

THEORY PRACTICE GAP AMONG GENERIC BSN NURSING INTERNEES IN ISLAMABAD: A QUALITATIVE STUDY

Mariam Rameen^{*1}, Hira Ejaz², Norman Smith³, Jessica Nasir John⁴, Ulfat Jabeen⁵

^{*1}Vice Principal, Islamabad Nursing College

²Associate Professor, Principal, Islamabad Nursing College

³Anesthesia Nurse, Shifa International Hospital

⁴Senior Lecturer, Dakson Institute of Health Sciences

⁵BS Nursing Student, Health Services Academy

^{*1}mariamrameen4@gmail.com, ²hiraejaz66@gmail.com, ³jessicanasir.j@gmail.com, ⁴wikijohodea@gmail.com, ⁵ulfatkhan0943@gmail.com

Corresponding Author: *

Mariam Rameen

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ABSTRACT

Background The separation between classroom teaching and clinical care can leave newly graduated nurses unable to apply evidence based knowledge under the conditions they meet in practice. Evidence from Pakistan is limited, particularly for nursing internees working in high volume tertiary hospitals.

Objective To explore how Generic Bachelor of Science in Nursing internees experienced the gap between theoretical preparation and clinical nursing practice in tertiary care hospitals in Islamabad.

Setting Shifa International Hospital and the Pakistan Institute of Medical Sciences in Islamabad, Pakistan.

Methods A descriptive exploratory qualitative design was used. Six graduated Generic BSN nursing internees with at least three months of internship experience were selected purposively. Face to face semi structured interviews lasting 30 to 40 minutes were audio recorded and transcribed verbatim. The transcripts were read repeatedly, meaningful statements were coded, and related codes were grouped into categories. Recruitment ended when no substantively new categories were identified.

Results Six categories described the theory practice gap: the landscape of current nursing care practice; nursing practice aligned with the curriculum; integration of academic and clinical domains; facilitation of nurses to provide quality care; continued professional development; and training needs during the undergraduate programme. Participants described high patient loads, staff shortages, limited family involvement, departures from taught infection control and procedural standards, insufficient supervised practice, and difficulty applying knowledge under pressure. They recommended earlier clinical exposure, stronger academic clinical coordination, simulation, administrative rotations, supportive supervision, continuing education, and training in communication, coping, language, and cultural competence.

Conclusion The gap was experienced as both an educational and organisational problem. Curriculum revision alone is unlikely to be sufficient unless hospitals also provide realistic workloads, consistent protocols, supervision, and opportunities for continued learning.

Contribution The findings identify practical changes that nursing colleges and tertiary hospitals in Islamabad can make jointly to support the transition from student to practitioner.

Keywords:

theory practice gap; nursing education; nursing internees; clinical learning; qualitative research; Pakistan

INTRODUCTION

Nursing education expects students to combine scientific knowledge, technical skill, clinical judgement, and person centred care. Yet what students learn in classrooms and skills laboratories may not match what they observe or are permitted to do in clinical settings. This mismatch is commonly described as the theory practice gap. A recent systematic review found that the gap is sustained by educational, organisational, professional, and personal barriers rather than by a single weakness in a curriculum [1]. The issue matters for patient safety because inconsistent practice, inadequate supervision, and normalisation of workarounds can shape how new nurses learn to make decisions [2].

The transition from student to practitioner makes the gap particularly visible. Qualitative studies with nursing students have described limited opportunities to perform procedures, differences between taught standards and ward routines, weak academic clinical coordination, and anxiety when clinical responsibilities exceed perceived competence [3,4]. During internship, graduates are expected to consolidate skills while adapting to staffing shortages, hierarchical teams, unfamiliar routines, and rapidly changing patient needs. A systematic review of nursing internship experiences similarly identified workload, role ambiguity, inconsistent preceptorship, and insufficient support as recurring challenges [7].

