

The Experiences of Practical Nurse Students in Promoting the Rehabilitation of the Elderly Through Nursing Care and Its Education – A Secondary Publication

Maria Korvola¹, Sinikka Lotvonen¹, Heidi Siira¹, Helvi Kyngäs^{1,2}, Kaisa-Mari Saarela^{1*}

¹GeroNursing Center, Research Unit for Nursing and Health Management, University of Oulu, Oulu 90220, Finland

²Oulu University Hospital, Oulu 90220, Finland

*Corresponding author: Maria Korvola, maria.korvola@oulu.fi

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Abstract: The significance of rehabilitation-promoting nursing care is emphasized in aging Finland. According to studies, rehabilitation-promoting nursing care enhances the functional capacity of the elderly. The Elderly Services Act obliges municipalities to create a plan to support the elderly population, emphasizing living at home and rehabilitative measures. A large portion of graduated practical nurses will be working with the elderly, so the education of practical nurses must meet the needs of the workforce. The study aimed to produce new information on the implementation of rehabilitation-promoting nursing care in the elderly services system and on the education of rehabilitation-promoting nursing care for the elderly in vocational institutions. The research data was collected in the fall of 2020 through individual theme interviews with practical nurse students ($n = 8$). The data was analyzed using inductive content analysis. The experiences of practical nurse students regarding rehabilitation-promoting nursing care for the elderly were related to nurses' time management, organizational practices, nurses' competence, nurses' attitudes, nurses' methods of operation, organizational development, implementation and development of practical teaching, factors affecting the use of aids, and the technology of aids in the future. In conclusion, it can be stated that the content of education and practical work life do not align. It is essential to increase competence in rehabilitation-promoting nursing care and develop organizational practices.

Keywords: Rehabilitation-promoting nursing care; Practical nurse education; Organizational practices; Elderly population support

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1. Introduction

According to the World Health Organization (WHO), the number of people aged over 60 in the world is expected to double between 2000 and 2050. By 2050, more than one-fifth of the population will be over 60 years old ^[1]. The number of elderly people is also increasing in Finland. In 2018, approximately 20 percent of our population was aged 65 and over, and by 2030, their proportion will increase to around 26 percent, or 1.5 million. By 2030, in a

large part of the municipalities, at least one-fourth of the residents will be 75 years old or older ^[2].

As the population ages, it is expected that there will be a significant increase in the need for elderly services ^[3]. In Finland, the promotion of the functional capacity and well-being, health, and independent functioning of the elderly is regulated by the Elderly Services Act ^[4], and in the quality recommendation for ensuring good aging and improving services for the period 2020–2023 ^[2]. In elderly services, the largest professional group is comprised of practical nurses ^[5]. In the work of a practical nurse, the goal of rehabilitation-promoting nursing care is to maintain and promote functional capacity ^[6]. Education enhances the understanding of rehabilitation-promoting nursing care among healthcare personnel ^[7].

The WHO's "Healthy Aging" program, to be implemented between 2015 and 2030, defines healthy aging as a process that develops and maintains functional capacity, enabling the well-being and independence of the elderly to be preserved ^[1]. Functional capacity refers to a person's ability to cope with everyday life. It can be examined from physical (e.g., walking, managing household chores), psychological (e.g., cognition, mood), and social (loneliness, social isolation) perspectives. ^[8] In addition to the aforementioned perspectives, Klemola specifically mentioned cognitive functional capacity, which refers to a person's ability to process information and regulate and adapt their behavior according to the demands of their immediate environment ^[9]. Physical functional capacity often remains relatively good until the age of 75, and real problems associated with aging tend to emerge around the ages of 75–85 ^[10].

Factors associated with the risk of decreased functional capacity include cognitive impairment, limited social contacts, and the individual's perceived poor health ^[11]. Aging and degenerative chronic diseases may lead to gradual deterioration of functional capacity, initially manifesting as limitations in advanced activities of daily living (AADL), such as organizing events or societal participation. Subsequently, difficulties may arise in handling instrumental activities of daily living (IADL), such as household chores and grocery shopping. Eventually, frailty hinders even basic activities of daily living (BADL), such as walking and dressing. Various typical elderly diseases, such as memory and musculoskeletal disorders, also impair functional capacity ^[8]. However, individual differences in the onset and pace of changes can be significant. Chronological age poorly reflects an individual's health and functional capacity. Aging is also experientially individualized ^[10].

