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### GAP ANALYSIS IN NURSING PRACTICE AT SRI RAMACHANDRA HOSPITAL AND THE MEASURES

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#### ABSTRACT

**Background:** A gap analysis can be referred as the determination of the difference between current knowledge/practices and current Evidence Based Practices. Gaps can occur in knowledge, skills or practice hence identifying the gap and bridging the gap can be beneficial for all nurses. **Methodology:** The design used for the study was longitudinal and observatory. The study was conducted in Sri Ramachandra Hospital among 900 nurses for a period of one year by means of direct and participatory observation, assessment of knowledge through questionnaire at various situations and skill checklist, one to one interview with nurses. **Results:** The researcher identified the gap in communication. Procedure steps, utilizing the resources, patient assessment, care documentation, infection control practices, pain management, and medication safety pressure ulcer prevention among the nurses. There was a hesitation in expressing the issues and lack of assertiveness among the middle level administrators. **Conclusion:** This study brought a systematic process of gathering information that is appropriate and sufficient to develop an effective educational program that will address the groups' needs and wants (gap).

#### KEYWORDS

Gap Analysis, Practice and Measures.

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#### INTRODUCTION

Research in several countries provides consistent evidence of the existence of a theory - practice gap in nursing. Clear disparities have been demonstrated between the best practice ideals and values that are taught and those actually encountered in everyday practice. This simple tool helps us identify the gap between our current situation and the future state that we want to reach, along with the tasks that we need to complete to close this gap. Gap Analysis compares our current situation with the future state

that we want to achieve once our project is complete. By conducting a Gap Analysis, we can identify what we need to do to "bridge the gap" and make your project a success. You can use Gap Analysis at any stage of a project to analyze your progress, but it's most useful at the beginning.

### **Background of the study**

Currently in India integration of nursing faculty in clinical area is seldom practiced. The nursing schools are separated from the hospital and a myth that faculty members are no more practicing nurses. On the other side hospitals want to get all the accreditation like JCI, NABH etc but not equipping the nursing service with graduate, post graduate nurses. On the other hand colleges of nursing are particular about increasing the admission not about the student's clinical learning. And failed to utilize clinical experts. The feedback from students reveals that they don't practice what they learned in the lab. They expressed that they experience confusion.

### **Need for the study**

As a part of faculty clinical integration the nursing faculty members of Sri Ramachandra University started to work in the clinical area from January 2015 onwards. Initially the members did 15 days complete clinical duty and 15 days college duty. The schedule differed based on the cadre. It was observed by the faculty member that there was no continuity when they go for next time. The model was changed and 7 faculty members were deputed as full time nursing administrators. The investigator observed the practice since one year and realized the need of bridging the gap between theory and practice.

### **Objectives**

- To explore the gap between theory and practice.
- To identify the measures to bridge the gap.

### **Review of literature**

Jill Maben Sue Latter Jill Macleod Clarrk conducted a longitudinal study was carried out in three educational institutions in the United Kingdom from 1997 to 2000. Final year nursing students (n = 72) in three colleges of nursing completed questionnaires to elicit views on their ideals and values for practice. In-depth interviews with a purposive subsample of 26 participants (at 4-6 and 11-15 months post qualification) indicated the extent to which these

ideals and values were adopted in practice. Interviews were tape-recorded, transcribed, and data were analyzed using constant comparison and negative case analysis.

Findings revealed that although new nurses emerged from their programmes with a strong set of nursing values, a number of professional and organizational factors effectively sabotaged implementation. Professional sabotage includes obeying covert rules, lack of support and poor nursing role models. Organizational sabotage includes structural and organizational constraints such as time pressures, role constraints, staff shortages and work overload. The study concluded that the disparity between nursing as taught and as practiced may have profound implications for the future of the profession both in the United Kingdom and internationally, in terms of morale, job satisfaction and retention. Measures to improve resources and reduce the professional-bureaucratic work conflict are discussed.

### **METHODOLOGY**

The design used for the study was longitudinal and observatory. The study was conducted in Sri Ramachandra Hospital among 900 nurses for a period of one year by means of direct and participatory observation, assessment of knowledge through questionnaire at various situations and skill checklist, one to one interview with nurses.

### **Conceptual framework**

Well known to those involved in health care quality research, Avedis Donabedian described a framework for assessing the quality of care that is flexible enough to apply to many situations. This theory explains the intuitive relationship between three related concepts. First, *structures* of health care are defined as the physical facilities, equipment, personnel, operational and financial processes supporting medical care, and organizational aspects of care settings. Second, the *processes* of patient care rely on the structures to provide resources and mechanisms for participants to carry out patient care activities. The *outcomes* of medical care focuses on effect of health care on the patient health in terms of promoting recovery, functional restoration,

survival and even patient satisfaction. These concepts were adopted and utilized for this study.

