

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the literature review of this research is discussed. It consists of certain key concepts and issues relating to theory-practice integration and reflection in the nursing context. A preliminary review concerning guided reflection was done before the data collection, because the researcher intended to use guided reflection as a research tool. The related theory and practice issues will also be discussed.

A literature control was conducted on the issues relating to theory and practice that emerged during the analysis of the data in order to compare findings of this research with those of previous research and existing literature. Furthermore, the researcher intended to identify similarities and differences between the literature and the findings of this study. The literature control is discussed with the data analysis and interpretation in Chapter 4.

2.2 PURPOSE OF THE LITERATURE REVIEW

The purpose of a literature review in qualitative research is to place the findings into context of what is already known (Streubert & Carpenter 1999:20). In qualitative research, the timing and purpose of a literature search may vary (Burns & Grove 1997:118). In this research, a literature review was conducted both prior to the data collection, as well as after the data analysis. A literature review is a process that involves finding, reading, understanding and forming conclusions about published research and theory on a particular topic (Brink 1996:76).

In this study, a preliminary literature review was done to explore possible guidelines to assist the researcher with the use of guided reflection. According to Taylor and Bogdan

(1984:135), it is good practice to review the relevant literature to determine the intention of the research and its relation to other studies, as well as to provide the researcher with useful concepts and propositions.

This review aims to identify and compare agreements and contradictions between this research and previous research with regard to theory-practice integration. The review will endeavour to detect any gaps in current research. It will also describe the concepts related to reflection in the nursing context that assisted the researcher in the use of guided reflection as a data collection tool.

2.3 SCOPE OF LITERATURE REVIEW

The literature review is based mainly on empirical studies contained in scientific journals and textbooks. The researcher found that most studies of this nature were conducted abroad and that none were conducted in the Gauteng Province in South Africa. Primary sources were the main source of information used, to prevent misinterpretations of the concepts, although secondary sources were also used. An Internet search was conducted, and a variety of information regarding theory-practice integration was found. However, no information was found concerning theory-practice integration in critical care nursing in South Africa. Most of the literature focussed on nurses in their basic training and only a few articles were related to the advanced training of nurses.

A study, conducted in the United Kingdom (UK) with undergraduate (basic training) students who reflected on their practices through their three-year programme, was one of the only articles with references to reflection found (Smith 1998:891-8). However, no evidence of the use of guided reflection in critical care nursing, specifically with regard to theory and practice integration, was found in the scope of this literature review.

2.4 KEY CONCEPTS AND ISSUES RELATING TO THEORY AND PRACTICE

During the literature review, some key concepts, discussed below, were identified. They include the lack of theory-practice integration, contradicting views and contributing factors, as well as the curriculum and the hidden curriculum.

2.4.1 Lack of theory-practice integration

Much research addresses the lack of integration of theory and practice or the ‘theory-practice gap’. The existence of theory-practice integration is often debated and described in research articles, such as those listed in Table 2.1.

TABLE 2.1 REFERENCES OF THEORY-PRACTICE GAP		
AUTHOR	TITLE OF ARTICLE	REFERENCE
Chun-Heung, L.	Education in the practicum: A study of the ward learning climate in Hong Kong.	1997:458
Ferguson, KE & Jinks, AM.	Integrating what is taught with what is practised in the nursing curriculum: A multi-dimensional model.	1994:693
Landers, MG.	The theory-practice gap in nursing: The role of the nurse teacher.	2000:1554
Maselesele, MD.	Problems in integrating theory with practice in selected clinical nursing situations. MA Thesis, University of South Africa.	2000:6

2.4.2 Contradicting views regarding theory-practice integration

The amount of literature on the subject indicates a concern about the theory-practice gap in nursing. However, there are many different opinions on the matter. Rafferty *et al.* (1996:689) concluded that the debate surrounding the theory-practice gap is not only inevitable and healthy, but also necessary for change to occur in nursing education. They suggest that, rather than looking for factors that perpetuated the lack of theory-practice integration, the way in which nurses can influence the policy processes and possibilities for transformation, which are important preconditions for change, should be explored. They also concluded that practice should support the theory, and *vice versa*, and that students should be introduced to this debate.

