

Experiences of Practical Nurses in Promoting the Rehabilitation of the Elderly and Their Education – A Secondary Publication

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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 home care and rehabilitation 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 service system and on the education of rehabilitation-promoting nursing care for the elderly in vocational institutions. The research data was collected in the autumn of 2020 through individual thematic interviews with practical nurse students ($n = 8$). The data was analyzed using inductive content analysis. Practical nurse students' experiences of rehabilitation-promoting nursing care for the elderly were related to nurses' time management, organizational practices, nursing competence, nurses' attitudes, nurses' practices, organizational development, implementation and development of practical education, factors affecting the use of aids, and technological aspects 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 to develop organizational practices.

Keywords: Rehabilitation-promoting nursing care; Elderly service system; Practical nurse education; Organizational practices; Functional capacity

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1. Introduction

According to estimates by the World Health Organization (WHO), the number of people over 60 years old in the world will double between 2000 and 2050. By 2050, more than one in five people will be over 60 years old^[1]. The elderly population 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 about 26 percent, or 1.5 million. By 2030, in a large part of municipalities, at least one in four residents will be 75 years old or older^[2].

As the population ages, it is expected that the need for elderly care will increase significantly^[3]. In Finland, the promotion of the functional capacity and well-being of the elderly, as well as support for independent living, are regulated by the Elderly Services Act^[4] and the quality recommendation for ensuring good aging and improving services for 2020–2023^[2]. Among the professional groups in elderly care, practical nurses constitute the largest group^[5]. In the work of practical nurses, the goal of rehabilitation-promoting nursing care is to maintain and promote functional capacity^[6]. Education increases the understanding of rehabilitation-promoting nursing care among healthcare personnel^[7].

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

Factors associated with the risk of impaired functional capacity include cognitive impairment, limited social contacts, and the individual's perceived poor health status^[11]. Aging and degenerative chronic diseases may lead to gradual deterioration of functional capacity, first manifesting as limitations in performing advanced activities of daily living (AADL), such as organizing events or participating in society. This is followed by difficulties in instrumental activities of daily living (IADL), such as managing finances and shopping. Eventually, frailty impairs even basic activities of daily living (BADL), such as walking and dressing. Various typical diseases of the elderly, such as memory disorders and musculoskeletal disorders, also impair functional capacity^[8]. However, there can be significant individual differences in the onset and rate of these changes. Chronological age poorly reflects an individual's health and functional capacity. Aging is also an experientially individual matter^[10].

Different measures and programs aimed at maintaining social function may improve the well-being and health of the elderly, such as life satisfaction. They can also support social roles, activity, functional health, and cognition. The effectiveness of interventions or programs targeting the elderly can be measured, for example, by the time spent on hobbies and by assessing quality of life^[12]. It is important to support the physical, psychological, and cognitive functions of the elderly to improve their ability to seek out and engage in social contact. 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 actions aimed at maintaining functional capacity and achieving set goals is greater if they have an active role in setting goals for rehabilitation-promoting nursing care and implementing agreed-upon methods^[16].

Meaningful and impactful rehabilitation-promoting nursing requires nurses to have faith in the potential for elderly rehabilitation and in the effectiveness of promoting activities, as well as a shared operational philosophy to which both nurses and elderly clients commit^[17,18]. Rehabilitation-promoting nursing is an intensive, time-limited, goal-oriented, holistic, and client-centered activity in the elderly's home and living environment^[19,20]. It is based on health-oriented, goal-oriented, and multidisciplinary action. Health orientation implies asset-based thinking, and goal setting is evident in measurable goals documented in care plans, with regular evaluation of their achievement. Additionally, the aim is to support as much independent functioning as possible and thus enhance self-esteem and self-determination^[17].

Studies show that the elderly utilize a significant amount of health services^[21]. Rehabilitation-promoting activities improve the clinical quality of care^[17], and they are cost-effective^[22]. Successful rehabilitation-

promoting nursing 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, impactful, and meaningful rehabilitation-promoting nursing requires excellent communication skills from the nurse, enabling them to encourage active participation from elderly clients, help them identify their resources, and establish goals ^[20].

