

Bridging the theory-practice gap: an innovative approach to praxis in professional education

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The notion of a 'theory-practice gap' in nursing has been the subject of debate for many years and is well documented in the nursing literature (Crane, 1991; Landers, 2000). McCaugherty (1991) explains the 'gap' using the symbol-object dichotomy as an analogy, that is the symbol such as a picture or an image is not the same as the actual object. Thus, what is taught in the classroom is not the same as that which is experienced in the clinical environment. Russell (1967) identifies the former as 'knowledge by description' and the latter, 'knowledge by acquaintance'.

McCaugherty (1991) argues that theory can only ever offer generalisations and can never capture the richness of that which individuals encounter in practice, but theory gives students an idea of what can be expected. Benner (1984) argues that the 'art' of nursing cannot be found in text books, and that this 'intuitive' knowledge is characteristic of expert nursing practice gained through experience, informed by theoretical knowledge but not enslaved by it. For Benner (1984) the intuitive nature of nursing means that 'expert' nurses may be unable to scientifically support their clinical reasoning in all cases. However, within the last 10 years, evidence-based approaches to health care have become firmly established in relation to research, policy, and clinical decision-making agendas within the NHS, making this a core component of curricula within Nursing and other health-care related programmes (NMC, 2004). In this climate, the view that nursing is more an art than a science is seen as inherently conservative and inappropriate to contemporary practice (Cash 1995; Walsh 1997).

In addition to evidence-based approaches, the concept of 'Reflective Practice' currently forms a dominant paradigm in Nursing. This aims to develop new knowledge by means of a critical engagement not only with the personal experiences of professionals but also with the political and social structures that may constrain them and reduce them to a merely instrumental or technical role in relation to their clients (Bolton, 2005). Reflective Practice has affinities with the critical pedagogy of Paulo Freire (1972), critical theorists such as Habermas (1983) and the concept of 'Praxis' expounded by Marxist writers such as Antonio Gramsci (1971). In this connection, Holmes (2002) outlines the challenge for academics in Nursing by stating that the critical academic:

'reconceptualises and problematises the familiar, looks for the 'unmasked' questions, and 'renovates' existing patterns of thought and practice, by exposing the ideology which underlies them, and submitting them to a rigorous critique in order that oppressive processes may be challenged and alternatives established'.

(Holmes, 2002).

Such an approach is appropriate to nursing education because of the complex political and institutional structures within which the activities of Nursing and service use take place (Traynor, 1999).

Some authors argue that the shift of nurse education into Higher Education Institutions (HEIs) and the adoption of andragogic principles, where the students are facilitated to be self directed, critical, reflective thinkers, has led to nurse training having a 'process' rather than a 'product' focus, and has paradoxically further enhanced the gap (Crotty, 1993; Hewison and Wildman, 1996). Hewison and Wildman (1996) point out that the higher status of academia over practice skills has also added to the chasm. They argue that the conflicting nature of underpinning philosophies of the two environments, that is, the humanistic, holistic values of nurse education and the increasing management values where targets and finance are priority within the clinical environment, will inevitably result in a mismatch between theory and practice (Hewison and Wildman, 1996).

It was within this context that a module on the three-year pre-registration nursing degree at Leeds Metropolitan University was designed that would bring together principles of evidence-based practice, reflective practice and change theory to provide students with a deep and critical engagement with 'Clinical Governance', one of the key policy agendas informing contemporary practice within the NHS (DH, 2006). An innovative feature of this approach was that the task facing the students was to link theory to practice within the setting of practice itself, with a strong focus on action planning. This is in essence the idea of 'praxis' mentioned above and links to Marx's view of philosophy that the point was not merely to understand society but to change it.

In practical terms, students were required to critique an existing nursing standard or 'benchmark' (benchmarking is one of the key quality drivers in the clinical governance agenda) with reference to its evidence base and make recommendations for practice based on audit findings made by the students themselves within their areas of clinical practice. Communications with members of the clinical team, and a critical awareness of ethical issues were central to this process.