2.4.3 Contributing factors and possible solutions to the theory-practice gap

Possible reasons for the lack of theory-practice integration and suggestions to change this situation are presented in the following subsections.

2.4.3.1 Organisation of the theory and practice in the curriculum

A factor that research suggests contributes to the lack of theory-practice integration is the sequence in which the theory is taught and implemented. Traditionally, an apprentice system was followed and training was received on the job. This was not only applicable to Great Britain (Andrews & Jones 1996:358; Ferguson & Jinks 1994:688), but also to South Africa (Mellish *et al.* 1998:49). In such a situation, hospitals' needs for workers are considered above the needs of the students (Potgieter 1992:141). This resulted in inadequate theory-practice integration (Potgieter 1992:147). The block system was then introduced. Students were withdrawn from practice to receive theoretical training (Ferguson & Jinks 1994:688; Mellish *et al.* 1998:48; Rafferty *et al.* 1996:687). This resulted in a decrease in their motivation to implement the theory that they learnt into practice, which ultimately led to the separation of theory from practice (Mellish *et al.* 1998:58).

The modular system was then considered for an alternative teaching method (Ferguson & Jinks 1994:688; McCaugherty 1991b:1059; Rafferty *et al.* 1996:687). The emphasis of the modular system is on the division of different types of modules into self-study packages that make up a whole course. These modules are organised in relation to the practical experience of students (Mellish *et al.* 1998:266). However, the modular system did not reduce the lack of theory-practice integration.

Currently in South Africa, the block and modular systems are used in the training of basic nursing students on diploma level. On degree level, theory and practice are organised in such a way that they coincide. The critical care nursing situation in South Africa, excluding supernumerary status, is roughly parallel to basic nursing. Unfortunately, no literature on the development of critical care nursing was available, although a discussion with Potgieter (2002), who was closely involved in the education of critical care nurses in South Africa, confirmed this.

Some institutions try to improve the integration of theory and practice by offering the theoretical training on one day in the week and practical training in the rest of the week. The participants of this research attended such an institution. However, in an ideal situation where theory and practice coincide, this is not practically possible. If, for

example, the theory deals with the cardiovascular system, students should be given practical exposure in a cardiology and cardiothoracic unit. However, there may be more students than learning opportunities at clinical settings, resulting in the learning needs of some students remaining unfulfilled.

It will remain challenging to establish an ideal relationship between the teaching of theory and the implementation of practice. The needs of students and clinical settings are different and require an innovative tutor and clinical facilitator to cater for both. Unfortunately, in South Africa, critical care nursing students form part of the critical care unit's workforce, and therefore the unit receives higher priority than these students' educational needs.

2.4.3.2 The curriculum

The term curriculum is used to describe a plan or design upon which educational provision is based (Quinn 2000:131). According to McCaugherty (1991b:1058,1060), the way in which a nursing curriculum is planned can either widen or narrow the theory-practice gap. Curriculum planning is not a once-off exercise – curriculum development and evaluation needs to be a continuous process, and should be based on a well-planned design. The presentation of theory may occur months or even years apart from exposure to the related practical work in a clinical setting (McCaugherty 1991a:540). Case studies could be a method of relating theory to practical situations.

2.4.3.3 The hidden curriculum

Cook (1991:1462) argues that attempts to integrate theory and practice are doomed to fail due to the influence of the unrecognised hidden curriculum. The hidden curriculum is learning that is 'hidden' or not specifically obvious, or the learning that takes place above what is intended or planned. Giroux and Penna (1979) in Cook (1991:1463) state that the hidden curriculum is, *inter alia*, the implied teaching of norms, attitudes and values to individual students through the process of meeting with the expectations of the institution and/or organisation. Fretwell (1982), as cited by Ferguson and Jinks (1994:689), explains that students learn a routine when they conform to the expectations of a clinical environment. Students who question the standards, because

they were taught differently in class, risk rejection from the ward staff (Ferguson & Jinks 1994:689). The conclusion is that educators in the nursing field should acknowledge the lack of theory-practice integration, prepare students to understand the reasons for it and, in doing so, reduce the negative effects on patient care (Cook 1991:1468).

