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VOICES FROM THE WARD: QUALITATIVE INSIGHTS INTO NURSING STUDENTS' CHALLENGES TRANSLATING THEORY INTO PRACTICE" IN PAKISTAN

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Abstract

Background: Nursing theories underpin nursing practice, research, education, and professional growth. However, their application in clinical settings is frequently inadequate, revealing challenges in integrating theory into practice. The present study aimed to explore the barriers experienced by nursing students and clinical instructors in applying nursing theories within clinical environments.

Methodology: A qualitative case study design was adopted to examine challenges related to theory-to-practice integration among 8th-semester Bachelor of Science in Nursing (BSN) students and clinical nursing instructors in Khyber Pakhtunkhwa (KP), Pakistan. Semi-structured interviews were conducted with ten participants, including five students and five instructors. Interviews were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's thematic analysis approach.

Results: Analysis revealed four overarching themes: (1) discrepancies between classroom instruction and clinical realities, characterized by idealized theoretical content, limited hands-on practice, and conflicting guidance from educators and ward staff; (2) insufficient clinical supervision and support, reflected in limited instructor availability, weak academic–clinical collaboration, and inconsistent mentoring practices; (3) organizational and resource-related challenges, including heavy patient workloads, shortages of equipment, and routine-driven ward practices; and (4) student-related barriers, such as low self-confidence, communication difficulties, and inadequate recall of foundational theoretical knowledge. These findings illustrate the complex and multidimensional nature of the theory–practice gap in nursing education

Conclusion: The theory–practice gap in nursing education in KP arises from intertwined educational, organizational, and learner-related factors. Addressing this gap requires strengthened academic–clinical partnerships, enhanced clinical mentor-ship, improved

resource provision, and practice-oriented teaching strategies to foster students' clinical competence and professional readiness.

Introduction

The theory-practice gap in nursing education—the discrepancy between what is taught in classrooms and what is experienced or applied in clinical settings—has long been recognized as a critical challenge worldwide. While students acquire theoretical knowledge in lectures, textbooks, and simulated laboratories, the translation of this knowledge into real-world clinical competence often proves difficult [1].

Integrating theory into practice is a key component of nursing students' clinical skill development. A key aspect of obtaining satisfactory outcomes and patient safety is the capacity to effectively integrate knowledge. Studies have found A number of The integration of theory into practice has been found to be influenced by a number of elements, including clinical encounters, educational preparation, and emotional and physical preparedness. These include the availability of resources and instructional materials, the application of successful teaching techniques, the caliber of the learning environment, the caliber of the relationship between the student and the teacher, and the degree of motivation of the student [2,3]. Furthermore, the application of theory to practice might be influenced by a number of distinct elements. These consist of the student's degree of knowledge, practical application of theoretical ideas, and capacity to combine information and skills. It is crucial to remember that any of these elements may have a favorable or unfavorable impact on nursing students' acquisition of clinical skills [4].

In Pakistan, this issue is particularly salient. Despite growing investment in nursing education, studies show that many undergraduate nursing students struggle to apply theoretical concepts during their clinical placements. For example, a study conducted on BSN students in Khyber Pakhtunkhwa found that 73% of students reported a significant gap between theory and practice [5]. Another cross-sectional study from Lahore underscored that students perceive a weak alignment between curricular theory and clinical activities; time constraints and inconsistent mentorship were key barriers to translating what they learn into patient care. For instance, a qualitative exploration among BSN students in Larkana revealed a significant gap between classroom theory and hands-on clinical application, exacerbated by inadequate

supervision and limited resources [6]. Similarly, BSN students at Ziauddin College reported that while they learn nursing theories in class, their clinical placements often lack expert instructors, and opportunities to apply theory in practice are limited [7]. Other studies point to systemic and institutional barriers in Pakistan. Research from Lahore found that nurse educators, staff nurses, and students perceive curriculum misalignment, time constraints, and inconsistent mentorship as major impediments to integrating theory into practice [8]. Moreover, student satisfaction with clinical placement is undermined by poor supervision, lack of orientation, and a mismatch between academic expectations and ward realities [9].

Beyond student perceptions, the knowledge-to-practice gap also affects qualified nurses. For example, in Karachi, pediatric nurses reported significant divergences between their formal training and daily clinical routines, suggesting that the problem persists beyond students to the professional workforce [10]. In addition, barriers to implementing the nursing process—such as lack of understanding, resource constraints, and organizational hurdles—have been documented among nurses in Pakistani healthcare settings [11].

Given this context, a study titled *"Voices from the Ward"* is timely and essential. By using qualitative methods (interviews), the research can give voice to nursing students directly in their clinical learning environments, illuminating how they experience and attempt to bridge the gap between theory and practice. Such insights can help nurse educators, hospital administrators, and policymakers to identify concrete barriers (e.g., supervision, curriculum design, resource shortfalls) and co-create strategies to improve integration.