An organisational framework for the process was provided by the Department of Health publication: 'Essence of Care: patient focused benchmarking for health care practitioners' (DH 2001). This document details a process by which health professionals can undertake a benchmarking activity in relation to eight essential aspects of nursing care.

Within the module, classroom sessions allowed opportunity for students, working in groups supported by module tutors, to prepare for and reflect on activities which they subsequently carried out in clinical areas supported by clinically based mentors. The classroom and clinical activities were thus fully integrated in a way that differs from conventional didactic teaching.

Cave (1994) states that student nurses need to be able to comprehend relevance as well as demonstrate how knowledge is applied to practice. In doing the task, benchmarking became tangible to the students and so develops understanding. Knowles (1990) believes that for adult learners motivation will increase if they perceive the knowledge as useful to their future. As benchmarking is a process that all nurses will be involved with at some point in their careers the 'usefulness' was overtly demonstrable to the students. Having experience of this process gives the student a marketable skill that will enhance their employability. This module is the result of demands made by local NHS trusts. Humphreys and Quinn (1994) acknowledge that inevitably as the trusts become purchasers then HEIs will have to respond to their demands by providing students that meet their requirements. Indeed, it was trust representatives that assisted with the development of the module descriptor. Thus, by undertaking the benchmarking exercise, reflecting on standards in relation to practice and in particular by

developing an action plan, students become aware of the challenge of incorporating humanistic values into the reality of the business-like world of NHS trusts.

This benchmarking exercise was reliant upon the knowledge and skills, developed in earlier level one and two modules, in relation to searching for evidence, critiquing that evidence and analysing the implications for practice (where 'practice' is now their own nursing care). In addition the students had to draw from their own experiences of good practice, be able to articulate their reasons why this practice could be defined as 'better' than the rest, and discern if it was appropriate for inclusion as a basis for their 'A grade' (i.e. highest standard) benchmark. Upton (1999) argues that such processes close the theory-practice gap because of the direct benefits on health care delivery. The theory is translated into an action plan having a direct and visible impact on practice. Douglas (1998) incorporated a similar model into a Continuing Professional Development module where students had to manage a change project by discussing the 'rationales' to support change prior to developing a research based action plan. Thus knowledge gained from the educational programme was enhancing practice (Douglas, 1998).

Cook (1991) argues that in nursing the gap exists partly due to the influence of 'the hidden curriculum', that is, the learning that takes place which is unplanned and unintended in any given learning setting. Nursing students are subject to numerous changes in learning environment and will consequently assimilate the norms and attitudes that they meet in different particular clinical settings. Some of such norms and attitudes may be positive, for example, "respecting clients dignity". Others may be less so, for example, stereotypical expectations concerning the needs, desires, abilities and feelings of older people. Such introjected attitudes and values represent tacit knowledge that may go unchallenged, yet on reflection may prove to have a basis in ageism.

As an example of this process, one student created an action plan which aimed to enable nurses to identify different types of incontinence. Reflecting on the difficulties of actually implementing the action plan in the clinical environment, the student commented that the importance of investigating the causes and type of incontinence suffered by individuals was unrecognised by staff, since, within the culture of the setting, there was an implicit acceptance of the myth that incontinence is inevitable in older people. The process of action followed by reflection had thus enabled the student to render explicit, and therefore visible to the student, the previously implicit values of the clinical culture.

In conclusion, it should be stated that this module has been highly evaluated by students over a period of four years. In particular students have valued the relevance of the module to practice, their understanding of how to handle evidence in relation to practice and the development of skills of critical thinking 'in action', that will directly benefit their employability and future careers.

The educational model described here is sharply opposed ideologically to normative models of professional education such as are found when theoretical education and practical learning occur in geographically separate environments or an asynchronous timeframe. Instead, the student's concrete experiences and actions are set firmly at the centre of the task of conceptualising present and future professional practice, within an integrative and explorative educational model defined by 'planning of action, taking of action and reflection on action'.

This is a model that could be followed not just within nursing but within all professional courses where vocational practice is a key component of learning.

The bench-marking process which helped to structure students learning is also one that could be applied within a variety of educational disciplines.

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