2.4.3.4 Key roles in the clinical environment

- **Clinical facilitator**

Clinical teaching or accompaniment is the formal process of guidance by a qualified nurse in the clinical setting to ensure the outcomes of educational/learning programmes (Tsele & Muller 2000:32). There is some confusion about the clinical teaching/accompaniment of a student, and the different roles and responsibilities in that regard.

In the past, clinical teaching was done by the unit professional nurse and the clinical instructor or clinical facilitator (Mellish *et al.* 1998:210-1). The aim of clinical teaching is for the student nurse to learn to apply the theory of nursing in practice in order to integrate theoretical knowledge and practical skills in the clinical situation (Mellish *et al.* 1998:205). In the researcher's experience, this sums up the responsibilities of clinical facilitators in South Africa.

Clinical facilitators or clinical instructors were introduced in the 1950's in an attempt to act as a mediator between the student and the nurse practitioners (Ferguson & Jinks 1994:688). This situation has also had its own problems. Clinical facilitators often have no authority in the clinical situation (Ferguson & Jinks 1994:688), and therefore experience tensions that affect their ability to comply with the expectations of the student, the clinical field and authorities (McCaugherty 1991b:1058). It seems ward practitioners view clinical facilitators as visitors, probably because they are seen as advisers by management.

- **The lecturer-practitioner**

In a country like Great Britain, the role of the clinical facilitator and tutor has been combined into the lecturer-practitioner role. It is the lecturer-practitioner's responsibility

to teach, supervise and assess students (Ferguson & Jinks 1994:692; Quinn 2000:428), but this has led to other problems. Shortage of time, lack of control in the clinical environment, and anxieties about this less predictable type of work can prevent the tutor from becoming involved in clinical supervision or cause them to struggle to fulfil the different roles that are expected of them (Davies *et al.* 1999:34; Hewison & Wildman 1996:755). This conflict of roles could influence the student's learning experience and, therefore, the integration of theory and practice.

- **The link-teacher**

These joint appointments of teacher as practitioner, and *vice versa*, resulted in the establishment of the 'link-teacher'. The link-teacher's responsibility is to liaise between different members of the teaching staff and develop a qualified staff that will act as supervisors, mentors and preceptors to the students (Quinn 2000:428). Link-teachers, however, often experience similar problems to clinical facilitators because they are seen as visitors and not integral members of the teaching team. According to Owen (1993) and Landers (2000:1552), students see link-teachers as assessors rather than facilitators in the clinical area.

- **The mentor and preceptor**

In order to further develop the support students receive in integrating theory and practice mentors or preceptors were established. The terms 'mentor' and 'preceptor' were used interchangeably in the literature that was reviewed. According to Quinn (2000:427), a mentor is an appropriately qualified and experienced first-level nurse who, by example and facilitation, guides, assists and supports the student in learning new skills, adopting new behaviour and acquiring new attitudes. Mashaba and Brink (1994:129) define a mentor as an ideal professional, and a role model and charismatic figure to the student.

A preceptor should be an experienced nurse, midwife, or health visitor within a practical environment, and act as a role model and resource to a student assigned to him or her for a specific time-span or experience (Quinn 2000:427). Mashaba and Brink (1994:129) describe the task of a preceptor as facilitating learning in practice while promoting and

participating in the delivery of nursing care. According to Quinn (2000:427), mentoring is primarily about a close relationship, whereas a preceptorship is more concerned with teaching, learning and being a role model. Being a mentor or preceptor means assisting students in their practical learning.

