Texila International Journal | Open Access | Peer Reviewed

Journal: Texila International Journal of Academic Research
https://doi.org/10.21522/TIJAR.2014.13.03.Art001

ISSN: 2520-3088
Volume 13 Issue 3, 2026

Exploring the Theory-Practice Gap in Nursing Education among Nursing Students in Zambia: A Mixed Study Method

Sarah Banda A[1*], Lonia Mwape B[2], Catherine Mubita Ngoma C[2]

[1]*School of Nursing, Levy Mwanawasa Medical University, Lusaka, Zambia*
[2]*School of Nursing, University of Zambia, Lusaka, Zambia*

***Correspondence to be addressed:** E-mail - sarahpums@yahool.com

Cite this article as : Banda S, Mwape L, Ngoma C. M. Exploring the Theory–Practice Gap in Nursing Education Among Nursing Students in Zambia : A Mixed Study Method. Texila Int J Acad Res. 2026;13(3). **https://doi.org/10.21522/TIJAR.2014.13.03.Art001**

Received: 11.12.2025
Accepted: 26.01.2026
Published: 31.07.2026

Abstract *Nursing is both a science and an art, grounded in theory and centred on practical skills. Training in nursing education aims to build students' cognitive and psychomotor abilities so they acquire strong theoretical knowledge and practical competence. The goal is to prepare competent nurses who can deliver safe, and high-quality care to individuals, families, and communities. Nursing education also promotes continuous learning, encouraging students to remain curious and adaptable in response to evolving trends in healthcare. Clinical exposure plays a crucial role in helping students adjust to the norms and culture of the profession. Learning in real clinical environments enables students to develop essential competencies for effective patient care. This study explored the theory-practice gap in nursing education among nursing students in Zambia. An exploratory sequential mixed-methods design was used, starting with qualitative focus group discussions to capture students' experiences and perceptions of mismatches between classroom teaching and clinical practice. Insights from this phase guided the development of a structured questionnaire for the quantitative phase. Findings revealed a persistent theory-practice gap influenced by inadequate clinical supervision, limited resources, and inconsistencies in clinical procedures across facilities. Logistic regression analysis showed that students' training level, clinical exposure, and access to mentorship significantly shaped their perceptions of the gap. The study underscores the importance of aligning theoretical instruction with clinical practice through stronger supervision, availability of clinical materials, and improved collaboration between training schools and clinical sites. Bridging these gaps can enhance student competence and contribute to quality nursing care in Zambia.*

Keywords *Exploratory Sequential Design, Knowledge, Mixed Methods, Nursing Education, Nursing Students, Perception, Theory-Practice Gap, Zambia.*

This article is published under Creative Commons Attribution License (CC BY 4.0)

https://doi.org/10.21522/TIJAR.2014.13.03.Art001

Introduction

Nursing is a scientific profession that is based on theory and the art of care. The training of nursing students focuses mainly on developing the cognitive and psychomotor domains of the students in order for them to gain theoretical knowledge and obtain practical experience. The purpose is to produce competent nurses with knowledge, skills and the right attitude which would lead to delivery of safe and quality health care to individuals, families and communities of the world. It encompasses training and preparation of nurses to meet diverse needs of patients. The training also encourages the nurse to remain inquisitive for continuous learning and upgradation in order to keep up with the ever-changing trends in nursing education and practice.

Nursing students are also prepared to be responsible for their care related actions and trained to function as leaders. Apart from learning the skills, students are able to experience the real world of nursing and develop interpersonal relationships with others in the clinical environment. Exposure of students to clinical practice sensitizes them to adapt to the norms and the culture of the nursing profession. Learning in the clinical field is an essential aspect of the nursing course. Exposure to the clinical setting helps the nursing students to gain competency in order to provide safe and effective care to clients. To be trained as a professional nurse is an uphill task which requires concerted efforts of the faculty members, clinical teachers and nurses in the service area to contribute towards impartation of knowledge and developing clinical skills of the students.

