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## THE GAP BETWEEN THEORY AND PRACTICE IN NURSING EDUCATION IN LEBANON: A STUDY OF THE PERCEPTION OF NURSING EDUCATORS AND STUDNETS

**\*Farah Hussein Jabak**

PHD Student Lebanese University Doctoral School of Literature, Humanities & Social Sciences, Academic Nursing, Educator Maaref University, Lebanon

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\*Corresponding author: Farah Hussein Jabak,

### ABSTRACT

The center of service in a healthcare setting is the patient. The quality of patient care relies on the performance of the healthcare providers, such as nurses. The ability of nursing students to adapt to their roles and responsibilities after graduation depends on the educational program's ability to reflect the reality of nursing and the working environment. The purpose is to highlight the conflict that may arise when nursing students face a complex clinical situation that doesn't abide by the theoretical principles learnt in nursing school. The problem between theoretical courses and clinical training is a source of concern to students, practitioners, and educators worldwide. Many factors are involved in integrating theory and practice for nursing students, mainly the curriculum's elements. The curriculum is the backbone of the practice in nursing since the obtained knowledge is synchronized with the practice. This research was conducted in different universities in Lebanon. The target population was the Bachelor of Science in Nursing degree nursing student seniors attending classes during the time of research. The questionnaire was divided according to accredited standards, focused on the curriculum elements. The second part of the methodology process was a questionnaire directed to the educators/instructors available in the institution. The results show the lack of recognition and awareness among nursing educators/instructors and students.

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## INTRODUCTION

The nursing profession requires a high level of education and practice, to achieve competency and provide quality care. An incompetent nurse would be a menace to the patient and the environment in a healthcare setting. (N. R. Sharghi, A. Alami, S. Khosravan, M. R. Mansoorian, A. Ekrami, 2015). Nursing knowledge is useful in reducing errors, increasing problem-solving, decision-making, and time management, and improving the quality of communication and interaction between multi-disciplinary team members, patients, and families (M.A. Dolansky, S. M. Moore, 2013). The curriculum is the blueprint for guidance and standards that is used in education to achieve learning goals (Offorma, 2016). Curriculum development is defined by the total number of planned educational experiences an educational institution determines. The changes to a curriculum could be in the course material, learning objectives, curriculum goals, and strategies. The process modification should be updated depending on the defined needs. The change will require cooperation and collaboration among different parties in the nursing institution (R. Shanthi, G. Angeline, 2015). The nursing curriculum consists of theoretical courses and practice experience. The term theory is the group of principles that describes a set of facts and phenomena.

As for the term practice, it is the action or process of application or performance (Kh. Ajani, S. Moez, 2011). The vital process of training students will require the clinical instructor to assess, teach, and monitor the students' performances through various situations (M.A. Dolansky, S. M. Moore, 2013). The theory-practice gap can be determined as the incompatibility of students to balance between receiving theoretical lectures and the experience of practice in the clinical setting. The failure is described by the inability to integrate the theory and research findings into the practice. Nursing knowledge is the processes, models, theories, and regulations. The challenge depends on the strategy used to build a logical and consistent track of knowledge construction and a training program that allows the student to gain experience and skills for practice.

## PROBLEM STATEMENT

The curriculum is the backbone of the practice in nursing since the obtained knowledge is synchronized with the practice. Training students to be competent nurses is crucial. The skills acquired through class courses or training programs are a vital element of obtaining clinical competence accompanied by knowledge, values, and behaviors suitable to nursing practice (A. Cashin, M. Heartfield, J. Bryce, L. Devey, T. Buckley, D. e Cox, E. Kerdo, J. Kelly, D.

Thoms, M. Fisher, 2017) (M. Toufic EL Hussein, J. Osuji, 2017). Therefore, upgrading the curriculum to meet practice will lead to a greater quality of care and safety environment. The conflict is reflected when nursing students face a clinical situation that doesn't abide by the theory principles learned in nursing school. The struggle addressed between the theoretical courses and the practice in the clinical environment is described as a source of concern to students, practitioners, and educators worldwide (Kh. Ajani, S. Moez, 2011). The process portrayed in gaining knowledge and utilizing is complex due to the multi-functional and multilevel service provided in a healthcare environment. The curriculum reflects the quantity and quality of the wanted learning outcomes. The task of alteration of curriculum could be risky, therefore the broad categories of curriculum changes are: the establishment of a new stream at the undergraduate level, the establishment of a new course degree program at a graduate or postgraduate level, and introduction to a new subject or deletion. In addition, the changes that can be followed are the alteration of the core subject, changes in the electives, or the adjustment to channels between the clinical practice program and theoretical courses.

## RESEARCH QUESTIONS

The main question what is the reality of the theory-practice gap in nursing education in Lebanon?

- What is the relation between theory and practice in the nursing curriculum?
- How are nursing theory and practice incorporated into the nursing curriculum?
- What is the status of the theory- practice gap in nursing education in Lebanon?

### Objectives

The objectives of the present project are as follows:

- Study the relation between theory and practice in the nursing curriculum.
- Assess the gap between practice and theory in Lebanon.
- Assess the perception of the nursing educators/ instructors and students toward the gap of theory and practice in Lebanon.

## DEFINITION

**Nursing discipline:** includes a group of nursing scientific materials such as principles, theories, and law that can be useful to nursing practice (M. Schlottfeldt, 1988).

**Theory:** a group of organized and systematic statements related to a specific question in a discipline and transferred as a meaningful whole. It describes events, conditions, situations, and responses (Meleis, 2012).

**Nursing theory:** Nursing theory varies among the foundation of the concepts and philosophy that is directed to describe phenomena related to the nursing profession.

**Evidence-based practice:** A concept that was developed in Canada in the 1980s. It reflects the research findings, integration of statistical results, critical thinking into the applied interventions, consequences, and outcome (Meleis, 2012).

**Outline:** The following chapter in this research will introduce nursing as a profession and an academic discipline. Education is a continuous process involving many elements. The elements described in the following chapter are the curriculum with the integration of nursing educators/instructors' roles and characteristics, student characteristics, environment, culture, theory, and practice. The strategies described in

the literature review reflect the techniques of teaching and learning process in nursing education to target the best outcome. Nursing education aims to graduate nurses of high qualifications and competency. The description of each element in the following chapter will highlight the relation between these factors and the theory-practice gap in the nursing profession. The intertwined role of each factor will lead to the discovery of the possible reason and justification of the theory-practice gap. In the methodology chapter, the data will introduce the sampling of the target population which are the nurse educators/ instructors and nursing students with bachelor's degrees third year. The tool used is the survey of two types of questionnaires distributed among 22 nursing schools in Lebanon and collected in two months. Finally, the other chapters in this thesis will discuss and conclude the data collected to conclude.

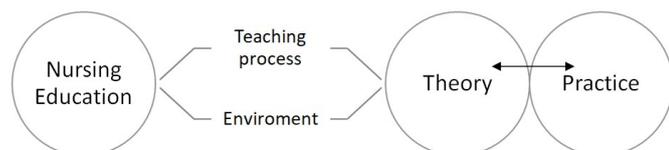
## LITERATURE REVIEW

**Introduction:** Professionalism is achieved through practical experience and academic higher education knowledge (K. B. GABERSO, M. H. OERMANN, T. SHELLENBARGER, 2015). Nursing knowledge, research, and theories are the root of practice. Nursing practice, management, and research depend on the philosophy and theoretical content. Therefore, the philosophical and theoretical material needs to be integrated into the academic education process to qualify nurses for reflection and analysis (M. Luisa Rega, F. Telaretti, R. Alvaro, M. Kangasniemi, 2017). Nurses use theoretical material, scientific research, and moral dedication as a nursing identity, enhancing nurse and patient interaction behaviors. According to history nursing was submissive. Nurses used to follow the orders of healthcare disciplines such as physicians (Tayray, 2009). Nursing core proficiency includes assessment, intervention, communication, leadership and management, analyzing and problem-solving critical thinking, humanistic interaction and relationships, and incorporation of skills. The history of nursing education lies upon Nightingale who believed that nurses should handle nursing affairs; her writing presented in 1916 shows her knowledge of policy-making (A. Aarabi, M. A. Cheraghi, S. Ghiyasvandian, 2015). The early nurse reformers such as Isabel Hampton Robb, Lavinia Dock, and Annie W. Goodrich constructed the origin of nursing education based on natural and social sciences. In the 1920s, nursing programs were visible in university settings (Keating, 2015). In the 21st century nursing education has witnessed a booming change in knowledge, practice, policy making...etc (F.-qin Wu, Y.-L Wang, Y. Wu, M. Guo, 2014). Furthermore, in this era, nursing education is reachable due to the part-time, bridging, and work-based programs (J. Dias, 2013). The nursing bachelor program incorporates few elements such as theory (basic sciences), practice (nursing skills), integration between theory and practice (nursing), and community health (K. Anne L. Wawire., S. S. Rogers, O. O. Claudio, K. Dickson Mwitii, N. Michael Ndung'u, M. Jeniffer Katindi, M. i Emmah Njeri, 2014). Nursing education has two main elements: theoretical courses and clinical experience. The clinical training is through laboratory and experience with patients in a healthcare setting (A. Finkelman; C. Kenner, 2013). The first nursing law in Lebanon was introduced in 1962 (Decree 9829) and the regulation of the nursing profession was within the authority of the MOPH. This result was a draft law called "Nursing Profession Practice Law", which attempts to substitute the current law governing the nursing profession in Lebanon, Decree 1655, which was followed in 1979. This draft has been under evolution and revision for around 13 years (F. El-Jardali, R. Hammoud, L. Younan, H. S. Nuwayhid, N. Abdallah, M. Alameddine, 2014).

**Theoretical Framework:** The healthcare field has witnessed tremendous revolutions due to the spread of viruses, the complexity and pathology of diseases, and changes in patients' needs, families, and communities. Therefore, there's a need for interdisciplinary cooperation and collaboration to provide quality of care (Jiang, 2024).

**Florence Nightingale's Theory of Nursing Education:** Florence Nightingale had described nursing as science and art. The learning process described in the "Dale H. Schunk" book involves acquiring

and modifying knowledge, skills, strategies, beliefs, attitudes, and behaviors. People learn cognitive, linguistic, motor, and social skills, and these can take many forms (Schunk, 2012). The process of teaching and learning in nursing education combines science and art. The nursing curriculum is divided into theoretical courses and practical training. The study "Florence Nightingale's Theory and Her Contributions to Holistic Critical Thinking in Nursing" (Riegel, Crossetti, Martini, Nes, 2020), described the contribution of Florence Nightingale to critical thinking in the nursing profession. The methodology used is a review of studies of the scientific production of Florence Nightingale in journals. The results show that a nurse should use her cognitive abilities, interpersonal skills, and spirit. It also shows the humanistic approach to a person and the relation of the environmental element. It emphasized critical thinking, research, and creativity in practice and providing care.



