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Baccalaureate Nursing Students' Lived Experiences of Theory-Practice Gap (TPG) in a Tertiary Health Institution in Enugu: A Phenomenological Approach

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Abstract:
Theory-practice gap is viewed in literature as a general problem ravaging nursing profession in developing countries and there is problem with comprehension of the concepts. This study aimed to describe the Baccalaureate Nursing Students' lived experiences of TPG during clinical practice in a tertiary health institution in Enugu Nigeria. The researchers sought to address three objectives: To assess the baccalaureate nursing students' understanding of TPG during clinical practice, to explore their experiences on the areas where the gap exists and to examine their perceptions of the strategies for closing the gap. A qualitative descriptive phenomenological design was adopted to explore 20 baccalaureate nursing students who were at 500 level of study. The class level of the students was purposively sampled, while their exact number was recruited using snowball sampling. A semi-structured interview guide was the instrument for data collection. Data were collected using audio-tape recorder and face-to-face in-depth individual interviews, and analyzed using conventional content analysis. Four broad themes and thirteen subthemes emerged from the results of this study, namely: Understanding TPG (interpreting); Experiencing areas of TPG such as nursing procedures (predominantly wound-dressing, vital-signs checking, medication, bed-making, admission and discharges, hand-hygiene practices, use of nursing-process in patients' care and others), educational planning/administration and relationship/attitudes, Perceiving response to TPG (training and retraining, interactive relationship, behavior reformation, resource provision, supervisory roles, system reformation, best strategy); and Worst experiences in responding to TPG (poor resource provision and routinizing wrong practices).

Keywords: *Theory-practice gap, baccalaureate nursing students, phenomenological approach, understanding, areas, strategies*

1. Introduction

Nursing education is currently facing the challenges of inability of students to apply nursing procedures in clinical setting (Kermansaravi et al, 2015). According to Nadolski et al, (2012) and Saifan et al, (2015), the theoretical aspect of the curriculum of any Department of Nursing provides the basis for understanding the theoretical basis for all procedures, diseases, interpersonal skills and requirements to be a nurse, while the practical part provides nursing students with a mechanism to extend classroom learning into the nursing practice environment thereby promoting 'laying hands-on' experience. But these students in training do not adequately undergo a thorough immersion and scrutiny from these two aspects of the study curriculum before they graduate thereby resulting to theory-practice gap. Osuji and El-Hussein (2016) stated that Theory-Practice Gap (TPG) is a predicament that many researchers have been trying to resolve for several decades in practice disciplines. Fukada (2019) commented that TPG results when the competencies (nursing knowledge,

skills, attitudes and professional judgments) acquired during theoretical teaching do not completely match with the practical situation. Having this in mind, Mahmoud (2014) confirmed the TPG as being a hindrance in student nurses' clinical learning process. Scully (2011, 2021) noted that despite the differing interpretations of the nature of the TPG, there is widespread agreement that it represents the separation of the practical dimensions of nursing from that of the theoretical knowledge, most often expressed as a negative entity with adverse consequences. He also argued that it is the student nurses given their novice rule-governed state and limited experience who find themselves in the midst of the theory-practice void (Scully, 2011, 2021).

Furthermore, phenomenological approach as a research method fully describes a person's lived experience of an event by seeking meaning through a detailed exploration of the phenomena through which they live (Thomson & Stew, 2012). It stresses that only those, that have experienced a phenomenon, can communicate them to the outside world. Again, as a learner in the clinical practice, the baccalaureate nursing student is an embodied spirit, a union of body and rational soul (Balagot, 2012). He is the central focus in both theoretical and clinical practice trainings. Also the frustrations and difficulties associated with the TPG are largely experienced by nursing students and can have an adverse impact on the integration into their career role. The most obvious concern with TPG is that it endangers patients' lives and places a large burden on practices to train their nurses (Gamblin, 201). There were discussions on some of the strategies for bridging the gap. But there is no extensive discussion on the baccalaureate nursing students' understanding of TPG, areas/procedures where the gaps existed and other aspects of the strategies for bridging the gap. Understanding the above which the present study covered will, therefore, help to provide the guideline to the best and available strategies for bridging the gap thereby adding to the existing knowledge on TPG.

According to Scully (2011, 2021), the meaning of the TPG as a general term has multiple interpretations. He reported that TPG in nursing occurs when the textbook descriptions of clinical situations cannot be matched with the reality of practice and is a common challenge for students who find themselves in the midst of theory-practice void. According to him, TPG is the separation between theoretical or evidence-based knowledge and practical elements of nursing. Chapman (2017) viewed the TPG in various ways as thus: the differences between idealized practice and common practice, the differences between taught general principles and the difficulty in interpreting them for application to a specific situation, the gap between abstract nursing theory and its use in practice, the gap between scientific knowledge and theory used as common practice, the gap between an individual mental representation of nursing and the published theories of nursing and the gap between the theories practitioners claim underlie their practice and implicit theories embedded within their practice of which they may not be aware. Also in the quantitative study of Wasini et al, (2019), respondents indicated their options in the conceptualization of TPG as thus: a discrepancy between what is learnt and what is practiced, inability to transfer classroom knowledge to practice, failure of practice to live up to theory, practicing nursing without making use of the knowledge and understanding derivable from its theory.

In addition, TPG represents a metaphorical void which is felt or experienced, consequently, analysis of its components will produce a classification and standardization of the concept and an adoption of the common meaning and relevance to nursing and nursing education (Scully, 2011, 2021). Greenway et al, (2019) further advocated that the contextual features and application of the '8 steps process of Rodgers 2000 model of concept analysis' was reasoned to provide the most appropriate framework for the conceptual analysis of TPG. Rodger's Evolutionary method of Concept Analysis was used to define and clarify the concept of TPG. According to Greenway et al, (2019), this method is based on philosophical positions that view a concept as an abstracted phenomenon that requires further expression. In so doing, it provides a deeper understanding of the concept to enable its consistent application within nursing education. Rodger advocates that no preconceived descriptions of a concept should be allowed, instead stating a concept must come from searching the literature using a systematic technique of '8-steps process' as thus: Identify the concept of interest; Identify surrogate terms; Select appropriate realm (sample) for data collection; Identify attributes; Identify references; Identify antecedents; Identify consequences and Identify a model case (Foley & Davis, 2017; and Greenway et al, 2019).

Greenway et al (2019) conceptualized areas of TPG as the attributes of TPG. These are the elements that constitute the core or real definition of the concept TPG. In the context of this study, it includes those procedures, activities that constitute the gap, and nature of gaps between the nursing theory and practice. According to Saifan et al (2015), literatures show that there is a gap between the theory and practice components of nursing education ranging from inappropriate teaching technique, use of abstract, subjective terms and theories, to the curriculum and instructors which may cause the students to have some difficulties in linking what they have learnt in the classroom with the reality on ground in the clinical practice (Chan, 2013). Kermansaravi et al (2015), in their study, confirmed existence of lags between taught topics and their apprenticeship between educational expectations and ward expectations. And all these were related to clinical setting (Salah et al, 2018). Furthermore, tension between students and staff which restricted the students' opportunity to learn in the ward and put what they learnt in practice was another area of TPG. These conflicts were more between students of baccalaureate nursing program and staff with lower qualification profile than the students of hospital based program. The tension became even more pronounced by clinical staff who claimed that their way of practicing nursing was the correct one, whereas students in school did not learn the 'real procedure'. Restricted opportunities for learning and supervision owing to time constraints constituted a gap as time dedicated to learning and feedback during clinical postings was generally insufficient. Instead of allowing students to engage in practice and providing them with constructive feedback, they were often left in the role of passive observers (Odetola et al, 2018).

Jones and Johnstoneb (2019) also noted that gaps involving technology or equipment in critical care setting exist. For example, an equipment problem where the oxygen hose of the ventilator was not correctly attached to the boom of the oxygen supply. They further confirmed the existence of the following gaps in their study: Failure to check a patient's temperature in the recovery room prior to the transfer to the ward; Incorrect positioning of the limbs and intravenous

infusion resulting to perioperative injuries; Lapses in critical thinking where people just do the daily activities of their job often without a lot of thought. They went on to say that failure to follow established protocols and processes is also a gap in theory and practice. For example, in perioperative settings, 'not following the normal process and doing things too quickly without planning', in patients' assessment- using medical devices as the dominant assessment tool, looking at a monitor and recording vital signs without assessing and physically interacting with the patient, not doing a full or thorough assessment like 'filling- in' observations, 'skipping observations', 'making observations–up', in medication administration, administering drugs without knowledge of the drugs, omitting drugs, failure to check medications at the bedside and patient's identity were all sources of gaps, and failure to communicate the information required to plan and deliver care. Failure to provide essential care, like mouth care, repositioning and sitting patient out of bed, maintaining and changing dressings (Jones & Treibes, 2021). Mahmoud (2014) stated that gap between theoretical knowledge and the actual procedure in the wards were perceived commonly by the nursing students as aseptic technique not done in the real practice setting and not all theoretical knowledge can be applicable in practical skills.

Lawrence (2013) opined that strategy generally involves setting goals and priorities, determining actions to achieve the goals and mobilizing resources to execute the actions a strategy describes how the ends (goals) will be achieved by means of resources (Luca, 2020). Therefore, the strategies for bridging the TPG in nursing are the course of actions, activities and steps taken to close TPG in nursing. These are the solutions for managing the gap or reducing it to the barest minimum. The strategies for bridging the gap from the perspectives of nursing experts were classified into three main categories by Greenway et al (2019) as thus: Developing and expanding context based curriculum; Interactive collaboration among nurses and faculties and Designing and implementation of standard clinical guideline. From the perspective of nurses, Jones and Johnstoneb (2019) affirmed that nurses used three deliberate (intentional) processes to manage gaps irrespective of whether they have prior knowledge or direct experience of them notably: Surveillance; Communication and Team-work. Watkins (2018) noted that by sharing with their experiential knowledge, validated by real experience, mentors can assist learners to keep their knowledge up to date in a way that is consistent and valid for real patient care. Therefore, the need for a competent, clinically credible, research aware and reflective mentor is extremely desirable as it is regarded as essential and instrumental for successful and effective professional socialization of nursing students and will assist them bridge the TPG (Scully, 2011, 2021). Botma et al (2015) stated that part of the supervisory role of nurse clinicians is to support students in the process of linking theory to practice and to create a conducive learning environment.

Ajani and Moez (2011, 2021) made what may be called suggestive statement to the strategies for bridging the TPG in nursing under three sub-headings as thus: Reconstructing resources (Thomsen, 2019 and Tiwaken et al, 2015); Recognizing training and Reconstituting roles (Mahmoud, 2014). From the perspective of Clinical Nurse Educators (CNEs), relational transformation as the outcome category in the study of Osuji et al (2019) communicates the clinical nurse educator's readiness and willingness to engage in a transformational and intentional relationship with nursing students to mentor, model and mold them into becoming professionals who can connect nursing theories to their practice. In bridging the gap between theory and practice in nursing practice and education, schools, educational policy and health policy makers, nursing services and other relevant government organs need to work in synergy.