In an academic system, each and every profession has curricula that consist of different parts. Equally, the nursing profession has a curriculum with different parts of training. As observed by [23], the nursing curriculum is composed of two main parts: the theoretical part which reflects the knowledge that is conveyed in the classroom and the practical part which focuses on acquiring skills in the clinical setting. These two parts of the nursing training, prepares nursing students to be able of “doing” as well as “knowing” the clinical principles in practice [25] and also stimulating students to use their critical thinking skills for problem-solving [8]. Nursing students cannot but undergo a thorough immersion and scrutiny from these two aspects of study before they graduate. In view of this, [7, 19, 23] hold that the theoretical aspect of the nursing curriculum provides the basis for understanding the reality of nursing, that is, the theoretical basis for all procedures, diseases, interpersonal skills and all the requirements to be a nurse [12]. Whereas the practical part provides nursing students with a mechanism to extend classroom learning into the nursing practice environments [16] and promotes “hands-on” experience.

As reported by [24], matching textbook descriptions of clinical situations with the reality of practice is an ongoing problem faced by members of the nursing profession and is commonly referred to as a “theory-practice gap”. Ref. [24] also identified that the ubiquitous gap often encountered at various times and at different institutions is a common challenge for students who find themselves in the midst of the theory-practice void. However, the perception of students’ coherence between theory and practice during the initial phase of nurse education is directly influenced by reflective skills and theoretical knowledge [10]. Nevertheless, practical skills have a fully mediated and theoretical knowledge influence on students’ perception and reflective coherence. Thus, the teaching-learning process of nursing should be seen as a theory that is informing, and practice should give way to a mutually enhancing model in which theory is derived from practice, and in turn influence future practice [22]. These two parts if well harmonised in the nursing curriculum, will help in shaping nurses for competency and professional development [5].

According to [23], there is a gap between the theory and practice components of nursing education [1, 6, 12, 16]. The theory-practice gap in nursing education is a significant issue that affects the preparedness and competence of nursing graduates globally. This is the disconnect between the theoretical knowledge gained in the classroom and the practical skills required in clinical settings. Addressing this gap is essential for ensuring high quality patient care and effective healthcare delivery [4]. Some of the reasons for the gaps are inappropriate teaching techniques such as the use of abstract ideas to explain some clinical procedures [6]; the use of subjective terms in defining nursing terms and theories thereby giving different meanings to these terms [26]; difficulties students face in harmonising what they have learnt in the classroom with the realities they face in the clinical setting; uncooperative attitudes of the nurses in the service area; replacement of vocational training with academic education [9, 16] and the complexity and continuous change in the clinical environment [19].

Therefore, in order to bridge these gaps, several authors are of the opinion that effective theoretical education in the academic context by itself can be of little use when the student encounters the complexities of the clinical situation [15, 19]. Solutions to the theory-practice gap have been proposed as including; improvement in the clarity of teaching concepts [23], shorter time from out-of-clinical environment and equipping nursing students with more clinical skills than theory [12]. The theory-practice gap in nurse education is a global concern, however, the research on this subject has been derived mostly from the developed countries and Sub-Saharan Africa in particular, including Zambia where the issue has been under-researched.

The nursing education system in Zambia has seen improvements over the years and yet the theory-practice gap remains a persistent challenge. According to [2], Zambian nursing students often experience a significant mismatch between classroom learning and clinical practice. Inadequate clinical supervision, limited resources and high student-to-instructor ratios have been cited as some of the factors contributing to this gap. In addition, the healthcare system in Zambia which is often under-resourced and overstretched, further complicates the practical training of nursing students [13].

The theory-practice gap may not only be peculiar to Zambia, but is a common issue across many African countries [14]. In South Africa holds that outdated curricula and a shortage of clinical instructors contribute to the gap between theory and practice. The rapid evolution of healthcare demands as well as technological advancements outpace the educational reforms needed to address these challenges.

Internationally, the theory-practice gap is recognized as a critical issue in nurse education. Developed countries such as the United States and the United Kingdom have implemented various strategies to address this gap, including; simulation-based training, integrated clinical experiences and competency-based education [4]. Despite these efforts, challenges persist in ensuring consistent and effective clinical education. In developing countries, the situation is exacerbated by resource constraints and systemic issues within healthcare and educational institutions [27]. This study therefore, aimed to explore the gaps between theory and practice in nursing education within the Zambian context.