Practical nurses play a key role in implementing rehabilitation-promoting nursing care for the elderly, as one of the eight areas of expertise in the social and healthcare vocational qualification (practical nurse) is “care and rehabilitation of the elderly” ^[23]. Nurses have a significant role in promoting the rehabilitation of the elderly ^[18,24,25]. As part of a multidisciplinary team, healthcare personnel members assess the elderly’s functional capacity, implement a plan to maintain and promote functional capacity, and monitor progress ^[21]. In the description of the vocational qualification ^[23], the practical nurse’s competence is defined as follows: “They can plan, implement, and evaluate care and support work promoting the health, well-being, functional capacity, growth, and participation of clients or patients in various social and healthcare or educational environments. They can provide service-oriented guidance, utilize a wide range of well-being technology, and develop their professional skills according to lifelong learning principles.”

The job description of a practical nurse mainly includes basic care, assisting clients in daily activities, and administering medication ^[26]. According to the study by Kariniemi *et al.* ^[27], nurses’ workload in home care may affect their involvement and implementation of a rehabilitative approach. Involvement is important because it has been shown to enhance the elderly’s belief in their abilities and their life. Elderly home care clients have resilience and the ability to participate more in daily activities when guided and supported by a nurse ^[13]. According to team leaders, sufficient staff is needed to implement rehabilitation-promoting activities. They consider staff competence and expertise, commitment, low turnover, and securing substitutes more important than staff numbers ^[17].

A functional work community is characterized by having a common purpose and goals that are known to the staff and guide the core mission ^[18,25]. Multidisciplinary collaboration is essential in developing rehabilitation-promoting nursing, as it strengthens the expertise and professional self-esteem of different professional groups ^[18,28]. Rehabilitation-promoting nursing reduces the physical strain on nurses ^[24]. The functionality of the work environment requires appropriate tools. Ergonomic work is important from both the client’s and the nurse’s perspectives ^[25]. A functional work environment and opportunities for professional development increase job satisfaction ^[29]. Employees find rehabilitation-promoting nursing rewarding when they realize they can enhance the functional capacity of the elderly through their actions ^[30]. Rehabilitation-promoting activities increase job commitment and facilitate the recruitment of substitutes ^[17].

Previously, the experiences of graduated nurses in rehabilitation-promoting nursing have been studied ^[31-33]. However, there is a lack of research on the perceptions and experiences of students, i.e., future professionals, regarding rehabilitation-promoting nursing. Only Karhapää ^[24] has investigated nursing students’ perceptions of rehabilitation-promoting nursing. The topic under investigation is relevant because, with the increasing number of elderly individuals, it is important to consider how the functional capacity and health of the elderly can be effectively supported and promoted to ensure independent and successful aging. The actions of 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, making them key players in ensuring the competence of future professionals in rehabilitation-promoting nursing.

2. Purpose, objective, and research questions

The purpose of the study was to describe the experiences of practical nursing students regarding rehabilitation-

promoting nursing for the elderly and its education. The objective was to generate new knowledge about the implementation of rehabilitation-promoting nursing in the elderly care system and the education of rehabilitation-promoting nursing for the elderly in vocational institutions. The results can be utilized in the development of rehabilitation-promoting nursing for the elderly in practical work settings 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 for the elderly?
- (2) What experiences do practical nursing students have regarding the education of rehabilitation-promoting nursing for the elderly?

3. Data and methods

3.1. Participants and data collection

The research data was collected in the autumn of 2020 through thematic interviews with practical nursing students from a vocational school ($n = 8$). The criteria for participation in the study were that the practical nursing students had completed at least one practical internship related to elderly care. The liaison persons for the study were the teachers of practical nurses. Invitations for interviews were initially sent via email through teachers to four different student groups, of which two agreed to participate in the study. Subsequently, the research invitation was modified to include a gift card drawing among participants. The invitation was sent to seven different student groups, and four students from one group expressed their 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 interview. Of the interviewees, five were oriented toward the specialization in nursing and care, while three were focused on the specialization in elderly care and rehabilitation.

The data collection method was thematic interviews, a semi-structured interview which is a hybrid of structured and open-ended interviews^[34]. The themes included rehabilitation-promoting nursing, education on rehabilitation-promoting nursing for the elderly, rehabilitation-promoting nursing in elderly care, and the future. Through these themes and their specific questions, the aim was to gather information about the content of the themes. Questions and their 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 constructed during the analysis phase^[35].