**Learning Theories:** as described by the study "learning theories application in nursing education" (f.aliakbari, n.parvin, m.heidari, f.haghani, 2015) educational psychology provides different theories that describe the learning process. Learning theories are the main model for organizing the educational systems in the training settings and classroom. It is classified as social cognitive learning, behavioral theory, cognitive theory, constructive theory, and nursing education (F.Aliakbari, N.Parvin, M. Heidari, F. Haghani, 2015). These theories can operate individually, group-wise, or at the community level for comprehension and updating new experiences, critical thinking, altering health routines, communication, and regulating emotions and behaviors. The behaviorism theory views the educational process as the product of a stimulus state and its response. Behaviorist learning depends on respondent conditioning and operant procedures (M. M. Braungart, R. G. Braungart, 2007). This theory involves the belief of the influence on the learner's emotional reactions that could be negative or positive thus affecting the learner's perception such as anxiety and fear of the experience. This theory believes that positive reinforcement is a conditional reason for good practice. One of the behavioral theories is Pavlov's classical conditioning. The conditioned response is related to the unconditioned stimulus. Another behaviorism theory is Thorndike theory, which hypothesizes the major fundamental type of learning involves establishing connections between sensory experiences (perceptions of stimuli or events) and neural impulses (responses) that manifest themselves behaviorally. He believed that the learning process often happens by trial and error (Schunk, 2012). The trial-and-error technique is beneficial in nursing. A nursing student can practice a procedure through simulation on a doll if the experience is positive the student will gain the desired skills if the student fails, he will learn new answers through trial and error. Skinner's conditioning theory believes that reinforcement of the wanted behavior; causes a repetitive onset and eventually reaching the desired learning goal. An instructor can guide the student about the procedure before application.

Cognitive theory resembles the internal process; it concentrates on reasoning, comprehension, organizing, and perception. Cognitive theory is divided into different theories that will be discussed such as the cognitive information processing learning theory where an individual is considered a processor of information; the input from the environment is collected, analyzed, and stored leading to an output (J. Dias, 2013). This theory doesn't believe that learning is a product of behavior adjustments or that it doesn't depend on mechanical repetition of the excitation response relationship. For example, a nursing educator could teach a nursing student about a disease such as heart disease, bronchitis, etc. The student will understand the anatomy and the progress of the disease in the patient. In addition to the theoretical learning in a classroom, nursing students can use critical thinking in the clinical setting related to the case. Another type is

Cognitive-Constructivist Learning this theory believes that cognition as knowledge is not the truth but rather a working hypothesis. It stresses the effect of the environment on the learner. The constructivist theory was affected by the Piaget and Vygotsky theories (F. Aliakbari, N. Parvin, M. Heidari, F. Haghani, 2015). Piaget theory of human evolution and education relies on the theory that the origin and nature of cognition depend on the progression during ontogenesis (Vonèche, 2001). Piaget methods depend on the explanatory method where the learner doesn't rely on the educators' explanation but on discovering the concept and principles on his/her own. For example, the educator asks the nursing student to explain his knowledge of the topic such as endocrine glands anatomy before the educator explains the topic.

The nursing student is asked to relate the problem to the situation of a patient who suffered from a seizure due to hypocalcemia. Lev Vygotsky's cognition/social development has focused on the relationship between the learner and the social environment. He believed that language is essential to the educational process and should be considered in a cultural social context related to the social and cultural issues of all educational level (V. John-steiner, H. Mahn, 1996). The social cognitive theory is an observational learning theory that can be involved in training the students to gain skills. It is through educating new behaviors and skills, encouraging and insisting on previously learned behaviors, and generating intense and emotional responses or weak the effect of discouragement. For example, one of the aspects for nursing students is gaining the professional role that can be taught through observation of the nursing professional role in practice and relation with a team member and the patient (F. Aliakbari, N. Parvin, M. Heidari, F. Haghani, 2015). The Humanistic theory represented mainly by Maslow and Rogers depends on human nature. Maslow considered that emotional communication between educator and student is essential to behavior. The relation is an exceptional interpersonal relationship built by cognition and emotional communication. The education process should be a balanced relationship between educator and student. Roger introduced student-centered teaching; which is self-directed learning through learning potential and motivation to self-actualization where the educator offers the learning method to the student. The student decides the content of the educational process and the teacher educates the student on how to gain knowledge for the student to obtain their learning approach. Finally, in this approach, the student evaluates themselves (Jingna, 2012). In this theory, the educator creates an atmosphere in a classroom with a sense of belonging pervades where educators are actual facilitators and not controllers (K. Mohammad, S. Najafi Sarem, H. Hamidi, 2013).

**Types of Theories:** Nursing theories include metatheory, grand nursing, middle range, and situational nursing theories (S. L. Van Sell, 2017). Metatheory handles comprehensive subjects for initiating knowledge and theory evolution. Grand theories are conceptual with a deficiency of operational interpretation. It explains the definitions and structure of nursing discipline. This theory describes inclusive matters within a discipline and may involve various theories such as Leininger's theory of culture care Diversity and universality, Roger's science of unitary human beings, Newman's theory of health as expanding consciousness.... (Nursing Theories and Nursing Practice, 2001) (Arif, S., Ali, A., & Hussain, N., 2019-2020). Middle-range theory is precise and limited features of reality. This theory is between grand theories and more regulated and definitive theories. It explains phenomena, the relationship between phenomena, and the assumption of their effect (M. McEwen, E. M. Wills, 2014). These types of theory show indications of theory trials through research, instrument progression, and nursing practice strategies. Situation-specific theories are more specific than middle-range theory and it is interrelated or conclude from middle theory (M. McEwen, E. M. Wills, 2014). This theory is the day-to-day operations of a nurse's action and is the guidance of interventions, outcomes, and effects of nursing practice. Conceptual models are a group of general theories and a thesis that gives the main outlook of metaparadigms. Metaparadigm is a foundation of the profession that places the phenomena of concepts, interests, and theories of a profession.

Metaparadigm is acknowledged by personnel of the nursing discipline like persons, health, the environment, and wellbeing. The conceptual models are also referred to as conceptual “frameworks”, or “systems” (Nursing Theories and Nursing Practice, 2001) (Arif,S., Ali, A.,&Hussain, N., 2019-2020).

## CONCEPTUAL FRAMEWORK

Strategies of teaching: The traditional teaching strategy is in a classroom where the educator gives courses. The educator provides lectures for a large group of students about a theory then a skill is explained. Afterward, the student performs the skill in front of the educator. Finally, the educator evaluates and gives feedback to the student. If the skill is evaluated with high proficiency the student is allowed to perform the procedure in a clinical setting (J.-huiXu, 2016). The second type of teaching theory is stimulation; it is used to create a synthetic and realistic clinical scenario through a setting that imitates the patient's case and environment. It enables the implementation of theory than using the traditional method. Academic and practice organizations are using this teaching and learning method to maximize the benefit of educational skills, evaluate and enhance clinical proficiency, strengthen teamwork, and upgrade the care process (B. M. Nagle, ; J. M. McHale, ; G. A. Alexander; B.M. French, 2009). This method is important for limiting the gap between the theoretical courses and the practice in a clinical setting (H.B. Yuan. ; BA.Williams & J.B. Fang, 2012). The three types of stimulation are categorized according to clinical fidelity low fidelity involves role-playing, using mannequins, and case studies. Another category is intermediate fidelity is more complex where students practice competency, problem-solving, and decision-making using technology. High fidelity is using technology to create a virtual complex setting. It involves using a complete computer stimulator (C. Larue,J. Pepin, É. Allard, 215) such as complete body computer-controlled mannequins in a setting that resembles a healthcare setting. For example, scenarios such as patients with cardiovascular disease, burn injuries, etc. (A.-Marie Welman, C. Spies, 2016).

Another teaching strategy is concept mapping. Concept maps can be appropriate to assess the understanding of knowledge in a theoretical frame related to the application of practical skills (B. J. Daley,S. Black Beman,S. Morgan,L. Kennedy,M. Sheriff, 2017). Concept mapping allows students to create a link between ideas rationally and flexibly thus allowing new knowledge to be considered in the future (A.C ALL. ; I.L HUYCKE; MJ FISHER, 2003). Educators apply concept mapping to promote critical thinking and promote a deeper perspective on learning. This strategy can be utilized in patient care activities such as for patients with hemodialysis or peritoneal dialysis care (Chabeli, 2010). The fourth strategy is online courses that are accessible to students regardless of the time and place by using the internet via computer. The educator uses various materials for teaching such as websites, literature, videos, etc. (J.-huiXu, 2016). Another strategy is role playing where a student doesn't have a scenario to follow but acts on the problem spontaneously. This strategy is beneficial in performing clinical communication skills, dealing with struggles, and cultural competence. It encourages the students to improvise behaviors that a student might face between a nurse and a patient. The behaviors of participants are tested and their decisions are in an experimental setting thus decreasing the risk of negative consequences (R. Shearer,R. Davidhizar., 2003).

In addition, the case study method is used to give healthcare circumstances to stimulate theoretical information about pathology, sign and symptoms, semiology, and physical assessment techniques (A.L. Petersen Cogo, D. Dal Pai,G. Badin Aliti,H. Karnas Hoefel, K. deOliveira Azzolin, L. Busin,M. Ana Rubin Unicovsky,M. Henriqueta Luce Kruse, 2016). The debating method is used as an argument to enhance critical thinking, problem-solving, and communication skills (M.Garrett , L.Schoener ,L. Hood, 1996). This strategy can be used for educating controversial subjects or discussing a new trend in nursing such as a new treatment or intervention. Students are involved in the process by researching subjects through

literature, analyzing information, improving a solution or theory, and expressing their perspectives. After the debate ends the audience that is in such a case other students evaluate the presentations and start a discussion. This feedback enhances communication and teamwork (J.-huiXu, 2016). The last strategy to be discussed is problem-based teaching which depends on three concepts: the process begins with a problem and not the previously obtained data from a learning experience, the second concept is the problem is the stimulus where the educational process is combined with courses and curricula (A.Rahim Hamdan, C.Li Kwan,A. Khan,Mohamed N. Abdul Ghafar,A.Johari Sihes, 2014).

**Curriculum:** The curriculum philosophy governs the curriculum progress process by giving the basis for selecting, arranging, and utilizing content and educational activities in the arrangement of the mission, vision, and values of an academic institution (K. B. GABERSO,M. H. OERMANN,T. SHELLENBARGER, 2015). Learners should be aware of the opposing nursing philosophies in a classroom setting and the realistic perspective of a clinical setting. This would help the student to decrease anxiety, and stress and better adapt to the working environment (Kh. Ajani, S. Moez, 2011). The curriculum should be built on skills and research and should be more precise with materials, educational strategies, and planning evaluation technique (L Salminen, M Stolta, M Saarikoskib, A Suikkalac, H Vaartiod, H Leino-Kilpi, 2009). Planning for curriculum has different components including the students, the educators, the environment, the resources, the values and ethics, the strategy and elements of education such as theory and practice, and the link to culture. The curriculum depends on the previous educational strategy that was previously explained. In universal basic education, the curriculum uses the integration of elements. Common knowledge courses are linked to create fields of curriculum such as basic science basic technology, and social studies (Offorma, 2016).

