

FROM THEORY TO BEDSIDE: UNVEILING NURSES' PERCEPTIONS OF THE PRACTICE GAP; A QUALITATIVE STUDY FROM PESHAWAR PAKISTAN

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Received; 24th Aug '25 Revisions received; 11th Nov '25 Accepted; 13th Nov'25

ABSTRACT

BACKGROUND: The difference between what is learned in the classroom and what is implemented in real scenarios during clinical practice is known as the theory-practice gap. It is observed that implementing standard theoretical knowledge into practice has a positive influence on patients' health outcomes.

OBJECTIVE: This study aims to assess nurses' perceptions regarding the theory-practice gap.

METHODOLOGY: A descriptive qualitative study design was employed for this investigation. Using purposive sampling, 12 in-depth interviews were conducted with nurses working in tertiary care hospitals and analyzed through thematic analysis.

RESULTS: Nine sub-themes emerged. Nurses understood the TPG as the disconnect between academic learning and clinical application. Hospital management factors such as inadequate staffing, insufficient resources, weak supervision, and misallocation of duties further widened it. Educational institutions played a critical role; lack of skilled instructors, limited engagement in clinical teaching, and poorly equipped skills laboratories contributed to the gap. System-level weaknesses in Pakistan's healthcare infrastructure, sociocultural barriers (especially gender norms), staff shortages, and varying levels of expertise also reinforced the TPG.

CONCLUSION: Nurses are aware of the theory-practice gap and perceive that it reciprocally affects patient outcomes. Therefore, it should be addressed through multi-dimensional approaches.

KEY WORDS: Theory-practice gap; factors leading to the theory-practice gap; impact of the theory-practice gap on patient outcomes; strategies for bridging the theory-practice gap.

HOW TO CITE THIS ARTICLE: Zeb A, Afzal Y, Afzal H, Riaz H, Ume-e-Aiman, Afridi SK. From theory to bedside: unveiling nurses' perceptions of the practice gap; a qualitative study. *Northwest J Med Sci.* 2025;4(4): 9-14

INTRODUCTION:

Clinical competencies and the delivery of safe, high-quality nursing care are top priorities in nursing education.¹ Teaching and learning within nursing degree programs involve both theoretical instruction in classrooms and practical training in clinical and community settings. These placements provide valuable opportunities for students to apply theoretical knowledge in real-world practice.² Clinical skills and acquired knowledge are essential for nurses' professional success.³

However, the theory learned in classrooms often differs from what is practiced in clinical settings, creating confusion and discouragement among nursing students. This disparity commonly referred to as the theory-practice gap hinders the advancement of nursing science and may lead to a decline in care quality.⁴ The gap is recognized as a significant contributor to ineffective nursing practice and high job turnover rates.⁵ Nursing students face numerous challenges in integrating theory into practice, including discriminatory attitudes, communication barriers, limited exposure to clinical cases, insufficient time for practice, and inadequate equipment or infrastructure.

As a result, newly graduated nurses often experience transition shock, questioning the value of their education and sometimes reverting to outdated practices. This not only undermines their professional abilities but can also negatively affect the patient experience.⁶ While hands-on practice supports professional development, many graduates still feel unprepared for the realities of clinical work.⁷

Both nursing educators and practitioners recognize the existence of this gap, with clinical nurses being particularly aware due to their direct involvement in patient care.⁸ The presence of this gap can significantly influence the quality of nursing care and patient outcomes.⁹ Research has identified multiple contributing factors, including student readiness, instructional methods, clinical environments, organizational culture and processes, inadequate supervision, and the absence of standardized procedures and policies.

Because local research on this issue is scarce and the gap is deeply influenced by contextual and experiential factors, it is important to explore the issue from the qualitative perspective of practicing nurses. The aim of this study is to explore nurses' perceptions and experiences of the theory-practice gap.

METHODOLOGY:

A qualitative descriptive design was employed to provide a straightforward account of nurses' perceptions regarding the theory–practice gap. The study was conducted in two tertiary care hospitals in Peshawar, Pakistan. Participants were purposively selected based on the study's requirements. The inclusion criteria comprised staff nurses with at least one year of clinical experience in a hospital setting. This group was selected due to their direct involvement in patient care, which made them well-positioned to provide relevant insights into the theory–practice gap. Once the responses became repetitive and no additional meaningful categories were being generated, saturation was considered reached. At that stage, the sample size was finalized, resulting in a total of 12 participants.

Data were collected through in-depth, face-to-face interviews using a semi-structured interview guide.¹⁰ Interviews were conducted at mutually convenient times and locations. Open-ended questions, along with planned and unplanned probes, were used to ensure a comprehensive understanding of participants' perspectives. Field notes were taken to capture non-verbal communication cues.