1.1. Aim of the Study

The main aim of this study is to investigate the baccalaureate nursing students' lived experiences of TPG during clinical practice in a tertiary health institution in Enugu using a phenomenological approach.

2. Research Methods

2.1. Research Design

A qualitative design using descriptive phenomenological approach was adopted to allow the investigators describe the current and prevailing issues about baccalaureate nursing students' lived experiences of the understanding of the meaning of TPG, the areas of the gap and the strategies for closing during clinical practice. This design was considered appropriate for this present study because the nature of the phenomenon of TPG (which is filled with the complexities of subjective human experiences) cannot be fully captured using quantitative research of its various dimensions.

2.2. The Study Site

The study was conducted using baccalaureate nursing students at 500 level of study from University of Nigeria Enugu Campus (UNEC) that just completed their clinical training experiences at University of Nigeria Teaching Hospital (UNTH) Enugu Ituku/Ozalla all in Enugu State of Nigeria. This hospital is the oldest tertiary health institution in the south east geo-political zone of Nigeria, the main referral point in this region and is located 21 kilometers from Enugu capital city along Enugu Port-Harcourt express way (University of Nigeria Teaching Hospital, 2019). It is also the major clinical placement site for the baccalaureate nursing students from the Department of Nursing Sciences UNEC. UNEC, which is an academic campus of University of Nigeria Nsukka (UNN), was established in 1961, consists of 200 hectares of land and is situated in Enugu town. UNN was founded in 1955 but opened for admission in 1960 as the first indigenous Nigerian university. It has 15 academic faculties with 9 in Nsukka campus and 5 in Enugu campus (Bankole, 2018).

2.3. Ethics

Ethical approval for this study was obtained from the Health Research Ethics Committee of the UNTH Ituku/Ozalla Enugu before embarking on the study. Further administrative permission was obtained from the Head of the Departments

of Nursing Sciences UNEC. Also, privacy of information and anonymity of the participants was guaranteed by ensuring that the settings for the interview were free from public interference. Participants were informed of what the study was all about and freedom to withdraw from the study at any time without any repercussion or prejudice was communicated to the participants. The confidentiality of the participants' information was ensured by assigning codes and use of acronyms like 'P1' for participant number 1, known only to the participant and the researchers and used to represent their individual quotes. Finally, each of the participants completed a written informed consent form.

2.4. Sample/Participants' Recruitment

The participants consisted of twenty (20) volunteer 500 level baccalaureate nursing students. Purposive sampling procedure was used to select the class level of the students as it helped to ensure useful and rich data by confirming that all participants completed their clinical experiences and experienced the phenomenon under study. Snowball sampling method was also used to select the exact number of participants used for this study, in that the initial seed who agreed to be part of the study was asked to help locate other baccalaureate nursing students. The final number (20 volunteer baccalaureate nursing students) was determined after the researchers and experts agreed that data saturation has occurred. Only those who met the inclusion criteria (baccalaureate nursing students in 500 level of study in the department, willingness to participate in the study stated in written consent form, availability of participants during the period of data collection, participants who had adequate clinical experiences and can give better account of their experiences) were used.

2.5. Instrument for Data Collection

The instrument used for data collection in this study was the researchers' designed semi-structured interview guide, which, according to Bryman (2012) and Duigenan (2014), permits participants to describe their views and lived experiences in their own words. The instrument has two sections, namely: section A and section B. Section A comprised the participants' demographic characteristics gathering general background information on the participants' age, gender, mode of entry/admission, marital status and religion. Section B contains items designed to address the research questions with three broad interview subscales which gave rise to probing questions (prompts). Lincoln and Guba's parallel criteria (Morrow, 2020) to assess the rigor or trustworthiness (which is equated to validity) in qualitative research were used in this study and they include credibility, transferability and conformability (Laumann, 2020). The dependability in qualitative study (which is equated to reliability) was achieved by audit trial (that is transparent description of the research steps from the beginning of the study to the development and reporting of the research results).

2.6. Data Collection

Interviews using face to face, with the help of semi-structured interview guide and audio tape recorder were conducted by some of the members of the research team. Participants were contacted individually through telephone and face to face and were asked to provide contact information to decide on the appropriate day, time and venue for the interview. The face to face interviews, which lasted between 40 and 76 minutes, were conducted exclusively in English with each participant separately. The interview format was flexible, conversational, relaxed and conducted at the most convenient places (departmental garden, hostel and offices in the ward) and time for the participants. All the shared conversations were recorded and audio tapped, and transcribed verbatim for data analysis. The data were collected from June to August 2021.

2.7. Data Analysis

Data from the individual interviews were analyzed using conventional content analysis to allow for identification of categories, sub-themes and major (emerging) themes. Braun and Clarke's (2019) six phases of thematic analysis (familiarization with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the reports) was also applied to deduce the emerging themes. Data analysis was commenced by open and axial coding (Allien, 2017), and code-to-code constant comparison were done and linkages between data located. Here, text data were read word by word severally to allow for immersion and appreciation. Transcripts were also cross-checked with the audio tape to ensure correct transcription of the interview and read severally in order to get an overview of the contents. Significant statements relating to the phenomenon under study were extracted from each transcript and text-data, and meanings formulated from them. Responses similar in contents were grouped together (open coding), and this approach was continued until important label for a subtheme emerged. All data within a subtheme were examined to ensure a fit between data and subtheme. Sub-themes were categorized into cluster themes, and further into emergent themes (axial coding) by the agreement of the researchers and the supervisor. Participants' statements and implicit concepts were reviewed, comparing codes and transcripts to enhance trustworthiness. Data analysis was also triangulated and the analytical process peer reviewed by two of the co-authors.

3. Result

A total 20 baccalaureate nursing students were recruited and interviewed. Demographic characteristics of the participants include 6 males, 14 females, 8 direct entry students, 12 admitted through Joint Admission and Matriculation Board (JAMB), 15 singles, 5 married, all Christians, 7 of them aged between 20 and 24, 11 aged between 25 and 29 and 2 aged between 30 and 34. These were presented in Table 1 below. Four emergent themes were identified in this study as thus: Understanding TPG; Experiencing areas of TPG; Perceiving response to TPG and Worst experiences in responding to TPG. The summary of the emergent themes and sub-themes were presented in Table 2 below.

3.1. Understanding TPG

Our findings revealed that the baccalaureate nursing students knew that TPG exists and they have really experienced it during their clinical practice. A few of the participants described their experiences in the clinical areas as being preferred than that of the classroom, while some prefer classroom experiences than that of the clinical area. This may be because of the individual encounter in both areas like the classroom (where the students were not exposed enough, reported the lecturers they receive in the class as not participatory, being fair, ineffective and it influences their clinical practice negatively and this experience was carried to clinical area), and also from their experiences during clinical practice (where things were not functioning well and most of the procedures done haphazardly). They, therefore, interpreted TPG as failure to match the theoretical nursing education with the clinical practice, a missing link and a break in connection between them. They also recounted it as a disparity and inconsistencies which exist between what they learnt in the clinical practice and the classroom lectures, an incompatibility between the theoretical and practical aspects of nursing. The participants' interpretation of TPG was seen in the following statements as thus: 'Is an inconsistency between what we are taught and what we see in the clinical area' (P20). 'Is a shortfall between theory and practice because students do more of theory than their practice' (P7).

> The experiences during classroom teaching are nice and interesting but the challenge is that, it is cumbersome, hectic and time demanding and at the end, one cannot just cover up. But in the clinical area, the nurses and students are not practically equipped because it is a teaching hospital. I will say that TPG is a missing link between our theoretical and practical knowledge because practice does enhance your skills in the course of carrying out procedure. Practice means seeing something real and doing it. Theory is what one has in the head; he cannot see a patient that is 'down' and start teaching that patient pathophysiology. One will first have to do something to restore the patient to health (P2).
>
> TPG means the disparity between theoretical education and practical learning experiences. The difference or inability to marry what we are being taught in the classroom to what is obtained in the clinical area (P11).
>
> I am very much at peace with what they do during lectures in the department, but what is done in the clinical area is a 'way – way' different from what is taught in the class. There is a breach between what is taught and what is being practiced (P4).
>
> The environment of the classroom has never been conducive for learning and is congested. Some of the nurse educators do not give us the objective of the content and the contents not covered too. I think I prefer the experiences in the clinical area to in the classroom. I, therefore, interpret the TPG that procedures met in the clinical area are missing from the theoretical classroom teaching (P6).
>
> At times, we see something in the clinical area we have not been taught and we learn it on our own; therefore, in my own words, TPG is the differences and discrepancies between what they taught us in the class and what is actually being practiced in the clinical area (P1).

3.2. Experiencing Areas of TPG

Three (3) subthemes – clinical procedures, educational planning and administration, relationship/attitudes were extracted to enhance the understanding of their experiences on the specific areas where TPG exists during clinical practice.

3.3. Clinical Procedures

Participants narrated the procedures where they observed that gap exists during their clinical practice as thus wound dressing, drug administration (medication) vital signs, patients' education (teaching, counselling), patients' feeding, (including tube feeding) use of nursing process in patients care, deliveries and labour, bed making, bed bathing, carbolization, preoperative preparation of patients, admission and discharges, hand hygiene practices including practice of use of Personal Protective Equipment (PPE), turning of patients (change of position), urine testing, catheterization, documentation, family planning, maternal and child healthcare, nursing management and administration, handing and taking over, immunization, patients' resuscitation, oxygen administration and documentation of care. Wound dressing, vital signs check, medication, use of nursing process in patient care, patients' feeding, patients' teaching, bed making, admission and discharges and oxygen administration were the most predominant of the clinical procedures where gaps exist as described by majority of the participants in this study. In the above gaps, the correct step by step process to carry out those procedures were not followed; some nurses still practice old methods, some of the procedures are done haphazardly, the time for carrying them out altered or they are not even practiced at all. Students do not also know how to use some of the available functional instruments for those procedures and there were also complaints that almost all procedures are left for them by the nurse clinicians without supervision. The participants shared their peculiar experiences and perceptions about those situations and procedures that constitute the gaps in these following statements:

> 'In wound dressing, improper use of instrument' (P3).
>
> In terms of procedures, at UNTH Enugu, during wound dressing, aseptic technique is not entirely being done in the ward. Sometimes dressing instruments are not being sterilized. Autoclave did not work a few months ago. The sterilizer in the female surgical ward did not work for 2 weeks, water inside the sterilizer was never changed for the 2 weeks leading to wound breakdown (P4).
>
> In wound dressing, they clean and turn with one swab severally before discarding. In sterilization, they use the same water they use to soak instrument the previous day to soak it again, may be because the CSSD autoclave or the ward sterilizer is not working (P19).