The interviews were conducted as individual interviews via the Microsoft Teams communication and collaboration platform due to the prevailing COVID-19 situation during the data collection period. The interviews ranged from 11 to 37 minutes in duration and were recorded and transcribed verbatim for data analysis purposes. A total of 32 pages of transcribed data were collected (Times New Roman 12, line spacing 1).

3.2. Data analysis

The data was analyzed using inductive content analysis^[36,37]. Initially, the researcher read the data several times to become familiar with it^[38,39]. The research approach was inductive, as it moved from individual observations to general meanings^[34]. The data-driven content analysis was conducted in three phases: (1) data reduction, (2) data clustering, and (3) abstraction or creation of theoretical concepts^[37,40]. Sentences from the transcribed data that addressed the research questions were extracted. These sentences were condensed and summarized. Similar condensed expressions were grouped into 26 subcategories, and they were named to describe the same content. Subsequently, the subcategories were further combined into 10 categories (**Table 1**).

Table 1. Example of the progression of data analysis

Original expression	Summarized expression	Subcategory	Category
“It’s something that isn’t said out loud, but they notice it. If they start getting ready to go to the door and look at the clock and such.” “They notice it right away if it’s too rushed.”	Patients notice nurses’ rush	Visibility of nurses’ rush	Nurses’ time management
“Patients also see that the nurses are in a hurry, so maybe they don’t necessarily say that they would like more rehabilitation or someone to talk to, so maybe that.”	Patients are unable to express their wishes due to nurses’ rush	Ignoring patients’ wishes	

4. Results

4.1. Background information of the interviewees

The participating vocational nursing students ranged in age from 18 to 47 years old. Their experience with the phenomenon under investigation varied from one internship related to elderly care to four internships. All interviewees had completed at least one internship in an assisted living facility, and some had also interned in home care. Additionally, all interviewees had work experience in elderly care, mainly from assisted living facilities. 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 promoting rehabilitation in elderly care were related to nurses’ time management, organizational practices, nurses’ competencies, nurses’ attitudes, nurses’ own methods, organizational development, practical teaching implementation and improvement, factors that hinder or enhance the use of aids, and the future of aid technology (**Table 2**).

Table 2. Experiences of nursing students in nursing work promoting the rehabilitation of the elderly and its training

Subcategory	Category
Visibility of nurses’ rush Ignoring patients’ wishes	Nurses’ time management
Inadequate nurse staffing Poor management and planning of nursing resources Lack of support from supervisors Role of physiotherapists	Organization’s functioning
Nurses’ lack of skills Nurses become blind to their own work	Nurses’ competence
Rehabilitation nursing is not motivating Rehabilitation nursing is not perceived as meaningful Internalizing new ways of working is challenging Workplace routines guide nurses’ work	Nurses’ attitudes
Nursing work is perceived as meaningful and enjoyable Motivated and calm nurses facilitate the implementation of rehabilitation nursing Lightening of nursing work	Nurses’ own practices
Increasing education and knowledge Significant role of supervisors	Developing organizational functioning
Transferring practical education to the workplace Organizing practical education Developing education	Implementation and development of practical education
Low number of assistive devices Nurses have not been adequately trained	Factors compromising the use of assistive devices
Quality education on assistive devices	Factor improving 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 interviewed nursing assistant students, the elderly noticed the nurses' rush and felt that they couldn't express their wishes regarding their own care, and their wishes went unnoticed by the nurses.

"The patients do notice when the nurses are in a hurry, so maybe they don't always tell if they would like more rehabilitation or someone to talk to, so maybe that." (H3)

4.3. Organization's functioning

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

"At least this nurse-to-patient ratio is one thing. If it were just right, then we would analyze how much time is spent on each person's care more often and with that style." (H5)

Supervisors were hoped to be more interested in implementing rehabilitation nursing in workplaces. They were also expected to encourage nurses to engage in rehabilitation activities with clients.

Physiotherapists' role in the organization was considered important. Due to the prevailing COVID-19 pandemic, physiotherapist visits to the unit have decreased. However, nursing assistant 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 would be able to do their own thing." (H5)

4.4. Nurses' competence

According to nursing assistant students, there were deficiencies in nurses' competence in promoting rehabilitation nursing. In particular, the lack of competence of older and long-term nurses was highlighted.

"So when there are older employees, maybe they don't have the up-to-date training or some new knowledge, so they may have dropped out of it a bit, somehow." (H4)

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

4.5. Nurses' attitudes

Nursing assistant students felt that nurses were not sufficiently motivated to promote rehabilitation nursing. The purpose and benefits of the activities were downplayed, and it was not perceived as meaningful. Nursing assistant students thought that internalizing new ways of working and learning new things was difficult for nurses.