Methodology

This study employed a qualitative case study design to explore the experiences and perceptions regarding the difficulties in translating nursing theory into clinical practice. A case study design is appropriate for examining complex phenomena within their real-life context, especially when the boundaries between phenomenon and context are not clearly evident [12]. This design enabled in-depth exploration of both students' and clinical instructors' perspectives in nursing education in Khyber Pakhtunkhwa (KP), Pakistan.

The research was conducted in nursing colleges and affiliated teaching hospitals in KP. These sites provide both theoretical instruction and clinical placements, allowing participants to reflect on their experiences in applying academic knowledge to patient care.

The study included two groups of participants:

8th-Semester BSN Students: Completed most of their theoretical coursework and clinical placements. Able to reflect on challenges in applying theory in practice. Willing to participate and provide informed consent.

Clinical Nursing Instructors: Minimum 5 years of clinical teaching experience. Directly involved in supervising and mentoring nursing students in clinical settings. Able to provide insights on students' performance and challenges.

A purposive sampling method was used to select participants who could provide rich, relevant information. The study included: 5 nursing students (8th semester), and 5 clinical nursing instructors (≥5 years' experience). Sampling continued until data saturation was achieved, meaning no new themes emerged from subsequent interviews. Semi-structured interviews were conducted to obtain detailed narratives from participants while ensuring coverage of key topics. The interview guide was developed based on literature and research objectives. Sample questions included:

For students:

- "Describe a situation where you found it difficult to apply theoretical knowledge in the clinical ward."
- "What factors make it easier or harder to implement classroom learning in practice?"

For instructors:

- "What challenges do students face in applying theory to practice?"
- "How do you support students in bridging the theory-practice gap?"

Interview procedure: The interview were Conducted in a quiet room within the college or hospital. The Duration was 30–45 minutes per interview. The Interviews were audio-recorded with consent and transcribed verbatim. Field notes captured non-verbal cues and contextual observations.

Data Analysis

Data were analyzed using (Braun & Clarke's 2006) six-step thematic analysis framework [13]:

- *Familiarization:* Reading and re-reading transcripts to immerse in the data.
- *Initial Coding:* Generating codes for meaningful text segments.
- *Searching for Themes:* Grouping codes into preliminary themes.
- *Reviewing Themes:* Refining and validating themes to ensure coherence.
- *Defining and Naming Themes:* Clearly defining each theme and its relevance to research questions.
- *Producing the Report:* Presenting themes with supporting quotes and interpretations.

Both student and instructor data were analyzed to identify common and contrasting perspectives on theory-practice challenges.

The study ensured rigor and credibility using (Lincoln & Guba's 1985) [14] criteria:

Credibility: Participants verified summaries and interpretations. Data from students and instructors, plus field notes, strengthened credibility. Time spent observing and interacting in clinical settings helped understand context.

Dependability: Documentation of research steps, coding decisions, and theme development. Colleagues reviewed codes and themes for consistency.

Confirmability: Researcher reflected on personal biases and assumptions. Detailed records ensured findings were grounded in data.

Transferability: Detailed contextual information about participants, settings, and processes to allow applicability in similar contexts.

Ethical approval was obtained from the institutional review board of participating institutions. Written informed consent was obtained from all participants. Confidentiality and anonymity were maintained using pseudonyms. Participation was voluntary, with the right to withdraw at any stage without repercussions.

Results

The total participants of the study was 10, where 5 were nursing students of 8th semester while 5 were clinical nursing instructor having experience more than 5 years.

Major Themes and sub-themes

As a result of data analysis four themes were emerged that was (i) Inconsistency between classroom teaching and clinical realities, (ii) inadequate clinical support and supervision, (iii) Organizational and Resource Constraints (iv) Student-Related Barriers to Theory Application (see table 1).

Table 1: Themes and sub-themes of the study

Themes	Sub-Themes	Codes
Theme 1: Inconsistency between Classroom Teaching and Clinical Realities	1.1 Idealistic nature of theoretical content	"Theory is ideal," "Not possible in real wards," "Nursing process not followed"
	1.2 Limited opportunities to practice skills	"Students not allowed," "Skills only observed," "Safety restrictions"
	1.3 Contradictory practices between instructors and ward staff	"Two different methods," "Confusion," "Mixed messages"
Theme 2: Inadequate Clinical Support and Supervision	2.1 Limited instructor availability	"Many students, few instructors," "Busy schedule," "Can't supervise properly"
	2.2 Insufficient collaboration between academic and clinical staff	"Lack of coordination," "Different expectations," "No communication between faculty and staff nurses"
	2.3 Variability in supervisory approaches	"Different teaching methods," "Inconsistent feedback," "No standard approach"
Theme 3: Organizational and	3.1 High patient load and staff shortages	"Overcrowded wards," "Staff shortage," "Too many patients"
	3.2 Lack of equipment and functional supplies	"No functional BP apparatus," "Insufficient PPE," "Outdated

