

Understanding the theory-gap as a theory-practice split: a commentary on Morrell-Scott's paper

The paper by Morrell-Scott (2022), *A phenomenological insight into what final year undergraduate student nurses perceive is the role of the Registered Nurse and who they learn this from*, discusses entrenched problems in nursing. Although the study reported is a small, single site study, the authors' findings come as no surprise to any of us working either in nursing practice or education. It is important to place their findings in context to critically appraise the state of nursing.

The findings suggest that '*whilst students may be undertaking care holistically, they are separating the tasks as part of their proficiencies*,' (page 4). Let's unpick this description of student nurses' learning.

Menzies-Lyth (1960) observed that nurses unconsciously organised their work into routinized even ritualistic nursing behaviours or tasks to construct an emotional distance from their patients. This emotional distance protected nurses from emotional involvement and distress (Menzies Lyth, 1960). This way of organising nursing work into routinised tasks has been noted repeatedly over the years, De Board (1978), by Allan (2001) and by the Francis Report (2013) among others. Francis argued that conformity induced by task-based care in nursing resulted in lack of personal authenticity (or sense of self) and compassion. These routinised barriers to person-centred care *can* be broken down through reorganisation of nursing work and the introduction of therapeutic care (Tutton et al, 2008; Manley et al, 2011). However, it should not be underestimated how entrenched these organised forms of care are and how difficult it is to reorganise nursing work to provide holistic care (Johnson et al., 2015); largely because of the organisation of acute care and the lack of staffing (O'Driscoll et al., 2019). Given this evidence, it is unsurprising that students do not '*see[ing] how this [the care they give] all fits together to form the holistic care of the patient*' (page 4).

Even if we would all agree that '*nursing is so much more than simply completing tasks and is fundamentally about providing holistic care to patients and their families*' (page 9), do the social, economic and political systems provide support (including but not restricted to funding) to deliver person-centred care? As Morrell-Scott shows, students experience a disconnect between what they learn at university and what they observe and learn from in practice, which explains why '*some participants still demonstrate how they have a restricted view of the role of the nurse*' (page 9). Allan & Evans argue that learning models in nursing education are at fault because they reify the theory-practice gap. Rather than understand student nurses' disconnected learning as a theory-practice gap, Allan and Evans (2022) argue that this disconnectedness is constructed by practice and education in a theory-practice split. We argue that understanding the relationship between theory and practice as a gap creates a false dichotomy and ignores the thinking in doing. Using the word 'split' instead of gap requires us to consciously think of splitting theory from practice. It reminds us that we all split theory and practice artificially. We explain our discomfort over the tension between doing and thinking by blaming or projecting the blame onto or into someone or something else – it's the lecturers' fault, they've lost contact with practice; it's my mentor's fault, she doesn't nurse according to what I've been taught in college. We continue to believe in something which actually doesn't exist (the theory-practice gap) and we reproduce the gap through our thought as if it exists without thinking about it (the gap) critically. In sociology, we would call this a reification.

To survive, as Morrell-Scott shows us, student nurses are required to act, '*acting in the role of the nurse is essential*'. I would argue that as well as acting in both learning settings (university and practice), student nurses have to negotiate the world of practice and the world of the university to survive until they graduate (Allan et al., 2011). The theory-practice split affects lecturers as well as

they feel increasingly disconnected from practice (Smith & Allan, 2010). Allan & Evans argue that the 50:50 learning curriculum where responsibility for learning support lies equally with practice and the university needs to be rethought (Allan & Evans, 2019).

Helen T Allan

Middlesex University, London, UK

Helen is Professor of Nursing at Middlesex University. Her research interests include how nurses learn in clinical practice and the role of emotions in clinical practice.

References

Allan H T (2001) Nursing the clinic and managing emotions in a fertility unit: findings from an ethnographic study, *Nursing Inquiry* 8 51-60

Allan H T (2009) How does supernumerary status affect the way student nurses conceptualise nursing? *Nursing Times*. 105(43):10-3

Allan H T, Smith P A, O'Driscoll M (2011) Experiences of supernumerary status and the hidden curriculum in nursing: a new twist in the theory-practice gap? *Journal Clinical Nursing* 20 847–855

Allan H T, Evans K (2019) Reintegrating theory and practice in nursing: knowledge and theories of practice learning. In: Dyson S & MacAllister M 2019. *Routledge Handbook of Nurse Education*;

De Board, R. (1978). *The Psychoanalysis of Organizations*. London: Tavistock.

Menzies Lyth I. (1960). Social Systems as a defence against anxiety. *Human Relations*.13.95-121.

Evans K,Guile D, Harris J & Allan H T (2010) Putting knowledge to work: a new approach. *Nurse Education Today*. 30(3) 245-251 doi.org/10.1016/j.nedt.2014.11.020;

Evans K,Guile D, Harris J & Allan H T (2010) Putting knowledge to work: a new approach. *Nurse Education Today*. 30(3) 245-251 doi.org/10.1016/j.nedt.2014.11.020;

Johnson M, Magnusson C, Allan H T, Evans K, Ball E, Horton K. (2015) Doing the writing and working in parallel: How 'distal nursing' affects delegation and supervision in the emerging role of the newly qualified nurse. Special Edition. *Nurse Education Today*. 35(2): e29-33

Manley K, Hills V, Marriot S (2011) Person-centred care: Principle of Nursing Practice D Nurs Stand. 2011 Apr 6-12;25(31):35-7. doi: 10.7748/ns2011.04.25.31.35.c8431

O'Driscoll M, Allan H T, Serrant L, Corbett K, Lui L (2018) Compassion in Practice – evaluating the awareness, involvement and perceived impact of a national nursing and midwifery strategy amongst health care professionals in NHS Trusts in England. *Journal of Clinical Nursing*. 27 (5-6), e1097-e1109 DOI: 10.1111/jocn.14176

Smith P, Allan H T (2010) We should be able to bear our patients in our teaching in some way' theoretical perspectives on how nurse teachers manage their emotions to negotiate the split between education and caring practice. *Nurse Education Today*. 30(3) 218-223

Tutton, E, Seers, K, Langstaff, D (2008) *Professional nursing culture on a trauma unit : experiences of patients and staff*. Journal of Advanced Nursing, Vol.61 (No.2). pp. 145-153. doi:[10.1111/j.1365-2648.2007.04471.x](https://doi.org/10.1111/j.1365-2648.2007.04471.x)