

Scientific Paper Presentation : Plenary Session I

Sub Theme : Bridging the Gaps in Nursing Education and Practice

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Introduction

Nursing is a discipline of applied nature. Unlike other sciences, Nursing first started as a practice and then got organised as a scientific study. The 'Learning from Practice' era changed to 'Learning to Practice' now. With this drastic change comes the serious problem of a long gap between Nursing Education and Practice.

With the advent of numerous nursing institutions, it becomes mandatory for us to see whether they provide 'Quality Education', which is this year's SNA theme. One way of ensuring this is to bridge the existing gaps between theory and practice. A study was therefore undertaken with the objective to:

1. assess the extent of gap in nursing education and practice.
2. find the possible causes for gaps in nursing education & practice,
3. formulate strategies and measures to bridge the gap in nursing education and practice.

Review of Literature

Benner (1984) described the knowledge that is embedded in Nursing Practice. Benner identified four stages of skill acquisition (Self affirmation, engaging patient, experiencing setbacks and refining the repertoire) following a study involving baccalaureate nursing students.

Eraser et al (1986) indicated that class room environment instruments would be useful for research involving the effects of the class room psychosocial en-

vironment on student's cognitive and affective outcomes.

Dominic Chan (2002) developed a clinical learning environment inventory to gauge the insight gained by students in their clinical placement. It includes the following categories: Individualisation, innovation, satisfaction, involvement, personalisation, and task orientation.

Ajzen & Fishbein (1980) developed a students clinical intention questionnaire to study the behavioural intentions of students. It tested the intention, attitude, subjective norm, perceived behavioural control, behavioural belief, normative belief and control belief.

Neistadt & Smith (1994) insisted that if faculty show novice nurses how key signs and symptoms link to recognition of health pattern through example development, students may gain more in clinical situations.

Methods and Procedures

The investigator used a Descriptive Design. Three Schools of Nursing and 2 Colleges of Nursing located at Urban, Semi - Urban and Rural Areas of Tamil Nadu were selected for this study. The study samples included 200 Pre-final and Final year Basic B.Sc (Nursing) students and Final Year GNM students using Non-Probability convenient sampling.

Criteria for Sample Selection

Inclusion Criteria

1. Nursing Students of pre-final and final year [Basic B.Sc(N)] and Final year (G.N.M.)
2. Willingness of the subjects to participate in the study.

With respect to supervision during procedures only a meagre 15.5 percent students were supervised. 76 percent of the students were motivated to follow staff nurse's clinical experience rather than text book methods.

With regard to the confidence level of the students, 71 percent of the students were confident but unsatisfied at the end of the procedure and 9.5 percent of the students felt anxious to do anything.

Considering the laboratory facilities only 17 percent students had access to well - equipped labs and only 10 percent students felt that they had student friendly labs. Majority of students (63.5%) did not practice the procedures in the lab before doing it in the ward.

Description of Tool

Part-I : Demographic Data

Part-II : Structured Questionnaire on Nursing Education and Nursing Practice including:

- a. Hospital facilities
- b. Scope for clinical practice
- c. Clinical learning environment
- d. Class room environment
- e. Laboratory practice

Part-III : Suggestion by students.

Data Collection Procedure

The study was conducted after obtaining formal permission

Table 1. Clinical Learning Environment			
SNo	Variables	N	%
1.	Observing doctor / Nurse a. Always b. Sometimes c. Only if they call	70 113 17	35 56.5 8.5
2.	Doctor's rounds attending a. Routine b. Only when free c. Hesitate	34 149 17	17 74.5 8.5
3.	CNE a. Regularly b. Sometimes c. Not conducted	- 80 120	- 40 60
4.	Supervision by clinical instructor a. Often b. Sometimes c. Unsupervised	34 157 9	17 78.5 4.5
5.	At the end of a posting feel a. Satisfied b. Unsatisfied c. Confused	96 73 11	48 46.5 5.5
6.	Staff nurses treating uniquely a. All nurses b. Some nurses c. Not treated uniquely	99 84 17	49.5 42 8.5

from the Dean/Principal of the Nursing Institution.

The students were assembled in auditorium or conference hall and arranged sparsely to discourage discussion. The purpose of the study was explained and the questionnaire was distributed to the subjects individually. A 5-minute explanation was given about the questionnaire and then the students were allowed to fill it.

Findings & interpretation

As for the hospital facility 60 percent of the institutions had their own hospital out of which 40 percent were multi-specialty hospi-

tals. Only 40 percent of the hospitals had 100 percent bed occupancy.

With regards to availability of adequate resources to perform procedures, only 10 percent students had an access. Only 23.5 percent of the students were given ward assignments by the clinical instructor. From the Table it was observed that only 35 percent of the students observe a doctor / nurse performing a procedure and only 17 percent of them attend the Doctor's rounds. In 60 percent of hospitals, Continuing Nursing education programmes were not conducted. At the end of every spe-

ciality postings 46.5 percent of the students were not satisfied and 5.5 percent were confused about it.

