, practice areas, school, problem, gap, solutions

Introduction

The nursing education includes both theoretical and practical experience. While the theoretical information is gained, these data is tried to be turned into manner. However, the school and the clinic are different organizations (Buchan 2008)

and the difference between the real life and the demonstration lab may create stress and anxiety for the students (Scully 2011; Peyrovil 2005). It is crucial for the student to adapt to the clinical environment which reflects the real life, and practicing to learn and improve the skills to get

ready for the career (Karimi 2010; Houghton 2013).

According to the studies, the factors that influence the student to use his/her theoretical information in clinical practice are the social environment (Dunn et al., 2003; Houghton et al., 2013; Houghton 2014; Scully 2011; Ozyazicioglu et al., 2011), to give an opportunity to the students by the clinicians to learn and to support them (Dadgaran et al., 2012; Houghton et al., 2013; Ozyazicioglu et al., 2011), the academician to stay in the clinic and to be next to the students in practice (Jonsen et al., 2013; Milton-Willey et al., 2014), and the level of the cooperation between the school and the hospital (Scully 2011, Dadgaran et al., 2012; Milton-Willey et al., 2014). In addition to the regulations in the clinic, also at school, there are opinions related to the education of the students in some issues such as to create evidence-based, innovative lesson content that combine the theoretical information and the practice (Dadgaran et al., 2012; Tart et al., 2011 and Moch et al., 2010), to teach this content from the first class (Hatlevik 2012, Jonsen et al., 2013), to get feedback from students periodically (Andrews and Ford 2013; Turnbull et al., 2013), and to focus on lab practice that improve the clinical skills. Milton-Willey et al. in their 2014 study, determined that the satisfaction level of the new students decrease gradually as they pass their classes. They stated that dissatisfaction arises because of limited facilities, the inadequacy of integration of theory and skill improvement, and the inobservance of the students' educational needs (Milton-Willey et al., 2014).

The nurses and academicians that work in the clinics and the school have also crucial role in building bridges between the practicing and the education (Dunn 2007; Buchan et al., 2008; Esmaeili et al., 2014). Potash and Taylor (1993) defined the use of unification, collaborative, integrated, and entrepreneurial models for nursing faculties to improve the cooperation between the school and practicing fields. These models essentially emphasize the importance of the school and clinical field cooperation and the academician in clinical practicing.

In Turkey, the conventional nursing education is in the form of teaching the theoretical and the lab practice of the lesson at school, followed by the hospital rotations to improve the clinical skills.

The same academician, who teaches the lesson at school, appears at the lab practice with the students, also takes place at clinical practicing at the hospital. However, because of the increased number of students and the deficiency of academician number, sometimes the nurses that work in the clinics give support. Despite the academicians' efforts to prepare the students to come to clinics ready, to improve tools intended for the patient care, and to take cautions such as giving homework, the information taught at school and the practicing field is perceived as complex by the students (Tanriverdi et. al. 2009; Ozyazicioglu et al., 2011). The majority of the studies till today were intended to define the gap between the theory and its application. In this study, however, the recommended solutions are focused on.

Aim

This study was conducted to detect the recommended solutions of nursing students to bridge the gap between the school and practice areas.

Material and Method

The population of this descriptive study included a total of 592 students of 3rd and 4th classes from 3 different nursing schools at undergraduate degrees in Marmara region. No subject was chosen from the general population. Four hundred and twenty-seven students who were volunteers to participate were included in the study. Written consent was obtained from the institutions. Participants were provided with information about the study, and they took part voluntarily after oral approval had been obtained. The data was collected by the researchers in the light of literature (Peyrovil et al., 2005; Buchan et al., 2008; Tanriverdi et. al. 2009; Ozyazicioglu et al., 2011; Scully 2011; Hatlevik 2012; Cinar et al., 2011) with the questionnaire form between the dates of December 2013-January 2014. The questionnaire form included 10 closed-ended and open-ended questions that define the student information and the problems between the school and practice areas and the recommended solutions. With the definition of the models given in addition to the question, "*what is your recommended education model to close the gap between the school and the practicing field?*", the misunderstandings that may arise from incomplete or inadequate information are prevented. The results of the study are qualified for being generalized to the cohort. The data was

transferred to the computer media by the researchers and evaluated with percentage, mean values and χ^2 tests in SPSS 15.