Materials and Methods

Study Design

This was a mixed methods study design. The study used the exploratory sequential mixed methods design. This is a mixed methods study design, where the quantitative phase of data collection and analysis followed the qualitative phase of data collection and analysis. The qualitative data was collected first followed by

the quantitative data. Findings from the qualitative data facilitated the development of questionnaires that were used in the collection of data for the quantitative study.

Study Setting

The study was conducted at Lusaka College of Nursing and Midwifery. The college is located within the University Teaching Hospitals (UTH) premises, on Nationalist Road, between Independence Avenue and Burma Road, in Ridgeway area, of Lusaka. The college is approximately 4 kilometers east of the Lusaka Central Business District (CBD), with Woodlands and Kabwata as nearby suburbs. The college runs 13 programs, including diploma and advanced diploma in nursing where the sample was drawn. The choice of the research setting was due to its unique demographic composition and relevance to the research objectives, ideal environment to explore the theory-practice gap in nurse education and was also suitable for gathering in-depth and reliable data. The population for the research setting was adequate to meet the diverse range of needed elements such as students, faculty as well as clinical staff.

Study Population

The study population comprised of nursing students at Lusaka College of Nursing and Midwifery. The target population comprised of third- and fourth-year nursing students.

Sample Size and Sampling

The study used convenience sampling for qualitative data. Convenience sampling is a non-probability sampling method where data is collected from an easily accessible and available group. Convenience sampling was preferred above other methods due to its cost effectiveness and time constraint. For quantitative data probability systematic sampling method was used to collect the data Probability systematic sampling method was preferred for quantitative data from other methods because it is simple and easy to implement, samples are evenly distributed and there is less opportunity for manipulated data. A total of 150 students were selected using probability systematic sampling for quantitative research, while convenient sampling was used for qualitative research to recruit participants from the nursing college, comprising senior nursing students, third- and fourth-year students. A sample size of twelve participants was used for qualitative data for one focus group discussion.

Data Collection Instrument

Structured interviews were used in this study to collect the quantitative data because they are more objective and accurate and therefore, helped to promote standardization and minimized error due to variation in the questions asked. A structured self-administered questionnaire consisting of three sections: Demographics, Knowledge of theory-practice gap and Perceptions of the theory-practice gap, was used. Knowledge was measured using 10 items scored on a scale of 0–10. Perception was measured using a 5-point Likert scale.

Data Analysis

Quantitative analysis for this study was carried out using Statistical Package for the Social Sciences (SPSS) version 27 and logistic regression was used to identify predictors of perception. Whereas, ATLAS.ti was used to analyze qualitative data.

Results

Demographic Characteristics

Table 1 presents participants' demographics. Most students were aged 18–24 years (63.3%), predominantly female (92%), and married (84%). Diploma students constituted 62.7%, while 54.7% were in their third year of study.

https://doi.org/10.21522/TIJAR.2014.13.03.Art001

Table 1. Demographics (n = 150)

	n	Percent
Age		
18–24	95	63.3
25–34	47	31.3
35–44	7	4.7
≥45	1	.7
Gender		
Male	12	8.0
Female	138	92.0
Marital status		
Single	24	16.0
Married	126	84.0
Educational pursuit		
Diploma	94	62.7
Advanced Diploma	56	37.3
Year of study		
Third	82	54.7
Fourth	68	45.3