Evidence from Pakistan remains fragmented. A survey of nurses reported awareness of the theory practice gap, but quantitative measurement cannot show how the gap is encountered during everyday clinical work [5]. A study from South Punjab found discrepancies between classroom instruction and clinical practice among nursing students, including resource limitations and inadequate supervision [6]. Islamabad has large

public and private tertiary hospitals that receive patients with complex needs, yet little qualitative evidence has described how newly graduated nursing internees interpret the transition in these settings. Local accounts are needed because staffing, hospital protocols, educational arrangements, and the role given to interns vary across institutions.

This study therefore explored the experiences of Generic BSN nursing internees working in tertiary care hospitals in Islamabad. The objective was to identify where theoretical preparation and clinical practice diverged, how workplace conditions influenced the use of knowledge, and what changes participants believed would strengthen nursing education and practice.

Methods

Study design

A descriptive exploratory qualitative design was used to obtain detailed accounts of the theory practice gap from nursing internees. This approach was appropriate because the study sought to describe participants' experiences in their clinical context rather than test a predetermined relationship.

Setting

The study was conducted at Shifa International Hospital and the Pakistan Institute of Medical Sciences, two tertiary care hospitals in Islamabad, Pakistan. Including a private and a public sector hospital provided access to internees working within different organisational environments.

Participants and sampling

Participants were graduated Generic BSN nursing internees who were undertaking an internship in one of the two hospitals. Eligibility required at

least three months of internship experience and willingness to participate. Post RN BSN students, registered nurses, certified nursing assistants, and lady health visitors were excluded. Purposive sampling was used to recruit participants who could provide direct accounts of the transition from undergraduate education to clinical practice. Six internees were interviewed. Recruitment stopped when additional interviews did not produce substantively new categories.

Data collection

Data were collected over a four month period through individual face to face semi structured interviews. The interview guide contained 12 open questions covering clinical responsibilities, differences between classroom teaching and ward practice, preparedness for internship, workload and resources, clinical rotations, responses to difficulties, and recommendations for education and practice. Probes were used to invite examples and clarification. Interviews lasted approximately 30 to 40 minutes, were audio recorded with permission, and were transcribed verbatim.

Data analysis

A qualitative content analysis was undertaken. Each transcript was read repeatedly to develop familiarity with the account. Statements relevant to the research objective were identified and assigned initial codes. Codes with related meanings were compared and grouped into categories, and the developing categories were checked against the transcripts. This process followed the logic of conventional content analysis, in which categories are developed from the data rather than imposed in advance [11].

Trustworthiness

Credibility was supported by using open questions, recording the interviews, transcribing

them verbatim, and repeatedly checking interpretations against the original accounts. Illustrative quotations were retained to show the connection between categories and participants' words. The description of the settings, eligibility criteria, sampling, and analysis provides context for judging transferability and dependability. The study report did not document member checking, independent coding, or a formal reflexive account; these omissions are acknowledged as reporting limitations. The manuscript was organised with reference to the Consolidated Criteria for Reporting Qualitative Research [12].

Ethical considerations

Ethical approval was obtained from an institutional review board before data collection. Participants received information about the study, provided written informed consent, and were informed that participation was voluntary. Confidentiality, anonymity, and privacy were maintained during data collection and reporting. Identifying details were not attached to the quotations used in the findings.

Results

Participant overview

Six graduated Generic BSN nursing internees with at least three months of internship experience participated. The available study record did not report age, sex, hospital distribution, or total internship duration; consequently, no further demographic profile is presented. Analysis produced six categories and 31 distinct code labels. Table 1 summarises the categories and representative accounts.