Different interventions and programs aimed at maintaining social functional capacity may increase the well-being and health of the elderly, such as life satisfaction. They may also support social roles and activities, as well as functional health and cognition. The effectiveness of interventions or programs targeting the elderly can be measured, for example, by the time spent on activities and by using assessment methods for evaluating quality of life ^[12]. It is important to support the physical, psychological, and cognitive functional capacity of the elderly to improve their opportunities to seek and participate in social contacts. According to research, social contacts are one of the most important aspects of an elderly person's life ^[13–15]. The motivation of the elderly to engage in activities aimed at maintaining functional capacity and achieving set goals is greater if they have an active role in setting rehabilitation-promoting nursing care goals and implementing agreed methods ^[16].

Meaningful and effective rehabilitation-promoting nursing care requires nurses to believe in the possibility of the elderly person's rehabilitation and the effectiveness of activities promoting it, as well as a shared philosophy of action to which both nurses and elderly clients are committed ^[17,18]. Rehabilitation-promoting nursing care is intensive, time-limited, goal-oriented, comprehensive, and client-centered action in the home and living environment of the elderly ^[19,20]. It is based on health-oriented, goal-oriented, and multidisciplinary action. Health orientation means focusing on strengths, and goal orientation is evident in measurable goals recorded in care plans, which are regularly evaluated for achievement. The goal is also to support as much independent functioning as possible and thereby promote self-esteem and self-determination ^[17].

Studies show that the elderly utilize health services extensively ^[21]. Rehabilitation-promoting activities enhance the clinical quality of care ^[17], and they have been proven to be cost-effective ^[22]. Successful rehabilitation-promoting nursing care requires individual assessment of functional capacity and goal-setting based on it, suitable individual implementation methods, as well as monitoring, evaluation, and setting of new goals in an upward trajectory. Additionally, effective and impactful rehabilitation-promoting nursing care requires nurses to possess excellent communication skills, which enable them to encourage elderly clients to actively participate, identify their resources, and set goals ^[20].

Practical nurses play a key role in implementing rehabilitation-promoting nursing care for the elderly, as one of the eight competence areas of the Vocational Qualification in Social and Health Care (practical nurse) is “care and rehabilitation of the elderly” ^[23]. Nurses have a significant role in rehabilitation-promoting nursing care for the elderly ^[18,24,25]. As part of a multidisciplinary team, nursing staff members assess the elderly person’s functional capacity, implement a plan developed to maintain and promote functional capacity, and monitor progress ^[21]. According to the description of the Vocational Qualification in Social and Health Care ^[22], the competence of a practical nurse is defined as follows: “They can plan, implement, and evaluate care and support work that promotes the health, well-being, functional capacity, growth, and participation of clients or patients in various social and healthcare or educational settings. They can provide client-oriented guidance, utilize a wide range of welfare technology, and develop their professional competence in lifelong learning.”

The job description of a practical nurse mainly includes basic care, assisting clients in daily activities, and administering medication ^[26]. According to a study by Kariniemi *et al.* ^[27], nurses’ workload in home care can affect their ability to engage clients and implement a rehabilitative approach to care. Engagement is important, as it has been found to enhance the elderly person’s belief in their abilities and life. Elderly home care clients have resilience and the ability to participate more in daily activities when guided and supported by nurses ^[13]. According to middle managers, adequate staffing is necessary to implement rehabilitation-promoting activities. Middle managers consider the expertise and professionalism of staff, commitment, low turnover, and securing substitutes to be more important than the number of staff ^[17].

A functional work community is characterized by having a common purpose and goals, which are known to the staff and guide the core mission ^[18,25]. Interprofessional collaboration is essential in developing rehabilitation-promoting nursing care, as it strengthens the expertise and professional self-esteem of different professional groups ^[18,28]. Rehabilitation-promoting nursing care reduces the physical strain on nurses ^[24].