Knowledge on Theory–Practice Gap

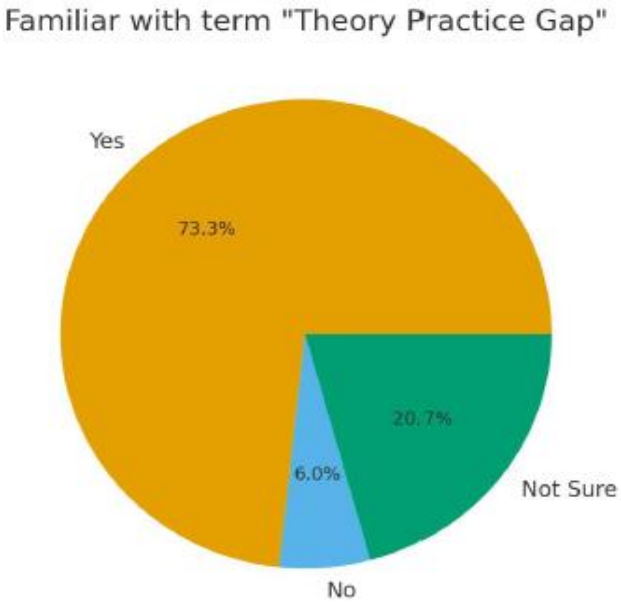

Figure 1. Knowledge Levels on Theory–Practice Gap (n = 150)

Figure 1 Illustrates students' knowledge levels. The majority (73.3%) had adequate knowledge, 6% lacked knowledge, and 20.7% were unsure.

https://doi.org/10.21522/TIJAR.2014.13.03.Art001

Table 2. Knowledge of Main Contributors to Theory–Practice Gap (n = 150)

	Responses		Percent of Cases
	n	Percent	
Limited clinical placement opportunities	76	25.3%	69.1%
Insufficient clinical supervision	44	14.7%	40.0%
Inadequate teaching resources	45	15.0%	40.9%
Outdated curriculum	72	24.0%	65.5%
Large student-to-instructor ratio	63	21.0%	57.3%
Total	300	100.0%	272.7%

Table 2 shows the main contributors to the gap. Limited clinical placement opportunities (69.1%), outdated curriculum (65.5%), and large student-to-instructor ratios (57.3%) were the most frequently reported.

Perception of Theory-Practice Gap

Tables 3 and 4 summarize perception across demographics and other factors. Positive perception was more common among third-year and diploma students, while negative perception was more frequent among fourth-year and advanced diploma students.

Table 3. Demographics by Perception of Theory–Practice Gap

	Perception				Statistics
	Positive		Negative		
	N	%	n	%	P
Age					0.463
18–24	50	66.7%	45	60.0%	
25–34	23	30.7%	24	32.0%	
35–44	2	2.7%	5	6.7%	
>=45	0	0.0%	1	1.3%	
Gender					0.367
Male	8	10.7%	4	5.3%	
Female	67	89.3%	71	94.7%	
Marital status					0.824
Single	13	17.3%	11	14.7%	
Married	62	82.7%	64	85.3%	
Educational pursuit					0.004
Diploma	56	74.7%	38	50.7%	
Advanced Diploma	19	25.3%	37	49.3%	
Year of study					<0.001
Third	53	70.7%	29	38.7%	
Fourth	22	29.3%	46	61.3%	

Table 4. Other Factors by Perception

	Perception				Statistics
	Positive		Negative		
	n	%	n	%	P
Clinical placement					0.243
Yes	75	100.0%	72	96.0%	
No	0	0.0%	3	4.0%	
Number of Clinical Placements					0.129
Less than 7	12	16.0%	5	6.8%	
7 and above	63	84.0%	69	93.2%	
Knowledge of Theory–Practice Gap					0.005
Had knowledge	40	53.3%	22	29.3%	
Did not have knowledge	35	46.7%	53	70.7%	

Table 5. Logistic Regression

	OR	95%CI		p	AOR	95%CI		p
		Lower	Upper			Lower	Upper	
Educational pursuit								
Diploma	2.870	1.440	5.720	0.003	0.977	0.267	3.575	0.972
Advanced Diploma	1.000	–	–	–	1.000	–	–	
Year of study								
Third	3.821	1.935	7.547	<0.001	3.014	0.829	10.956	0.094
Fourth	1.000	–	–	–	1.000	–	–	
Number of clinical placements								
Less than 7	2.629	0.877	7.879	0.084	1.894	0.585	6.134	0.287
7 and above	1.000	–	–	–	1.000	–	–	
Knowledge of Theory–Practice Gap								
Had knowledge	2.753	1.405	5.396	0.003	1.828	0.879	3.798	0.106
Did not have knowledge	1.000	–	–	–	1.000	–	–	

Table 5 shows the logistic regression of factors which significantly influenced the outcome by perception. The factors considered were educational pursuit, year of study, number of clinical placements and knowledge of theory–practice gap.