Participants were encouraged to use their preferred language. While some interviews were conducted in English, most were held in Urdu (the national language), with occasional code-switching between Urdu and English. Each interview lasted approximately 20–30 minutes. All interviews were audio-recorded and transcribed verbatim by the primary researcher. For analysis and reporting, Urdu interviews were translated into English. For translation validation, a back-translation method was used & selected portions of the English-translated transcripts were independently translated back into Urdu by a bilingual expert and compared with the original Urdu transcripts to ensure accuracy, consistency, and preservation of meaning. A reflective log was maintained to document the interview process and qualitative data collection experience.

Thematic analysis was conducted following Creswell's guidelines.¹⁰ Urdu transcripts were first translated into English. All

audio recordings were transcribed verbatim, and the transcripts were read line-by-line to identify significant statements. Codes were assigned to words, phrases, and sentences with similar meanings. These codes were grouped into categories, from which central themes emerged.

To ensure trustworthiness in the data, Lincoln and Guba's framework¹¹ was used, which includes credibility through prolonged engagement, dependability through an audit trail, confirmability, reflexive journals and weekly investigator meetings, and transferability through purposeful sampling.

Ethical approval with reference number RMI/RMI-REC/Approval/144 was obtained from the Research Ethics Committee of Rehman Medical Institute on 16 September 2022. Written and verbal informed consent was secured from all participants before data collection. The principles of autonomy, confidentiality, and anonymity were upheld throughout the study. Participation was voluntary, and participants were informed of their right to withdraw at any time without consequences. Study data were accessible only to the research team.

RESULTS

The analysis produced one major theme “Multifactorial Influences Shaping the Theory–Practice Gap (TPG) in Nursing.” This theme was reflected across nine subthemes, each supported by key categories. Nurses described the understanding of the TPG (disconnect between theory and practice, variation from academic standards); the working environment (resource availability, organizational culture, public–private differences); and the role of hospital management (staffing shortages, inadequate supervision, poor adherence to protocols). Educational factors emerged through the education system and instructors' role (skills-lab limitations, weak clinical instruction, inexperienced faculty).

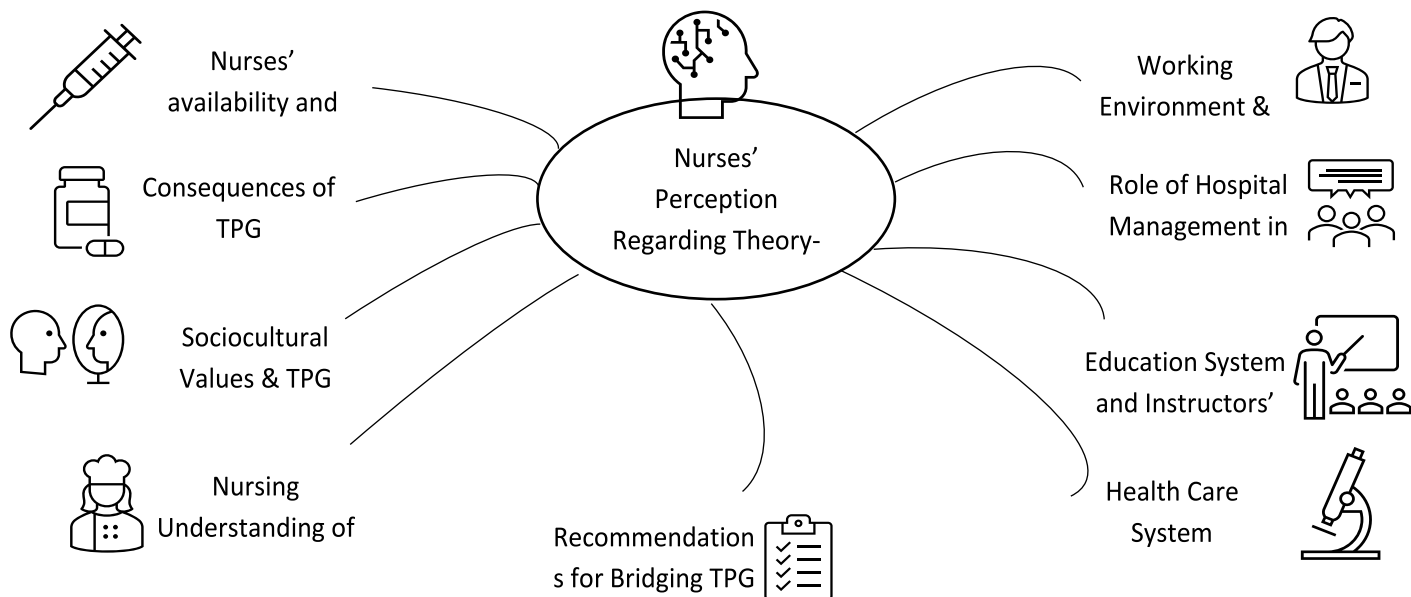
A total of 12 participants were recruited from a private and a public tertiary care hospital. The demographic characteristics of the participants are shown in Table 1.