The functionality of the work environment requires appropriate tools. Ergonomic work practices are important from both the client’s and the nurse’s perspective ^[25]. A functional work environment and opportunities for professional development increase job satisfaction ^[29]. Employees find rehabilitation-promoting nursing care rewarding when they realize they can enhance the functional capacity of the elderly through their actions ^[30]. Rehabilitation-promoting activities increase commitment to work and facilitate the recruitment of substitutes ^[17].

Previous research has examined the experiences of graduated, working nurses in rehabilitation-promoting nursing care for the elderly ^[31-33]. However, there is a lack of research on students’ perceptions and experiences related to rehabilitation-promoting nursing care, i.e., future professionals. Only Karhapää has investigated nursing students’ perceptions of rehabilitation-promoting nursing care ^[24]. The topic under investigation is timely, as the number of elderly individuals increases, prompting consideration of how to effectively support and promote the functional capacity and health of the elderly to ensure independent and successful aging. Practical nurses play a significant role in supporting and maintaining the functional capacity of the elderly ^[18,24,25]. Educational institutions and internship placements provide practical nurses with the skills for rehabilitation-

promoting nursing care, making them key stakeholders in ensuring the competence of future professionals in rehabilitation-promoting nursing care.

2. Purpose, objective, and research questions

The purpose of the study was to describe practical nursing students' experiences of rehabilitation-promoting nursing care for the elderly and its education. The objective was to produce new knowledge about the implementation of rehabilitation-promoting nursing care in the elderly services system and the education of rehabilitation-promoting nursing care for the elderly in vocational institutions. The results can be utilized in the development of rehabilitation-promoting nursing care for the elderly in practical work life and the planning of educational content.

The research questions were as follows:

- (1) What experiences do practical nursing students have regarding the implementation of rehabilitation-promoting nursing care for the elderly?
- (2) What experiences do practical nursing students have regarding the education of rehabilitation-promoting nursing care for the elderly?

3. Data and methods

3.1. Participants and data collection

The research data was collected in the fall of 2020 through thematic interviews with practical nursing students ($n = 8$) from a vocational institution. The criteria for participation in the study were that the practical nursing students had completed at least one practical training related to elderly care. The liaison persons for the research were the practical nursing teachers. Initially, invitations for interviews were sent via email through the teachers to four different student groups, out of which two participants agreed to participate in the study. Subsequently, the research invitation was modified to include a gift card draw among participants. The invitation was then sent to seven different student groups, resulting in four students expressing willingness to participate in the interview. Additionally, two interviewees were found through the researcher's contacts. In total, eight practical nursing students, seven females, and one male, participated in the interviews. Among the interviewees, five were specializing in the field of nursing and caring, and three in elderly care and rehabilitation.

The data collection method utilized was thematic interviews, a semi-structured form of interview which is a hybrid between a structured and open-ended interview ^[34]. The themes included rehabilitation-promoting nursing care, education on rehabilitation-promoting nursing care for the elderly, rehabilitation-promoting nursing care in elderly care, and the future. These themes and their specific questions aimed to gather information about the contents of the themes. Questions and their corresponding answers provided understanding, often leading to new topics of discussion. The interview responses were part of a whole, from which a holistic understanding of the research subject was built during the analysis phase ^[35].

The interviews were conducted individually via the Microsoft Teams communication and collaboration platform due to the prevailing COVID-19 situation at the time of data collection. The duration of the interviews ranged from 11 to 37 minutes, and they were recorded and transcribed verbatim for data analysis purposes. In total, 32 pages of transcribed data were collected (Times New Roman 12, single-spaced).

3.2. Data analysis

The data were analyzed using inductive content analysis ^[36,37]. Initially, the researcher read the data multiple

times to become familiar with it ^[38,39]. The research approach was inductive, as it moved from specific observations to general meanings ^[34].

