

Nursing Practice

Comment



Hazel Chapman

‘Nurses should understand practice in relation to theory’

We all know what it's like to move to a new job, and some of us have experienced working outside of the NHS or even in different countries. Wherever we go, we have to adapt to new systems and ways of working, as well as learn new skills.

Nonetheless, we are secure in knowing the fundamental purpose of our practice and in being able to access a theory and evidence base to support our interventions and decisions. Or are we?

It is interesting to consider our journey since six meanings for the phrase ‘theory-practice gap’ were identified by Eraut, Alderton, Boylan and Wraight in 1995. The first meaning is to see it as the difference between idealised practice and common practice. Second, it may be the difference between taught general principles and the difficulty in interpreting them for application to a specific situation.

Third, it may be the gap between taught abstract nursing theory and its use in practice. Fourth, it can be the gap between scientific knowledge and theory used as common practice: “Sceptical practitioners tend to define as ‘theory’ any knowledge they regard as irrelevant, and to regard knowledge they use as part of ‘common practice’”.

The fifth meaning is as the gap between our individual mental representations of nursing and the published theories of nursing. Finally, there is a gap between the theories practitioners claim underlie their practice, and the implicit theories embedded within their practice of which they may not be aware.

I am much less likely, nowadays, to hear nurses or student nurses claim that theory is not important, but they are often less confident of their knowledge and understanding related to theory. Perhaps this is

natural in a profession where the fundamental requirement is to care about our fellow human beings and to want to help them. The nursing profession does not have the status or mystique associated with the law, medicine or other professions – everyone has an opinion on how nurses should perform.

Our theory and evidence base is large because our role is large. In the words of Virginia Henderson: “The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible”.

Our role ranges from managing intravenous therapies to psychological care, nutritional support to thermoplastic bracing of fractures, and any number of interventions, decisions and assessments made throughout our practice. So while our function is unique, our practice, and its matching knowledge base is broad.

Our theory comes from ethics, psychology, sociology, anatomy, physiology, pathophysiology, pharmacology, mechanics and information technology, among others, because our profession is not a pure academic discipline, but rather a complex set of activities using a wide range of skills and knowledge. Nurses should not expect to know everything, but by seeking to understand their practice in relation to theory, they will develop their skills and knowledge throughout their career. **NT**

● Turn to page 59 for the first in our series on nursing theories.

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CPD activities



Journal club

Good mouth care is important for health and wellbeing but is often neglected. The Mouth Care Matters initiative tries to set this right, p18



Self-assessment

What is stroke? How does it happen? Why is it crucial to diagnose it so quickly? What are the risk factors? Test your knowledge, p46

Archive pick



Nurses are key to reducing antibiotic resistance

Last month we woke up to the news that a world without antibiotics could be a reality in 20 years' time. The chief medical officer for England, Dame Sally Davies, gave a stark warning that, in the future, even minor surgery could lead to life-threatening infection unless health professionals take action to prescribe fewer antibiotics.

Tackling antibiotic resistance requires the combined effort of all. One of the roles of nurses is to break the chain of infection so there is no need for antibiotics in the first place. An article in our archive describes that chain and stresses how important infection prevention is in the fight against antibiotic resistance. Nurses and midwives are in contact with people all the time and every point of contact is an opportunity to prevent infection (Bit.ly/NTChainInfection).

Nurses also have a role in challenging inappropriate antibiotic prescribing and educating the public about antibiotic use. That role is explored in an article outlining how nurses contribute to antimicrobial stewardship and help tackle the growing problem of resistance (Bit.ly/NTAMRNurseRole).

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