- **Nurse practitioners versus nurse educationalists**

Reasons for the lack of theory-practice integration are mainly based on the difference in emphasis that practitioners and educationalists place on certain aspects of nursing knowledge (Andrews & Jones 1996:358; Elkan & Robinson 1993:296). Practitioners see nursing as what nurses do, whereas educationalists view being a nurse in terms of theoretical considerations. French (1989) in Chun-Heung (1997:456) says that, according to student nurses who indicated that the practical setting had the most influence on their skill and knowledge, practical aspects should not be underestimated.

Nurse practitioners may have difficulties in assisting and guiding student nurses. These difficulties include the role overload that the nurse practitioner may experience because of the different roles expected of him or her, such as manager, educator and carer (Davies *et al.* 1999:33). According to White (1993) in Ferguson and Jinks (1994:693), there is a need for greater role clarification in order to better prepare the practitioner for these roles.

2.4.3.5 The nursing student

The student nurse functions in two different contexts: the classroom, where the theory is taught, and the clinic, where patient care is carried out. Students' primary purpose within these contexts is to attain the necessary skills to become nursing professionals, whereas the clinic or hospital's aim is to care for patients. Students often have difficulty dealing with these different demands. Chun-Heung (1997:456) found that the needs of the clinic or hospital often take priority over the educational needs of the student. Due to the shortage of personnel, students experience a large share in the workload (Chun-Heung 1997:459; Maselesele 2000:143).

Students also experience differences between the practical work and the theory. (Chun-Heung 1997:458; Hewison & Wildman 1996:755; Lowe & Kerr 1998:1031; Landers 2000:1551; McCaugherty 1991b:1059.) According to White and Ewan (1991) as cited by Landers (2000:1551), as a result of the diversity in the clinical environment, not all students will achieve the same level of clinical experience, which may result in some students being better equipped to integrate theory into practice than others. Both the hospital ward and the art of nursing are constantly changing (McCaugherty 1991b:1059,1061); therefore, more than one way to meet the objectives of patient care may exist. The development of nursing standards that are acceptable and clearly defined will enable students to better cope with this situation.

In Great Britain in the 1990s, students received supernumerary status in an undergraduate-nursing programme, called Project 2000 (Andrews & Jones 1996:358). Project 2000 freed students from clinical duties, resulting in increased insecurity due to the lack of guidance and experience in the wards (Landers 2000:1551). Although its aim was to enhance the educational standards by improving theory-practice integration, research showed that the theory-practice gap was still present (Elkan & Robinson 1993:296).

One cannot describe the student's experiences in the hospital ward without referring to the vital role of the specialised ward practitioner or registered nurse. A South African study revealed that the success or failure of students' practical learning depends upon the degree of active involvement of registered nurses who accompany these students (Mongwe 2001:152). Maselesele (2000:39) echoes the opinion that professional nurses should be committed to teaching, and should consider learners' needs. This will enhance the effective integration of theory and practice.

According to Mellish *et al.* (1998:209), the registered nurse has a responsibility to both teach and act as a role model, because students often unconsciously learn by imitation. A study about clinical accompaniment, conducted with critical care nursing students in a private hospital, revealed that role models were absent, and that registered nurses had outdated ideas and were unwilling to teach the students (Tsele & Muller 2000:33). The students felt the desire to implement the theory into practice but, because the academic expectations of the university did not match the clinical field, found it difficult to do so.

The above discussion shows that theory-practice integration as a multi-faceted issue is affected by various factors that should be addressed. Reflection is one of the methods that could be used to enhance theory-practice integration. This study aimed at researching the experiences of second-year critical care student nurses regarding guided reflection and theory-practice integration.

2.5 REFLECTION IN THE NURSING CONTEXT

Various authors suggested the use of *reflective practice* as a method to promote theory-practice integration in nursing. (Carr 1996: 289; Foster & Greenwood 1998:171; Landers 2000:1553.) The researcher decided to use one aspect of reflective practice, namely *guided reflection*, as a teaching strategy to investigate students' experiences of the application of theory to practice. The researcher did a preliminary literature review of guided reflection in order to determine its meaning and application in the context of nursing care and education. Guided reflection results in *reflective learning*.