The data-driven content analysis was conducted in three steps: (1) data reduction, (2) data clustering, and (3) abstraction or creation of theoretical concepts ^[37,40]. Sentences from the transcribed data that corresponded to the research questions were extracted. These sentences were condensed and shortened. Similar condensed expressions were grouped into 26 subcategories, and they were named to reflect the same content. Subsequently, the subcategories were further combined into 10 categories (See **Table 1**).

Table 1. Example of the progression of data analysis

Original expression	Summarized expression	Subcategory	Category
“It is something that isn’t said out loud, but they notice it. If they start to be like already going to the door and looking at the clock and stuff.” “They notice right away if it is too busy.”	Patients notice nurses’ busyness	Visibility of nurses’ busyness	Nurses’ time management
“Well, patients also see that nurses are busy, so then maybe they don’t necessarily say that they would like more rehabilitation of someone to talk to, so maybe that.”	Patients are unable to express their wishes due to nurses’ busyness	Failure to hear patients’ wishes	

4. Results

4.1. Background information of interviewees

The participating vocational nursing students ranged in age from 18 to 47 years old. The interviewees’ experience with the phenomenon under investigation varied from one elderly care-related internship to four internships. All interviewees had completed at least one internship in an enhanced service housing unit, and some had also interned in home care. Additionally, all interviewees had work experience related to elderly care, mainly from enhanced service housing units. All vocational nursing students had received education on promoting rehabilitation in elderly care as part of their studies.

The experiences of vocational nursing students regarding rehabilitation-promoting nursing care for the elderly were related to nurses’ time management, organizational practices, nurses’ competence, nurses’ attitudes, nurses’ methods of operation, organizational development, implementation and development of practical teaching, factors affecting the use of aids, and the technology of aids in the future (**Table 2**).

Table 2. Vocational nursing students’ experiences of geriatric rehabilitative nursing and its education

Subcategory	Category
Visibility of nurses’ busyness Failure to hear patients’ wishes	Nurses’ time management
Inadequate nursing staffing Poor management and planning of nursing resources Lack of support from superiors Role of physiotherapists	
Nurses’ lack of competence Nurses become oblivious to their work	Nurses’ expertise
Rehabilitative nursing is not motivating Rehabilitative nursing is not perceived as meaningful Internalizing new practices is challenging Workplace routines guide nurses’ work	Nurses’ attitudes

Table 2 (Continued)

Subcategory	Category
Nursing work is perceived as meaningful and rewarding Motivated & calm nurses facilitate the implementation of rehabilitative nursing Lightening of nursing workload	Nurses' ways of working
Increasing education and knowledge Significant role of superiors	Development of organizational functioning
Transferability of practical education to the workplace Organization of practical education Development of education	Implementation and development of practical education
Limited number of assistive devices Nurses have not been adequately trained	Factors compromising the use of assistive devices
Quality teaching on assistive devices	Factors enhancing the use of assistive devices
Incorporating assistive devices into everyday life Understanding the benefits of technology New innovative assistive device products	Assistive device technology in the future

4.2. Nurses' time management

According to the interviewed vocational nursing students, the elderly noticed the nurses' busyness and felt that they couldn't express their wishes regarding their care, and their wishes were left unaddressed by the nurses.

"Well, patients can see that nurses are busy, so they might not necessarily say that they want more rehabilitation or someone to talk to, so maybe that's it." (H3)

4.3. Organization's operation

Vocational nursing students felt that the current nurse-to-patient ratio in workplaces is inadequate. They believed that the nursing staff did not have enough time to implement rehabilitation-promoting nursing care. Additionally, they felt that there is not enough attention given to evaluating the adequacy of resources, and the number of nurses is not planned according to the needs of the clients.

"At least this nurse-to-patient ratio thing is one of those. When it's just right, you'd analyze how much time is spent on caring for each person and stuff like that." (H5)

Supervisors were hoped to be more interested in implementing rehabilitation-promoting nursing care in workplaces. They were also expected to encourage nurses to engage in activities that promote client rehabilitation.

The role of physiotherapists in the organization was considered important. Due to the prevailing coronavirus pandemic, the visits of physiotherapists to the unit have decreased. However, vocational nursing students still felt a great need for the expertise of physiotherapists in elderly services.