> In wound dressing, no dressing forceps, I was forced to use almost unsterilized instrument for wound dressing, soak in Jik solution for 20 minutes and another patient will use it. Poor sterility using Jik in theory in class is 1:6, but in clinical area, the Jik is 1: 1 bucket of water. No autoclaving/sterile technique was practiced (P20).
>
> In some wards, they observe sterility, but in other wards the nurses do not observe sterility in wound dressing. I had to wait for a nurse to finish her procedure with a trolley before I could use it for wound dressing (P17).
>
> Students do not know how to use some of the dressing instruments. I had a challenge with wound dressing where I used dissecting forceps in place of artery forceps and a nurse that was passing by put me through. And this was because I was not properly exposed to those instruments during practicum. Nurses also do not observe proper aseptic technique in wound dressing, they do not observe the use and indication for wound dressing and this is a serious gap (P2).

In addition, participants in this study also reported gaps in medication, checking of vital signs, hand washing technique and use of PPE in the following statement of theirs: 'In medication, nurses manipulate the time of giving the drugs to make work easier' (P11). 'Medication procedures are not done well' (P8). 'In medication, the nurse must make sure the patient swallows the medicine before leaving the bedside, but it is not done in practice' (P14).

> A lot, in bed making, vital signs feeding and medication only seen in theory, it is only at Oncology that they ensue they carry out medication properly with proper education on that. Others do not carry out the correct procedure in medication according to what is taught in the theoretical aspect of nursing (P 20).

The participants' experiences of gap in medication may be related or attributed to the specific wards where they worked as one of the participants and gave a different comment on gap in medication as thus: 'They do well in medication on a general note' (P13). 'There is gap in vital signs check' (P11). 'In vital signs, we were taught to set tray, put a swab, but this is not obtainable in the clinical area because of not having enough instrument in the ward' (P1). 'In maintenance of hand hygiene and hand washing, I never practiced or have situations that did it how I was taught' (P13). 'In standard procedure and PPE, nurses are always improvising' (P18). 'Not enough water and free mask to work with. No provision for students in the use of face mask, they hoard it' (P4).

> In vital signs, students know about the values of the systolic and the diastolic BP but do not know how to use the BP apparatus thus constituting gap in vital signs procedure (P2).
>
> Another area of gap is a vital sign, in theory, patients are monitored at specific time internals, but in the clinical area, nurses do not meet this specification, may be because of short staff where you have just two nurses monitoring all the patients in the ward together with other procedure to be done (P5).
>
> In the use of protective equipment, we were taught in the class but in the clinical area we did not see the practice. The only protective equipment used on the clinical area is gloves (P13).

Gaps were also reported in these procedures – nursing process, oxygen administration, change of position, bed making, bed bathing, tube feeding, patients teaching and admission and discharges. And participants reported being taught the correct methods of carrying out some of the procedures in the classroom. Their experiences with those areas of gaps were shared as thus: 'Nursing care plan being taught in classroom is not being used to manage patients in the clinical area, so is a gap' (P18). 'Nursing process not done on daily bases in the hospital. Is only Female surgical ward that uses it' (P19). 'There are poor documentation procedures in the clinical area' (P20). 'Taking / handing over and client teaching are not actually done or rarely done' (P9). 'There is a gap in urine testing and catheterization in the clinical area because nurses are not allowed to catheterize and is a serious gap' (P17). 'In UNTH Enugu Female Medical Ward, a sickle cell patient died not because of the crisis but because there was no O_2 available to give to the patient' (P5, P16). 'In oxygen administration, students may name the parts of oxygen cylinder but cannot practice its use, cannot even locate the flow-meter' (P2). 'In admission procedure, the theoretical steps are not observed and taken e.g. the assessment from head to toe is either rarely done, done haphazardly, or even nobody does it' (P14).

> Nursing process is not done. The nurses only wait for the opportunity where students are posted to wards and they mandate the students to do like 3 to 4 and if not finished, will not be allowed to go. It is only in ward 6B that they do it (P13).
>
> Very significant procedures where gap exists are bed making, carbolization and their procedures. In clinical area, patients use their wrappers which are different from what is being taught in the classroom (P5).
>
> In changing position in unconscious patients and patients with difficulty in mobility, we were taught that it is 2hourly. It is not done often in the clinical area leading to pressure ulcer (P8).
>
> In bed bathing, the first time I did it in the hospital, I was shocked and disappointed because it was directly opposite what we were taught in the class, a lot of improvises are made because of lack of equipment' (P16).
>
> In admission we were taught that if there is a new patient, receive the patient, make the bed, open charts, check vital signs, put the belongings to bedside. But in practice in the clinical area, it is not done exactly the same way we were taught, the nurses just make the bed and direct the patient to the bed. In discharge too, the nurses just close the charts and look up to when the patient will go (P8).
>
> In tube feeding, the lecturers in the nursing department taught us not to push the tube content to avoid pressure in the stomach, but materials for pouring are not provided, so one ends up pushing (P20, P16).

Gaps were also reported by the participants in the areas of nursing management/administration, assisting in surgery, perioperative nursing, maternal and child health care and the baccalaureate nursing students' peculiar

experiences and perceptions concerning the gaps were shared as thus: 'Managerial function problem, nurses are not paying attention to the overall management of the hospital and this is gap' (P3).

> The nursing administration and management in the clinical areas is poor. For example, we go for 6weeks posting on nursing administration and management, but we end up doing procedures like wound dressing, medication and not the administrative posting we went for. In a class of about 160 students, only about 7 students had real admin posting experiences and I was one of them. Others were forced to go and do procedures (P6).
>
> In family planning, we were not allowed to practise procedures there; we were only allowed to record pregnancy test before the nurses commence the family planning because they believe we do not know it. This is a gap because we may not be able to have good practical knowledge and skills about it in future. The same thing is applicable with circumcision, delivery of babies and vaginal examination (P12, P15).
>
> In Newborn special care, I saw babies beyond one month and they have not received BCG. When I confronted the nurse clinician, she said it is a problem of the system, one excuse or the other (P13).

In contrary to the report by a few of the participants that nurses leave all the procedures and everything for the student nurses, one of the participants reported that nurses do not allow them to do some of the procedures which result to poor learning of those procedures and was seen as a gap. The following quotation clearly demonstrates this:

> But they do not allow us to do serious procedures like injection, tube feeding, removal of stitches, IV line setting. Because of this, we do not learn it and this is a gap (P7).

3.4. Educational Planning and Administration

This result showed that there are areas/situations in theoretical education where the participants identified gap which negatively influenced clinical practice. These areas include gaps in curriculum coverage, theoretical teaching and learning and methodology of teaching. The participants complained about the short timing / period of clinical posting and long hours of lectures/theoretical learning thereby leading to inadequate coverage of all lectures and practicals in the practicum lab. These overstress the students' brain, leading to poor understanding and learning which reflects in their clinical practice, though their complaints were not generalized to all the lecturers and all the courses. Statements showing these include: 'Period of posting is not enough, exposing us not to learn well in the clinical practice' (P12). 'Lectures are jam-packed, a lot of irrelevances and not striking a balance in the courses, no mastery of courses directly related to nursing by some of the lecturers' (P10). 'In the department, there is poor demonstration in the lab which makes the students fumble in the clinical area and it is a gap' (P9).

> Poor coverage of lectures and some lecturers do not meet up with what they are supposed to teach, students are left to find out or learn by themselves which make them resort to internet. Some lecturers do not come to the class at the beginning of the semester, but when exam timetable comes out, they rush lectures. Some of them are doing post graduate program which make them rush lectures and these gaps are connected to the TPG we are experiencing during clinical practice. But there are changes we are noticing now that we have a male HOD (P11, P18)
>
> Some lecturers horridly complete their curriculum and some topics are not covered, some lecturers always tell students to read up and instead of teaching, the students are forced to go on presentation, Google as continuous assessment, and I don't understand it, and when I come to clinical practice, I am confused; it seems as if we were not taught (P2, P14, P20 and P3).
>
> In reproductive health, especially family planning practicals were not taught / demonstrated in school, so we meet them for the first time in the clinical area. In fact, for my set in maternal and child health, we lack in practical. For example, we have reproductive lab in school but they take us there only for exam. We met them for the first time in the clinical area. I can say that we are not prepared enough before posting to the clinical area; therefore, we meet things that are strange and we do not know what to do and hence, there is a gap. For example, the lecturers showed the anti-shock garment duly to the few of us that are doing midwifery in the practicum lab just 2 days to the exam. I did not learn anything there that day. I had to go back home and browsed it more because of the exam (P6).
>
> Time of lectures is too long, it is from 8am to 5pm. Some lecturers do not pass the information, and they do not care to know whether we understand or not. But some lecturers are lively (P 15).
>
> In the theoretical aspect of nursing administration, we were not clearly taught and when we went to the ward for our posting, the nurse managers started asking us what we were there for (P13).
>
> Not teaching with model in all the cases e.g. reproductive health is not done well in the school, students crammed and in the clinical area, it becomes a challenge trying to put into practice (P8).
>
> Some of the teaching strategies are not enticing and do not promote our interest. It seems as if coming to the class is a sort of punishment because they tell us to go and learn most of the things on our own (P10).
>
> Poor learning as some students at the back of the class do not see the lecturers well when they are teaching and demonstrating in the practicum lab. These gaps are connected to the gaps we experience in the clinical area (p17).

3.5. Relationship and Attitudes

Our result here revealed the relationship and attitudinal gaps that exist in the process of rendering nursing care to patients during clinical practice. Participants felt that unhealthy relationships constitute gaps which exist between student nurses and nurse clinicians, within nurses themselves, between student nurses and lecturers (intra–professional),

between nurses, student nurses and other health care professionals (inter-professional) and between nurses and patients. These intra-professional relationship gaps were shared in the following comments of the participants as thus: 'Poor level of assertiveness among junior nurses, reason being that the clinical environment is often hostile. They cannot confidently express their feelings because of the estranged seniority' (P14). 'Staff nurses have wrong perception about university based students nurses. They see us as novice and because of this, they only allow us to do minor procedure' (P7).

> In the female surgical ward, a senior nurse said openly in the presence of students during taking over that she would slap a junior nurse because of just a statement she made. Therefore, the nurses on the clinical area do not conduct themselves well, they disrespect even other junior nurses (P19).
>
> Most nurses do not encourage good nurse–student relationship. There is gap in that area; they do not allow us to air our view and opinion. Once they order something, they expect you to carry it out irrespective of any difficulty or uncertainty that occurs (P20).
>
> Sometimes, staff nurses in the ward complain that UNEC students are not serious. They commend the hospital based student nurses from school of nursing more than us and this is affecting us psychologically. There is jealousy among the nurses in the ward that we are BSC. Nursing students, always addressing as 'ndi BSC' means these are BSC nursing students. These R/N nurses pick offence easily with us when we make mistakes. This affects our relationship with them and our nursing practice too and there is a gap. The ones that help us are those with their BSc. Nursing (P6).