Table 1: Demographic characteristics of the study participants

Characteristics	Categories	Frequency	Percentage
Gender	• Men	4	33.33
	• Women	8	66.66
Work Experience	• 1 year	3	25
	• 1 to 5 years	6	50
	• More than 5 years	3	25
Working Area	• Critical care	5	58.3
	• Wards	7	41.6
Professional Qualification	• DIPLOMA	4	33.33
	• BSN	8	66.66

Analysis of the interviews yielded 74 meaningful codes, which were organized into nine sub-themes and one central theme as shown in Figure 1. The following sections present each subtheme and category in detail, with participant statements provided verbatim to reflect their perspectives.

Figure 1. Thematic analysis of the qualitative responses from the study participants



1. Nurses' understanding of the theory–practice gap (TPG)

Participants expressed varied understandings of the TPG. Many noted a clear disconnect between what is taught theoretically and what is practiced clinically. According to one participant: “Things we study in books, when we come to the hospital side, there are a lot of differences we observe when we practice.” Another participant emphasized the interdependence of theory and practice: “Theory and practice can't stand alone..... without theory practice is nothing and without practice theory is nothing.”

Another described the TPG as a gap between academic learning and clinical application:

“...theory practice gap is what we study in college and books, we do not follow them in hospitals.”

2. Working environment and the TPG

Participants identified the working environment as a major factor influencing the TPG. One participant shared: “We had many nurses who were best in nursing practice moved to other organizations, and the staff who replaced them are unaware of many standard practices....”

Another added, “I also gained some experience from another hospital where we did things with great protocols, but when I came here, I was very disappointed.” Several participants noted differences between organizations, highlighting that private sector settings tend to have fewer gaps compared to public sector

ones.

3. Role of hospital management in the TPG

Participants emphasized that hospital management plays a crucial role in TPG. Many attributed the gap to insufficient resources, inadequate staffing, and a lack of proper monitoring, as one of them stated that “resources are not provided by the hospital. That is why, there is a gap... .” “ among all the reasons, the more responsible factor is resources...” Another said that “Management is responsible for the hiring of staff. So, if staff is deficient, there must be TPG.”

A Nurse highlighted, “Nursing supervisors who came here for our supervision never ask us how we deal with our patients. They should come and ask patients about nursing services as well as from staff about patient diagnosis, treatment planning.”

Several participants stressed the importance of qualified staff and assigning duties according to specialization: “A well-qualified nurse should be hired. So that he or she can provide quality care to the patient.... I have seen in many hospitals that a midwife is working in the place of a nurse.... Therefore, management should allocate jobs based on skills and qualifications”.

4. Education system and instructors' role in the TPG

Participants pointed out that strong theoretical foundations and quality practical training could reduce the gap: one of them said, “...institutes make our base for all practices, the institute has a

major role.” They also highlighted the need for modern skill labs, as one of the participants said, “College administration should provide proper facilities and skill labs to minimize TPG.”

Concerns were raised about clinical instructors, with some describing minimal engagement in students' practical learning: a participant stated, “I have not seen any effort of the clinical instructors when they visit their students here.” A female nurse further highlighted, “Clinical instructors come with students, and they come just to take attendance.”

Participants stressed the importance of hiring experienced instructors: “If the clinical instructors are well trained and competent, then they will train their students in the same way.”

5. Health care system assessment

The overall healthcare system was described as weak and in need of reform: a participant highlighted that “There is no Pakistani hospital in the world top 1000 hospitals...this shows how weak our health care system is...” Some participants mentioned initiatives such as Nursing Education Services (NES) that conduct sessions for nurses to improve practice:

“We have here NES (nursing education services), a system in which we arrange sessions and lectures on any topic for the nursing staff. Educating nurses through sessions means improving the practice.” They also noted that the TPG exists across all healthcare professionals: “You see theory practice gap everywhere, it includes doctors, nurses, technicians and ward boys.” Another participant shared a critical incident in the cardiology unit:

“... The patient was critical, so the code was activated. The doctor started giving a shock, defibrillator was showing a shockable rhythm. They were giving shocks without applying gel to the d-Def paddles.... I asked the doctor to apply gel first because, without the gel, the paddles can result in severe burns to the patient's skin and other serious issues. So, the gap comes this way, and we see it daily.”