Table 1 Categories, codes, and representative participant accounts

Category	Codes	Representative account
Landscape of current nursing care practice	Limited scope; high patient nurse ratio; limited family involvement; prioritising care under difficult conditions	<i>"If there is a staff shortage, then even if there is a sincere person who wants to give good patient care, he cannot do anything about it."</i>

Category	Codes	Representative account
Nursing practice aligned with the curriculum	Limited practical relevance; inconsistent protocols; infection control departures; need for a clinical framework	<i>"The things that were taught in the class and the protocols were neither followed in the hospital area nor in the tertiary care hospital."</i>
Integration of academic and clinical domains	Academic clinical coordination; earlier and longer placements; administrative rotations; simulation	<i>"There should be a revision needed like adding more clinical hours and starting the clinicals from first year."</i>
Facilitation of nurses to provide quality care	Staffing; workload; workplace resources; supportive environment	<i>"According to the theory, we were fully prepared by the college. But due to the workload, we feel that we are not fully prepared."</i>
Continued professional development	Professional communication; counselling; acceptance of current knowledge; continuing education	<i>"Practically, you have to cover other things other than the skill and you have to explain it."</i>
Training needs during the undergraduate programme	Soft skills; coping; adaptation; English language; cultural competence	<i>"Applying soft and people skills, because classroom is opposite to clinical, to apply the theoretical knowledge in clinical practice, these skills are also required."</i>

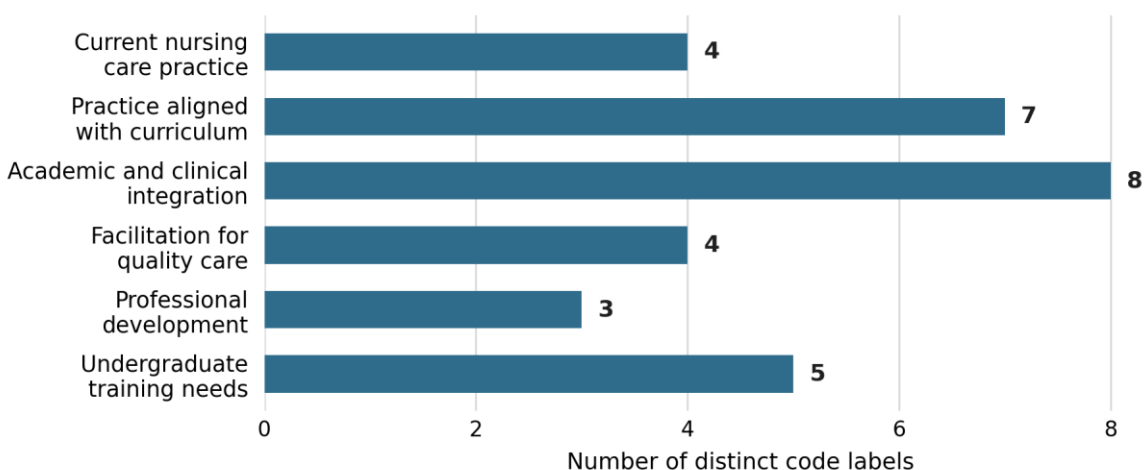


Figure 1 Distribution of distinct code labels across the six analytical categories. Counts describe the coding framework and do not represent participant frequency or category importance.

Landscape of current nursing care practice

Participants described an internship in which patient safety and comfort remained their immediate priorities, but the scope for applying nursing knowledge was restricted by service

pressures. One internee felt included in medication administration, patient safety, counselling, and ward management, suggesting that supervision could make the role educational as well as operational. Others described high

patient nurse ratios and staff shortages that forced nurses to select urgent tasks and defer less visible elements of care. As one participant explained, “I tried not to compromise patient care and did whatever was favorable based on the situation.”

Participants had learned to include families in care and education but did not consistently observe this in practice. Limited time, restricted roles, and immediate clinical tasks narrowed the care they believed they could provide.

Nursing practice aligned with the curriculum

Participants repeatedly compared taught standards with ward routines. They reported that some clinical protocols were not followed as they had been taught. Examples included opening sterile supplies while wearing previously used gloves and attempting to reinsert an intravenous cannula after an unsuccessful puncture. These observations created uncertainty about whether the correct response was to follow evidence based instruction or imitate accepted local practice.

The concern extended beyond isolated procedures. Participants wanted a clear clinical nursing framework that aligned teaching, hospital policies, and supervision. One stated, “It is also important to modify the clinical framework very specifically. This can bring a lot of improvement in our theoretical and practical nursing practice.” The category therefore reflected both recognition of unsafe departures from standards and a call for consistent expectations across college and hospital settings.