The relationship gap was also evidenced in the unwelcoming attitudes of some of the lecturers toward the students when they bring report of their experiences in the clinical area to their lecturers. The following statements clearly demonstrate this:

> Some nurse educators are too strict, we are scared of being victimized, therefore will not go to them to explain our experiences in the clinical area. When one complains to them, they start scolding and one feels he or she will be victimized in the assessment. Except those of them that are lenient and we are free with (P6).
>
> But in class, the nurse educators are not empathetic, they teach us empathy, but act so indifferently when we are under stressful condition. This really makes us feel that it is a mere theoretical knowledge that should not be put into practice and in practice it reflects in the clinical area. They are expected to live exemplary life; they should live what they teach. At times, they shout at students when you call or remind them to come for class, then at the end they give you bulky materials to prepare and you cannot compare a presentation to lecturers' lecture. They should know how to manage stress, not to transfer it to student because the student will eventually transfer that to patients (P5).
>
> Low interest and passion for the profession and practical by students is another gap. Students take posting laizze faire. Instead of concentrating in their practical experience, they sit down taking 'selfies' (P2).

Furthermore, inter-professional relationship gap was reported by the baccalaureate nursing students. This was prominent between nurse clinicians and doctors, student nurses and doctors and nurses/students and other health care professionals like lab scientist. Statements in this regards include: 'Problems between student nurses and doctors. Doctors downgrade the students and are need to them. No good relationship between doctors and nurses during ward round' (P9).

> 'The doctors do not respond to immediate call and it brings problem in their relationship with nurses' (P2).
>
> Cold conflict between doctors and nurses is so bad and this is a gap. A situation where a doctor on night call was called to come and give IV drugs, he did not come and when the nurse helped because of the benefit to patient, the doctor came in the morning and was shouting (P13).
>
> Poor inter-professional relationship (conflict) is a serious gap. There are a lot of catastrophes, as if we are doing world war. The relationship is very much bad between nurses and other health care professionals. I had a peculiar experience with a lab scientist who wanted to collect urine sample from urine bag. I advised him to collect it directly from the catheter but he insisted and collected it from the bag (P13).

Again gap in relationship also exists between the nurse and the patients. The participants made this report based on the experiences and their observations during their clinical practice. This might be because of either the attitudes of the patients or the nurses which either delays or obstructs the care to be received by the patients. The statement revealing this includes: 'Nurses do not relate well with the patients' (P9).

> An instance like one of the qualities of a nurse is empathy, in the clinical areas, the nurses emphasize empathy but they are not empathic; some nurses are aggressive to patient and this is a serious gap because it makes the nurse practitioners lose the confidence patients have on them (P5).
>
> There is a lapse in the staff patient-relatives rapports. Nurses do not excuse the patients' relatives during procedures, and because of the love and concern the patient relatives have for their loved ones on admission, they are curious and inquisitive to know what was going on with their relatives. I have an encounter where a patient's relative, who did not know I was a nurse, staged me on an argument because he has little knowledge of what I was doing and wants to know whether I was doing it correctly or not. We even had to bring out phone and Google it so as to clear out an argument before I continued with the procedure. So, the nurses are supposed to excuse patients' relatives out so as to have full right and free to do their procedures (P2).

3.5.1. Strategies for Bridging the TPG

Two broad themes namely-Perceiving response to TPG and Worst experience in responding to TPG were used to address the objectives on their overall perceptions with the strategies for closing the TPG during clinical practice. They were further separated into sub-themes for better understanding.

3.5.2. Perceiving Response to TPG

This emergent theme exposed the participants' perceptions of how the academics and the clinical areas can help in responding to and closing the TPG in nursing during clinical practice. Six sub-themes: Training and retraining; Interactive relationships; Behavior reformations; Resource provisions; Supervisory roles and Best recommendations in responding to the gap (all both in academics and clinical area) were derived to enhance the participants' perceptions on the response to TPG.

3.6. Training and Retraining

The participants shared their views on how workshops, seminars and other continuing education programs for nurses and nurse educators (to update them with the current trends in nursing education, practice and procedures) can help close the TPG in nursing during clinical practice. They explained that workshops and seminars should be organized from time to time for nurses in the clinical area, where they are reminded of the correct and innovative procedures and nursing activities to be carried out during patients' care. They also noted that nursing students should always be involved in and allowed to make their contributions during the trainings. Through this, they will have the knowledge of and always be conscious of those areas of TPG and make effort to use the corrective measures. The senior and other nurses should give corrective measures to their subordinates and nursing students. In addition, it was noted that the nurse educators (lecturers) should be involved and sponsored for those seminars and workshops by the university management to learn the innovative ways of lecturing the students, especially the use of demonstration and frequent practicum in the department before clinical posting. The lecturers should also not compromise in the standard of nursing education, come to the class as and when due and on time to ensure proper curriculum coverage. The participants also emphasized proper and constant clinical teaching of nursing students and other nurses by the clinical instructors, preceptors and nurse administrators in which corrective measures are given on the patients' care procedures thereby helping to close the TPG.

> The nursing services and hospital management should organize and sponsor nurses for workshops in the clinical area from time to time, include students in such seminars and allow them air their views (P4).
>
> In-training of nurses about the right thing and procedure to be done should be carried out. Nurses should also teach student nurses when they are on clinical posting. The academics should know the current equipment used in the clinical area and should teach in line with it (P19).
>
> Continuing education for nurses in the clinical areas to update them with current trend in practice should always be organized. Generally also, the students should have adequate classroom teaching and should be involved in seminar and workshop, and the knowledge demonstrated in the practicum lab before clinical posting (P7).
>
> The nurse educators should teach the standards of procedures in the classroom/practicum. They should also teach the use of improvised materials because in Nigeria, it is almost impossible to have a hospital well- equipped so as to curb the gap (P5).

'Lecturers should use demonstration teaching methods while teaching' (P5). 'Lecturers can go for seminars from time to time to learn some other ways or things they can use to teach the students' (P16). 'Lecturers should come for lectures on time, give us proper orientation and teach us all expected from them' (P6). 'Lecturers should introduce frequent practical in the practicum lab, so that even if we do not learn it in the hospital, we will learn it in the lab' (P3).

3.7. Interactive Relationships

It was found out that good intra and inter professional relationships contribute in narrowing and closing the gaps that exist between theoretical and practical aspects of nursing care. These are between the nurse educators and the head of the department, among nurse clinicians, between nurses, nurse educators and student nurses and between nurses and other health care professionals involved in patients' care. A few of the participants noted that in academics, the interactive relationship is in the form of proper communication between the lecturers and students where the students are encouraged to share their experiences on areas of difficulties with their lectures. They also commented that good rapport should also be created between the nurse clinicians and the baccalaureate nursing students where the nurses are encouraged to carry the students along during clinical posting by correcting, mentoring, guiding and supervising them and not addressing them as 'ndi BSc nursing' meaning BSc people. The following statements illustrate their opinion: 'Proper communication between lecturers and the nursing students so that the students can let the lecturers know their own view' (P7). 'The nurse clinicians should inculcate good communication skills and know the flow of communication' (P5). 'The staff nurses should create good relationships among themselves and between them and the nursing students and not addressing us as 'ndi' BSc nursing' (P6).

> Through good communication, the lecturers should give feedback to the department on their challenges so that they will be looked into. This is because we have come to practicum where we were told that 'this is this' but did not see it (P13).

> There should be encouragement on anonymous collection of data from the students concerning the clinical area and the school, and such data submitted and discussed with the chairman Medical Advisory Committee (MAC) (P11).

Participants also considered collaboration between academics and clinical area as part of the interactive relationship that can help in reducing and closing the TPG in nursing during clinical practice. They noted that collaborative efforts should be made between clinical nurses, the academics and the chairman of MAC to interact on how to improve on working together with each other. Statements in this regards include: 'The staff nurses should create good relationships among themselves and between them and the nursing students and not addressing us as 'ndi' BSc nursing' (P6). 'The clinical area and school should interact to bridge the TPG that occurs during clinical practice' (P4). 'The academics should work in collaboration with the ward management. When the clinical instructors come for supervision, they should ensure students 'sign-in' and 'sign-out' in the attendance' (P5).

> Information should be passed from our lecturers to the nursing services department/administration and vice versa on what students reported concerning their experiences on those gaps so that measures should be taken to handle them (P12).
>
> The academics can write to the clinical area on what they generally want on the students during their clinical posting. There needs to be a collaborative effort among clinical nurses, the academics and the chairman of MAC to rub minds together to arrive at a strategy to improve working 'hand-in-hand' with each other (P11).

Furthermore, some of the baccalaureate nursing students emphasized that good inter-professional collaboration between nurses and other health care professionals like doctors will help expose the job description of each health care professional and thereby control professional conflicts and this will contribute in closing the gap. This was exposed in quotations like: 'Good inter-personal relationship between nurses and other professionals can contribute in reducing the TPG in nursing during clinical practice' (P1). 'Those nurses at administrative positions should work in collaboration with other professionals thereby controlling professional conflicts with good job description which help in closing the gap' (P5).

> Doctors should delete/correct the wrong perception they have about nurses as this will promote good inter-professional relationship between nurses and doctors thereby encouraging improved patients' care and subsequent reduction in TPG in nursing during clinical practice (P7).

3.8. Behavior Reformation

This sub-theme revealed the participants' description of those activities like remuneration/motivation, attitudinal change and assertiveness that encourage behavior reformations among nursing students, nurse educators and nurse clinicians in the clinical practice that contribute in reducing and closing the TPG in nursing. The participants narrated that the remunerations and motivations are in the forms of promotions, payment of all due allowances, salary increments and salary payment as and when due to the lecturers and nurses in the clinical area. The academics and nursing services can motivate the lecturers and nurse clinicians orally by selecting the best lecturer and nurse of the year, and giving them awards and incentives thereby encouraging a positive reform in their behaviors. Quotations supporting this are as thus: 'Department should motivate lecturers like appreciating them, select best lecturer and give them incentives so that they are motivated to teach the students' (P18).'Paying the nurses all their allowances to motivate them makes a positive change in behavior towards their work' (P16). 'Nurses' incentives like promotion and salary increase can motivate and encourage a positive behavior change among them towards their work thereby reducing the TPG in nursing during clinical practice' (P2). 'Motivation and use of incentives to nurses so as to encourage a friendly attitude and cordial relationship with students and other co-workers can help reduce the TPG' (P20).

> Management can motivate nurses orally by encouraging the preceptors to teach the nursing students. The nurses and nurse educators can also be encouraged financially by increasing their salary so they will be happier while working (P17).