**Theoretical knowledge:** Nursing discipline knowledge includes a group of nursing scientific materials such as principles, theories, and law that can be useful to nursing practice, the historical knowledge such as the heritage of the occupation, the philosophical nursing knowledge that is the values and ethical code of the nursing profession and the nursing strategies, intervention, technologies and the scientific and technical laws of application. Finally, the knowledge of influential factors such as the cognitive, physical, and biological factors, environmental factors, economic and social reasons, and aging process that affect the health status, assessment, and health potential (M.Schlotfeldt, 1988). Nursing theory varies among the foundation of the concepts and philosophy that is directed to describe phenomena related to the nursing profession thus the variety and difference in the elements lead to confusion and precision (CONCEPTUAL & PHILOSOPHICAL, 2006). The theoretical courses in a classroom provide nursing theoretical knowledge. Knowledge and practice depend on basic science such as microbiology, biochemistry, hematology, immunology, pharmacology, anatomy, and physiology (K. Anne L.Wawire., S. S.Rogers, O. O. Claudio, K. Dickson Mwitii, N. Michael Ndung'u, M.Jeniffer Katindi, M.i Emmah Njeri, 2014). The deficiency of biological knowledge or the failure to utilize will result in a risk to the patient (J.Walton ,E Chute ,L Ball ., 2011). Sufficient knowledge of biological and physical sciences suggests that it would increase the capability to notice medication errors, enhance the knowledge of disease in the human body and advance the ability to manage patient care in the healthcare system (J.Walton ,E Chute ,L Ball ., 2011) (K. Anne L.Wawire., S. S.Rogers, O. O. Claudio, K. Dickson Mwitii, N. Michael Ndung'u, M.Jeniffer Katindi, M.i Emmah Njeri, 2014). Therefore, it is considered that the implementation of biological knowledge in nursing practice is important for providing high-quality care and maintaining safety by a competent nurse (Corlett, 2000). Virginia Henderson a pioneer of the 20<sup>th</sup> century affected practice and education through her research. Henderson considered that nursing education should include biological, physical, social sciences, and nursing arts. The rationale behind her perception is the knowledge gained from these sciences to comprehend body functions and detect pathologic abnormalities. Social sciences allow the increase of

comprehension between a nurse and patients thus recognizing the need and understating the values and customs of the individual. Medical science explains the symptoms, prevention, treatment, progress, and complications of a disease and allows the nurse to be involved in the doctor's therapeutic plan. As for the nursing arts, it hinders the implementation of knowledge and skills related to the studied sciences. Henderson believed that the learning experience should have a sequence, tools, and evaluation of the nursing experience. The sequence should start with fundamentals leading to further complex experiences such as medical surgical services, maternity, pediatrics, and mental health while working beside an experienced nurse. The experience started with the experienced nurse will provide the student with the ability to gain knowledge and analysis of nursing experiences starting with assessment including elements that affect the process such as age, gender, nationality, religion, and race in addition to occupation, financial status, cognitive abilities then developing of care depending on patients need (Gordon, 2001)(Henderson, 1978). The assessment of a patient is Henderson considered the patient's data as a "case study". Henderson aimed to develop tools to evaluate the quality of care for nursing students and instructors (Henderson, 1978). The nurse uses a process of analyzing physiological, physiological, spiritual, sociocultural, and economical and life factors (Y. Ahtisham, S. Jacoline, , 2015).

**Practice:** Clinical training practice is through stimulation and laboratories. A simulation method is an environment resembling the reality of a healthcare environment. Laboratory setting contains equipment that might be used for providing care. Some nursing schools might lack different types of labs. Another type of clinical experience called practicum is applied inside a healthcare setting where a student is involved in patient care by the nursing faculty's supervisor and guidance. A nursing student in such an experience requires orientation on patients, patient cases, medication, the flow of care, laboratory, and medication administration (A. Finkelman; C. Kenner, 2013). Nursing practice involves human factors as nurses with patients, clients, and multidisciplinary teams (JD, 2003). Nursing as a human service should follow ethical and moral standards (Kim, The Role of Theory in Clinical Nursing Practice, 2012). Nursing practice is essential due to being the origin and the source of nursing knowledge. Clinical training is done by faculty members following the curriculum that is specified depending on the objective and need such as professional, societal, environmental, and educational goals and demands using the available resources of human, physical, financial, and cognitive resources and the curriculum conditions (SK.Donaldson , DM.Crowley, 1978). In a nursing education program, the clinical training starts in the first year and second, after the student is equipped with courses in basic nursing knowledge and practice skills in laboratories. The student will undergo the clinical rotation of different departments to obtain an experience of various types of nursing procedures to be advanced for further clinical experience. In the third year, the nursing students will have more progressed knowledge and skills in nursing procedures of various departments parallel with theoretical courses. The clinical areas that are involved as medical, surgical, obstetric, clinics, pediatric, and critical care units (K. Anne L.Wawire., S. S.Rogers, O. O. Claudio, K. Dickson Mwit, N. Michael Ndung'u, M.Jeniffer Katindi, M.i Emmah Njeri, 2014). Clinical settings could be hospital clinics, hospitals, and health departments used for the teaching and learning process for nursing students (A M Koontz,J L Mallory,J A Burn, S Chapman., 2010). A nursing student is introduced to a clinical environment including the supervisory system which is considered a vital reason that affects teaching teaching-learning process and reaching the desired outcome (N.Jamshidi, Z. Molazem, F. Sharif,C.Torabizadeh,M.Najafi Kalyani, 2016) (L Salminena, M Stolta, M Saarikoskib, A Suikkalac, H Vaartiod, H Leino-Kilpi, 2009). In nursing education, the clinical training environment is different than a classroom due to various factors (J. A. Hartigan-Rogers, S. L. Cobbett, M. A. Amirault, 2007). The experience enhances the nursing students' abilities to use theoretical knowledge to apply cognitive, psychological, and psychomotor skills to provide patient care (K. B. GABERSO,M. H. OERMANN,T. SHELLNBARGER, 2015). In a clinical setting, the involvement of

the patient in the process enhances the development of skills for nursing care (L Salminena, M Stolta, M Saarikoskib, A Suikkalac, H Vaartiod, H Leino-Kilpi, 2009). The insufficient practice for starting training in clinical settings causes various problems for nursing students and educators (C. Deasy, O. Doody , D. Tuohy, 2011). Though the students learn the nursing theories of fundamentals in the classroom and practice rooms such as labs the practice of skills is insufficient (S. Joolae, S. Roghayeh Jafarian Amiri, Mansoureh Ashghali Farahani, Shokoh Varaei, 2015). Students should know that nursing practice has dimensions consisting of scientific, technical, ethical, aesthetic, and existential dimensions. The various dimensions are considered a unit where nursing practice is produced by a human (the nurse) following the guidance of the nursing theory and knowledge. The actions are directed to reach an outcome and guided by rationality where each five dimensions has specific characteristics that depend on the ability to infuse it with practice. H. Suzie Kim shows that the rationalities are scientific rationality for scientific dimensions, moral rationality for ethical dimension, practical rationality related to existential dimension, technical rationality for technical dimension, aesthetic rationality for aesthetic dimension (Kim, The Role of Theory in Clinical Nursing Practice, 2012).

**Teaching/Learning Environment:** In a classroom, the students learn instructions, progress of abilities including knowledge and skills, and stimulation in clinical laboratories in comparison to the different circumstances that are faced in the workplace including the reality in the working place, the overload, holding personal responsibility, learning about hierarchy including the nurse's status. In a classroom setting the absolute regulations and procedures are followed. (M. Madi,M. Clinton,M. Doumit,S. Ezzeddine,U. Rizk, 2018). The clinical environment is crucial for the nursing educational process; it is described of the synergic network of different parties that affect the clinical experience therefore the effectiveness and the functionality of the clinical setting should be measured and reviewed (DS Chan,WY Ip , 2007). The clinical environment is the setting where a learner is in contact with patients or clients for the reason of theories and learning skills. The student's role is as a learner and not a nurse in the educational process (K. B. GABERSO,M. H. OERMANN,T. SHELLNBARGER, 2015). The nursing student should abide by the uniform code for a specific organization; and follow good hygiene appropriate to work workplace. The students should prepare pens, a stethoscope, a drug index, a clinical guide handbook, and a notebook (Y.Gao, P-PingZhang, S-Fang Wen, Y.GuangChen, 2017). A clinical practice experience in a hospital is with rapid speed and doubtful setting. The involved components: the complex process, human factors such as patients, chronic and acute health problems, the relation between nurse and patient, nurse ratio to patient with strong time management, and high skilled, requirement of socializing skills. Nurse instructors have a crucial role in guidance and gaining skills (Collier, 2017). Using technology in nursing education is crucial and it complements the clinical experience in a healthcare setting therefore it allows the creation of new techniques in nursing education (B.Merrill, 2015) such as electronic health medical records, and data analytics. Although learners prefer passive learning nursing educators can increase the involvement of students through active learning by using technology. A nursing educator can use videos, hyperlinks, and cases which will lead to the development of clinical and theoretical skills. Creating websites, videos and other types of multimedia will increase the collaboration between nursing students to gain knowledge. Technology helps to create scenarios for nursing students that are similar to the reality of practice t and involve theoretical cases thus yielding to decrease in the gap between theory and practice (Oermann, 2015) (T. Shellenbarger, M.Robb , 2015).

**Theory and Practice:** The stage of transformation of nursing students into nurses relies on the prosperity of clinical practice placement as a part of the educational program of undergraduate study (S. Johnsto; A. Fox; F.Maree Coyer., 2018). After graduation nursing student often finds it difficult to adapt to nursing practice since the training environment of the workplace during their studying years had the ultimate condition of leadership, facilities and resources, and staffing (Vaismoradi, 2012). The student usually faces feelings of stress,

anxiety, insecurity, inadequacy, and instability (O. Doody, C. Deasy, D. Tuohy, 2012). The graduated students should own the necessary competencies, possess leadership skills, and be able to integrate evidence-based practice to maintain and improve quality (R. Shanthi, G. Angeline, 2015). The target of health professional teaching and learning programs is to graduate safe and qualified practitioners who can provide for the needs of society (A. Lee, C. Stekete, G. Rogers & M. Moran, 2013). The gradual evolution of education guidelines and professional certificates caused the blooming of nursing as a profession (F. Ghadirian, M. Salsali, M. Ali Cheraghi, 2014). As described in "Negotiating the Role of the Professional Nurse: The Pedagogy of Simulation: A Grounded Theory Study" the five stages discussed such as (i) creating a fake identity for nursing students, (ii) trial and error, (iii) serious, (iv) transfer of skills and knowledge, and (v) professionalization (J. Walton, E. Chute, L. Ball, 2011). Overall, a profession is characterized by the use of standardized knowledge that has three components: (1) an action taken based on underlying basic knowledge or discipline, (2) practical knowledge to solve everyday problems, and (3) the knowledge built on skills and attitudes to perform duties to the clients (F. Ghadirian, M. Salsali, M. Ali Cheraghi, 2014). As explained by the study (O. Margaret de, D., Carla Viana, O., Euzébio de, 2017) "The Art and Science of Nursing" shows that nursing includes science and art. The art of nursing caring for the patient is through therapeutic communication and interaction, commitment, and conscience... The science of nursing is the knowledge gained such as the anatomy of the body and pathophysiology of the disease. It is considered in this study that providing quality and safety of care through time management and critical thinking is applying science and art.