"And hopefully, there will be more like industry experts working in the company, like physiotherapists and others, who can do their own thing." (H5)

4.4. Nurses' competence

According to vocational nursing students, there were deficiencies in nurses' competence in promoting rehabilitation nursing care. Particularly highlighted was the lack of competence among older and long-serving nurses.

"So when there are older employees, they may not have that up-to-date training or some new information, so they may have fallen behind a bit somehow." (H4)

Additionally, students felt that nurses did not notice changes in clients' individual needs but easily became blinded to their work.

4.5. Nurses' attitudes

Vocational nursing students felt that nurses were not sufficiently motivated for rehabilitation nursing care. The purpose and benefits of the activity were downplayed, and it was not perceived as meaningful. According to vocational nursing students, internalizing new methods and learning new things was difficult for nurses.

"Well, maybe it's sometimes worked differently or like their whole life they've done things a certain way, and then all of a sudden there's completely new information and skills, so it's probably a shock to them or something, that they should learn something new." (H4)

Also, workplace routines seemed to overly guide nurses' work, and work was done in a manner that was employee-centered.

"But in that style, there's a list of tasks, and the sooner you finish the list, the better, without considering whether it's a good thing for that elderly person or not." (H5)

4.6. Nurses' practices

According to vocational nursing students, nurses felt their work was meaningful and fulfilling when the client's functional capacity improved through the application of rehabilitation nursing care principles. Vocational nursing students felt that as a result of rehabilitation nursing care, both the client and the nurse felt good and satisfied. This also increased the nurse's well-being at work.

The nurse's actions also mattered in promoting rehabilitation. A motivated and calm nurse facilitated the implementation of rehabilitation activities by giving the client time to act as independently as possible.

"It depends a lot on the nurse because some nurses have this ability where, yeah, they're not in a rush anywhere, they can wait for the client to do things themselves, and they are calm operators." (H5)

The ergonomic and resource-oriented approach of nurses alleviated the physical strain of the job.

"On the physical side, then, yeah, you get off easier yourself when you use kinesthetics, so there's not as much physical strain involved." (H6)

4.7. Organizational development

According to vocational nursing students, workplaces should invest more in training and increasing knowledge. Various expert lectures on the concrete benefits of rehabilitation nursing care and good orientation on the use of new assistive devices would increase nurses' interest in rehabilitation nursing care.

"Well, people should open their eyes, sort of educate themselves, and take their head out of the sand." (H2)

"And in my opinion, there should be some kind of course at the workplace if new devices come in." (H8)

Students emphasized the importance of supervisors: they should set an example by participating and creating a positive culture and atmosphere for rehabilitation nursing care in their organization.

4.8. Implementation and development of practical teaching

Advanced vocational nursing students felt that practical teaching was highly transferable to the workplace. They found practical teaching to be beneficial and useful.

"Well, we've practiced things practically in school, so they've been quite good, and they've been at least somewhat helpful in the workplace too." (H4)

"When you've had to hang in that lift yourself, then you get an experience of what it is. That's really nice when it's hands-on." (H2)

There were difficulties in organizing practical teaching due to the pandemic, as visits to nursing homes, for example, had to be canceled due to remote learning.

Vocational nursing students perceived rehabilitation nursing care mainly as activities that support the physical functional ability and independence of the elderly.

“...maintain the good condition of the elderly or the elderly person so that they can walk and do things independently, and that can be promoted in many ways, such as walking and so on.” (H3)

“...when we’re with the elderly person, we try to ensure that the elderly person does as much as possible themselves.” (H7)

Students felt they needed more information on supporting the psychological well-being of the elderly.

“...could have done more with the mental side of things, like going through practical exercises in such situations, if the customer behaves like this and this, and if there’s grief and confusion, how to act in those situations, that side of it.” (H6)

In addition, they wished for more instruction on encountering dementia patients before starting work placements.