Secondly, participants noted that positive attitudinal change is one of the ways of achieving behavior reformation among the students, nurse educators and nurse clinicians towards their work and patients' care. The students should be encouraged to remain committed and have interest in their clinical posting as this brings about good practical learning and clinical practice of nursing procedures thereby reducing the TPG. It was advocated that students should take instruction from the lecturers and staff nurses, and apologize when they go wrong for proper learning. Developing interest, personal discipline and reading their books by both the students and nurse clinicians before going for clinical posting and to work are good attitudinal changes in clinical learning and practice that help in controlling the TPG. Being empathic and punctual with the lectures by the lecturers can also contribute in reducing the TPG. One of the participants also noted that preferential treatment should not be given to the hospital based student nurses as this demoralizes the baccalaureate nursing students thereby negating their attitudes to work. Emphasis was also made by one of the participants on the use of punitive measures on both the students and nurses that misbehave to achieve a good attitudinal change towards patients' care and practice of procedures. Statements revealing this are as thus: 'The students should be encouraged to see the need of being committed to their posting' (P6). 'Nursing students should take instructions from both the lecturers and nurse clinicians, and apologize when they go wrong in order to learn better' (P12). 'Students should develop interest, personal discipline and read their books before coming for posting' (P10). 'Lecturers should adopt proper time management in coming for their lectures' (P14). 'Some of the lecturers should be empathic, not hostile and try to be punctual with their lectures in the classroom' (P5). 'Nurses should practice the procedures correctly so that the students will learn from them and patients will improve' (P13). 'Some staff nurses should stop giving preferential treatment to the school of nursing

students' (P12). 'The staff nurses should not see clinical posting as a means of leaving their duties to the students' (P6). 'Nursing students and nurse clinicians that misbehave should be disciplined' (P2).

3.9. Resource Provision

Participants in this sub-theme shared their views on how manpower and material resource provisions can help in closing the gap between theory and practice in nursing during clinical practice. They narrated that manpower provision is in the forms of employments of more nurse educators and nurse clinicians to improve the staff strengths for duty coverage, reduce the workload for the available ones and fill-in the spaces created by mass attrition of nurses to developed countries. Statements in this regards are as thus: 'Employment of more lecturers to reduce the workload' (P20) and 'Reduction of the workload of staff by employing more nurses' (P16).

> Nurse administrators should write to hospital management to employ more nurses so that the available ones can now have time to teach patients and carry out their duties diligently. And also the staff strength of lecturers should be improved (P17).

The baccalaureate nursing students further noted the provision of material resources as one of the strategies for bridging the TPG. Included here are the provisions of all equipment and adequate instrument for the delivery of care, basic amenities in the ward, structures like improving the capacity of the demonstration lab, large classroom to accommodate the number of students admitted for adequate theoretical and practical learning, ensuring conducive classroom by provision of enough seats and adequate light in the classroom and provision of means of transportation for clinical posting for nursing students. One of the participants even talked about building separate hostels for nursing students to ensure proper interactions and sharing of experiences among themselves and ways to manage the gaps in their experiences. The participants' suggestions were manifested in the following quotes: 'The management of UNTH Ituku/Ozalla Enugu should provide adequate equipment like sterilization equipment' (P19). 'Management of the hospital should provide all equipment especially bed linen for care' (P12). The Management should improve the capacity of the demonstration lab and classroom, and encourage the hospital management to provide the equipment for nurses and students to practice with' (P17). 'There should be provision of adequate size of classroom' (P1)

> The HOD of nursing academics through the university management should ensure enough facilities to manage the number of students admitted, and the nurse administrators to apply for support in the provision of adequate equipment for delivery of care (P18).
>
> The classroom should be conducive like providing enough seat and adequate lightening for students to make learning easier, and then manage the available instrument in the ward like having cupboard for instrument under lock and key and safeguarding those equipment (20).
>
> Possibly, make available for means of transportation for students, repair departmental bus for posting. School management should build separate hostel for nursing students where they can interact and share their experiences among themselves and ways to solve and manage the gaps in their experiences. Hospital management should also make equipment available (P6).
>
> The department can ask the alumni of the school to procure things that are lacking. The nursing services should request for materials and follow it up so that management can provide those materials. Management should also go for originals while procuring equipment. In one of the wards, management provided sphygmomanometer but it was not functional (P11).
>
> There should be adequate provision of materials to work with. Getting a bigger lecture hall, if the classroom can be extended closer to the teaching hospital/clinical area, it will be better. For example, in UNIPORT, the nursing students' classroom shares a common fence with the clinical area, so, it is easier and interesting for students to enter for clinical posting (P16).

3.10. Supervisory Role

The participants' advocated dedicating time for adequate supervision of students by the clinical instructors from the school and nurse clinicians during clinical posting to effect corrections during procedures, prevent absenteeism and truancy on duty post. In addition to supervising, some lecturers, during lectures and practical demonstrations, should also evaluate the assessment of students' performance. The participants also noted that nurse managers should supervise their subordinates and be assertive so as to effectively delegate duties to subordinates and be firm to effect corrections where things and procedures are wrongly carried out. The following quotes illustrate their opinions in this sub-theme: 'Department should evaluate how lecturers deliver their lectures through the assessment of students' performances like failure rate and success rate and change lecturer if students perform badly in that course' (P11). 'Nurse Administrators should go round to monitor how the work is being done' (P18). 'Nurse administrators should appraise their nurse subordinate, do proper auditing of the work they do and practice being assertive' (P9). 'Nurses should ensure adequate supervision of students to correct some ways of practice' (P10). 'Nurses should supervise the students so as to prevent absenteeism and truancy on duty post' (P2). 'There should be proper auditing of nursing care activities both for nursing students and trained nurses' (P3).

> The academics should ensure the clinical instructors go for supervision and teaching of students on posting possibly on daily basis. They should ensure all lectures are taught with projectors. A video of a particular lecture and demonstration before starting the teaching will be helpful (P19).

> Nurse educators should supervise students regularly, because for six weeks posting, some students may not even come at all or they come once. Again, good clinical supervision by nurses in the clinical area and correcting students when necessary is very important (P12).
> The nurse administrators should supervise their subordinate to ensure the procedures they ought to do are being done well, and school should monitor the movement of the students to make sure they go for their clinical posting (P16).
> The staff should try to carry the students along during clinical posting, guide and supervise us because 99% of nurses in the clinical area do not supervise us to know whether we carry out the procedure well (P6).
> There should be a supervision team to ensure that proper nursing procedures are being carried out, and corrections and proper follow up to ensure that lay down procedures and rules to close the gap are followed (P8).
> Nurse clinicians should be to ensure proper supervision and follow up of students to ensure they are doing the right practice because I have worked in the ward where instruments are never sterilized, they just soak them in Jik-bleach for ten minutes and use them (P13).

3.11. System Reformation

These were bordered on regulation of students' admissions, curriculum review and coverage, safe and conducive practice environment and for teaching and learning, correct practice of procedures, disciplinary and corrective measures, restructuring of duty roster, regulation and upgrading of training institutions and practice areas by the NMCN. Re-designing of duty roster and or restructuring nurses' shift duties at UNTH Ituku/Ozalla is seen by participants as a way of reforming the system to provide enough number of nurses to cover each shift. They considered abolishing online degree awarding nursing programs like Open University by the NMCN as one of the strategies for closing the gap. Working hand-in-hand with the student associations by the nurse administrators to share their perceived challenges is another way of reforming the system that can help in bridging the gap between theory and practice.

Furthermore, the participants in this study noted that the HOD Nursing Sciences, Faculty members and NMCN should make their recommendations to the university and insist on it, concerning reducing the number of nursing students admitted considering the size of the classroom and the practicum lab available or consider increasing their capacity for adequate teaching and learning. Reviewing the curriculum of the baccalaureate nursing program by the department, together with NCMN and representatives from the nursing administration to increase the timing of clinical experience and practicum in the demonstration lab, then reviewing the theoretical courses were also seen by participants as other reforms that can contribute in bridging the gap between theory and practice in nursing. The baccalaureate nursing students said that implementing the policy of punishing those nurses and students that fail to carry out their duties will help to introduce fear among them, make them devote time to their work thereby contributing in reducing the TPG. The following quotations demonstrate their opinion on this: 'The nursing services should look into and restructure nurses' shift to ensure enough nurses on duty to care for the patients and as well teach students to close the gaps' (P19).'Ward managers should design work roster in such a way that attention should also be given to nursing students' (P10). 'The department should advise the university management to reduce the number of students admitted' (P11 and P18). 'The department should work with the requirement of the NMCN on admission, like 70-200 students per session, so that they can impact more on the students' (P4).

> The academics should make more room in the curriculum for clinical experience so that it will be covered while sending students for clinical experience; the school should specify in clear terms the specific things they want the students to do and they should supervise it. The school sends letter, but that is not the issue. The NMCN should regulate the in-flow, the nature of the profession. They should upgrade all schools of nursing to diploma and degree awarding programs and should abolish Open University nurses because of lack of skills and theoretical knowledge to practice some of the procedures which contribute to the gap (P5).
> Ensuring the duration of course is enough for that course, ensuring conducive environment for teaching and department should give report to the university management to help. Both hospital and school management should also introduce a policy like punishing those that fail to document their care (P9).
> The academics should also work on their curriculum, reach out to the clinical area, observe the procedures and what is on ground and integrate to their curriculum. Seminars should be organized for the lecturers where they will be made to understand the need to cover their curriculum (P13).
> Nurse administrators can work with nursing students' association to share their perceived and real challenges to close the gap. The academics should adopt reducing the number of nursing students admitted into the nursing department to the level they can manage (P14).

3.12. Best Recommendations in Managing the TPG

This study exposed the baccalaureate nursing students' individual views on the best recommendations in responding to the TPG in nursing during clinical practice. Their opinions ranged from resource provision, continuing education, interactive collaborative relationship, behavior reformation, supervisory role to system reformation. In resource provision, participants recommended material resources like big lecture halls in the department, equipping the hospital with the necessary instrument and human resources such as employment of more nurses and lecturers to reduce the workload on them as best response to TPG. In behavior reformation, one of the participants mentioned intensive

practical in school and with dummies, while another participants talked about the use of projector and models in all the lectures periods. Again, in interactive collaborative relationship, participants recommended exchange of feedback between the academics and clinical area. Improving the interpersonal relationships between nursing students, nurses and doctors were also mentioned.