2.5.1 Reflective learning

The following definitions assist in clarifying the concept 'reflective learning':

- Reflective learning is the process of internally examining and exploring an issue of concern. It is triggered by an experience which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective. (Boyd & Fales 1983:101.)
- Atkins and Murphy (1993:1189), citing Boud *et al.* (1985), state that reflection (in the context of learning) is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to discover new understandings and appreciations.
- According to Wilson (1996:135), who is citing Saylor (1990), reflection is the process of thinking back on a project or situation to explore the information and other factors that influenced the handling of the situation. It also provides data for self-examination.

- Reflection offers practitioners a window to look inside and know who they are as they strive toward understanding and realising the meaning of desirable work in their everyday practices (Johns 1996b:1137).

The idea that reflection is an intentional cognitive and affective process whereby experiences are analysed in order to reach a better understanding of the experience is common to all the above definitions. Reflective learning is enhanced by implementing the strategy of guided reflection.

2.5.2 Guided reflection

The following viewpoints describe the concept 'guided reflection'.

- Guided reflection is an amalgamation of techniques aimed at allowing professionals to reflect on their work experiences in order to increase their effectiveness (Palmer, Burns & Bulman 1994:110).
- It is to effectively confront and support the practitioner in order for him or her to learn through his or her experiences (Johns 1996b:1137).
- Palmer *et al.* (1994:128) came to the conclusion that guided reflection helps the practitioner to become self-conscious of qualities such as awareness, curiosity, defectiveness/correctness and commitment in order to give them purpose and direction towards the goal of effective work.

It is difficult to perform reflection without guidance (Foster & Greenwood 1998:168). Guidance through supervision has therapeutic potential to make a qualitative difference in people's lives, and it enhances the societal value of nursing (Johns 1995a:29). A problem that may develop with guidance is that the supervisee could become dependent on the supervisor or facilitator of reflection (Wilkinson 1999:37). In this study, guided reflection was facilitated through the application of Johns's *Adapted Framework, the Guideline for the Facilitation of Reflection as Teaching Strategy*.

2.5.3 Johns's Adapted Framework: Guideline for the Facilitation of Reflection as Teaching Strategy

A brief overview of this guideline will be given, because it was used in the unstructured interviews during the data collection process. (Refer to Annexure I.) The purpose of the guideline was to guide the researcher during the reflective interview. Aspects included in the guideline are:

- **Aesthetics:** Aesthetics can be described as the way in which the nurse performs the art of nursing. It is viewed from the patient's and the nurse's perspective. From the patient's view, it is the manner in which the nurse performs the duties (Elcock 1997:140) and from the nurse's view, how the immediate environment is organised (Carr 1996:292).
- **Personal:** According to Elcock (1997:141), personal knowledge can be explained, as the nurse knows himself or herself in the context of the nursing environment.
- **Ethics:** Ethics, including ethical knowing, are those components that arise from moral dilemmas and situations of ambiguity and uncertainty (Carr 1996:291).
- **Empirics:** Empirics deals with knowledge that can be observed, recorded, measured and predicted (Chambers 1999:951).
- **Reflexivity:** Reflexivity is concerned with putting an experience into context with previous experiences and determining the extent to which one's personal views have been changed by it (Boyd & Fales 1983:101).

2.5.4 Other strategies enhancing reflection

In addition to guided reflection, other strategies may be implemented to enhance reflection. These strategies include reflective writing, such as keeping a reflective diary or writing journals to clarify the underlying knowledge behind actions (Burton 2000:1013; Hancock 1999:38). Reflective group discussions, especially where a particular patient situation is discussed, could be of great value by validating different interpretations in the same context and developing a greater awareness of different strategies with which to approach incidents (Mountford & Rogers 1996:1131; Smith 1998:893).

Portfolios, journals and autobiographical writings could also be implemented (Burton 2000:1013; Rich & Parker 1995:1052). Routledge, Willson, McArthur, Richardson and Stephenson (1997:122) utilised a portfolio for undergraduate students consisting of key experiences in learning and critical incidents in order to assess their professional development. The students had to reflect on these experiences, and indicate how the experiences influenced practice.