6. TPG associated with sociocultural values

Cultural norms were identified as a unique contributor to the TPG in Pakistan. Gender-related restrictions often affected nursing practice: one of the study participants said “...for example, if a patient came ...and he told me that you are a male nurse and you can't treat my patient ..You can't give care to my patient because my patient is female ...” Another of them added that “Sometimes female patients came for treatment, when a male nurse came to her, the patient herself and her attendant too refused to receive care from a male nurse as they say that their society does not allow them to seek care from a male nurse.”

7. Nurses' availability and expertise

Staff shortages and lack of equipment were repeatedly cited as major causes of the TPG: according to a study participant, “Because of the shortage of staff and lack of equipment. When

their will be sufficient staff so our job assignments will be fulfilled. Everyone will do their task properly. No one will be overburdened...”

Few also pointed to negligence despite having resources: “They know the theory, but they don't bother to follow it...they knew and everything, but still, they are not following it.” “...but sometimes it is about staff behavior as well... it is their negligence as well.”

8. Consequences of the TPG

Participants identified serious consequences, including violation of patients' rights and increased risk of harm: “Patient right of care compromised. He/she does not receive care like he/she deserves for their condition.” Another stated that “For example, when I do any procedure on a patient and I don't use aseptic techniques, it will cause infection to the patient...” “When we do not perform procedures according to standards so the patient will acquire infections and his length of stay will be increased...”

9. Recommendations for bridging the TPG

The study participants suggested the following for narrowing the theory and practice gap that affects nursing: following international clinical guidelines in practice, improving skill labs in hospitals and colleges, and providing the necessary support and qualified staff to teach students. Providing students with opportunities for practical experience under supervision and enough time for practical application of theory and ongoing staff training and development sessions were also suggested. The need for better nursing education and training and improved nursing staff remuneration was also emphasized.

DISCUSSION

The purpose of this study was to explore nurses' perceptions of the theory–practice gap (TPG) in nursing. Analysis revealed nine sub-themes, highlighting that the gap is influenced by multiple, interrelated factors rather than a single cause. These include deficiencies within the healthcare system, organizational and management structures, educational institutions, and the knowledge, skills, and attitudes of healthcare personnel.

Nurses in the current study were clearly aware of the TPG, as evidenced by their ability to identify the discrepancy between theoretical teaching and the real clinical setting. This agrees with previous work, where awareness of the TPG was reported in a variety of different educational levels and was highest in those with postgraduate qualifications.^{12,13} The same descriptive analyses have been used in other studies, which have identified the TPG as a constant daily threat in clinical practice, challenging at varying levels.¹³

The key facilitators to the TPG that emerged from this study were poor resources, inexperienced or less capable staff, and ill-prepared clinical instructors.¹⁴ These obstacles are also reflected

in earlier research, which identified inexperienced instructors, a lack of professional competence, issues with specialized equipment, resource shortages, poor monitoring, and part-time instructors as major obstacles.¹⁴ The findings of the present work underscore how a competent and committed clinical instructor has the potential to facilitate a good bridging gap. Good supervision offers timely support and fair evaluation, and guides in bridging theory into practice, which has contributed to the development of good nursing professionals.¹⁵

Poor facilities, knowledge deficits, and lack of continuing education opportunities were also described as additional aggravating factors.¹² Recommendations from previous studies—such as continuous professional development, periodic revision of the curriculum, and integration of evidence-based practice—also share consistency with the current results and provide practical ways forward.¹²

A similar gap in learning between the classroom and clinical application has also been documented elsewhere. Inadequate equipment, a shortage of infrastructure, and the absence of knowledgeable supervisors have been cited as major reasons why theoretical knowledge is not being put to greater use.¹⁶ Identical trends were found in the current study. Previously, insufficient support, poor supervision, and the absence of instructors during clinical training have been considered contributory factors leading to the perception of students being unready, thereby increasing the gap in TPG.¹⁷ Obviously there is a demand for qualified instructors who have solid knowledge and skills to bridge the gap between theory and practice.¹⁸

CONCLUSION

This study concludes that the theory–practice gap in nursing is a multifaceted issue shaped by systemic limitations, organizational challenges, educational inadequacies, and individual factors. Although the study was constrained by time, translation processes, and its single-institution setting, the findings highlight clear areas for action. To bridge the gap, nursing institutions and hospitals should strengthen clinical teaching, ensure adequate staffing and resources, improve supervision, enforce standardized protocols, expand continuous professional development, and address sociocultural barriers that restrict practice. Collaborative efforts across education, management, and policy levels are essential to enhance clinical competence and improve the overall quality of nursing care.

SOURCE OF FUNDING: No financial support or external funding was received for the completion of this work.

CONFLICT OF INTEREST STATEMENT: The authors declare no conflict of interest related to this publication.

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