In addition, some of the participants recommended training and retraining of all the stakeholders like the lecturers and nurse clinicians to equip them with adequate knowledge of and current trend in each clinical procedure and solution to TPG, while others noted supervisory role and follow up by stakeholders as best recommendation in responding to TPG. Strategies noted under system reformation as the best way of managing the TPG including extension of the clinical posting period in all the semesters for improvement in clinical practice. Conduct of more researches in this area and topic of study was also seen as the best strategy for tackling the TPG with abolishing schools of nursing for improvement of training standard inclusive. This was expressed in quotations like: 'I think the best that can be done is starting from getting a big lecture hall for students, then employing more lecturers to distribute the work load on available ones' (P16).'Intensive practical in school, there the challenges we face in the clinical posting will be handled' (P6). 'Not just theories but using projector or models during lecturing period' (P15). 'Sharing feedback between department and the clinical area, because lecturers just come and take attendance without trying to get feedback from the clinical area' (P11). 'There should be an evaluation in the students' productivity and an improvement in the interpersonal relationship among students, nurses and doctors' (P3). 'Hospital should organize workshops and seminars for all stakeholders to address these gaps (P9 and P4). 'Have a system of appraising the lecturers like use of questionnaire, then designing program so that the same time should be allocated to theory and practice' (P10). 'Extended clinical posting for students in other semesters should help students do well in clinical practice' (P7). 'Nurses should be encouraged to conduct more researches in this area of TPG' (P14). 'Improvement in the standards of nursing education, making it go in line with the current practice' (P19). 'Scrapping/removing anything about school of nursing because that is the commonest cause of the problem' (P12).

> Equipping the hospitals with necessary equipment so that after being taught in the class, when one comes to the clinical, she will see equipment to use for patients' care, and nurses will also see equipment to work with (P20).
>
> Provision of equipment to work with in terms of current equipment is easier. In developed countries, monitors can give all the recordings at the same time. It should also be used here because it saves time (P1).
>
> Training of students, retraining of lecturers, making sure they have the basic qualifications and are certified, and retraining of nurses in the ward on good knowledge of each clinical procedure and its requirements (P2).
>
> Lies in the hospital- set up stakeholders to monitor and ensure that some standards are met, ensuring that students must achieve what they are supposed to achieve before leaving the hospital. Proper follow up for all these has to be carried out (P8).
>
> Supervision- admin nurses should supervise students and staff nurses to ensure they are carrying out the procedures the right way. NMCN should always do impromptu visit to schools/department to ensure they have conducive environment for learning (P18).

3.12.1. Worst Experience in Responding to TPG

This broad theme exposed generally the baccalaureate nursing students' expressions of their worst experiences in responding to TPG during clinical practice. It leads to the extraction of two sub-themes (poor resource provision and non-progressive system reformation) to describe these experiences.

3.13. Poor Resource Provision

Participants narrated that poor resource provision is one of their worst experiences in responding to the TPG as most times the resources are not there, not enough and some available equipment are not functional. Because of poor availability of human resources, there is poor staff mix where students are used in place of nurse clinicians in covering duties. This is also applicable in academics as there is continuous increase in the number of students admitted yearly compared to the size of the classroom. Participants also felt that neglect is part of the causes of poor resource provision as nothing is being done to their complaints, and request being made by nurses for the supply of those equipment and response to those requests are sluggish. 'It does not seem if they will supply those equipment for dressing because the nurse will always tell me, work with the available ones or improvise' (P20). 'In trying to procure the equipment, at times the hospital management brings the wrong and non-functional/faulty ones' (P9). 'In areas of provision of Personal Protective Equipment (PPE), the management has closed its eyes towards that' (P19). 'Non-provision of equipment for practical' (P6). 'The academics seem not to be thinking about expanding the lecture hall and each year they admit more than 200 nursing students- This is a major problem' (P16).

> Since nurses are used to giving care that way or improvising, I do not think that they are doing anything to help solve this because even the ADNs are aware of these and presently nothing is done about that. Some ADN nurses are not interested in correcting the junior nurses (P12).
>
> Neglect, because people/students are complaining that nothing is done about it. Because one of the experiences of gunshot in the public bus that students use in going for posting was reported and the school did not do anything about it (P11).

> The school is not ready to close the gap because a lot of lecturers left and travelled abroad and some of their lectures were not handled. Again I am not seeing the provision of equipment as something the hospital management is ready to do in this present situation (P10).

3.14. Routinizing Wrong Practices

Participants noted here that efforts are not being made to resolve the gap. Some stakeholders see some of those gaps as routine practices and are adjusting to them because efforts being made by a few good stakeholders (lecturers and nurse clinicians/administrators) are not felt. One of the participants emphasized that poor personal skill to carry out the procedures was the worst experience in managing the TPG. And it was also noted by another that politics has roles to play in closing this gap and nurses are poor in that and because of this, they are not receiving the needed support in closing the gap. Statements revealing these include: 'In some procedures like vital signs check, bed making, etc, these gaps are seen as being routine and normal' (P8).'In the clinical area, nobody is making effort to ensure that doctors and nurses work together during ward round' (P7). 'Not actually having enough skills personally to carry out the procedures by some nurses' (P17). 'I feel there is no cooperation between the academics and the hospital admin. Both are at logger-heads. They are not agreeing' (P2).

> I think some nurses are not really aware of these gaps since they do not always do the supervision. Sometimes it is like a generational thing, the junior staff copy from the senior ones (P18).
>
> They are not interested in communication and doctors feel they are on top. Management is not interested in paying the nurses. What nurses are paid is not equivalent to the work. In abroad, it is different (P3).
>
> I think politics has role to play in nursing profession. We are so poor about that. Student nurses are not allowed to go into politics. Nurses do not have the support they need and this indirectly affects paying the professions' synergy (P5).
>
> Not sticking to the timetable by some lecturers which I believe if done will go a long way to help cover the practical curriculum and thereby reducing the gap. Some nurses in the clinical area are not even ready to do the close supervision of younger nurses and students, which I feel if they do, will go a long way in closing the gap. The management of the hospital has always heard about shortage of nurses and it is not ready to do anything about it (P13).
>
> In the class or department- It is like the same thing every year. The younger and older students are saying they had similar experience every year and nothing is being done. Nurses are doing the same thing, not trying to improve. The hospital administration is not trying to do what it is supposed to do (P1).

4. Discussion of Results

The participants in this study demonstrated adequate understanding of the term TPG through their varied interpretations of the term. This was based on their experiences during classroom teaching and learning and in the clinical area. In this regard, a few of the participants preferred their experiences in the clinical area than that of the classroom and vice versa, while some identified TPG in both areas, as problem in academics being linked to the clinical area and that in the clinical area linked to the academics and that knowledge can be transferred between them. Based on the participants' understanding of the meaning of TPG, they interpreted as an incompatibility and disparity between the theoretical and practical aspect of nursing; a shortfall, lack and differences between what is being taught during classroom teaching and what is obtained in the clinical area, failure to match the theoretical nursing educations with the clinical practice, a missing link between theoretical nursing education and the clinical practice. These findings may result from the fact that the participants have completed their theoretical nursing education and clinical practice experiences and have actually experienced these gaps. The nursing students are also the central focus and key players in clinical learning, practices and training. Experiencing and understanding the TPG that exists in clinical practices by them is crucial as it permits them to make adequate and prompt contributions towards explaining and interpretation of the concepts of TPG, the areas where it exists and measures for reducing and closing the gap. This result supports that of the quantitative study of Mahmoud (2014) which shared that there was gap between their theoretical knowledge and the actual clinical procedures (54.%), and not all theoretical knowledge can be applied in practical skills (50.8%). Also in the study of Saifan et al (2021), nearly all the participants directly or indirectly reflected the presence of a gap between what they have been taught in theory and what they have found in the clinical training. And TPG was explained in that study as a distancing of the theoretical knowledge from the actual being of practice. The findings of this current study agreed with the report of Scully (2011 and 2021) that TPG in nursing occurs when the textbook descriptions of clinical situations cannot be matched with the reality of practice and is a common challenge for students who find themselves in the midst of theory practice void, and also a potential lack of proficiency among nurses in both their clinical skills and critical thinking ability. Again, in the quantitative study of Wasini et al (2019), respondents indicated their options in the conceptualization of TPG as a discrepancy between what is learnt and what is practiced, inability to transfer classroom knowledge to practice and failure of practice to live up to theory.

The result of this study showed that the most predominant of the clinical procedures where gap was identified are; wound dressing correct observation of vital signs maintained, procedure for it not followed, manipulation of valves, etc). Medication; use of nursing process in patients' care (not done, students being forced to do at least 4 daily, nursing care plan not written) (Odetola et al, 2018); Bed making (patients use their wrappers and hospital customized bed sheet); Admission and discharges (theoretical procedure for it done haphazardly or not done at all). Oxygen administration; Tube

feeding and Hand hygiene practices (not done because of lots of improvising, no water and shortage of face mask- face mask is being horded). The predominance of gaps in the above mentioned procedures may be attributed to the fact that these are the procedures commonly carried out for patients as almost all patients are commonly placed on medications and have their vital signs checked. These procedures are also always assigned to nursing students to carryout, hence their ability to observe the gaps in them. This study also revealed that the correct step-by-step process to carry out these procedures are not followed, some nurses still practice old method, some of the procedures are done haphazardly, the times of carrying them out are altered. Some students do not also know how to use some of the available instruments for those procedures. Contrary to the result of gaps in medication, one of the participants reported that they do well in medication, while another one emphasized that it is only in one ward that medication procedure is done correctly and this suggests that there is no TPG in medication procedure in that particular ward. And this may be linked to the sincere and devoted attitudes of the nurses and ward heads in that ward. It may also result from the fact that the participant might not have been observant enough to notice the loopholes or the gap in medication procedure in that ward.

This result concurred with the findings of the study of Jones and Johnstoneb (2019) where participants identified what constitutes the gaps/the areas of gaps to include patients' assessment and recording of vital signs (like failure to check patients' temperature, failure to recognize and set up patients' observation in the recovery room, skipping observation, making observation up); medication errors like omitting drugs and wrong knowledge of drugs; deficient clinical handover, not doing things normally or doing things too quickly without, planning, failure to communicate the information required to plan and deliver care, O_2 administration and use of ventilator, incorrect patients' positioning. Aseptic technique was not done in real practice setting (44.3%) (Mahmoud, 2014). The result of the cross sectional study by Bouchlaghen and Mansouri (2018) in Tunisia also revealed that 67% of the respondents observed that nurses failed to execute the technique of hand washing in accordance with WHO recommendations for it.

This result demonstrated gaps in theoretical and practicum curriculum coverage, theoretical teaching and learning methodology, short timing/period of clinical posting, long timing of lectures thereby leading to inadequate coverage of lectures and practical in the practicum lab. These overstress the students' brain leading to poor learning which reflects poorly in their clinical practice. Though the participants' complaints were not generalized to all the lecturers and all the courses which go to say that some lecturers cover the courses they teach as reflected in the statement that 'some lectures are lively'. Because of the poor curriculum coverage, the students are not prepared enough before clinical practice especially on the aspects of family planning, maternal and child-health, theoretical aspects of nursing administration and pharmacology. The practicals are not demonstrated in school and the students are only taken to the reproductive lab in school for exam. The poor coverage of the curriculum may result from the facts that some of the younger lecturers are doing their post graduate program which result in rushing their lecturers to cover up; shortage of lecturers resulting from mass attrition, and here some lectures are mandated to take up courses they are not used to teaching; unconducive teaching and learning environment; not mastering of the courses they teach by some of the young and new lecturers. The short period/timing of posting brings about poor clinical learning and practice thereby leading to TPG during clinical practice cite.

