

Summary of a Working Theory on
Theory- Practice Gap in Nursing- What can be Done?

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N 302: Theory Building

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Abstract

The integration of theories to clinical practice is poorly used in many parts of the world. For the nursing profession to continue to grow as a science, practitioners at all levels -from leadership to bedside nurses- must be able to articulate the theories that support their *everyday* practice. They must possess what could also be named as the “language of theory.” Most studies of the theory- practice gap focus on the nurse educator role in bridging the gap. This project expands the role and accountability to nurse leaders at all levels in transforming organizational culture where the utilization of theory is valued and concretized: role modeling, integrating theory in nursing processes and systems, celebrating and rewarding staff who demonstrate the behaviors of theory integration.

“Nursing integrates the art and science of caring...” (AACN, 2019). Theories - unique or shared with other sciences- provide “a systematic view of *phenomena*...” (Chinn & Jacobs, 1987) “encompassing the spheres of nursing knowledge” (Kim, 2007). This theoretical framework is the basis by which a clinical nurse should “describe, explain, predict or control phenomena” (Chinn & Kramer, 2011) in every patient encounter. Although the BSN degree prepares the nurse to utilize this framework, during student transition to clinical practice the foundational knowledge of nursing science is often left in the classroom, and only the doing of nursing stays: “...the how and when to use the knowledge in actual clinical situations” (Benner, 2015) are lost. This may be attributed to how new nurses are socialized to the profession: their role models (nurse leaders, educators, preceptors, senior nurses) often do not or cannot name the nursing theories to support their practice. Onboarding of new nurses to the workplace is singularly

focused on demonstration of skills decontextualized from nursing's theoretical framework. Theory utilization is not an expectation in the development and performance of the nursing process. All these conspire to create and perpetuate the theory- practice gap wherein clinical nurses -despite their baccalaureate degrees -end up stuck with their expectations of professional nursing diminished. What can be done? Nurse leaders may be guided by this project's blended framework based on Bandura's Social Cognition Theory (Bandura, 2004) and the Magnet model (ANA, n.d). The model promotes nurse self- efficacy in theory integration, with nurse leaders modeling the behavior. The Magnet pillars provide the building blocks for a solution: transformational leadership, structural empowerment, a thirst for exemplary professional practice, new knowledge and innovations, clear goals and preoccupation with empirical outcomes.

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