Only the crude (unadjusted) results (OR) showed significance for some factors and after adjusting for other variables (AOR), none of the factors were statistically significant, all p-values were >0.05. Meaning that when considered alone, some factors influence perception, but when considered together, no factor independently predicts perception. A backward logistic regression was done to identify, which factors best predicted the outcome.

https://doi.org/10.21522/TIJAR.2014.13.03.Art001

Table 6. Backward Logistic Regression of Factors by Perception

	AOR	95%CI		P
		Lower	Upper	
Year of study				
Third	3.061	1.494	6.268	0.002
Fourth	1.000	–	–	
Knowledge of Theory Practice Gap				
Had Knowledge	1.906	0.924	3.933	0.081
Had no Knowledge	1.000	–	–	

Table 6 shows backward logistic regression of the factors by perception where the least statistically significant predictor factors were eliminated. Out of the four potential factors in table 4, 3, 5, all were eliminated except for two factors that were more likely significant for predicting the outcome, the year of study ($p = 0.002$), met the criterion and knowledge of theory–practice gap ($p = 0.081$) which though not significant, was the next probable predictor of the outcome.

Discussion

This study set out to examine the theory–practice gap in nursing education among nursing students in Zambia, focusing on students' knowledge and perception of the gap. A mixed-methods approach was used where qualitative findings were used to supplement the quantitative findings in order to provide a holistic understanding of how students experience and interpret the relationship between theoretical instruction and clinical practice.

Discussion of Variables

The theory–practice gap in nursing education is a divide between the theoretical knowledge acquired in the classroom and the practical skills required in clinical settings. This gap poses significant challenges to the preparedness of nursing graduates for real world clinical practice [11]. The variables discussed were knowledge and perception of the theory–practice gap among nursing students, with a particular focus on Zambia. The influence of demographic characteristics was also discussed.

Demographic Characteristics

The study examined how demographic factors, such as age, gender, marital status, program of study, and clinical exposure relate to students' knowledge and perception of the theory–practice gap in nursing education. While the majority of respondents were young (18–24 years) and female, these two characteristics did not show a significant influence on how students perceived or understood the gap.

A more notable pattern emerged with academic and clinical variables. Initially, educational pursuit appeared to influence perception, with Diploma students being 2.87 times more likely to hold a positive perception compared to Advanced Diploma students ($p = 0.003$). However, this effect disappeared after adjusting for other variables ($AOR = 0.972$; $p > 0.05$), indicating that program level alone does not independently determine perception.

The year of study demonstrated the strongest influence. Third-year students were 3.821 times more likely to report a positive perception than fourth-year students ($p < 0.001$). Although this significance weakened after adjustment ($AOR = 3.014$; $p = 0.094$), the backward regression model retained year of study as a key predictor ($p = 0.002$).

Clinical exposure showed a trend where students with fewer than seven placements had higher odds of positive perception (OR = 2.629; p = 0.084). Even though not statistically significant, this suggests that as students gain more clinical experience, they become more aware of inconsistencies between classroom teaching and actual practice. This finding aligns with existing literature indicating that increased exposure to real healthcare environments sharpens students' awareness of inconsistencies in practice. [21, 17] echoed that quality clinical placements and supportive learning environments can enhance students' perceptions of their clinical competence including discrepancies between theory and practice. This indicates that quality clinical practice can only be realized with increased number of clinical exposures which is possible with increased years of study.

The lack of influence from other demographic factors implies that the theory–practice gap is experienced broadly across different categories of students, highlighting its widespread presence within nursing education.