The result of this study agreed with the statement of Saifan et al (2015) that there is gap between the theory and practice component of nursing education ranging from inappropriate teaching technique, to the curriculum and instructors which may cause students to have difficulties in linking what they have learnt in the classroom with the reality on ground in clinical practice. Kermansaravi et al (2015) in their study found out that traditional teaching method (narration) was used in most classes and most clinical instructing used one way teaching method where students were not permitted to participate in class discussion. Findings of Salah et al (2018) also tallied with this result as the subject titles in the curriculum were not completely covered, instructors did not have sufficient mastery of subject and had poor explanation abilities and there is existence of lag between educational expectations and ward expectations.

The unhealthy relationship gaps between patients and the care personnel and within the care personnel may be attributed to work related stress from heavy workload, home related stress carried to the office, poor motivation and incentives, poor knowledge of procedures resulting to poor assertiveness, while the patients' poor attitude to nurses may result from either academic background, home training, poor exposure or sickness situation of patients. These delay and obstructs are thereby negatively affecting patients' recovery. The jealousy for the baccalaureate nursing students/program by the staff and hospital-based student nurses may be associated with fear of seniority after graduation and not having their own degree. In the study of Brown (2019), graduate student nurses verbalized difficulty in communicating with the healthcare providers. Secondly, the unhealthy relationship gaps between students and some lecturers which negatively influenced clinical learning and practices was evident in the unwelcoming attitudes of some lecturers (scolding and not being empathic) towards students when they bring report of their experiences from the clinical area to them. This may be because the students fail to route their report through the right channel, may be peculiar to individual lecturer, the way reports were presented and also the workload of the teachers.

In addition, the inter-professional relationship gap brings about litigations, inter-professional conflicts (that is failure in agreement on issues concerning patients' care), delay in procedures and care and may endanger the lives of patients. This may be due to the high ego among doctors feeling that they are more superior to nurses and are leaders in hospital/healthcare system administration; therefore, they should not take instructions from the other healthcare professionals which is believed to be inculcated in them during their training in the medical school. The doctors relegate nurses to the background and expect nurses to be their handmaid as in the days of old. In a study by Odetola et al (2018) tension between students and staff which restricted the students' opportunity to learn in the ward and put what they learn in practice was another area of TPG. The result of this current study contrasts with one of the findings in the study of

Brown (2019) using graduate nurses in which majority of the participants reported that the clinical orientation process was a positive experience.

The result of this study in the theme (Perceiving Response to TPG) revealed constant organization of workshops and seminars for nurses in the clinical area as part of the strategies for bridging the gap and that nursing students should always be involved and allowed to air their views during the workshops. Areas such as utilization of innovative measures, conceptualization of abstract concepts and active participation of all stakeholders to promote the desirable integration of theory and practice should be covered by the training and workshop (Botman et al, 2015). This will avail them of corrections in procedures and activities of interest and maintaining quality assurance in the nursing profession thereby closing the TPG. The above result may be due to the fact that through training and retraining, the understanding of the concept of TPG, the areas where it exists and the strategies for closing are exposed to the key players involved in the delivery of nursing care, corrective measures given on poor nursing care procedures, new innovations in those procedures learnt and therefore, if put into actions will go a long way in helping to close the gap.

The above findings are in agreement with that of the study of Greenway et al (2019) that empowerment of faculties and nurses in theories and practice requires the inclusion of one of the fundamental measures such as intensive and joint workshops for university professors, nurse educators, clinical instructors, clinical nursing directors, preceptors, familiarizing and empowering all nurses and reorienting nursing studies and educations. Ajani and Moez (2011, 2021) agreed with the above result by their comments that there is need to develop the knowledge and skills of healthcare professionals and set up a fast tract standard of educational training programs which consists of an academic module, continuing intensive/intensive programs, a four weeks' secondment to clinical setting and a project undertaken in workplace to bring about a change in practice incorporating a balance between theory and practice. Price et al (2011) also noted that adequate classroom teaching where students are able to equate theory to expected outcome and understand the science and art behind a certain procedure will prevent student from becoming confused during work integrated learning.

Baccalaureate nursing students felt that good intra and inter-professional relationships in academics, among nurse clinicians, between the clinical area and the academics and between nurses and other health care professionals involved in patients' care expose the problems and issues of TPG and encourage sharing and implementation of corrective measures that can help in closing the gap, and supportive work environment which promotes professional socialization and integration of theory in practice (Botman & MacKenzie, 2016). Through this, problems and issues concerning patient care delivery are exchanged, looked into, and job description of each professional exposed and adhered to, with rapport and trust created, hence controlling inter-professional conflict and reducing TPG. In academics, the interactive relationship encourages the students to share their experiences in areas of difficulties, with the lectures.

The result of this present study here aligns with that of Jones and Johnstoneb (2019) which affirmed that two of the three deliberate processes are used by nurses in managing TPG as communication and teamwork. Neal (2016), in his study, explained more communication between educators, government, nursing executives and students to define expectations, standards and address such concerns as those raised by the students, thereby creating a positive learning environment and reducing TPG. It was also indicated in the works of Jones and Johnstoneb (2019) that patients' safety is dependent on effective, constant and assertive communication. And that the attributes of team and teamwork which are important to managing gaps, solving problems, getting the work done and ensuring that patients receive adequate care, include cooperation, communication, respect, rapport, trust and being able to depend and count on other members of the team and the ability to pull together, support each other and approach the care of the patients as a team. Soghi et al (2019) in their study also noted that several international studies identified the importance of collaboration between nursing instructors, nurse, nursing school and hospital management as one of the worst suggested means of bridging the gap.

Further interpretation of the sub-theme (behavior reformation) exposed the participants' descriptions of those activities like remunerations/motivations, attitudinal change and assertiveness that encourage positive behavior reformation among the students, nurse educators and nurse clinicians towards patients' care which support the closing of the TPG. The activities in the remuneration and motivations include promotions, payment of all allowances and payment as and when due to the lecturers and nurse clinicians. These encourage devotion to work and reduction in industrial actions so as to narrow the gap between theory and practice. Oral encouragement like praises, giving of awards and incentives were also reported in this study as measures that can encourage positive reforms in the behaviors of the lecturers and nurse clinicians towards their work.

Furthermore, it was revealed that behavior reformation can also be achieved through positive attitudinal change among the nurse clinicians, nursing students and lecturers. Avoidance of preferential treatment to the hospital based student nurses by some staff nurses can help encourage development of positive attitude to work by the baccalaureate nursing students. Commitments to duties, developing interest and revision of their books by both students and nurse clinicians before coming for posting/work bring about good clinical learning and practice that help in controlling the TPG. Empathy and punctuality with lectures by lecturers were said to be very important in reducing the TPG as these help cover all lectures including the practicum so that students get all the necessary classroom and practicum learning before clinical placement. The above result may be attributed to the fact that with behavior reforms among the personnel involved in nursing care delivery, compliance in application of classroom learning/knowledge into clinical practice is ensured, procedures and other nursing activities carried out correctly, hence the reduction in the TPG. This is supported by the result of the quantitative study of Tanriverdi et al (2017) on the recommended solution to bridge the TPG that one of the accepted solutions is to provide compliance in the application of the theoretical information into practice.

It was shown in the result of this study that human and material resource provision is among major strategies for bridging the TPG in nursing during clinical practice. Manpower resource provision here involves the employment of more

nurse clinicians and nurse educators to improve the staff strength, reduce the workload of the available ones and fill-in the spaces created by mass exodus of nurses to developed countries. This can be achieved by the heads of Department of Nursing UNEC and Nursing Services UNTH Ituku/Ozalla recommending to their managements for the need for employment of more nurses and lecturers. When enough number of nurse clinicians and lecturers are employed, duties are covered and patients well attended to. Lecturers will have reasonable number of lectures they can cover, while the clinical instructors will be enough to adequately cover the clinical supervision and teaching activities. Participants in the study of Saifan et al (2021) opined that clinical instructors should have more time and fewer duties which will facilitate their job and enable them spend more time with their students, and that can be achieved by employment of more nurse educators in the department/faculty.

In addition, participants in this study shared their opinion on the material resources to be provided for bridging the TPG to include: All equipment used in the delivery of nursing care like wound dressing equipment, functional sterilizers in the wards, functional ward autoclave, vital sign equipment, bed sheets, materials for Personal Protective Equipment (PPE) and other basic amenities in the wards and structures like improving the capacity of the demonstration lab which should be well-furnished, large classroom to accommodate the number of students admitted for adequate theoretical and practical learning, provision of enough seats, and adequate light in the classroom, departmental bus for transportation during clinical posting. Requests are made by the various HODs to the management for provision of those equipment that are lacking and those requests followed-up to ensure their timely supply. The available ones should be well-protected by sending for repair of broken instrument and adequate quarterly inventory of those equipment. Lobbing of the government by the hospital and university management for increased budgetary allocation for healthcare facilities will help to ensure timely provision of those equipment. Quality functional equipment should also be ensured by the hospital management during procurement. Philanthropists, non-governmental organizations and university alumni can also be contacted for financial supports to provide the equipment. The above result may be related to the fact that when resources are available, duties are and procedures are better covered, and nurses and students are likely to carry out those procedures following the recommended standard hence contributing in bridging the TPG in nursing during clinical practice. This result echoed the findings of Tiwaken et al (2015) in their study which confirmed that sufficient personnel and equipment within the clinical facilities will help reduce heavy workload on nurses and students, enable clinical teaching and learning to take place, reduce too much improvising and clinical errors thereby contributing in bridging the gap between theory and practice. Therefore, resources that are not always readily available in busy and potentially under-resourced clinical environment should be provided by the hospital management, through the help of nongovernmental organizations and philanthropists (Thomsen, 2019).

In supervisory role, through good clinical supervision of nurse clinicians, adequate supervision of the students during clinical posting by the clinical instructors and nurse clinicians and supervision of lecturers in the classroom and practicum lab, errors are identified and corrective measures given immediately. Nurse educators are also evaluated through assessment of students' performance. This may relate to the fact that through clinical supervision, the students and junior staff nurses are guided, supported and observed by the senior nursing staff. And that the relationship is evaluative, extends overtime and has the simultaneous purpose of enhancing the professional functioning of the junior member(s), monitoring the quality of the professional service offered to the client (Pires & Ferraird, 2012).