4.9. Factors undermining the use of assistive devices

According to the students, there were only a few assistive devices available in workplaces. There should be an adequate number of assistive devices in relation to the number of caregivers. Additionally, students felt that caregivers have not been adequately trained in the use of assistive devices, and therefore they do not know how to use them or they are used sparingly.

“Well, many could theoretically learn to use all these assistive devices a little better, for example. That would be progress.” (H8)

4.10. Factors enhancing the use of assistive devices

The nursing assistant students found the instruction related to assistive devices to be sufficient and beneficial.

“Well, there has been a lot of emphasis on assistive devices, making it easier so that you don’t immediately resort to, ‘Well, let’s just use a hoist for everything.’ With a hoist, everything gets done.” (H2)

4.11. Assistive device technology in the future

It was believed that assistive devices would increasingly become part of the client’s everyday life and support their functional capacity in the future. The use of technology as part of rehabilitative nursing care was believed to bring more benefits than drawbacks. This positive attitude helps in understanding the benefits of technology and accepting it as part of one’s work.

“...but I think they’re also coming to the healthcare field and home care with these remote care things, so I guess they’re more beneficial and useful than having nothing at all.” (H6)

Nursing assistant students also believed that in the future, the number of different assistive devices would increase, and more innovative assistive devices would be developed for clients’ use.

“But I think there will just be more and more different kinds of assistive devices added, just like there are now.” (H8)

5. Discussion

5.1. Examination of results

The study described nursing assistant students’ experiences of rehabilitative nursing care for the elderly and its

training. According to the results, factors such as the limited number of nurses and assistive devices undermine the implementation of rehabilitative nursing care in workplaces. Additionally, Swobodan and colleagues found that organizational factors, such as lack of time and shortage of staff and assistive devices, hindered the optimal implementation of rehabilitative nursing care ^[41].

It is noteworthy that deficiencies were identified in the rehabilitative nursing care skills of older and long-serving nurses. Nursing assistant students believe that workplaces need more continuing education and up-to-date information on rehabilitative nursing care. Continuing education is crucial for the implementation of rehabilitative nursing care models ^[42]. Education would enhance nurses' skills and could change their attitudes to be more positive as they understand the benefits and possibilities of rehabilitative nursing care. This view is supported by Rooijackers and colleagues' findings that the rehabilitative "Stay Active at Home" program positively affected the knowledge, attitudes, and skills of home care staff ^[43]. In the mentioned program, staff received support from both colleagues and team leaders to implement rehabilitative nursing care.

According to this study, rehabilitative nursing care mainly focuses on the physical rehabilitation of clients. Similar findings were reported by Fox and colleagues in their study: nurses described rehabilitative nursing care as physically challenging, as it was perceived as heavy, difficult, and demanding strength and physical fitness from the nurses ^[44]. However, it is important to remember the person as a whole in rehabilitative nursing care, which includes not only physical functioning but also social, psychological, and cognitive functioning. The interviewed nursing assistant students expressed the need for broader knowledge of rehabilitative nursing care, for example, from the perspective of supporting the psychological and cognitive functioning of the elderly. According to Östlund and colleagues, professionals working with the elderly should recognize their life history and social contexts: the elderly value individualized and personally meaningful rehabilitation goals based on their existing relationships and broader life context ^[45].

The nursing assistant students interviewed in the study considered the role of physiotherapists to be important in promoting rehabilitation for the elderly. However, the basis of rehabilitative nursing care is multidisciplinary collaboration, in which nursing assistants play a significant role. The role of nursing in rehabilitation should be strengthened and emphasized, as nursing assistants often have the longest and closest relationship with the client and knowledge of individual factors influencing rehabilitation ^[46]. Birkeland and colleagues observed in their study that factors positively influencing multidisciplinary collaboration included the diversity and number of professionals involved, the closeness of collaboration, and the amount of time allocated for communication, joint planning, and decision-making ^[47].