**Evidence-based knowledge:** The relationship between theory and practice and between reason and intuition (Expertise in Nursing Practice Caring, Clinical Judgment & Ethics, 2009). The definition of theory is the group of statements or standards that clarify facts and phenomena. The definition of practice is the act or intervention of a performance (Kh. Ajani, S. Moez, 2011). The role of theory in practice is a subject related to the origin of utilizing knowledge: (i) developing solutions for problematic subjects to maintain better interrelationships and situations, and (ii) organizing practice by relying on specialized knowledge. The theory in correlation with practice creates nursing knowledge. The task of theory in clinical nursing practice is of two phases: general unspecified level and particularistic, situation-specific level. In the first level, the theory is used to build alignment and attentiveness to nursing aspects and philosophies of practice to implement in all circumstances of nursing practice. The second level is theory is related to presenting theoretical rational ideas to direct the nursing interventions that are provided in a clinical condition. The nursing practice will be knowledge-based by merging two levels of theory uses in clinical circumstance. (Kim, The Role of Theory in Clinical Nursing Practice, 2012). There are multiple reasons behind the gap between practice and theory including: nursing students undergo the situation being confused between the nurse's demand and the instructor's demand. The inconsistency between the study of courses in the classroom and the practice in the clinical setting is a problem for nursing educators, instructors, and students. (Kh. Ajani, S. Moez, 2011).

Other Studies that explain the gap between theory and practice is due to clinical setting struggles between the role of instructors and educators, errors in curriculum planning, and clinical performance (Corlett, 2000) (K.E Ferguson, AM Jinks, 1994). Another reason described is the absence of performing the nursing process, and failure to follow scientific theory-based evidence material (S. Baraz, R. Memarian, Z. Vanaki, 2015). Perspectives showed that the students reflected the crucial of opening channels of communication between educators in the classroom and clinical setting instructors (A. Saifan, H. Abu Safieh, R. Milbes, R. Shibly, 2015). A European perspective suggested that future nursing education could be developed by having more nursing research; health policy in a country should have more interest in planning nursing curriculum (L. Salminen, M. Stolta, M. Saarikoski, A.

Suikkalac, H. Vaartiod, H. Leino-Kilpi, 2009). The study (G. Tanriverdi, N. Ozyazicioglu, S. Atay, SK. Sivrikaya, Melike Y. Gursoy, & A. Cetin, 2017) "The Recommended Solutions of Nursing Students to Bridge the Gap between the School and Practice Areas" targeted a population of 592 nursing students from 3 different nursing schools of undergraduate programs in Marmara region. The results reflected that 67% of students agreed on the recommendation of parallelism between the practice field and students' needs, while 66% of students agreed upon providing information about the required practice process. 90% of participants recommended that students should obtain more skills in the classroom or the lab (G. Tanriverdi, N. Ozyazicioglu, S. Atay, SK. Sivrikaya, Melike Y. Gursoy, A. Cetin, 2017). Another study (MR. Heidari, R. Norouzadeh, 2015) "Nursing students' perspectives on clinical education" targeted 150 undergraduate nursing students in Tehran and explained the different perspectives of the curriculum objective and content, the adaptation of students to the clinical environment, supervision, and evaluation process. The positive points were directed to the nursing educators, while the negative points were directed to the clinical environment (MR. Heidari, R. Norouzadeh, 2015). A qualitative study (A. Saifan, ME. AbuRuz, R. i Masa'deh, 2015) "Theory Practice Gaps in Nursing Education: A Qualitative Perspective" showed that according to students, there are crucial factors that affect the theory-practice gap in nursing education such as the lack of collaboration and communication between nursing educators and clinical instructors, the complex clinical environment in comparison to the controlled lab and class settings (A. Saifan, ME. AbuRuz, R. i Masa'deh, 2015).

## RESEARCH DESIGN AND METHODOLOGY

**Introduction:** The research design is quantitative cross-sectional descriptive study. The methodology was conducted by a survey of questionnaires directed to bachelor nursing students BS3 before undergoing the colloquium exam in July 2018. The nursing students who are attending classes during this period were selected. A second questionnaire was directed to nursing educators/instructors. Along with the visits to different nursing faculties; observational notes were taken about the nursing culture and satisfaction with pursuing the profession. A few questions in the questionnaire were improved after the recommendations were concluded through the validation process by profession-related personnel. The pilot questionnaire was conducted on 30 students and 5 nursing instructors to be revised and updated depending on needs. The neutral option was removed from the questionnaire due to inappropriate use of this option by the participant. The questionnaire was sent to the Dean of the nursing faculty of every university chosen to be revised and approved for submission. A formal approval was granted and the methodology process of submission of the questionnaire was initiated along an interval of 3 days. Some universities had two classes of English or French-educated nursing students and educators/instructors with different attending programs. The universities were located in various Lebanese regions such as the north of Lebanon, Baalbek, south of Lebanon, the mountains region, Beirut and its suburbs.

**Sampling Method:** In this study, the research object is nursing students and educators/instructors. The sampling process included all the students of the Bachelor of Sciences nursing degree senior year before the colloquium in 2018. The second questionnaire was directed to nursing educators/instructors. The university's participation was 21 universities including different branches along Lebanese grounds, south Lebanon seven universities, North Lebanon three universities, Baalbek region one university, and the mountain region nursing school. Beirut's capital and its suburbs of 9 nursing schools. It was recognized the variation of academic institutions between urban areas and rural areas.

**Research Tools:** Content validity Questionnaire (refer to Appendix A&B) for faculty members and nursing students to study their perception. Analysis through the SPSS program. Content validity is

explained as the degree of components on a test such as a survey is an assessment instrument, representative of the selected domain intended to measure a target objective (Zamanzadeh, Ghahramanian, Rassouli, Abbaszadeh, Alavi-Majd, & Reza,ikanfar, 2015). The research tool used is a survey that was built with the factors influencing the theory and practice gap (see Appendices A and B). It was categorized according to various sources of literature review including nurse educator competency used by WHO 2016 by using the Global Delhi survey, Essentials of Baccalaureate Education for Professional Nursing Practice by the American Association of Colleges of Nursing 2008 and taking into consideration the standard of Accreditation Commission for education in nursing manual standards and criteria in 2017. The standard collected from the Accreditation Commission 2017 third section standards and criteria for education is categorized for baccalaureate degree and standard for mission and administrative capacity, faculty and staff, students, curriculum, and resources. The usage of data was concentrated on the curriculum standard. In the curriculum category, the standard stated that the clinical learning experience and environment are evidence-based, supporting patient care and safety, and reaching learning outcomes. In addition, it reflected that varied evaluation methods should be used. The curriculum should reflect the theories, research, inter-professional collaboration, and standards of practice. Finally, the curriculum stated the integration of professional nursing guidelines and competencies (Nursing A. C., 2017).

to develop a component-based curriculum. The competencies categorized in this study were: theories and principles of adult learning, curriculum, and Implementation, nursing practice, research and evidence-based, communication, collaboration and partnership, Ethical, legal principles and professionalism, monitoring and evaluation, management and leadership. Each core competency is paired with learning and teaching domains that enhance the concept and steps of providing the standards required (WHO, Nurse educator core competencies, 2016). In the survey conducted for this study, the categories were divided for the nursing student questionnaire includes theories and principles, curriculum, nursing practice/training, research, and participation. The educator/instructor questionnaire has theories and principles, curriculum, nursing training practice, research conducted, and utilization. The content was a combination of the three resources described. A four-point Likert scale with strongly agree, agree, disagree, and strongly disagree, the reason for the removal of the neutral option is due to the misuse of neutral answers by the participants. The neutral option was used in answering various questions as a technique of not answering the question itself through the ability of participants to choose between other options. The questionnaire was translated to Arabic according to the need to facilitate the questionnaire to students enrolled in French programs or students with a deficiency in using and understanding the English language. The following table shows the aim of each tool used and means of analysis.

Table 3.2 Sample size

Sample	Total number of nursing schools	Total number of participants
25 nursing school	21 nursing schools accepted to participate & 4 refused	<ul style="list-style-type: none"> <li>• 185 educators and instructors in all institutes</li> <li>• 110 responses from nursing educators/instructors</li> <li>• 109 accepted</li> <li>• 440 students in nursing schools</li> <li>• 420 responses and 419 accepted responses out of 420.</li> </ul>

Table 3.4. Aim and Methods Used in Research

Aim	Methodology of data collection	Methods/Sample size/Tools	Analysis of Data
Studying the reality and perception of educators and instructors related to the gap between theory and practice in nursing educational schools around Lebanon.	Questionnaire	Questionnaire with nursing educators and instructors around Lebanon.	SPSS
Studying the reality and perception of students pursuing a Bachelor of nursing sciences related to the gap between theory and practice in nursing educational schools around Lebanon.	Questionnaire	Questionnaire of nursing students.	SPSS

The guideline essentials for baccalaureate education for professional nursing practice from the American Association Colleges of Nursing 2008 document are divided into nine essentials and its aim for preparing graduated nurses such as the Liberal education for baccalaureate generalist nursing practice, basic organization, and systems leadership for quality care and patient safety, scholarship for evidence-based practice, information management and application of patient care technology, healthcare policy, finance, and regulatory environments, inter-professional communication and collaboration for improving patient health outcomes, clinical prevention and population health, professionalism and professional values, baccalaureate generalist nursing practice. The essentials considered that the baccalaureate program aims to prepare the nurses for their upcoming roles and responsibilities in the healthcare settings by providing the framework for the nursing education curriculum. Such preparation was demonstrated by stating the aim of the essentials such as the integration of theory into nursing practice, usage of technology for better communication, demonstration of leadership and communication skills application safety and quality of practice, and demonstrating awareness of complex organizational structure. Furthermore, the essentials reflected the need to explain the elements of the research model and process for applying evidence-based practice, explanation of relationship between theory, practice, and research. It also shows the importance of abiding by the professional standards of ethical, moral, and legal conduct. Many of the points explained in this document shaped the questionnaire depending on the required needs of preparing and teaching nursing students (Nursing A. A., 2008). Finally, the Nurse Educator Competencies by the WHO document aims to provide an outline for competency and performance

**Reliability:** Reliability is to what extent a concept is specifically measured in a quantitative study. A survey is tested for reliability and accuracy of a research tool used in a quantitative study. Reliability was tested after the questionnaire was spread among nursing instructors/ educators and nursing students the results were conducted on SPSS to test Cronbach alpha acceptable value. The value by SPSS is greater than 0.70 therefore the result is accepted.

**Conclusion**

The questionnaire used follows standards and was categorized of possible factors that are involved in the nursing theory-practice gap. The target populations are two categories: first nursing educators/instructors. The second category is the nursing bachelor BS 3 students before undergoing the curriculum exam and attending classes within the period of the research. The survey duration was within two months spread along the Lebanese areas, and submitting the questionnaire after the approval of the administration per institution policy and regulations. The program used for analysis is SPSS to calculate the frequencies of the likert scale per question. .

**RESULTS AND DISCUSSION**

The mean is calculated for each question for all participants by the SPSS program. The calculation of the mean is to compare and summarize the differences between the different factors. After the calculation of the mean a new scale is performed for evaluation: 1-

1.74 strongly disagree, 1.75-2.49 disagree, 2.5-3.24 agrees, 3.25-4 strongly agree. Finally, the mean was recalculated by SPSS for each university to deduce the level of disagreement depending on the previous scale mentioned. The result was used to identify possible factors that affect individually each nursing school.