Knowledge of the Theory–Practice Gap

The findings indicated that most students had a good understanding of the theory–practice gap. Specifically: 73.3% had adequate knowledge, 20.7% were uncertain, and 6% had no knowledge. Although students showed awareness of the concept of the theory–practice gap, their level of knowledge did not significantly affect their perception (p = 0.081). This indicates that having theoretical awareness does not necessarily translate to a stronger or clearer perception of the gap. Instead, students' understanding appears to be shaped more by firsthand clinical encounters than by conceptual knowledge alone. This trend echoes findings from [20], that a lack of practical skills did exist among students despite strong theoretical knowledge highlighting, a theory–practice gap, which suggests that practical experience often plays a more decisive role in shaping learners' perceptions than classroom-based learning. In addition, the high level of awareness suggested that theoretical instruction could address the issue effectively. It was revealed from the regression results, that students who had adequate knowledge were 2.753 times more likely to have a positive perception of the gap (p = 0.003). However, this relationship also weakened when adjusted for other variables (AOR = 1.828; p = 0.106), confirming that knowledge alone does not independently predict perception.

Nevertheless, in the backward regression model, knowledge remained the second most relevant factor (p = 0.081). While not statistically significant, its retention in the model shows that knowledge still plays a meaningful role when combined with other variables, particularly students' year of study.

Perception of the Theory–Practice Gap

The perception of the theory–practice gap varied substantially across academic and clinical variables. Before adjustment, factors such as educational pursuit, year of study, knowledge, and number of clinical placements all appeared to influence perception with the following statistical results: Diploma students: OR = 2.870, p = 0.003, Third-year students: OR = 3.821, p < 0.001, Knowledgeable students: OR = 2.753, p = 0.003, Less than 7 placements: OR = 2.629, p = 0.084.

After adjusting for other variables, none of these factors remained statistically significant. However, the backward logistic regression revealed that year of study (p = 0.002) was the most decisive predictor, followed by knowledge (p = 0.081). These results suggest that students' perceptions become more critical as they advance academically and gain more exposure to clinical practice.

In addition, students reported mixed perceptions of the theory-practice gap, with the strongest perceptions being associated with advanced years of study. Those with more clinical exposure demonstrated increased

sensitivity to the inconsistencies between theory and practice. Factors such as differing clinical procedures, resource limitations, and variable supervision across clinical sites contributed to these perceptions. It can be concluded that as students' progress through their training, their ability to compare theoretical guidelines with actual clinical realities improves, deepening their awareness of the gap. This resonates with [3], that students experienced feelings of under preparedness for clinical practice, citing inadequate clinical placements and lack of support from clinical instructors highlighting the need for better integration of theory and practice. This was also echoed by [18], that students had significant challenges in applying theoretical knowledge to clinical practice due to limited clinical placements and inadequate supervision and they felt underprepared for real-world clinical situations. This mirrors global findings where senior students reported a sharper awareness of the disconnect between theory and practice due to increased real world experience, coinciding with [21, 17] who revealed that quality clinical placements and supportive learning environments can enhance students' perceptions of their clinical competence. These findings are strong evidence that quality clinical practice can only be realized with increased number of clinical placements.

More clinical exposure deepens the ability to perceive discrepancies between theory and practice which can only be possible in senior students with more clinical placements and advanced years of study.

Qualitative Insights Supporting Quantitative Findings

The qualitative component provided deeper explanations for the quantitative patterns. Several themes emerged:

1. Differences between classroom instruction and clinical realities: Students often encountered discrepancies between what they learned theoretically and what they observed in the wards. This reinforces the finding that increased clinical exposure is associated with more negative perception.
2. Limited supervision in clinical areas: Students cited inadequate supervision due to shortage of instructors. This supports the regression trend showing that more clinical placements often under strained supervision correlate with less favourable perception.
3. Variations in clinical practice standards: Students noted inconsistent practices across facilities, which contributed to uncertainty and highlighted the lack of alignment between theory and practice.
4. Heightened awareness among senior students: Fourth-year students expressed stronger recognition of the theory–practice gap, supporting the statistical result that year of study is the strongest predictor of perception.

Thus, qualitative insights confirm and elaborate on the quantitative data, showing that experiential learning significantly shapes how students perceive the theory–practice gap.

Integrated Interpretation of Findings

The mixed-methods design allowed the findings to be interpreted comprehensively. Quantitatively, variables such as educational level, year of study, knowledge, and clinical exposure initially appeared important; however, only year of study persisted as a significant predictor in the final regression model. Knowledge remained influential but not independently significant.