Assertiveness on the part of the nurse managers and delegation of duties to subordinates were also revealed in this study as part of the supervisory activities that assist in reduction of TPG. It may be attributed to the fact that in being assertive the nurse stands firm to effect corrections where procedures and other nursing care activities are wrongly done, while the subordinate tries to take up responsibility delegated to him/her. Botma (2016) in agreement with the above result stated that part of the supervisory role of the nurse clinicians is to support student in the process of linking theory to practice and to create a conducive learning environment. And that supporting students in workplace is not the responsibility of a single person because peers, learning facilitators, supervisors and clinical practitioners all contribute to support the students. The result of the study of Saifan et al (2021) also revealed that many students regarded their instructors' support as essential for reflection especially when the instructors provided them with guidance and feedback on their performance, and that, participants highly valued instructors who were passionate, considerate and cooperative.

Reduction in the number of nursing students' admission per session in relation to the size of the classroom and practicum lab, or considering the increase in the capacity of the structures in the academics were considered by participants in this study as the first thing in system reformation. With this, learning occurs in a relaxed conducive environment, with the lecturers having close view and observation of the students, while the teaching learning process is going on and confusing issues in the lectures are clarified. And as students move into the clinical site, those theories and procedures learnt are adequately put into practice with minimal distractions and corrections. The number of students sent for clinical posting become adequate to handle by the nurse clinicians, facilities available for clinical experiences may be enough for their clinical training, hence the reduction in the TPG. Abolishing the online degree awarding nursing program like that of National Open University of Nigeria by the NMCN was also revealed in this study. This may be related to admission of large number of students per session, poor thorough skill acquisition and theoretical knowledge to practice the procedures associated with online programs and poor knowledge and practice of research sometimes seen among some of the nurses trained in Open University. Participants might have also worked with these nurses to make these observations. This result corroborates with that of the quantitative study of Salah et al (2018) which suggested that prescribed number of students in training groups be sent for clinical placement.

Secondly, curriculum review and coverage by the department and representatives from nursing administration to increase the timing of clinical experience and practicum demonstration avail both the lecturers and the students with enough time for achievement of the teaching/learning objectives which is linked to adequate performance in clinical

practice thereby helping in closing the TPG. Redesigning the duty roster and or restructuring nurses' shift duties at UNTH Ituku/Ozalla ensures proper staff and students mix to carry out the nursing duties well and then the nursing students receive the attentions of clinical supervision and teaching. If implementing the policy of punishing those nurses and students that fail to be diligent and dedicated to their duties is done without fear or favor and insisted upon, fear is introduced among the staff and nursing students and time will be devoted to complete their nursing duties appropriately.

Nurse administrators and faculties working hand-in-hand with the students' and trained nurses' associations, alumni and nongovernmental associations to share their perceived challenges was suggested in this result. These associations may come up with their own suggestions that will make their voice be heard by the policy makers and may render financial help to tackle the TPG (Thomsen, 2019). The above result agreed with the findings in the study of Ajani and Moez in 2011 which indicated that educators of nursing must constantly monitor clinical practice and re-evaluate the curriculum to ensure that necessary knowledge and skills for successful practice are achieved from educational program. Also in the qualitative study of Dadgaran et al (2012), participants suggested that to reduce TPG, there should be curriculum revision and searching for an innovative curriculum to reconcile students' theoretical and practical educational content and applicability to cases according to theoretical materials already earned.

The baccalaureate nursing students reported their individual opinions on the best recommended strategies in closing the TPG. Their various recommendations on this may be due to their individual experiences where those recommendations worked and what they feel about them. The result showed that continuing education in the forms of training and retraining of lecturers and nurse clinicians to equip them with adequate knowledge of and current trends in clinical procedures and activities were seen by some participants as best recommendation in responding to TPG when put into practice. Proper supervision by stakeholders to monitor procedures and standards with proper follow-up for sustainability of all strategies was also noted as best strategy for responding to the gap. Extension of clinical posting periods in all semesters, intensive practical in school and use of projectors and models in all lecture periods were the aspects of the curriculum recommended by individual participants as best strategy for responding to the gap. This aligns with the result of the study of Greenway et al (2019) which revealed that developing and expanding a context based curriculum is the first and most important strategy for bridging the TPG in developing countries and can be achieved through creating culture –based content and adjusting and reforming curriculum content.

In addition, material resource provision like equipping the hospital with necessary instrument, provision of big lecture halls and human resources like employment of more nurses and lecturers were recommended. Abolishing hospital-based schools of nursing was also recommended as it is believed that this may contribute in the improvement of training standard. And if this is achieved, well-trained nurses are produced to render quality nursing care in clinical practice. In support of this, Eggertson (2013) emphasized on the need for undergraduate nursing education that better equip nurses to assume leadership roles in inter-professional teams and support them in providing high quality patient-centered care.

Furthermore, interactive collaborative relationship between the academics and the clinical area, between the students, nurses and doctors was revealed in this result by a few participants as best strategy for TPG. Here, problem areas are identified, feedback exchanged and measures to tackle them sort for. In relation to this statement, Gunay and Kilinc (2018), Huston et al (2018) and McSharry and Lathlean (2017) assert that several international studies from UK, Ireland, Turkey and US have identified the importance of collaboration between nursing instructors, nurses, nursing school and hospital management as one of the most suggested means of bridging the gap.

Also, through the conduct and publications of more researches in general, evidence based practices are encouraged and when applied in other aspects of this topic of study, more results and other strategies may be found and if implemented and sustained will automatically close the TPG. The above statement may be linked to the fact that research is linked to clinical practice and practice linked to research. In line with the above result, Nursing and Midwifery Council of London (2015) stated that nurses should always practice in line with the best available evidence to review, applying it to their practice while keeping their patients fully informed thereby helping to reduce the gap between theory and practice in nursing. Mathew and Tucker (2018) in support of the above result assert that finding creative and meaningful ways to merge research and practice can be a struggle in a clinical environment that is, in itself, ever changing and evolving. And also Greenway et al (2019) opined that a solution to TPG may lie in transitional research whereby findings from significant research project are identified and applied at the patient or service user level. Osuji and El-Hussein (2016) suggested promotion of research within the practice context as a means of integration of knowledge into practice.

These findings also exposed two sub-themes (poor resource provision and routinizing wrong practices) which aided in understanding of the participants' worst experiences in responding to TPG. Most times the equipment are neither there, nor enough and a few available ones are not functional. Therefore, nurses are exposed to lots of improvising during procedures which are either not carried out smoothly or not carried out at all. And as nurses become adjusted to improvising, nothing seems to be done as regards providing material resources. This is also applicable in academics as there is continuous increase in the number of nursing students yearly compared to the size of the classrooms, other facilities and number of lecturers available to train the student. The above result may be attributed to non recognition of the implications of the adverse effects of the TPG to policy makers, failure to follow-up requests made to provide those equipment, poor budgetary allocation to healthcare considering the poor economic situation in the country and poor representation of well-educated nurses at the policy-making level to speak for them and their non involvement in politics. In theme two of the results of the study of Kerthu and Nuuyoma (2019), limited resources were said to have negative influence on the integration of theory into practice.

In routinizing wrong practices, this result showed that efforts are not being made to resolve the TPG as some nurse clinicians and administrators see some of those gaps as routine practices and are adjusting to them. These actions may be due to non response of the management and policy makers to the requests for provision of materials and measures

to close the gap. The efforts being made by some lecturers and nurse clinicians are also not being felt compared to the magnitude of the gap. Poor practical skill to carry out some procedures by some nurses was also exposed in this study as the worst experience in managing the TPG. This may be suggestive of personal laxity among some nurses to improve on their skills, adjustments already made to those wrong practices, having difficulties in the use of the equipment for those procedures and poor knowledge of the current trends in those procedures. Also the participants might have actually worked with and observed some of those nurses who were not doing the procedure well. And this can directly endanger the lives of the patients. This corroborates with the findings of the study of Safazadeh et al (2018) that inexperience, lack of competence to work with some equipment, nurses' negligence to reasons for some treatment and little use of clinical judgment were highly related to TPG.

5. Conclusion

The baccalaureate nursing students knew that TPG really exist and have experienced it. They understood and interpreted TPG to mean the disparities, inconsistencies, incompatibilities, failure to watch, missing link, shortfall, and breach in connection between theoretical knowledge and clinical practice. Some participants described their classroom experiences as being preferred, while others described their clinical practice experiences as being preferred. Activities in these areas contributed to the preferences and non-preferences and could, therefore, lead to TPG. Wound dressing / sterile technique medication, vital signs checking, use of nursing process in patients' care admissions and discharges, bed making and carbonization, bed bathing, patients' feeding, hand hygiene practices turning of patients and documentation of care were some of the clinical procedures in which the participants reported the existence of gap. Inadequate curriculum coverage teaching / learning methodologies, short timing of clinical posting, and long hours of lectures were those areas of theoretical education where the participants experienced gaps which negatively influenced clinical practice. The existence of intra-professional, inter –professional and nurse-patient relationship gaps were also reported.

Participants perceived training and retraining (of the nurse clinicians, nurse educators, nursing students), interactive relationships (between lecturers and nursing students, among nurse clinicians, between nurse clinician, nurse educators and nursing students that is collaboration between the academics and clinical area and between nurses and other healthcare professionally), behavior reformation (like attitudinal change among nursing students, nurse clinicians and nurse educators), and resource provision (material and manpower) as the recommended strategies for closing the TPG. Other strategies perceived by participants for closing the TPG were supervisory role (in the forms of good clinical supervision of both the students and nurse clinicians, supervision and evaluation of lecturers) and system reformation (like regulation of students' admission curriculum review and coverage, correct practical procedures, restructuring of duty roster, regulation and upgrading of training institutions). Resource provisions, continuing education and training, sharing of feedbacks, conduct of more researches with evidence based practice on this topic, system reformation and supervisory role were considered by the different individual participants as the best recommendations for closing the gap. Participants reported poor resource provisions and routinizing wrong practices as their worst experiences in responding to the gap.

Criterion	Characteristics	Frequency	Percentage (%)
Gender	Male	6	30%
	Female	14	70%
Mode of Admission	JAMB-UME	12	60%
	Direct Entry	8	40%
Age (Years)	20-24	7	35%
	25-29	11	55%
	30-34	2	10%
	35-39	-	-
	40 and above	-	-
Marital Status	Single	15	75%
	Married	5	25%
Religion	Christians	20	100%
	Muslim	-	-
	Pagan	-	-

Table 1: Demographic Characteristics of the Baccalaureate Nursing Students

Emergent Themes	Sub-themes
Understanding TPG	Interpreting
Experiencing Areas of TPG	Clinical procedures Educational planning and administration Relationship / attitudes
Perceiving response to TPG	Training and retraining Interactive relationships Behavior reformation Resource provision Supervisory role System reformation Best recommendation in responding to TPG
Worst experience in responding to TPG	Poor resource provision Routinizing wrong practices

Table 2: Summary of the Emergent Themes and Sub-themes Synthesized from the Interview

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