Results

As seen in Table 1, the mean age of the students of the 3 different universities' Nursing undergraduate programs was 21.7 ± 1.8 (19-34); 78.7% (n=336) was female, 95.6% (n=408) were single. It was detected that the 60% of nursing students (256) had problems in practicing fields (Figure 1). As seen in Table 2, 54.5% of the students experience problem with the nurses and midwives, and 10.3% experience problem with the patient ($p < 0.05$). As seen in Figure 2, the students most frequently recommended the Integrated model (59.8%) (n=254) and the Entrepreneurial model 30.1% (n=128), and the Collaborative 4.5% (n=19) and Unification model 12.7% (n=54) at least, for the solution to fill the gap between the school and the practicing field. As seen in Table 3, the first three solutions that were recommended by the students to fill the gap between the school and the practicing fields are, to support to improve the skills in class/lab, to provide parallelism between the practicing field and the students' needs and to provide compliance between the theoretical information and the practice. In addition, not letting the students into fields that are not related to the subject of the lesson, not using the students in running errands, respecting the students, keeping the whole academicians expectations from the students at the same level were also the alternative recommended solutions.

Discussion

Clinical communication is important to validate students' experiences in practice. The 54.5 % of the students stated that they experienced problems with the nurses-midwives at the clinic, and 10.3% stated that they experienced problems with the patient that was given care. Ozyazicioglu et al. (2011) in their study reported that most of the students stated that the clinical nurses were not supportive in teaching and assisting in applying the correct applications. Sometimes, there are secret rules between the nurses. These rules may negatively affect the students to socialize (Houghton et al., 2013; Houghton 2014; Scully 2011), to apply the learnt information in the clinic and the approach of clinic employees to the students in positive and constructive ways. To reach success, these secret rules may be ignored, and be a positive role

model for the student (Houghton et al., 2013; Scully 2011; Maben et al., 2006). The clinic employees should support to make a positive clinical environment (Dadgaran et al., 2012), to give chance for education, and to supervise the students (Houghton et al., 2013). Interactive and participating solutions should be produced in communication with the medical staff and the patients. In this manner, the cooperation between the clinic and the school is crucial to solve the problems (Tanriverdi and Katar, 2009; Dadgaran et al., 2012). In addition to the institution strategies, the personal characteristics of the student, his/her willingness, his/her intergroup relationships may affect his/her manner to have a problem with the nurse-midwife or his/her approach to the patient (Houghton 2014). Thus, strategies may be needed to improve the student's state of belonging to the group (Papathanasiou et al., 2014).

In Figure 1, most of the nursing students recommended the integrated model in the education. The integrated model is the academicians's presence in the practicing field with the student and taking responsibility of the care with the nurse. The second model is the entrepreneurial model (the partnership of school with the practicing field). In studies most of the students reported that the academicians don't join to the students in one-to-one practicing skills and don't contribute in improving the clinical skills (Tanriverdi et al. 2009; Ozyazicioglu et al. 2011). Jonsen et al. (2013) stated that the preceptors don't give feedback for the applications of the students, don't stand with the students in the clinical applications adequately and don't pay enough attention to the clinical application skills as much as the care given to the theoretical information. The school and the clinical academicians have the responsibility to educate the students to provide maximum learning in the shortest time. The academicians in school and the clinic should be in cooperation and they must have interventions to benefit from the experiences of the nurses (Jonsen et al., 2013). On the other hand, it is the student's responsibility to get the skill to use this information and the practice and to improve it (Scully 2011). In this study the students stated that the school and preceptors should appear in also the clinical field and more time should be spent together, and this result is compatible with other studies' results.

Table 1: The Descriptive Characteristics of Students (N=426)

Descriptive Characteristics	Number	Percentage
University (427)*		
Canakkale Onsekiz Mart University	136	31.9
Uludag University	164	38.4
Balikesir University	127	29.7
Class (427)*		
3rd class	199	46.6
4th class	228	53.4
Gender (421)*		
Male	336	79.8
Female	85	20.2
Marital Status (424)*		
Single	408	96.2
Married	16	3.8

*The ones who answered the questionnaire were included.

Table 2. The Distribution of Person/Groups That The Students Have Problems With the Problems

The Person/Group With The Problem	University			Total % (n=426)
	Canakkale University % (n= 135)	Uludag University % (n= 164)	Balikesir University % (n= 127)	
The patient who is given care				
Yes	14,1 (19)	11,6 (19)	4,7 (6)	10,3 (44)
No	85,9 (116)	88,4 (145)	95,3 (121)	89,7 (382)
$(x^2=6,631; df=2; p=.036)$				
Family of Patients				
Yes	7,4 (10)	7,3 (12)	4,7 (6)	6,6 (28)
No	92,6 (125)	92,7 (152)	95,3 (152)	93,4 (398)
$(x^2=1,008; df=2; p=.604)$				
Nurse-Midwife				
Yes	64,4 (87)	62,2 (102)	33,9 (43)	54,5 (232)
No	35,6 (48)	37,8 (62)	66,1 (84)	45,5 (194)
$(x^2= 31,117; df=2; p=.000)$				
Doctor				
Yes	11,1 (15)	10,4 (17)	3,9 (5)	8,7 (37)
No	88,9 (120)	89,6 (147)	96,1 (122)	91,3 (389)
$(x^2=5,196; df=2; p=.074)$				