Qualitatively, students repeatedly described experiences that aligned with the statistical trends, including insufficient supervision, mismatched clinical practices, and growing awareness with seniority.

Taken together, the integrated findings indicate that while theoretical understanding of the theory–practice gap is widespread, students' clinical experiences play a more decisive role in

shaping their perceptions. Senior students, who have more extensive clinical exposure, are more likely to recognize gaps and inconsistencies between what is taught in class and what is performed in practice.

Overall, the results suggested that bridging the theory–practice gap requires strengthening clinical teaching environments, enhancing supervision, and improving alignment between classroom content and clinical practice.

Conclusion

This study investigated the theory–practice gap in nursing education among senior nursing students at Lusaka College of Nursing and Midwifery, in Zambia, by examining their knowledge and perception of the gap. A mixed-methods design was applied, beginning with qualitative data collection that explored students' experiences, followed by quantitative analysis to examine relationships between variables. The demographic profile showed a diverse group of students; however, most demographic characteristics such as age, gender, marital status, and educational program, did not significantly influence students' perceptions of the theory–practice gap. Year of study was the only significant predictor, indicating that students in higher levels, who have more clinical experience, are more aware of inconsistencies between theoretical teaching and clinical practice. Although students generally understood what the theory–practice gap is, knowledge alone did not significantly influence perception, suggesting that practical clinical experiences carry more weight in shaping how students interpret the gap. The qualitative findings reinforced this, revealing challenges such as inadequate supervision, inconsistent procedures between classroom and clinical sites, insufficient resources, and limited opportunities for hands-on practice. These issues deepen students' awareness of the theory–practice gap and highlight persistent challenges within nursing education. Thus, the study findings confirmed the alternative hypothesis.

Overall, the study concluded that closing the theory–practice gap requires strengthening the clinical learning environment, ensuring consistent mentorship, and improving coordination between nursing education institutions and clinical practice sites. Without deliberate and sustained efforts to align theory with practice, students may continue to experience uncertainty, reduced confidence, and challenges in transitioning into competent professional practitioners.

Conflict of Interest

The author declares that there are no conflicts of interest related to this research.

Ethical Approval

Addressing the theory–practice gap in nurse education through this study required a strong commitment to ethical principles to ensure that the research process was fair, respectful and beneficial to all stakeholders involved. Ethical evaluation was sourced from an institutional review board, ERES Converge; ERES where; Excellence, Research, Ethics and Science Converge, and authority to conduct the study was granted by National Health Research Authority (NHRA) in the Zambia's Ministry of Health which accredits all research Ethics Committees. By diligently applying the ethical principles, processes and procedures, the study would effectively explore the theory–practice gap in nurse education leading to improved educational practices and better patient care, while ensuring that the rights and well-being of all participants were protected.

Data Availability

All data supporting this study are provided within the article and its supplementary materials, which can be obtained from the corresponding author upon reasonable request.

Funding

The author received no external funding for this study.

Authors Contributions

Sarah Banda: Conceptualization of the study, study design, data collection, qualitative and quantitative data analysis, manuscript drafting, and final revision.

Lonia Mwape: Supervision of development of research proposal and preparation for data collection.

Catherine Mubita Ngoma: Guidance on preparation for data collection, statistical analysis, review of results, interpretation of results, manuscript proofreading, and contribution to final draft preparation.

Acknowledgements

I' am most sincerely grateful to my research supervisors, Professor Lonia Mwape and Professor Catherine Mubita Ngoma and my Student Mentor, Hari Krishnan for their exceptional support and guidance throughout the study. I also express my gratitude to my participants for providing their informed consent and voluntary participation in the study.

References

[1]. Allan HT, Smith P, Lorentzon M. The theory-practice gap in nursing education: a critical perspective. Nurse Educ Today. 2022;105:105043.

[2]. Banda VRM, Chinkhumba NR, Ng'ambi SS. Theory-practice gap in nursing education: a study of undergraduate nursing students in Lusaka, Zambia. Afr J Nurs Midwifery. 2018;20(2):45-53.