Resource Constraints		tools"
	3.3 Task-oriented ward culture	"Routine-based practice," "Shortcuts," "No time for theory"
Theme 4: Student-Related Barriers to Theory Application	4.1 Low confidence and fear of making mistakes	"Fear of harming patients," "Lack of confidence," "Prefer observing"
	4.2 Communication barriers with staff nurses	"Hesitant to ask questions," "Staff too busy," "Fear of being scolded"
	4.3 Gaps in recalling foundational theoretical knowledge	"Forget basics," "Mix up steps," "Weak foundation"

Theme 1: Inconsistency Between Classroom Teaching and Clinical Realities

Both students and instructors reported a significant gap between theoretical teaching and clinical realities. Students described theory as "idealistic" and "not practical in busy wards." Instructors acknowledged that clinical environments often do not support evidence-based practices due to workload pressures.

"We learn the full nursing process in class, but in the ward nobody uses it because everything is rushed." (Student 3)

"In lab we practice procedures, but in the ward they tell us to just observe because it's risky." (Student 4)

"Teachers say one thing, but staff nurses show something else. We get confused about what is correct." (Student 1)

Theme 2: Inadequate Clinical Support and Supervision

Supervision inconsistencies, limited instructor presence, and lack of coordination between academic and clinical teams contributed significantly to students' difficulty in applying theoretical knowledge.

"We sometimes supervise over 20 students at different stations. It's difficult to give individual guidance." (Instructor 2)

"Staff nurses don't know what we teach, and we don't know their routines. Students are stuck in the middle." (Instructor 4)

"Some instructors are supportive, some just ask us to shadow staff. The experience depends on who is on duty." (Student 5)

Theme 3: Organizational and Resource Constraints

Overcrowding, resource scarcity, and habitual ward routines were major environmental barriers preventing the implementation of theoretical concepts.

"Nurses handle so many patients that students cannot practice full assessments or procedures." (Instructor 1)

"We learned advanced assessments, but in the ward the equipment is not available or not working." (Student 2)

"Ward nurses work by routine. They say, 'this is how we do it here,' even if it differs from what we learned." (Student 4)

Theme 4: Student-Related Barriers to Theory Application

Students' personal attributes including confidence, communication challenges, and gaps in foundational knowledge interacted with external constraints to widen the theory–practice gap.

I know the theory, but I'm afraid to do the procedure myself. What if I make a mistake?" (Student 1).
"Sometimes the staff seems irritated when we ask questions, so we avoid interaction." (Student 3).
"When they come to practice, some students struggle to recall rationales behind procedures." (Instructor 5).
The findings reveal that the theory-practice gap is caused by systemic, instructional, and learner-related factors, including misaligned expectations between academic teaching and

clinical practice, inadequate supervision and inconsistent guidance, resource limitations in clinical environments, and students' emotional and cognitive readiness. The interplay of these challenges underscores the need for integrated reforms spanning curriculum design, clinical instruction, and hospital management.

Discussion

The findings of this study reinforce longstanding concerns in nursing education regarding the persistent gap between theoretical instruction and actual clinical practice. Students reported that what they learn in the classroom often differs markedly from the realities they encounter in clinical environments, a challenge extensively documented in existing literature.

The study found a significant gap between clinical practice and classroom instruction. A significant disparity between theoretical instruction and clinical practice, commonly known as the theory–practice gap. Factors such as workload pressures, patient safety concerns, staffing limitations, and inconsistent role modeling contribute to an environment where students find it difficult to apply classroom knowledge to real-world settings. This gap can hinder skill acquisition, critical thinking, and professional socialization.the findings are in line with an increasing amount of previous studies. In hectic wards where the entire nursing process is rarely followed, students characterized theoretical content as idealistic and not representative of actual practical conditions. According to recent research, this disparity is growing as a result of rising workloads and overburdened healthcare settings. For instance, Khalil & Bystedt discovered that students thought theory was "too perfect" and frequently out of step with the demanding, resource-constrained realities of clinical settings [15]. According to Mthiyane & Habedi, students often come across routine-based care and shortcuts that run counter to evidence-based theoretical training [16]. The observation that students are frequently mostly permitted to observe processes rather than participate in them is consistent with the findings of Eskandari et al., who pointed out that staffing shortages and safety concerns drastically limit students' opportunities for practical experience [17]. The findings of Alrasheedi et al., who discovered that conflicting messages from clinical personnel cause students to become confused, doubtful, and hesitant, are likewise consistent with the discrepancy between instructors' expectations and staff nurses' routines [18].