With regard to class room environment & learning, 67 percent of the nursing educators explain the subject fully to the students. Majority of the students (79.5%) were not taught about evidence-based practice. Only 38.5 percent students find their assignments to be useful for clinical practice. Nearly half of the students (54%) find the co-relationship between their textbook and clinical settings to be only moderate whereas 20 percent feel it to be extremely low.

Higher proportion (97.5%) of students felt that a moderate gap exists between nursing education and practice.

Interpretation

- ☐ While most colleges excel in Nursing education the practice levels of their students tends to be very low.
- ☐ Institutions with own hospitals were able to provide the proper practice for their students.
- ☐ Improper supervision in clinical areas affects quality practice
- ☐ Majority of the hospitals never care to conduct CNE.
- ☐ Majority of the staff rely more on their clinical experience and not on theoretical methods.
- ☐ The labs of majority of colleges are not adequately equipped.

Conclusion

The gap between Nursing education & practice is moderate and it could be easily bridged by adopting simple measures like ensuring proper clinical postings under continuous supervision,

well-experienced faculties, conducting regular CNEs etc.

Recommendations

1. It should be mandatory for all the Nursing Educational Institution to have their own hospital. Institutions without own hospitals must maintain a very good relationship with their affiliated hospitals at all levels (from Dean to staff nurse) so that their students can get good attention and better allowance in those hospitals.
2. Nurse Educators must perform dual role both in service and education.
3. Nurse educators with adequate clinical experience and other criteria cited by INC, to be allowed to handle the subjects.
4. More investment to be made in furnishing the clinical skills lab e.g. simulators.
5. Nursing Institutions must

take initiative and collaborate with the hospitals to conduct CNE programmes for staff Nurses.

6. Nurse Educators should provide periodical guidance and counselling to the students.
7. Periodic appraisal from the students must be considered.
8. Standardised practice manuals must be prepared by the concerned institutions for the students.
9. Use of innovative clinical teaching methods, e.g. Decker's Clinical database, Pattern recognition model.

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Election Results: TNAI Maharashtra State Branch (Re-published)

Note: The Election Results TNAI Maharashtra State Branch is being published again because of the earlier election results which had been published in October 2009 issue of the NJI on page - 227 were incomplete.

The elections of TNAI Maharashtra State Branch were held on August 8, 2009 in the General Body Meeting, between 9 am to 4 pm, at V.S. General Hospital (Thane Civil Hospital), Thane (W). The following Office Bearers were elected:

President: Mrs. Jyotsna Pandit, Principal, ANM School, 602, Chariot Apartment, Navghar Road M, Mulund (E), Mumbai-400081. **Vice-President:** Mrs. Sunita Kulkarni, (Matron), E-8, Priti Sangam Society, Desai Seth Nagar, Sai Baba Mandir Road, Borivili (W), Mumbai-400092. **Secretary:** Mrs. Swapna Joshi, Nursing Superintendent, Tata Memorial Hospital, E. Borges Road, Parel, Mumbai-400012. **Treasurer:** Ms Mangalam Sriram, Sister Tutor, Jaslok College of Nursing, Jaslok Hospital & Research Centre, Dr. G. Deshmukh Marg, Mumbai-400026. **SNA Advisor:** Ms Seema Bhagat, Sister Tutor, BYL Nair Hospital, Byculla, Mumbai-400008. **Chairperson, Membership Committee:** Ms Arundhati Gurav, Principal, Meena Tai Thakare INE, Thane. **Chairperson, Programme Committee:** Ms Sunita Dhobale, Sister Incharge, NMNC Hospital, Vashi-400703. **Chairperson, Nursing Education:** Mr. Vijay Rokade, Staff Nurse, GMC Hospital, Nagpur. **Chairperson, Nursing Service Committee:** Mrs. Surekha Mhatre, Matron, GT Hospital, Mumbai-400001. **Chairperson, Socio-Economic Welfare Committee:** Ms Anuprita Gurjar, Deputy Registrar, Maha Nursing Council, Mulund (W), Mumbai-440080. **Chairperson, CHN Section:** Ms Prachi Dharap, Vice-Principal, Sau Meenatai Thakre INE, Thane-2. **Chairperson, LHV/ANM Section:** Ms Akansha Pande, Asst. Matron, VS General Hospital, Thane-1. **Chairperson, ANM:** Mrs. Vrushali Deshpande, Sr. Tutor, G.T. Hospital, Mumbai. **Chairperson, Research:** Mrs A. Joykutty, Principal, College of Nursing, Wockhardt Hospital, Mulund (W), Mumbai-80.

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