Integration of academic and clinical domains

Internees wanted clinical learning to begin earlier in the programme and to include supervised performance rather than observation alone. They believed that greater exposure would make procedures, prioritisation, and communication less unfamiliar at the start of internship. Weekly rotations were valued because they exposed students to real situations, although participants wanted the time allocated to placements to reflect learning needs rather than a fixed schedule.

Participants also recommended closer coordination between academic faculty and clinical staff, advanced simulation in the skills laboratory, and rotations in administration and

ward management. They saw these experiences as preparation for workload allocation, inventory, team communication, and decision making. The desired integration was therefore broader than adding clinical hours; it required continuity between what faculty taught, what hospitals expected, and how students were supervised.

Facilitation of nurses to provide quality care

Workload was the strongest organisational constraint. Participants reported that large patient assignments reduced the time available for comprehensive care and made them feel unprepared despite adequate theoretical teaching. One internee said, “In clinical settings, the biggest gap is that we are so burdened that whatever knowledge we have studied and want to apply, we cannot even apply it.” Another warned that assigning five or six patients to both interns and staff would not resolve a staffing shortage and could affect patient outcomes.

These accounts shifted part of the explanation for the theory practice gap from individual competence to the conditions in which competence had to be exercised. Participants asked for sufficient staffing, appropriate resources, manageable assignments, and a supportive workplace. They believed that nurses who intended to provide good care still had to omit or shorten activities when demand exceeded available time.

Continued professional development

Clinical practice required participants to explain procedures, counsel patients, and communicate with families as well as perform technical tasks. They considered counselling a professional nursing responsibility and believed that effective explanations could improve engagement and recovery. However, these relational aspects of care were easily displaced by workload and were not always modelled by staff.

Participants also described resistance when newer knowledge conflicted with established routines. One reported that experienced nurses sometimes dismissed what internees had learned and treated years of practice as proof that the existing approach was correct. Participants therefore viewed continuing professional development as

necessary for the whole clinical team, not only for new graduates. Regular updating could create a common basis for practice and reduce conflict between experience and current evidence.

Training needs during the undergraduate programme

Participants identified preparation needs that were not limited to clinical procedures. They wanted more deliberate teaching of coping under pressure, adaptability, interpersonal skills, professional English, and culturally responsive care. One participant observed that some students struggled to absorb pressure and then made mistakes. Another explained that applying classroom knowledge required “soft and people skills” because the classroom and clinical environment felt very different.

Cultural competence was particularly relevant because participants understood nursing

interactions to be shaped by family expectations, language, and social norms. They wanted undergraduate teaching to prepare students to adapt evidence based care without losing respect for the patient's context. These skills were viewed as mechanisms that enabled knowledge to be used safely rather than as optional additions to technical education.

Cross category synthesis

Across the six categories, the gap operated through one recurring mechanism: internees had knowledge but lacked consistent opportunity, support, or working conditions to apply it. Educational preparation, clinical standards, staffing, and transition skills therefore interacted rather than acting as separate problems. Figure 2 presents this relationship, and Table 2 links each level of the gap to the response participants proposed.