The study also found that their were inadequate clinical support and supervision, these statements indicate systemic issues in clinical teaching quality, coordination, and consistency.

High instructor workloads, poor communication between schools and clinical facilities, and inconsistent supervisory approaches create a fragmented learning environment. As a result, students may experience confusion, unequal learning opportunities, and reduced confidence in applying nursing skills. Strengthening collaboration, reducing instructor workload, and standardizing supervision practices are essential to improving the overall clinical learning experience. Global findings about insufficient clinical support are consistent with students' experiences of irregular supervision and low instructor presence. Papastavrou et al. (2022) state that one of the best indicators of students' capacity to apply theoretical knowledge is the quality of supervision. This study shows that high instructor-to-student ratios make it challenging to provide tailored feedback, which results in passive or superficial learning [19]. There is also sufficient proof of a lack of collaboration between clinical staff and academic teachers. According to Mbogo & Muriuki, inadequate communication between ward staff and teachers leads to ambiguous expectations and learning objectives, putting students in a conflicted setting much to what the instructors in this study reported ("students are stuck in the middle") [20]. Additionally, Shin et al. stress that uneven supervisory practices, which frequently depend more on the supervisor than on conventional teaching practices, lead to variability in student learning experiences [21].

The present study also highlighted there were organizational and resources constraint, these statements illustrate structural and cultural barriers that hinder effective clinical learning. Heavy patient loads limit supervision opportunities; inadequate equipment prevents students from applying theoretical knowledge; and routine-based practices create inconsistencies between classroom instruction and clinical reality. These factors collectively widen the theory–practice gap, reduce student competence and confidence, and undermine the development of safe, evidence-based nursing practice.

According to the World Health Organization (2024), one of the largest obstacles to the best possible student engagement in clinical settings worldwide is still staffing difficulties [22]. Silva et al. (2022) discovered that students are unable to practice the entire range of nursing assessments and procedures taught in classes due to inadequate equipment, out-of-date tools, and a lack of functional supplies [23]. The results of Awe et al. (2023), who pointed out that clinical settings frequently value speed and efficiency over teaching or evidence-based treatment, further increasing the theory–practice gap, are also consistent with routine-based care, which students in this study described as "this is how we do it here [24].

The last theme was that some barriers were students related that highlight interrelated challenges affecting student confidence, communication, and competence in the clinical setting. Fear of errors, perceived unapproachability of staff, and difficulty recalling procedural rationales contribute to reduced participation and hinder skill development. These factors create a cycle in which students avoid interaction, receive less guidance, and struggle to apply theoretical knowledge in practice, ultimately widening the theory–practice gap and impacting their readiness for professional practice. The findings demonstrated that students' fear, low self-esteem, and communication difficulties had a major impact on their capacity to apply theory in practical settings. This is consistent with recent research that shows psychological variables have a significant role in the theory-practice divide. Low self-efficacy decreases students' desire to carry out procedures independently, according to Skaalvik et al.; this pattern is mirrored in students' fear of making mistakes in this study. Reluctance to communicate is another common complaint [25]. According to Levett-Jones et al., students who don't feel valued or accepted by ward personnel typically steer clear of encounters, which limits their chances to learn and get clarification. This trend is substantially supported by your study's result that pupils dread being reprimanded or ignored by staff [26].

This study is limited by its small sample size, single-province setting, and reliance on self-reported interview data, which may not fully represent the diverse experiences of nursing students and instructors across Pakistan. Potential response bias, limited data sources, and the absence of extended observations or input from staff nurses further restrict the depth of findings. Language translation issues and the short data-collection period may also have affected the completeness and accuracy of participants’ accounts. Overall, these factors reduce the Transferability of the results and offer only a snapshot of the theory–practice challenges faced in the selected institutions.

Conclusion

The study highlights a significant gap between theoretical instruction and clinical practice in nursing education, influenced by instructional, organizational, and learner-related factors. Students face discrepancies between classroom teaching and clinical realities, marked by limited hands-on opportunities and mixed guidance from instructors and clinical staff. Barriers such as high patient loads, staff shortages, and poor resources hinder application of theoretical knowledge, fostering a focus on routine tasks over evidence-based practices. Additionally, student challenges like low confidence and communication issues further

impede effective integration of theory and practice. The findings emphasize the need for better coordination between educational and clinical settings, enhanced supervisory support, improved resource allocation, and targeted student training to address this persistent gap.

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