## RESULTS AND DISCUSSION

**Introduction:** The teaching and learning process is a continuous process. The courses added or strategies should depend on the needs of nurse education, the diseases, and issues regarding the country itself (J. Maria Diasa, Z. Kurjia, 2011), such as Lebanon. Academic programs of a profession should prepare the personnel to handle the nursing professional responsibilities and roles. Both the classroom courses and the clinical training are incorporated into the nursing curriculum. Students should be active learners rather than passive. Students are involved in reading, writing, and thinking rather than just listening and following orders and instructions. Students should have a high sense of awareness and motivation from the learning environment. Creating an encouraging and optimal environment for students to enhance participation and development such as the nursing instructor can be the main reason for setting class rules and regulations to enhance this theory (J. Wrenn, B. Wrenn, 2009). Clinical practice is a major component of nursing education where it permits students to be exposed to clinical experience. Determining the challenges and struggles of nursing learning and teaching process regarding clinical training could improve the educational experience and improve the quality of education outcome. (N. Jamshidi, Z. Molazem, F. Sharif, C. Torabizadeh, M. Najafi Kalyani, 2016), thus limiting the gap between nursing theoretical courses and clinical training.

between sectors such as 39.6% in Beirut, 15% in South Lebanon, 26.5% in North Lebanon, 11.5% in Baalbek, and 7.4% in Mount Lebanon. The participation of nursing educators was 109 educators mostly full-timers, one university in Beirut was able to send the questionnaire to the part-time instructors/ educators in hospitals the rest of the universities said that the channels of communication between the institution and the part-timers were variable according to time and location which is the hospital. Most of the part-timers were nurses in hospitals thus the time and availability are affected by filling out the questionnaire. The participants according to location show that 53.2% of participants were in Beirut, 10.1% in Baalbek, north Lebanon 20.2%, and 3.7% in the Mount Lebanon area. Finally, 12.8% were in South Lebanon. The age of educators varies between 22 and 59. The degrees show that 19.3% hold bachelor degrees, 69.7% are MS Educators, 3.7% have MD, and 7.3% have PhDs. The result shows that 100% of educators/instructors are experienced. The minimum year of experience is 1 year and the maximum is 36 years. The faculty position results reveal that instructor participation of 16.5%, and educator participation of 15.6%. Finally, the result of personnel both educators and instructors are 67.9%.

**Results of the students' Questionnaire: Error! Reference source not found.** shows that student comprehends nursing educational theories, and principles such as ethics, fundamentals, and nanda. In this case, 0.5% strongly disagree, 1.9% disagree, 72.3% agree, and 25.3 %strongly agree. Regarding the student's ability to engage in nursing theoretical courses to perform skills, **Error! Reference source not found.** shows that 1% strongly disagree, 4.1% disagree, 68.3% agree, and 26.7% strongly agree. Finally, **Error! Reference source not found.**, related to

**Table Error! No text of specified style in document..1. Students: Theory and Principles**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	2	.5	.5	.5
Disagree	8	1.9	1.9	2.4
Agree	303	72.3	72.2	74.7
Strongly Agree	106	25.3	25.3	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..2. Students: Engage Nursing Theoretical Courses to Performing Skills**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	4	1.0	1.0	1.0
Disagree	17	4.1	4.1	5.0
Agree	286	68.3	68.3	73.3
Strongly Agree	112	26.7	26.7	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..3. Students Comprehend Curricula**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	4	1.0	1.0	1.0
Disagree	2	6.7	6.7	7.6
Agree	300	71.6	71.6	79.2
Strongly Agree	87	20.8	20.8	100.0
Total	19	100.0	100.0	

The results show that the total number of student questionnaires distributed to attending students is 440 with a response of 420 accepted out of 419 and eliminated questionnaires due to scientific bias. The total number of enrolled students attending classes and none attending of 706 students. The results also show that the total number of distributed educator questionnaires is 185 questionnaires, response 110 educator/ instructor questionnaires, accepted 109, and elimination 1 questionnaire due to incomplete answers. The total number of educators and instructors per organization was not clear due to confused answers by the administration approximate number is 215 educators and instructors. The training days varied with the highest percentage of 22.2% of 12 days per month. The reason behind the variation is the different practicum required in different academic institutions such as leadership. Location of universities varied

The variations among eight questions (see Table 4.5) regarding the adequacy of the time for the program showed that 4.5% strongly disagree, 33.9% disagree, 49.2 % agree, and 12.4% strongly agree. Concerning the ability of the students to harmonize evidence-based learning and practice in a clinical setting, Table 4 shows that 1.2% strongly disagree, 17.4% disagree, 66.8% agree, and 14.6% strongly agree. In the question related to the presence of a safe and optimal environment for the practice of the result Table 4 7.2% strongly disagree, 22% disagree, 53.7% agree, and 17.2% strongly agree. Concerning the utilization of resources for the learning experience,

Table 4 9.3% strongly disagree, 30.1% disagree, 48.2% agree, and 68055

*International Journal of Development Research, Vol. 15, Issue, 03, pp. 68047-68062, March, 2025*

strongly disagree, 32% disagree, 48% agree, and 12.6% strongly agree. Table 4, regarding the question of practice training experience being the essence of nursing knowledge, shows that 0.7% strongly disagree, 9.1% disagree, 50.4% agree, and 39.9% strongly

agree. Table 4 shows that the theoretical course in the classroom is

strongly agree. Table 4 shows that the curriculum facilitates the adaptation of nursing students to the future working setting. 2.6% of students strongly disagree, 12.4% disagree, 61.3% agree, and 23.6% strongly agree.

**Table Error! No text of specified style in document..4. Duration of the Nursing Program**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	19	4.5	4.5	4.5
Disagree	142	33.9	33.9	38.4
Agree	206	49.2	49.2	87.6
Strongly Agree	52	12.4	12.4	100.0
Total	419	100.0	100.0	

**Table 4.6. Students Harmonize Evidence-Based Learning to Practice**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	5	1.2	1.2	1.2
Disagree	73	17.4	17.4	18.6
Agree	280	66.8	66.8	85.4
Strongly Agree	61	14.6	14.6	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..7. Students' Environment**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	30	7.2	7.2	7.2
Disagree	92	22.0	22.0	29.1
Agree	225	53.7	53.7	82.8
Strongly Agree	72	17.2	17.2	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-5. Student Utilization of Resources**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	39	9.3	9.3	9.3
Disagree	126	30.1	30.1	39.4
Agree	202	48.2	48.2	87.6
Strongly Agree	2	12.4	12.4	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-9. Student Usage of Technologies**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	31	7.4	7.4	7.4
Disagree	134	32.0	32.0	39.4
Agree	201	48.0	48.0	87.4
Strongly Agree	53	12.6	12.6	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-6. Students' Nursing Training Experience**

	Frequency	Percentage	Valid Percentage	Cumulative percentage
Strongly Disagree	3	.7	.7	.7
Disagree	38	9.1	9.1	9.8
Agree	211	50.4	50.4	60.1
Strongly Agree	167	39.9	39.9	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-7. Students' Theoretical Courses**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	4	1.0	1.0	1.0
Disagree	44	10.5	10.5	11.5
Agree	261	62.3	62.3	73.7
Strongly Agree	110	26.3	26.3	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-8. Student Adaptation to Future Working Environment**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	11	2.6	2.6	2.6
Disagree	52	12.4	12.4	15.0
Agree	257	61.3	61.3	76.4
Strongly Agree	99	23.6	23.6	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..9. Students' Based Nursing Knowledge and Experience**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	8	1.9	1.9	1.9
Disagree	32	7.6	7.6	9.5
Agree	254	60.6	60.6	70.2
Strongly Agree	125	29.8	29.8	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.-10. Role in engagement and supervision of procedures**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	7	1.7	1.7	1.7
Disagree	49	11.7	11.7	13.4
Agree	270	58.9	58.9	72.3
Strongly Agree	93	27.7	27.7	100
Total	419	100.0	100.0	

**Table Error! No text of specified style in document.. 11. Students' Integration of Theory and Practice**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	9	2.1	2.1	2.1
Disagree	30	7.2	7.2	9.3
Agree	270	64.4	64.4	7.7
Strongly Agree	110	26.3	26.3	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..12. Students Rotate on Floors**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	4	1.0	1.0	1.0
Disagree	19	4.5	4.5	5.5
Agree	212	50.6	50.6	56.1
Strongly Agree	184	43.9	43.9	100.0
Total	419	100.0	100.0	

**Table Error! No text of specified style in document..17. Students Research Activities**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	28	6.7	6.7	6.7
Disagree	81	19.3	19.3	26.0
Agree	232	55.4	55.4	81.4
Strongly Agree	78	18.6	18.6	100.0

**Table Error! No text of specified style in document..18. Student Participation in Scientific Conferences**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	49	11.7	11.7	11.7
Disagree	107	25.5	25.5	37.2
Agree	196	46.8	46.8	84.0
Strongly Agree	67	16.0	16.0	100.0
Total	419	100.0	100.0	

**Error! Reference source not found.** regarding the role of nurse educators/ instructors engage and supervise students in learning activities such as procedures shows a result of 1.7% strongly disagree, 11.7% disagree, 58.9% agree and 27.7% strongly agree. As in Table 4, the results regarding educator/instructor demonstrate the integration of theory into practice reveals that 2.1% strongly disagree, 7.2% disagree, 64.4% agree and 26.3% strongly agree. Finally, Table 4 reflects that nurse educators ensure the rotation of students into different departments. The result shows that 1% strongly disagree, 4.5% disagree, 50.6% agree and 43.9% strongly agree.

**Nursing Students Comments:** The students commented on the questionnaire expressing their concerns about the following:

- The duration of programs: the duration of courses crosses sometimes with their working hours as practical nurses in hospitals is inconvenient.
- The need to attend scientific and nursing conferences.

case of some educators. The need for more supervisors in clinical settings.

- There are deficiencies in resources in some universities.

