The Theory of Baccalaureate Level for Entry into Nursing Practice

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Description

The theory practice gap in nursing education is a well-known phenomenon. Many studies and theoretical analyses describe that in nursing, theory and practice are divided into two different settings with different curricula. The gap between theory and practice in nursing can be defined as a difference between the theoretical knowledge taught in formal education and the practical application of nursing. Even more, the gap could be seen "as the discrepancy between what student nurses acquire through theoretical classroom lectures and what they experience in the clinical setting".

Nursing Theories

Reasons for the existence of the theory practice gap can be found in the nature of nursing theories and in the characteristics of the clinical setting. Formal nursing theories, that are scientifically based and taught in nursing science and schools, aim to provide generalizable recommendations and explanations. Nursing practice in a clinical setting is characterized by complexity and development; therefore, general theories are difficult to apply. Informal theories of nursing, that are practically oriented and based on experiences in practice, are not scientifically established, and they are difficult for students to understand. Furthermore, external circumstances such as an increasing number of tasks, heavy workload or time pressure, can lead to a theory–practice gap, because in such situations sufficient time for reflection is lacking.

In recent decades, many efforts have been made to find ways to handle or reduce the theory–practice gap. Different instructional methods have been established and evaluated. A recent researcher argued that the setting of formal education does not "resemble the real situation". For the development of professional competence, "interaction and integration of theoretical and practical knowledge is essential".

Reducing the theory practice gap may require increasing connectivity between education and work. The basic assumption of theories and models focusing on connectivity between education and work is that learning and working are interdependent and cannot be separated, nor can their settings be separated. Connectivity between education and work can be fostered by the "facilitation of integrative learning processes", which can be part of different instructional designs.

The role of the nursing educator in formal settings as well as in the clinical setting is seen as central in reducing the theory practice gap and providing learning environments that foster integrative learning processes. Nursing educators and supervisors in both settings develop or design learning environments that can help to integrate theoretical knowledge and practical experience.

Studies (mostly qualitative in design) on the theory practice gap in nursing focused mainly on the description of the phenomenon from different perspectives. Corlett and Salifu et al. explored the topic from the perspective of nursing educators and students. Akram et al. described the perspective of clinical instructors. Studies on connectivity between education and work focused on digital tools or mentoring as strategies to reduce disconnection between education and work. The theory practice gap is often seen as the result of theoretical training with a lack of practical relevance. It is the assumed reason why newly graduated nurses suffer from "transition shock".

In summary, integrative learning processes, that facilitate the theoretical knowledge into practice, are necessary to establish connectivity between education and work, thereby reducing the theory–practice gap in nursing. Integrative learning processes include for example problem solving and integrative thinking. Nursing educators can design learning environments that foster integrative learning processes. However, less is known about how nursing educators' efforts to establish integrative learning processes can be measured.

Teacher education research has shown that the process of teaching includes the teachers' beliefs (or thought processes) and their actions. Both must be considered in order to find out how learning environments are designed in a specific way. Therefore, the aim of this study is the development and validation of an instrument that measures nursing educators' beliefs about integrative learning processes and the application of the methods they use to connect education and work.

In early 2021, the American Association of Colleges of Nursing (AACN) endorsed re-envisioned essentials for nursing education entitled The Essentials: Core Competencies for Professional Nursing Education (the new essentials). These essentials include core competencies in 10 domains with multiple subdomains at two levels: entry-level professional nursing education and

advanced-level nursing education. Competencies are defined as measurable and observable activities that integrate knowledge and skills across multiple domains of learning (AACN, 2021). Addressing the new essentials will require that Doctor of Nursing Practice (DNP) programs develop methods to determine the successful attainment of advanced nursing competencies for students who earn the DNP degree.

Traditionally, nursing programs have prepared nurses at the Baccalaureate level for entry into practice and at the master's level to become Advanced Practice Registered Nurses (APRN) in one of four APRN roles (certified nurse-midwife, certified registered nurse anesthetist, clinical nurse specialist, nurse practitioner) or in other areas of specialization, such as education or community health.

A criticism of DNP programs, which supported the need for the new essentials, was that graduates did not exhibit a standardized level of competence. Thus stakeholders lacked confidence that a nurse with the DNP degree could contribute a unique set of knowledge, skills, and behaviors to the employment setting. DNP projects may be used to evaluate student competency attainment; however, findings from a review of the literature suggest that expectations regarding DNP projects are variable across schools. Possible contributing factors to this variability include the rapid rise in DNP programs, lack of DNP-prepared faculty in DNP programs, lack of understanding of the KSBs that DNP graduates should demonstrate, and inconsistent methods of evaluation of competencies.