*The students gave more than one answer to this question

Table 3. The Recommended Solutions of The Students for Filling The Gaps Between The School and The Practicing Fields (N=427)*

Recommendations	n %
The recommendations considering the practicing fields	
To provide parallelism between the practicing field and the students' needs	67 (16.0)
To inform the students about the practice process	66 (15.7)
To provide compliance between theoretical information and the applications at the field	62 (14.8)
To perform the application classes at the rooms that will be provided in the practicing field	38 (9.1)
To discuss the target of practicing with students	20 (4.8)
To increase the time of practicing	25 (5.5)
The recommendations considering the period before practice	
To focus on improving the skills at the class/lab	90 (21.1)
The integration of the academicians to the practicing fields	32 (7.6)
The recommendations considering the cooperation between the school and the practicing field	
To found integration commissions between the school and practicing fields	46 (11.0)
To create common protocols	30 (7.1)
To ask for the recommendations and contributions of the people at the practicing field	12 (2.9)
The recommendations considering the clinical nurses that will give support during the practice	
To benefit from the experiences of the clinical nurses at student education	27 (6.4)
Education of nurses about student education	26 (6.2)
The nurses to continue the theoretical education with students	28 (6.7)
The graduation degree of nurses that will support the students to be at least post graduate	29 (6.9)

* The students gave more than one answer to the questions

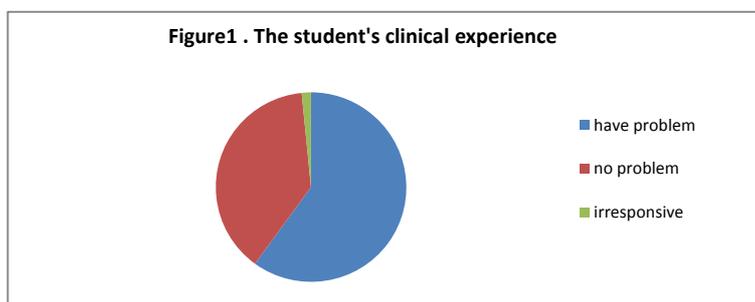


Figure 1: The students’ clinical experience

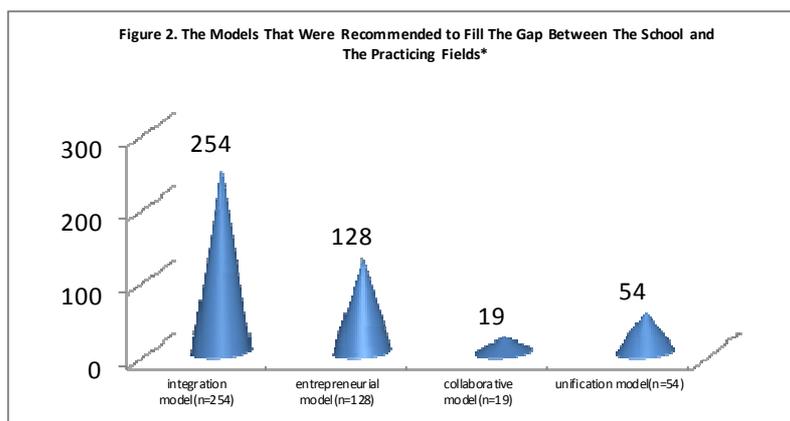


Figure 2: The Models recommended to fit the gap between School and Practicing fields

In Table 3, there are recommended solutions such as providing parallelism between the practicing field and the students' needs and being informed about the clinical running. Supervising and giving feedbacks provide the students to improve socializing and ease the clinical adaptation (Houghton 2014; Turnbull et al., 2013). Before clinical applications, the students should be informed about clinical running, and it

should be clear how to behave and react in the clinic, and what is expected from him/her. Precautions for the student to come to the clinic ready (application forms, homework, etc.) and feedback with the assessment forms at the end of the application should be taken (Tanriverdi et al., 2009; Turnbull et al., 2013; Andrews and Ford, 2013). During the application, responsibility may be given to the student, they may be supported

with observing the benefit of the patient, and the proposed innovations and expectations may be applicable in practice.