The study revealed that due to the COVID-19 pandemic in spring 2020, visits by physiotherapists to units decreased or ceased altogether. Vaara and colleagues also noted in their study physiotherapists' concerns about rehabilitation for the elderly during the pandemic and the increasing amount of remote rehabilitation ^[48]. Remote rehabilitation is not suitable for all clients and cannot be compared to rehabilitation that takes place in person. However, the quality recommendation of the Ministry of Social Affairs and Health mentioned that technology should be increasingly utilized in services for the elderly, provided that there is sufficient support, guidance, and counseling for the elderly, their relatives, and the nursing staff during implementation ^[49]. It is expected that the need for rehabilitation will increase after the exceptional circumstances, as quarantine makes people passive, increases musculoskeletal problems, and weakens functional capacity ^[48].

To implement rehabilitative nursing care adequately and with a focus on individual client needs, organizations must allocate resources to this end. In the long run, municipalities save money when the hospital costs of the elderly decrease due to rehabilitative nursing care ^[21,22]. The primary beneficiary of rehabilitative nursing care is the elderly individuals themselves, as maintaining functional capacity enables them to live

healthy, happy, and high-quality lives for as long as possible.

5.2. The ethics and reliability of the study

The study can be considered ethically acceptable, and reliable, and its results credible, as the researcher responsible for the empirical implementation ensured that the research was conducted in accordance with the requirements of good scientific practice ^[50]. The research permit was obtained from a vocational institution where the interviewees were studying. Additionally, the researcher adhered to general diligence and precision in the research work, as well as in the recording and evaluation of results. The study took into account the basic principles of research involving human subjects, including the voluntary participation of research participants and the opportunity to withdraw from participation at any time without giving a reason ^[51]. The participants were allowed to receive information about the content of the study and the handling of personal data, and they provided informed consent based on this information. Care was taken in the study to ensure that participants could not be identified, and the results were analyzed anonymously ^[51].

The reliability of the study was assessed using the criteria of qualitative research, which include credibility, transferability, dependability, authenticity, and confirmability ^[37,52-54].

The nursing assistant students who participated in the study had received education on rehabilitative nursing care for the elderly and had experience of its implementation in workplaces, which enhances the credibility of the research. The selection criterion for the interviewees was that the students had completed at least one practical internship related to elderly care, to maximize their experience of the phenomenon under study. The researcher collected the data and thoroughly and carefully reviewed it to gain an understanding of the interviewees' perspectives on the phenomenon under study. The credibility of the study is weakened by the small number of participants ($n = 8$), but according to the researcher's assessment, data saturation occurred sufficiently.

The study results describe the interviewees' perceptions of the phenomenon under study, and similar experiences are likely to be shared by other nursing assistant students. The study's dependability is enhanced by the use of content analysis to obtain a structured and clear description of the phenomenon under study. When considering the authenticity of the study, it is noted that direct quotations from the data demonstrate the connection between the results and the data.

The researcher has a background in gerontology and was aware of their views and experiences of the phenomenon under study but aimed to focus solely on the content of the data. The confirmability of the study was increased by reviewing the results together with the research group during the analysis phase. Additionally, the results were supported by findings from previous studies, which further increased confirmability.

6. Conclusions and future research topics

Based on the results, it can be concluded that there is a disconnect between the content of education and practical work life. It is not sufficient for nursing assistant students to have the latest knowledge of rehabilitative nursing care. Organizational practices should also be up-to-date and receptive to changes for rehabilitative nursing care to be fully realized within the elderly service system. The adequate number of caregivers and assistive devices, motivated and enthusiastic attitudes among caregivers, support from supervisors, and the maintenance of caregivers' skills through continuous further education significantly contribute to its implementation. In nursing assistant education, rehabilitative nursing care should be viewed as a comprehensive concept from the perspective of various aspects of functional capacity. According to the results, the emphasis is currently heavily on supporting physical functional capacity.

Rehabilitative nursing care has been studied relatively little on a national level. In the future, more research is needed on the attitudes of healthcare personnel toward rehabilitative nursing care and the effects of educational interventions on competency in rehabilitative nursing care. Additionally, it is necessary to examine whether the changes brought about by the vocational education reform affect the education and adequacy of rehabilitative nursing care.

Disclosure statement

The authors declare no conflict of interest.

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