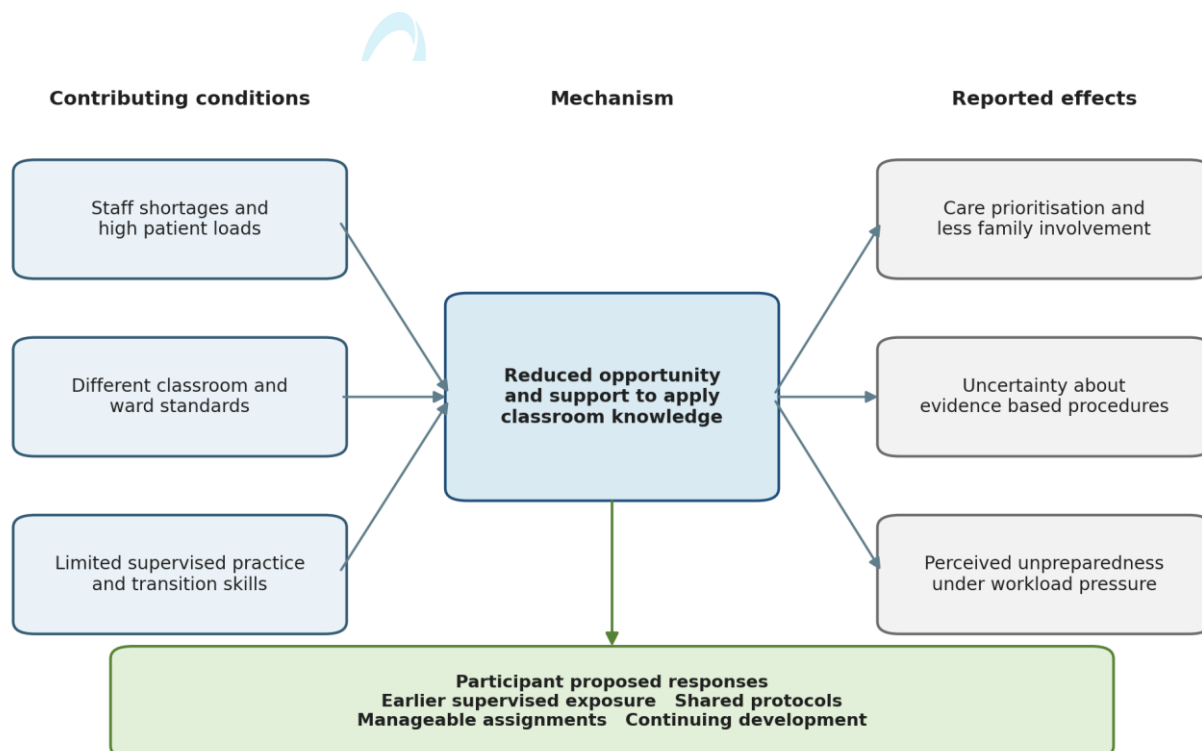


Figure 2 Integrative model of the theory practice gap derived from the six categories. The arrows show an analytical synthesis of participant accounts and do not establish causal effects.

Table 2 Cross category analytical synthesis

Level	Categories	How the gap was experienced	Participant proposed response
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Level	Categories	How the gap was experienced	Participant proposed response
Clinical care delivery	1 and 4	High patient loads and staff shortages narrowed comprehensive and family centred care.	Manage assignments and improve staffing and workplace support.
Practice standards	2	Ward routines sometimes differed from taught procedural and infection control standards.	Use shared evidence based protocols, supervision, and a clear route for escalation.
Academic clinical integration	3	Observation, limited clinical time, and weak coordination delayed readiness for practice.	Begin supervised practice earlier and add simulation and administrative rotations.
Professional learning	5	Communication and counselling received limited attention, while experienced staff sometimes resisted updated knowledge.	Provide continuing education and strengthen professional communication.
Transition readiness	6	Pressure, adaptation, language, and cultural demands affected the use of clinical knowledge.	Teach coping, interpersonal communication, professional English, and cultural competence.

Discussion

Principal findings

The findings show that nursing internees experienced the theory practice gap at the intersection of education and service delivery. They encountered procedures and infection control practices that differed from taught standards, but they also described workloads that made complete adherence difficult. Limited patient and family counselling, shortened care, and uncertainty about an intern's scope were consequences of the same environment. Participants did not argue that classroom knowledge was irrelevant. Instead, they wanted earlier supervised exposure, consistent clinical protocols, stronger coordination, and working conditions in which evidence based care was feasible.

Transition support must address more than procedural competence. Internees were learning to prioritise, communicate under pressure, negotiate hierarchy, and adapt care to cultural expectations. They linked realistic undergraduate preparation with hospital responsibility for

staffing, supervision, standards, and learning opportunities.