The 14.8% of the students stated that the practicing field and the theoretical information should be in compliance. In Turkey education system, the academicians that give theoretical lessons in the school stand together with the student at the clinical application field. The academicians pay attention in application of the theoretical information in practicing. In recent years, because of the small number of the nurses, there is a raise in the number of the students, and reasons such as the deficiency of the academicians in the practicing field lead to take support from the nurses working in the clinic. These results require more consideration of the student's learning needs, concentrate educators attentions on theory and improving the skills in limited resources and environment in the hospital (Tanriverdi and Katar 2009; Jonsen et al., 2013; Milton-Willey et al., 2014). In studies, it was reported that the theoretical part of the nursing education program should be strengthened and the consistency between the theory and the application should be provided from the beginning of the nursing education (Hatlevik 2012; Jonsen et al., 2013), and the use of evidence-based information and application should be generalized because every new information is an attractive key for the student (Tart et al., 2011). As a result, innovative educational content should be formed that joins the theoretical information and the practicing (Dadgaran et al., 2012; Tart et al., 2011; Moch et al., 2010). The students' opinions should be taken for the precautions that may be taken in applying these data in clinical field, while forming the new educational content (Tanriverdi and Katar 2009; Andrews and Ford, 2013; Turnbull et al., 2013).

The 9.1% of the students stated that the classes should allocate in the rooms available in the practicing field. To form educational departments in the clinic would make a change in the education model and help to improve the students' performances (Papathanasiou et al., 2014).

The 21.1% of the students stated that lab applications that would improve their clinical skills should be focused on before practicing. The lab application prepares the student to the real world, minimizes the shock of reality, helps to get used to the equipment, and gives equal

opportunity to all of the students in learning period. Houghton et al. (2013) reported that the Clinical Skills Laboratory is crucial for the students in getting used to the clinical field and equipment. Hope et al. (2011) in their study emphasized that the education of simulation is a positive learning strategy; it helps the student to be active more than being passive receiver, and helps in getting deep learning experience on patient care.

The students recommended that cooperated relationships should be made between the employees of the practicing fields and the school. Making a safe and supportive (Tanriverdi and Katar 2009; Dadgaran et al., 2012), carefree (Scully 2011) and positive clinical practicing environment plays an important role in arranging the field as improving the education (Tanriverdi and Katar, 2009, Ozyazicioglu et al., 2011; Jonsen et al., 2013). Communicative strategies would be helpful between the school and the practicing fields (Ajani et al., 2011). The rules that should be obeyed in the clinic, the clinical skill procedures and the staff education should be in compliance with the school (Tanriverdi and Katar 2009; Houghton et al., 2013). All of the academicians that guide the students and the clinic employees should be in cooperation and should exchange information in annual meetings.

In the study, it was also found that the clinical nurses that are responsible of the student education should also be equipped. The supervision of the academicians and the clinical nurses play an important role on the students' satisfaction from the clinical environment and their education (Hallin and Danielson, 2010). Effective communication between the school and the clinic employees to improve education and interventions to increase information exchange should be planned (Houghton et al., 2013). To provide the integration of the academicians to the clinic would obtain permanent mentorship to the student, therefore, increasing the compliance quality of the student and playing an important strategic role to close the gap between the theory and practice. (Makarem et al. (2001) in their study reported a relationship between the clinical instructors' behaviours and the students' educational outcomes. In Turkey with the increase in the number of students, the number of academicians becomes insufficient and the clinical nurses support the students in practicing. These nurses are not mostly consisted of having post graduate degree as the students requested,

joining the theoretical educations with students, and passing compliance programs; in contrast, mostly consisted of nurses, having undergraduate degrees with distance learning programs, didn't have post graduate degrees, that were charged by the university to support students between their busy working hours, and didn't want this charging willingly. It is thought that this choice to fill the gap of insufficient academician number doesn't meet the demands of the students and therefore, as a recommended solution of the students, they want to see nurses that have at least post graduate degree, that join to the theoretical lessons and that passed the compliance educations, as supportive employees.

Conclusion

It was seen that the students recommended the collaborative models, especially the integrated model to fill the gaps between the school and the practicing fields. The students most frequently had problems with the nurses at the practicing fields. To fill the gap between the school and the practicing fields, it was detected that these precautions would be helpful: to inform students before application, to clarify the expectancies, to focus on lab work, to organize the practicing fields in the direction of students' needs, to make attempts to increase the school and clinic, and to build partnership commissions.

Recommendations

To build positive clinical education environments that would contribute to the students' learning period (learning opportunity, support and supervising), may help to remove the obstacles between the theory and the practice. Bridging strategies should be developed to increase the partnership between the school and the clinical environment, which are separate organizations.

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