## RESULTS OF THE EDUCATORS' QUESTIONNAIRE

Table 4- reveals that nurse educators demonstrate the possession of comprehension of educational theories. The results show that 0% of educators/instructors strongly disagree, 2.8% disagree, 40.4% agree and 56.9% strongly agree. Table 4, regarding the ability of the educators/instructors to identify the learning domains (cognitive, affective, and psychomotor) and their implementation in a clinical setting, reveals that 0% strongly disagree, 1.8% disagree, 37.6% agree, and 60.6% strongly agree. Table 4, shows that educators display and identify the importance and skills of curricula

development which includes educational theories and models. Indeed, 0% strongly disagree, 0.9% disagree, 45.9% agree, and 53.2% strongly agree. Table 4 related to the abilities of educators to design, implement, monitor, and manage curricula parallel with modern educational models, principles, and evidence-based nursing practice

learning experiences, and utilization of outcomes to improve the performance of nursing students, results show that 0% of them strongly disagree, 0.9% disagree, 38.5% agree, and 60.6% strongly agree. In Table 4, results, regarding the question of educators integrating and enrolling nursing students with the utilization of data

56% strongly agree.

educators/instructors strongly disagree, 0% disagree, 37.6% agree and

**Table 4-19. Educator Theories and Principles**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	3	2.8	2.8	2.8
Agree	44	40.4	44	43.1
Strongly Agree	62	56.9	56.9	100.0
Total	109	100.0	100.0	

**Table 4-20. Educator's Perception of Domains of Learning (Cognitive, Psychomotor).**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	2	1.8	1.8	1.8
Agree	1	37.6	37.6	39.4
Strongly Agree	6	60.6	60.6	100.0
Total	109	100.0	100.0	

**Table 4-21. Educators Display and Identify the Importance and Skills of Curricula Development**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	1	.9	.9	.9
Agree	50	45.9	45.9	46.8
Strongly Agree	58	53.2	53.2	100.0
Total	109	100.0	100.0	

**Table 4-22. Educators' Role in Design, Implement, Monitor and Manage Curricula**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	2	1.8	1.8	1.8
Agree	46	42.2	42.2	44.0
Strongly Agree	61	56.0	56.0	100.0
Total	109	100.0	100.0	

**Table 4.23: Educator Harmonize Evidence-Based Learning and Practice**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	3	2.8	2.8	2.8
Agree	57	52.3	52.3	55.0
Strongly Agree	49	45.0	45.0	100.0
Total	109	100.0	100.0	

**Table 4.24. Educators Provide Optimal and Safe Environment**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	2	1.8	1.8	1.8
Agree	39	35.8	35.8	37.6
Strongly Agree	68	62.4	62.4	100.0
Total	109	100.0	100.0	

**Table 4. 25. Educator Role in Evaluation Mechanism**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	1	.9	.9	.9
Agree	42	38.5	38.5	39.4
Strongly Agree	66	60.6	60.6	100.0
Total	109	100.0	100.0	

Table 4 shows that educators/instructors harmonize evidence-based learning and practice and apply evidence-based knowledge to practice in a clinical setting. The results are 0% strongly disagree, 2.8% disagree, 52.3% agree, and 45% strongly agree. Table 4 related to the educator's role in providing and supporting a safe and optimal environment that is productive to theoretical courses and clinical practice experience shows that 0% of educators/instructors strongly disagree, 1.8% disagree, 35.8% agree, and 62.4% strongly agree. As for **Error! Reference source not found.** related to educators' ability to originate the usage of evaluation mechanisms for

Finally, Table 4, related to the role of the curriculum in preparing students for the working setting and responsibilities after graduation, reveals that 0% of educators/ instructors strongly disagree, 1.8% disagree, 36.7% agree, and 61.5% strongly agree. Table 4 is related to educators' ability to retain up-to-date and evidence-based nursing knowledge and experience in theory and practice. Results show that 0% of educators/instructors strongly disagree, 1.8% disagree, 33% agree, and 65.1% strongly agree. Table 4 shows that nursing educator organizes learning activities such as procedures to enhance nursing practice in clinical settings. Indeed,

0% of them strongly disagree, 2.8% disagree, 43.1% agree, and 54.1% strongly agree. Finally, Table 4 related to the role of nursing educators in adopting the integration of theory into practice shows that 0% of them strongly disagree, 3.7% disagree, 27.5% agree, and 68.8% strongly agree.

the lack of communication channels between nursing educators and clinical instructors should be improved.

- Lack of research tools in some places.

**Table 4.26. Educator Utilization of Technologies**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Agree	41	37.6	37.6	37.6
Strongly Agree	68	62.4	62.4	100.0
Total	109	100.0	100.0	

**Table 4. 27. Educator Role in Students' Adaptation to Working Setting**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	2	1.8	1.8	1.8
Agree	40	36.7	36.7	38.5
Strongly Agree	67	61.5	61.5	100.0
Total	109	100.0	100.0	

**Table 4. 28. Educator's Knowledge and Experience**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	2	1.8	1.8	1.8
Agree	36	33.0	33.0	34.9
Strongly Agree	71	65.1	65.1	100.0
Total	109	100.0	100.0	

**Table 4. 29. Educator Role in Students' Procedures practice**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	3	2.8	2.8	2.8
Agree	47	43.1	43.1	45.9
Strongly Agree	59	54.1	54.1	100.0
Total	109	100.0	100.0	

**Table 4.30. Educator's Role in Integration Theory-Practice**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	4	3.7	3.7	3.7
Agree	30	27.5	27.5	31.2
Strongly Agree	5	68.8	68.8	100.0
Total	109	100.0	100.0	

**Table 4. 13. Educator Scheduled Meetings**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Disagree	6	5.5	5.5	5.5
Agree	62	56.9	56.9	62.4
Strongly Agree	41	37.6	37.6	100.0
Total	109	100.0	100.0	

**Table 4. 14. Educator Research Role**

	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Strongly Disagree	1	.9	.9	.9
Disagree	7	6.4	6.4	7.3
Agree	51	46.8	46.8	54.1
Strongly Agree	50	45.9	45.9	100.0
Total	109	100.0	100.0	

Indeed, results show that 0% of educators/instructors strongly disagree, 5.5% disagree, 56.9% agree, and 37.6% strongly agree. According to Table 4, related to that nursing educator's ability to plan and organize research and utilization of resources to resolve conflicts in practice and theory (possible publications), 0.9% of educators/instructors strongly disagree, 6.4% disagree, 46.8% agree, and 45.9% strongly agree.

**Comments from Educators:** Educators explained some of their answers and highlighted their perception of different gaps including

- Deficiency of requirements in a clinical training setting and utilities in the classroom such as electricity.
- Lack of motivation and autonomy from the administrative personnel.
- Lack of cooperation on this level.
- The imbalanced effort and administrative concern.
- Lack of knowledge and update and continue education (PhD).
- Some educator was concerned by survey's standards or perception that is considered as robotic.

## Discussion

The target population was chosen upon various criteria including the educational experience acquired during three years. The questions

68059

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nursing theory and practice begins in the academic years for a nurse, the following results were collected and analyzed to understand the factors behind the gap between nursing theory and practice in Lebanon. Results show that the nursing educator reflected their perfect perception ignoring the fact that few of the gaps might not be directed to them personally but to the external or internal factors in the institution itself. The results show that 72.3% of students agree that they can learn nursing theories and principles. 68.3% of students agree on having the ability to use theories in training in a clinical setting. 66.8% of students agree on harmonizing evidence-based knowledge into practice, while 64.4% of them agree that theory is integrated into practice. Furthermore, the analysis shows that 71.6% of students agree while 6.7 % disagree about having the ability to understand the curriculum. Results show that 33.9% of students disagree while 49.2% agree that the time of the program is optimal. In addition, 39.9% of students strongly agree and 50.4% agree that nursing training is the essence of nursing education. Regarding the question of the theory is the essence of nursing education; it shows 26.3% strongly agree and 62.3% agree. Finally, results show that nurses influence the clinical experience in the student's perception by a level of 55.6% agree and 37.7% strongly agree. As for the nursing educators' questionnaire analysis, it shows that most answers were agreeing and strongly agreeing. The educators strongly agreed by 56% that they can design, implement, monitor, and manage curricula parallel to principles, models, and evidence-based nursing practice, while 1.8% disagreed on this issue. The result of the integration of theory and practice shows a strong agreement of 68.8% and 52.3% agreement on harmonizing evidence-based learning and practice and application to theoretical courses and clinical practice. The advantages of the results show the gaps in nursing education such as the difference in perception between the nursing students and nursing educators. Results highlighted the importance of explaining the importance of curriculum and its content, to compare between the outcome decided at the beginning of the program and the delivered outcomes at the end of the bachelor degree. The difference of culture was mentioned within different institutions as well as the level of awareness and responsibility. The importance of the research was to highlight the need for awareness. This research will help to reveal the need for a standardized process for upgrading the curriculum to resolve the gap between theory and practice. The main disadvantage of the study was the lack of participation from some universities reflected the need for a research culture in Lebanon regarding nursing. Results did not highlight any gap between nursing theory and practice as reflected in reality in nursing discipline in Lebanon. The participants show the usage of the neutral option on the scale to avoid answering the question and to express mid situation in a question that requires a clear answer.

## Conclusion

For a newly graduated nursing student, the act of providing care to patients is an important phase for junior nurses. Leaving the classroom and clinical training areas under the supervision of the instructors and educators is frightening (M. Madi, M. Clinton, M. Doumit, S. Ezzeddine, U. Rizk, 2018). Nurses are important members of the quality team and hospital performance (J Kohlbrenner, G Whitelaw, D Cannaday, 2011). The development of patient safety relies on the knowledge and training skills established by the nursing curriculum. The development of curriculum through strategies that enhance quality and patient safety to improve nurse competency is crucial (M. Vaismoradi, 2012). Many students explain that the theories and skills taught in the university are simple compared to the complex culture of the clinical setting. Hospitals have their policies such as documentation; the task of learning these policies is through practice (M. Mansour, 2013). The results show the agreement and strong agreement on fulfilling the standards, thus eliminating the theory-

practice gap. Therefore, the integration between theory and practice reflected by the questions related to curriculum, practice, and theory shows the absence of the gap in the participants' perception in Lebanon. The results show the lack of awareness in Lebanon toward

study show the gap in reflecting reality in Lebanon and nursing education. The perfect picture drawn by the participants through their agreement on many aspects does not reflect the reality in Lebanon. The lack of resources and the limitation of technology, the economic crisis and war are risk factors for affecting education in Lebanon specifically in this research nursing education.

## CONCLUSION AND FUTURE WORK

### CONCLUSION

The integration between nursing theory and practice has an impact on nursing performance in hospitals due to the complex environment and human factors involved. The gap should be addressed during learning in nursing schools. The resources and technologies are key factors in delivering knowledge in a classroom, such as a computer, video, and the clinical training setting, such as using simulation in clinical experience that could be through a mannequin or computerized simulation. The strategies of teaching affect the students through gaining knowledge and skills that use various types of strategies depending on the topic and the need to enrich the students' experience. The results of the survey show the lack of knowledge and awareness of the theory-practice gap among nursing students. The data reveals that integration between the curriculum, theory, and practice is high according to the answers of agree and strongly agree, thus reflecting no gap between theory and practice. This result shows the lack of awareness in Lebanon and the need to educate students about the curriculum and the integration of theory and practice. Finally, there are various conflicts in the nursing society in Lebanon and multiple working projects in progress. The need to spread awareness and research culture is crucial. The level of reality should be a priority in nursing education in Lebanon, and different approaches should be taken to prepare students to be nurses in the real world of nursing in the healthcare settings in Lebanon. The integration of theory and practice is a main strategy to enhance knowledge and skills and provide quality care.

### REFERENCES

- A M Koontz, J L Mallory, J A Burn, S Chapman. (2010). *Staff Nurses and Students: The Good, The Bad, and The Ugly*. *Med Surg Nursing*, 19(4), 240-246. doi:PMID: 20860251
- A. Aarabi, M. A. Cheraghi, S. Ghiyasvandian. (2015). *Modification of Nursing Education for Upgrading Nurses' Participation: A Thematic Analysis*. *Glob J Health Sci*, 7(4), 161-172. doi:10.5539/gjhs.v7n4p161
- A. Cashin, M. Heartfield, J. Bryce, L. Devey, T. Buckley, D. e Cox, E. Kerdo, J. Kelly, D. Thoms, M. Fisher. (2017). *Standards for practice for registered nurses in Australia*. *Elsevier*, 24(3), 255-266. doi:http://dx.doi.org/10.1016/j.colegn.2016.03.002
- A. Finkelman; C. Kenner. (2013). *The Profession of Nursing*. In A. Finkelman, & C. Kenner, *Professional Nursing Concepts, Second Edition*. US: Jones & Bartlett Learning.
- A. Lee, C. Steketee, G. Rogers & M. Moran. (2013). *Towards a theoretical framework for curriculum development in health professional education. Focus on Health Professional Education: A Multi-disciplinary Journal*, 14(3), 70-83.
- A. Saifan, H. Abu Safieh, R. Milbes, R. Shibly. (2015). *Suggestions to Close the Gap in Nursing Education: Nursing Students' Perspectives*. 5(10). doi:http://dx.doi.org/10.15520/ijnd.2015.vol5.iss10.65.05-12
- A. Saifan, M.E. AbuRuz, R. i Masa'deh. (2015). *Theory Practice Gaps in Nursing Education: A Qualitative Perspective*. 11(1), 20-29.