2.5.5 Prerequisites for reflection

In order to apply reflection the researcher had to become acquainted with the skills needed for facilitating guided reflection.

- **Attitude towards reflection:** A certain attitude is needed for reflection, which includes open-mindedness, responsibility, wholeheartedness and a motivation to reflect (Atkins & Murphy 1993:1190; Mallik 1998:61). According to Dewey (1933), cited in Mallik (1998:61), open-mindedness is the willingness to consider all sides of a situation or to take alternatives into account. Responsibility entails including all the ideas received and presenting them in a logical manner, while wholeheartedness requires an inner strength for genuine reflection on the whole incident (Mallik 1998:61).
- **Powerful position:** Foster and Greenwood (1998:169) claim that educators cannot engage in meaningful reflective relationships if they are not willing to give up their position of power. An example of this is a lecturer, in charge of a

learning programme and who is responsible for assessing learners, has to give up this position of authority to ensure that meaningful reflection will take place.

- **The student's ability to reflect:** There are factors that may impact on a student's ability to reflect. According to Patterson (1995), as cited by Burton (2000:1013), these factors are the individual's developmental level of reflection, perception of the tutor's trustworthiness, expectations of reflection and the quantity and quality of feedback from the tutor.

2.5.6 Barriers of reflection

In order to guide the participants in reflection, the researcher took cognisance of barriers to reflection.

- **Time constraints:** Time constraints seem to be a common restriction on the ability to reflect (Burton 2000:1014; Hancock 1999:40). When implementing reflection, the facilitator should be cautious because inadequate resources, staff shortages, or the lack of educational expertise, managerial support and time can harm the whole process (Foster & Greenwood 1998:166).
- **Accurate remembering:** An inaccurate memory of events and subjectivity could mean that people do not always say what they should say (Burton 2000:1014). The facilitator of reflection cannot always verify all the facts, and is consequently not in the position to claim that all the detail were remembered. Participants in the process describe their personal experiences, which are coloured with their own bias.
- **Increased anxieties:** With the implementation of reflection, deep-seated vulnerabilities may result in increased anxieties that could cause psychological morbidity (Rich & Parker 1995:1055; Foster & Greenwood 1998:167). Durgahee (1996:24) found that students who reflected described it as a painful encounter of self-examination, but were excited at the possibilities discovered.

- **Ethical issues:** Writing or sharing real events could result in ethical problems. Because they describe real events and events related to patients, the rights of the patient, as well as the person who reflects, should always be taken into account (Hancock 1999:40). Aspects such as lack of care, an inappropriate attitude towards patients and relatives, conflict, and unsafe practices could be revealed by reflection (Rich & Parker 1995:1053). Hancock (1999:40) mentions that lecturers should be cautious of this potential problem with reflection and should handle it with great sensitivity.

2.5.7 Timing of reflection

During the process of becoming acquainted with the process of reflection, it was found that reflection could be done in different time intervals. The literature describes mainly two timing intervals of reflection.

The first is *reflection-in-action*, which is the reflection from experience simultaneously with the action (Coutts-Jarman 1993:78; Teekman 2000:1126; Wilkinson 1999:38). The second is *reflection-on-action* or retrospective thinking about an experience (Foster & Greenwood 1998:166; Teekman 2000:1126; Wilkinson 1999:38; Wilson 1996:136). Reflection-on-action would rather be done by a novice nurse, while reflection-in-action is more used by expert nurses (Coutts-Jarman 1993:79). Van Manen (1991), cited in Foster and Greenwood (1998:166), mentions another timing interval, namely *reflection-before-action*, which encourages participants to think about their actions before they act. For the purposes of this study *reflection-on-action* will be applied.

2.6 CONCLUSION

In this chapter, the researcher gave a preliminary overview of the literature related to the concepts of the integration of theory into practice, and guided reflection. This literature review was conducted before data collection, because the researcher made use of the concepts relating to guided reflection in the interviews. The research process and methodology will be discussed in Chapter 3.