## RESULTS

The result of the study is illustrated in Gap analysis worksheet as follows:

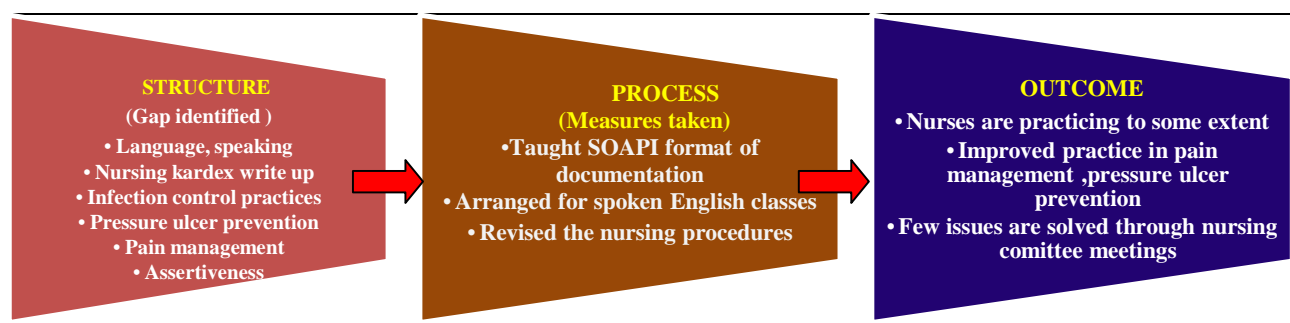
The measures undertaken to bridge the gap were as follows: The investigator arranged spoken English classes, prepared standard operating manual-learning classes, organized many counseling sessions, prepared education materials, organized lecture classes, designed perineal care packs, and constituted nursing management committee, journal clubs. Encouraged nurses to do small research projects, and write article for publications. The researcher brought a new format to document the gap analysis.

## DISCUSSION

This study brought a systematic process of gathering information that is appropriate and sufficient to develop an effective educational program that will address the groups' needs and wants (gap). Integration can reduce the perceived gap between education and service in nursing thereby can help in the development of competent and efficient nurses. To succeed, nursing educators and care providers alike must strengthen their response to these challenges with innovative solutions built into the program design and administration. Closer collaboration between nurse educators and nurses who provide patient services is essential to give students an appropriate balance of preparation.

**Table No.1: Gap Analysis Process**

| S.No | Gap identified   | Method of assessment                                       | Measures   | Feedback  |
|------|--|--|--|---|
| 1    | Language, speaking inadequate                                      | Evaluated the presentation, daily reports-oral and written | Arranged for spoken English classes  | Nurses are trying                                 |
| 2    | Nursing kardex write up was not provided with adequate information | Audited nearly 500 documentation of nursing care           | Taught SOAPI format of documentation   | Nurses are practicing to some extent              |
| 3    | Not followed the exact nursing care steps                          | Skills checklist   | Revised the nursing procedures and updated the manuals                                 | Few are following                                 |
| 4    | Medication administration  | Checklist<br>CAPA, RCA                                     | Education given, oriented to the policy and procedures                                 | Following   |
| 5    | Infection control practices  | Project, Observation<br>Skills checklist                   | Education, Induction orientation   | Still under practice                              |
| 6    | Assertiveness  | Checklist  | Assertiveness training given   | Nurses are practicing                             |
| 7    | Resource utilization   | Observation  | Designed cost effective perineal care pack   | Practicing  |
| 8    | Knowledge and practice of pain management                          | Knowledge questionnaire skill checklist                    | Education and re education   | Improved practice                                 |
| 9    | knowledge and practice of Pressure ulcer prevention                | Knowledge questionnaire skill checklist                    | Arranged seminars and workshop   | Same practice exists                              |
| 10   | Attitude towards leaders   | Attitude scale   | Counseling   | Better  |
| 11   | Fear of bringing the issues  | Many issues were not brought to our notice                 | Constituted nursing management committee   | Few issues are solved through committee           |
| 12   | Evidence based nursing practice                                    | Knowledge questionnaire                                    | Constituted nursing journal club and motivated the nurses to do small nursing projects | Research papers were presented by 12 staff nurses |



**Figure No.1: Gap Analysis Process**

## CONCLUSION

Rapid change and increased complexity of health care environments demands that health care professionals are adequately prepared to provide high quality, safe care. Findings from the gap analysis suggest significant strengths in numerous competency domains, deficiencies in knowledge and skill competency domains. Gap analysis provides valuable data to improve quality nursing care. Opportunities for competency development were identified, and strategies were created jointly with the practice partner, thereby enhancing relevant knowledge, attitudes, and skills nurses need for clinical practice currently and in the future.

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## CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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