A.C ALL. ; I.L HUYCKE; MJ FISHER. (2003). *Instructional tools for nursing education: Concept Maps*.PubMed, 24(6), 7-311.

68060

**Farah Hussein Jabak, The gap between theory and practice in nursing education in Lebanon: A study of the Perception of Nursing Educators and Studnets**

- learning strategies in nursing. 69(6), 1163-7.
- A.-Marie Welman, C. Spies. (2016). *HIGH FIDELITY SIMULATION IN NURSING EDUCATION: CONSIDERATIONS FOR MEANINGFUL LEARNING*. 3(1).
- A.Rahim Hamdan, C.Li Kwan,A. Khan,Mohamed N. Abdul Ghafar,A.Johari Sihes. (2014). *Implementation of Problem Based Learning among Nursing Students. International Education Studies; , 7(7), 136-142.*
- A.Stavropoulou, M. Kelesi. (2012). *Concepts and methods of evaluation in nursing education – a methodological challenge*. 6(1), 11-20.
- Arif,S., Ali, A.,&Hussain, N. (2019-2020). *Nursing theories: Foundation for nursing profession. in i-manager's Journal on Nursing, 9(4), 40-45.* Retrieved from [https://www.researchgate.net/publication/343628232\\_Nursing\\_theories\\_Foundation\\_for\\_nursing\\_profession](https://www.researchgate.net/publication/343628232_Nursing_theories_Foundation_for_nursing_profession)
- B J. Daley,S B. Beman ,S. Morgan,L. Kennedy,M. Sheriff . (2017). *Concept Maps: A Tool to Prepare for High Fidelity Simulation in Nursing*.17(4), 17-30.
- B. J. Daley,S. Black Beman,S. Morgan,L. Kennedy,M. Sheriff. (2017). *Concept Maps: A Tool to Prepare for High Fidelity Simulation in Nursing*.17(4), 17-30.
- B. Kaissi, S.Abou Chahine,A. Jammal,P. Khoury,A.Moscardin. (2009). *Towards a New Higher Education Quality Assurance System for Lebanon. Lebanon: INQAAHE Conference.*
- B. M. Nagle, ; J. M. McHale, ; G. A. Alexander; B.M. French. (2009). *Incorporating Scenario-Based Simulation Into a Hospital Nursing Education Program*.*The Journal of Continuing Education in Nursing, 40(1), 18-25.*
- B.-Maj Wikström,G. Svidén. (2011). *Exploring communication skills training in undergraduate nurse education by means of a curriculum*.1(ε7).
- B.Merrill, E. (2015). *Integrating Technology into Nursing Education*. 26(4).
- BM. Wikström , G. Svidén . (2011). *Exploring communication skills training in undergraduate nurse education by means of a curriculum*. 1(7).
- C. Budgen,L. Garmoth. (2008). *An overview of practice education models*.*Nurse education Today, 28(3), 273-83.* doi:10.1016/j.nedt.2007.05.005
- C. Deasy, O. Doody , D. Tuohy. (2011). *An exploratory study of role transition from student to registered nurse (general, mental health and intellectual disability) in Ireland*.*Nurse Education in Practice, 11(2), 109-113.* doi:10.1016/j.nepr.2010.11.006
- C. Larue,J. Pepin, É. Allard. (215). *Simulation in preparation or substitution for clinical placement: A systematic review of the literature*. *Journal of Nursing Education and Practice, 5(9), 133-140.*
- C. Ward-Griffin ,B. Brown . (1992). *Evaluation of teaching: a review of the literature*.17(12), 1408-14.
- CA Estabrooks , L Wallin , M Milner . (2003). *Measuring knowledge utilization in health care*.1(3), 3–36.
- Chabeli, M. M. (2010). *Concept-mapping as a teaching method to facilitate critical thinking in nursing education: A review of the literature*.15(1), 432.
- Collier, A. (2017). *Characteristics of an effective nursing clinical instructor:The state of the science*. 27(1-2), 363–374.
- CONCEPTUAL & PHILOSOPHICAL. (2006). In I. K. H. Suzie Kim, *Nursing Theories*. New York: Springer Publishing Company.
- Corlett, J. (2000). *The perceptions of nurse teachers, student nurses and preceptors of the theory-practice gap in nurse education*. 20(6).
- Countries, O. (2016). *Health Workforce Policies in OECD Countries :Trends in Nursing Education in France . OECD\_Social .*
- D. Sally Thoun,C. Tschanz,V. G. Olynyk,K. Schick-Makaroff. (2004). *Nursing: Whose Discipline is it Anyway? Nursing Science*
- DS Chan,WY Ip . (2007). *Perception of hospital learning environment: a survey of Hong Kong nursing students*. 27(7), 677-8.
- Expertise in Nursing Practice Caring, Clinical Judgment & Ethics. (2009). In C. A. Patricia Benner, Expertise in Nursing Practice Caring, Clinical Judgment & Ethics (pp. 1-47). Newyork: springer publishing company.*
- F A-Mrad , L Tarabey. (2012). *Cultural Diversity and Quality Care in Lebanon*.3(3).
- F El-Jardali, N. Dumit, D. Jamal, G.Mouro. (2008). *Migration of Lebanese nurses: A questionnaire survey and secondary data analysis*. *Elsevier Ltd., 45(10), 1490-1500.*
- F. El-Jardali, R. Hammoud, L. Younan, H. S. Nuwayhid, N. Abdallah, M. Alameddine. (2014). *The making of nursing practice Law in Lebanon: a policy analysis case study. pubmed, 52(12), 5.* doi: 10.1186/1478-4505-12-52
- F. Ghadirian, M. Salsali, M. Ali Cheraghi. (2014). *Nursing professionalism: An evolutionary concept analysis. Iran J Nurs Midwifery Res., 19(1), 1-10.* doi:PMC3917177
- F.Aliakbari, N.Parvin, M. Heidari, F. Haghani. (2015). *Learning theories application in nursing education. J Educ Health Promot, 4(2).* doi:10.4103/2277-9531.151867
- F.-qinWu,Y.-L Wang,Y.Wu, M.Guo. (2014). *Application of nursing core competency standard education in the training of nursing undergraduates*. 1(4), 367-370.
- Foundations for Practice Excellence. (2008). In R. A.-P. B. Ann Moyer, Nursing Education (pp. 6-11). Philadelphia: F.A.Davis Compnay.*
- From novice to expert. (1982). In P. Benner, Novice to Expert (Vol. 82, pp. 402-407). USA: The American Journal of Nursing.*
- G.Hardavella, A.A-Gaagnat, N Saad,I Rousalova, K B. Sreter. (2017). *How to give and receive feedback effectively*.13(4), 327–333.
- G.Tanriverdi,N. Ozyazicioglu,S. Atay, SK. Sivrikaya,Melike Y. Gursoy,A. Cetin. (2017). *The Recommended Solutions of Nursing Students to Bridge the Gap between the School and Practice Areas. International Journal of Caring Sciences , 10(1), 199-208.*
- Gien, L. (1991). *Evaluation of Faculty Teaching Effectiveness - Toward Accountability in Education*. 30(2), 92-94.
- Gordon, S. C. (2001). *Virginia Avenel Henderson. In M. E. Parker, Nursing Theories and Nursing Practice. Florida: F.A. Davis Company.*
- H. A-Saad Huijer,S. Noureddine,N. Dumi. (2005). *Nursing in Lebanon*. 18(1), 63-64.
- H.B. Yuan. ; BA.Williams & J.B. Fang. (2012). *The contribution of high-fidelity simulation to nursing students' confidence and competence:a systematic review*.*International Nursing Review, 59(1), 26–33.*
- Henderson, V. (1978). *The concept of nursing*. 3, 113–130.
- Historical and Contemporary. (2022). In S. J. Audrey Berman, Kozier & Erb's Fundamentals of Nursing Concepts,Process, and Practice (pp. 40-45). United Kingdom: Pearson Education Limited. doi: ISBN 13: 978-1-292-35980-9*
- H-L Melender,E Jonsen,YE. Hiilli. (2014). *Quality of clinical education – A three-year follow-up among undergraduate nursing students in Finland and Sweden*.Pubmed, 15(4), 305-319. doi:10.1016/j.nepr.2013.01.003
- Hörner, W. (2005). *The education systems of Europe: France*. 13, 1-15 .
- J E Squires, C A Estabrooks,P Gustavsson,L Wallin. (2011). *Individual determinants of research utilization bynurses: a systematic review update*. 6(1).
- J Kohlbrenner ,G Whitelaw ,D Cannaday . (2011). *Nurses critical to quality, safety, and now financial performance*. 41(3), 122-8.
- J. A. Hartigan-Rogers, S. L. Cobbett, M. A. Amirault. (2007). *Nursing graduates' perceptions of their undergraduate clinical placement. International Journal of, 4(9).*

J. Maria Diasa, Z. Kurjia. (2011). *Evaluation of teaching and learning course in the nursing baccalaureate curriculum in one University Teaching Hospital in Karachi, Pakistan*. 15, 2963–2966.

J. Puppe, A R Neal. (2014). *Enhancing communication in clinical*

*Theory and Practice*. 21(2), 258-265 .

J.Dias. (2013). The future of nursing education. *Med Educ J*, 4(1), e113–e114.

J.-huiXu. (2016). Toolbox of teaching strategies in nurse education. *Chinese Nursing Research*, 3(2), 54-57.

J.Walton ,E Chute ,L Ball . (2011). *Negotiating the role of the professional nurse: The pedagogy of simulation: a grounded theory study*.27(5):299-310, 27(5), 299-310. doi: 10.1016/j.profnurs.2011.04.005.

JD, H. (2003). *Gadow's relational narrative: an elaboration*. 4(2).

Jiang, X. (2024). Nursing leadership: Key element of professional development. *ELSEVIER*, 11(1-2). doi:https://doi.org/10.1016/j.ijnss.2023.12.015

Jingna, D. (2012). *Application of Humanism Theory in the Teaching Approach*. *Higher Education of Social Science*, 3(1), 32-36.

K. Anne L.Wawire., S. S.Rogers, O. O. Claudio, K. Dickson Mwiti, N. Michael Ndung'u, M.Jeniffer Katindi, M.i Emmah Njeri. (2014). Challenges Experienced By Undergraduate Nursing Students during Their Clinical Rotations. 1(1), 26-37.