[3]. Banda S, Mweemba C, Musonda P. Exploring the theory-practice gap in nursing education in Zambia. Int J Nurs Educ. 2016;10(3):45-50.

[4]. Benner P, Stephen KA, Leonard M, Day L. Educating nurses: a call for radical transformation. San Francisco (CA): Jossey-Bass; 2018.

[5]. Budgen C, Gamroth L. Bridging the theory-practice gap with simulation in nursing education. J Nurs Educ. 2022;61(1):45-50.

[6]. Chan EA. Integrating theory and practice: the role of simulation in nursing education. J Clin Nurs. 2022;31(5-6):789-97.

[7]. Dale AE. The theory-practice gap in nursing: the role of the nurse teacher. J Adv Nurs. 2011;20(3):521-5.

[8]. Dunn SV, Hansford B. Undergraduate nursing students' perceptions of their clinical learning environment. J Adv Nurs. 2020;25(6):1299-306.

[9]. Fairbrother P, Jones A, Rivas K. Development and evaluation of a clinical teaching model for nursing practice. Nurse Educ Pract. 2016;16(1):31-5.

[10]. Hatlevik IKR. The theory-practice relationship: reflective skills and theoretical knowledge as key factors in bridging the gap in initial nursing education. Nurse Educ Today. 2012;32(7):646-50.

[11]. Houghton CE, Casey D, Shaw D, Murphy K. Staff and students' perceptions and experiences of teaching and assessment in clinical practice: a qualitative study. Nurse Educ Today. 2013;33(8):841-6.

[12]. Landers MG. The theory-practice gap in nursing: the role of the nurse teacher. J Adv Nurs. 2014;32(6):1550-6.

[13]. Maimbolwa M, Chirwa E, Mbewe C. Bridging the theory-practice gap in nursing education in Zambia: a qualitative study. BMC Nurs. 2017;16:25.

[14]. Makhathini B, Mthembu TG, Mkhize S. Exploring the theory-practice gap in nursing education in South Africa. Curationis. 2021;44(1):a2140.

[15]. McCaugherty D. The theory-practice gap in nursing education: a review of the literature. Nurse Educ Today. 2015;35(5):e1-7.

[16]. McKenna L, McCall L, Wray N. Clinical placements and the theory-practice gap: a longitudinal study. Nurse Educ Today. 2022;105:105043.

[17]. Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing & health care: a guide to

best practice. 4th ed. Philadelphia: Wolters Kluwer; 2019.
[18]. Mntambo L. The theory-practice gap in nursing education: a study of undergraduate nursing students in Lusaka, Zambia. Lusaka: University of Zambia Press; 2021.
[19]. Nabolsi M, Zumot A, Wardam L, Abu-Moghli F. The theory-practice gap in nursing education: a qualitative study. Nurse Educ Pract. 2022;65:103464.
[20]. Newton JM, Billett S, Ockerby CM. Journeying through clinical placements: an examination of pre-service nursing students' learning experiences. Nurse Educ Today. 2009;29(6):630-4.
[21]. Norman D. Developing clinical reasoning and decision making. New York: Routledge; 2018.
[22]. Rolfe G. The theory-practice gap in nursing: from research-based practice to practitioner-based research. J Adv Nurs. 2014;28(3):672-9.
[23]. Saifan A, AbuRuz ME, Masa'Deh R. Theory-practice gaps in nursing education: a qualitative perspective. J Soc Sci. 2015;11(1):20-9.
[24]. Scully NJ. The theory-practice gap and skill acquisition: an issue for nursing education. Collegian. 2011;18(2):93-8.
[25]. Sharif F, Masoumi S. Solutions to bridge the theory-practice gap in nursing education in the UAE: a qualitative study. BMC Med Educ. 2021;21:219.
[26]. Upton D. Bridging the theory-practice gap in nursing education: a review of strategies. Nurse Educ Today. 2024;114:105432.
[27]. World Health Organization. State of the World's Nursing 2020: Investing in Education, Jobs and Leadership. Geneva: World Health Organization; 2020.