Comparison with existing evidence

The multidimensional gap is consistent with Singh and colleagues' systematic review of educational, clinical, professional, and personal barriers [1]. Reports from Nigeria and Indonesia also describe contradictory ward routines and restricted opportunities to practise [3,4]. Clinical exposure therefore needs supported participation and discussion when local practice differs from evidence or policy.

Local evidence points in the same direction. Pakistani nurses have reported awareness of the theory practice gap [5], and nursing students in South Punjab identified shortages, limited supervision, and difficulty translating theory into care [6]. The present study extends that evidence by focusing on graduated internees in Islamabad and by showing how educational and organisational problems remain intertwined during transition to practice.

A recent review supports simulation for clinical reasoning, confidence, and transfer of knowledge when design and debriefing are adequate [8]. Gap analysis of undergraduate education emphasises trained preceptors, adequate learning opportunities, and shared expectations [9]. Qualitative evidence from the United Arab Emirates likewise identifies collaboration, preceptorship, curriculum alignment, and supportive clinical environments [10].

The reported departures from infection control and procedural standards have implications for patient safety and professional socialisation. New nurses may recognise a discrepancy but still adopt the local routine if supervision, hierarchy, or workload makes challenge difficult. Commentary on the persistent theory practice gap has therefore argued that organisations must treat the problem as a safety concern rather than a deficit located only in the learner [2]. The Islamabad participants' accounts support that interpretation.

Implications for nursing education and practice

Colleges and placement hospitals should agree on core procedures and escalation routes when observed practice differs from standards. Placements should begin early, provide supervised performance, and use objectives reviewed jointly by faculty and preceptors. Simulation should reproduce competing priorities, family communication, deteriorating patients, and limited resources, followed by structured debriefing.

Hospitals should not use interns as substitutes for staff. Assignments should reflect competence and available supervision, while preceptors need time to observe and give feedback. Administrative rotations can teach staffing, prioritisation, inventory, and escalation. Continuing education should cover infection prevention, current protocols, counselling, and professional communication.

Undergraduate programmes should assess communication, coping, teamwork, professional English, and culturally responsive care alongside technical skills. Colleges and hospitals should review placement quality using student feedback, protocol adherence, and supervision availability.

Strengths and limitations

The study gives direct voice to graduated nursing internees at the point where educational preparation is tested by clinical responsibility. Inclusion of a public and a private tertiary hospital broadened the organisational contexts represented, and verbatim quotations preserve the connection between the analysis and participants' accounts.

The study also has substantial limitations. Six purposively selected participants from two hospitals cannot represent all nursing internees in Islamabad or Pakistan. Although recruitment was reported to have reached saturation, a small sample can miss less common or dissenting experiences. Participant characteristics and distribution by hospital were not reported, which limits assessment of variation within the sample. The original study report did not document interviewer characteristics, reflexivity, member checking, independent coding, or an audit trail. Social desirability may have affected accounts of supervisors, institutions, and personal competence. Finally, the findings describe perceived gaps and should not be read as an audit of protocol compliance or patient outcomes.

Conclusion

Generic BSN nursing internees in Islamabad experienced the theory practice gap as a mismatch among classroom standards, opportunities for supervised learning, and the realities of understaffed clinical environments. High patient loads, inconsistent procedures, limited family involvement, and resistance to updated knowledge made it difficult to apply what they had learned. Participants proposed earlier clinical exposure, stronger academic clinical coordination, realistic simulation, administrative experience, supportive supervision, continuing education, and preparation in communication, coping, language, and cultural competence. These findings argue for joint action by nursing colleges and hospitals. Education can prepare graduates more realistically, but safe translation of knowledge also depends on staffing, protocols, and a clinical culture that supports learning.

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Ethics approval and consent to participate

Institutional review board approval was obtained before the study. All participants provided written informed consent. Participation was voluntary, and confidentiality, anonymity, and privacy were maintained.

Funding

No external funding was reported for this study.

Data availability

The interview data are not publicly available because they contain potentially identifying contextual information. Deidentified excerpts relevant to the findings are included in this article.

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