K. B. GABERSO, M. H. OERMANN, T. SHELLNBARGER. (2015). Clinical Teaching Strategies in Nursing. In M. H. K. B. GABERSO, *Clinical Teaching Strategies in Nursing* (Vol. 4, pp. 3-395). New York: Springer Publishing.

K. Mohammad, S. Najafi Sarem ,H. Hamidi. (2013). Humanistic Education: Concerns, Implications and Application. 41(1), 45-51.

K.E Ferguson, AM Jinks . (1994). Integrating what is taught with what is practised in the nursing curriculum: a multi-dimensional model. 20(4), 687-95.

Keating, S. B. (2015). Curriculum Development and Evaluation in Nursing. In S. B. Keating, *Curriculum Development and Evaluation in Nursing* (pp. 1-49). New York: Springer.

Kh. Ajani, S. Moez. (2011). Gap between knowledge and practice in nursing. 15, 3927–3931.

Kim, H. S. (2010). The Nature of Theoretical Thinking in Nursing. In H. S. Kim, *The Nature of Theoretical Thinking in Nursing* (pp. 1-16). New York: Springer publishing company.

Kim, H. S. (2012). The Role of Theory in Clinical Nursing Practice. 26(2), 16-29.

L R. Johnson Lutjens, M L. Horan.. (1992). Nursing theory in nursing education: An educational imperative. *PlumX Metrics*, 8(5), 276-281.

L Salminen, M Stolta, M Saarikoski, A Suikkalac, H Vaartiod, H Leino-Kilpi. (2009). Future challenges for nursing education - A European perspective. *PubMed*, 30(3), 8-233.

M P. Clynes, S. E.C. Raftery. (2008). Feedback: An essential element of student learning in clinical practice. 8(6), 405–411.

M. Alameddine, N. Chamoun, R. Btaich, M Alameddine, N Chamoun, R Btaiche, N. El Arnaout, N. Richa, H. Samaha-Nuwayhid. (2017). The workforce trends of nurses in Lebanon (2009–2014): A registration database analysis. 12(8).

M. D. McHugh, E. T. Lake. (2010, August). Understanding Clinical Expertise: Nurse Education, Experience, and the Hospital Context. *PMC*, 33(4), 276–287. doi:10.1002/nur.20388

M. M.Braungart, R. G.Braungart. (2007). Applying Learning Theories to Healthcare Practice. In R. G. M. M.Braungart, *learning theories* (pp. 51-89). Jones & Bartlett LLC.

M. Madi, M. Clinton, M. Doumit, S. Ezzeddine, U. Rizk. (2018). Transitioning to nursing practice in Lebanon: Challenges in professional, occupational and cultural identity formation. 8(6).

M. McEwen, E. M. Wills. (2014). *THEORETICAL BASIS for Nursing*. Philadelphia: Wolters Kluwer Health | Lippincott Williams & Wilkins.

M. Sheila D'Souza, S. Nairy Karkada, K.r Parahoo, R. Venkatesaperumal. (2015). Perception of and satisfaction with the

clinical learning environment among nursing students. 35(6), 833-840.

M. Toufic EL Hussein, J. Osuji. (2017). Bridging the theory-practice dichotomy in nursing: The role of nurse educator. 7(3).

Thinking. *OJIN*, 18(3). doi:10.3912/OJIN.Vol18No03Man01

M.Fukada. (2018). Nursing Competency: Definition, Structure and Development. *PMC*, 61(1), 1-7. doi:PMC5871720

M.Garrett , L.Schoener ,L. Hood. (1996). Debate: A teaching strategy to improve verbal communication and critical-thinking skills. *PubMed*, 21(4), 37-40.

M.Luisa Rega, F. Telaretti, R. Alvaro, M.Kangasniemi. (2017). Philosophical and theoretical content of the nursing discipline in academic education: A critical interpretive synthesis. 57, 74–81.

M.Mansour. (2013). Examining patient safety education in pre-registration nursing curriculum: Qualitative study. 3(12).

M.Schlotfeldt, R. (1988). Structuring Nursing knowledge :A priority of creating nurse's future. 1(1), 8-35. doi:10.1177/089431848800100109

M.Vaismoradi. (2012). Nursing education curriculum for improving patient safety. 2(1).

Maich, N. M. (2016). The effect of nursing staff on student learning in the clinical setting. 30(40), 40-47.

MC.shaw. (1993). The discipline of nursing: historical roots, current perspectives, future directions. *Journal of Advanced Nursing*, 18(10), 1651-1656.

McCracken, G. (1986). Culture and Consumption: A Theoretical Account of the Structure and Movement of the Cultural Meaning of Consumer Good. 13(1), 71-84.

ME. Parks, LT.r Longworth & I. Espadas. (2016). Harmonising Nursing Education: Theory and Practice. 59(3-4), 76-97 .

Meleis, A. (2012). Theory: Metaphors, Symbols, Definitions. In A. Meleis, *Theoretical Nursing Developments and Progress* (pp. 23-29). Philadelphia: Lippincott Williams & Wilkins.

Ministry of Education & Higher Education, Tempus, Lebanese Quality Assurance Authority. (2010). *The Lebanese Higher Education System*. Lebanon: TLQAA.

Mneymneh, T. M. (2011). *Governance of Education :Higher Education*. Lebanon: The Ministry of Education and Higher Education.

MR. Heidari, R. Norouzadeh. (2015). Nursing students' perspectives on clinical education. *J Adv Med Educ Prof*, 3(1), 39–43.

N. R.Sharghi, A. Alami, S. Khosravan, M. R.Mansoorian, A.Ekrami. (2015). Academic training and clinical placement problems to achieve nursing competency. 3(1), 15-20. doi: PMC4291503

N.Jamshidi, Z. Molazem, F. Sharif, C.Torabizadeh, M.Najafi Kalyani. (2016). The Challenges of Nursing Students in the Clinical Learning Environment: A Qualitative Study. *The Scientific World Journal*, 1-7. doi:10.1155/2016/1846178

Nery, E. A. (2011). Nursing art and science of care. 15(4), 1414-8145.

Nursing Education : Past , Present and Future. (2009). In M.scheckel, *Issues and Trends in Nursing. Essential knowledge for Today and Tomorrow* (pp. 1-55). Burlington: Jones & Bartlett.

Nursing Theories and Nursing Practice. (2001). In M. E. Parker, *Nursing Theories and Nursing Practice*. Florida: F.A. Davis Company.

Nursing, A. A. (2008). *The Essential of Baccalaureate Education for Professional Nursing Practice*. Washington: American Association of Colleges of Nursing.

Nursing, A. C. (2017). *Accreditation Manual :Standards and Criteria* . Atlanta: Accreditation Commission for Education in Nursing.

O. Doody, C. Deasy, D. Tuohy. (2012). Final-year student nurses' perceptions of role transition. 21(11).

O. Petit dit Dariel, M. Waelli, T C. Ricketts. (2014). France's transition to academic nursing: the theory–practice gap . 4(10).

Oermann, M. (2015). Technology and Teaching Innovations in Nursing Education: Engaging the Student. 40(2), 55-56.

Offorma, G. C. (2016). Integrating components of culture in curriculum planning. 8(1).

(2016). *Order of Nurses in Lebanon. Regulation of the Nursing Profession 2016*. Lebanon: Order of Nurses.

Organization, W. H. (2015). *Organization WH. World health statistics 2015*. World Health Organization.

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**Farah Hussein Jabak, The gap between theory and practice in nursing education in Lebanon: A study of the Perception of Nursing Educators and Studnets**

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- assessment of nursing graduates of Jordanian universities. *Nurs Health Sci.*, 12(2), 54-147. doi:10.1111/j.1442-2018.2009.00507.x
- R. Shanthi,G. Angeline. (2015). Curriculum Development in Nursing Education. Where is The Pathway? *Journal of Nursing and Health Science*, 4(5), 76-81. doi:DOI: 10.9790/1959-04537681
- R. Shearer,R. Davidhizar. (2003). Using role play to develop cultural competence. *PubMed*, 42(6), 273-6.
- S. Johnsto; A. Fox; F.Maree Coyer,. (2018, june). Factors Influencing Clinical Performance of Baccalaureate Nursing Majors: A Retrospective Audit. *Journal of Nursing Education*, 57(6), 333-338. doi:https://doi.org/10.3928/01484834-20180522-03
- S. Joolae, S. Roghayeh Jafarian Amiri, Mansoureh Ashghali Farahani, Shokoh Varaei. (2015). Iranian nursing students' preparedness for clinical training: a qualitative study. *Nurse Education Today*, 35(10), e13-e17. doi:10.1016/j.nedt.2015.07.026
- S. Kaneko, K. Momino . (2015). Stress Factors and Coping Behaviors in Nursing Students during Fundamental Clinical Training in Japan. 2(138).
- S. L. Van Sell. (2017). Interpreting Nursing Metatheory through Complexity Integration. 4(235).
- S.Baraz, R. Memarian, Z. Vanaki. (2015). Learning challenges of nursing students in clinical environments: A qualitative study in Iran. 4(52).
- S.i Kaneko,K. Momino. (2015). Stress Factors and Coping Behaviors in Nursing Students during. 2(183).
- Schunk, D. H. (2012). An Educational Perspective. In D. H. Schunk, *Learning Theories* (pp. 1-278). Carolina: Pearson.
- Scully, N. J. (2011). The theory-practice gap and skill acquisition:An issue for nursing education. 18(2), 93-98.
- SK.Donaldson , DM.Crowley. (1978). The discipline of nursing. *Nursing Outlook*. 26(2), 113-120.
- T. Shellenbarger, M.Robb . (2015). Technology-based strategies for promoting clinical reasoning skills in nursing education. 40(2).
- Tayray, J. (2009). Art, science, or both? Keeping the care in nursing. 44(4), 415-21.
- V. John-steiner , H. Mahn. (1996). Sociocultural approaches to learning and development: A Vygotskian framework. *Educational Psychologist*, 31(3-4), 191-206.
- V. Renjith,G.Renu ,A. George. (2015). Trends in Nursing Education. 5(8), 496-498.
- V.Pitt , D.Powis ,T. Levett-Jones ,S. Hunter. (2012). Factors influencing nursing students' academic and clinical performance and attrition: an integrative literature review. *PubMed*, 32(8), 13-903. doi:10.1016/j.nedt.2012.04.011
- Vaismoradi, M. (2012). Nursing education curriculum for improving. *Journal of Nursing Education and Practice*, 2(1). doi:10.5430/jnep.v2n1p101
- Vonèche, J. (2001). Piaget's Theory of Human Development and Education. *International Encyclopedia of the Social & Behavioral Sciences*, 18(2), 11437-11440.
- WHO. (2016). *Nurse educator core competencies*. Geneva : WHO Library Cataloguing-in-Publication Data.
- Y. Ahtisham, S. Jacoline, . (2015). Integrating Nursing Theory and Process into Practice; Virginia's Henderson Need Theory. 8(2).
- Y. ten Hoeve, M.Gerard Jansen ,P. Roodbol. (2013). The nursing profession: public image, self-concept and professionalidentity. 70(2).
- Y.Gao, P-PingZhang, S-Fang Wen, Y.GuangChen. (2017). Challenge, opportunity and development: Influencing factors and tendencies of curriculum innovation on undergraduate nursing education in the mainland of China. 4(3), 113-116.

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