"It might have sometimes worked differently or like their whole life has worked one way and then completely new information and skills come, so it might be a shock to them or something, that they should learn something new." (H4)

Workplace routines also seemed to guide nurses' work too much, and work was done in a staff-centered manner.

"But in that style, there's a list of tasks, and the faster you've finished the list, the better, and there's no consideration whether it's a good thing for that elderly person or not." (H5)

4.6. Nurses' personal practices

According to nursing assistant students, nurses found their work meaningful and rewarding when the client's

functional ability improved as a result of nurses following the principles of rehabilitation nursing. Nursing assistant students felt that as a consequence of rehabilitation nursing, both the client and the nurse felt good and satisfied. This also increased the nurse's job satisfaction.

The nurse's own actions were also significant 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 such an ability that they are not in a hurry anywhere, they can wait for the client to do things themselves, and they are calm operators." (H5)

The physical strain of work was reduced by the nurses' ergonomic and resource-oriented approach to work.

"Physically, then, you get less yourself when you use kinesthetics, so there isn't as much physical strain." (H6)

4.7. Organizational development

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

"People should open their eyes, like get educated and take their heads out of the sand." (H2)

"And then, in my opinion, there should be some kind of course at work if there are new devices." (H8)

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

4.8. Implementation and development of practical education

Nursing assistant students who had advanced in their studies felt that practical education was very transferable to the workplace. They found practical education to be beneficial and useful.

"Then, of course, we've practiced things practically in school, so they have been quite good, at least they have been helpful in working life too." (H4)

"I had to hang in that hoist myself, so you get the experience of what it is. That's really nice when it's practical." (H2)

There were difficulties in organizing practical education due to the pandemic because, for example, visits to nursing homes had to be canceled due to distance learning.

Nursing assistant students perceived rehabilitation nursing mainly as activities supporting the physical functioning and independence of the elderly.

"...to maintain the good condition of the elderly person so that they can walk and do things independently, so that can be promoted in many ways, like walking tours and things like that." (H3)

"...when we're with the elderly, 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.

"...the mental side of things, they could have done a bit more of that, like go or do some practical exercises in those situations, if the client behaves like this and that and if there is grief and confusion, then how could you act in those situations, that part." (H6)

Additionally, they wished for more education on how to interact with people with dementia before the start of internships.

4.9. Factors hindering the use of assistive devices

According to students, there were only a few assistive devices available in workplaces. There should be an adequate number of assistive devices relative to the number of nurses. Additionally, students felt that nurses were not adequately trained in using assistive devices, so they did not know how to use them or use them sparingly.

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

4.10. Factor enhancing the use of assistive devices

Nursing assistant students felt that the education related to assistive devices was sufficient and useful.

“So, there has been a lot about assistive devices to make it easier, so that we won’t immediately go to the point where everything is done with a lift, just with a lift, everything gets done.” (H2)

4.11. Future of assistive device technology

In the future, assistive devices are believed to become more integrated into the client’s daily life and support their functional ability. The use of technology as part of rehabilitation nursing was believed to be more beneficial than harmful. This positive attitude facilitates understanding the benefits of technology and accepting technology as part of one’s own work.

“...but surely there will be more and more different types of assistive devices coming into healthcare and home care, so there will probably be more usefulness than if there were none.” (H6)

Nursing assistant students also believe that in the future, the number of various assistive devices will increase, and more innovative assistive devices will be developed for use by clients.

“But I think that there will be more and more different types of assistive devices coming into the field, just like there are now.” (H8)

5. Reflection

5.1. Examination of results

The study described nursing assistant students’ experiences of rehabilitation-promoting nursing care for the elderly and its education. According to the results, factors such as the scarcity of nurses and assistive devices undermine the implementation of rehabilitation-promoting nursing care in workplaces. Swoboda *et al.* ^[41] also found that organizational factors, such as lack of time and shortage of staff and assistive devices, hindered the optimal implementation of rehabilitation-promoting nursing care. It is noteworthy that deficiencies were perceived in the competence of older and long-standing nurses in rehabilitation-promoting nursing care. Nursing assistant students felt that workplaces need more continuing education and up-to-date information on rehabilitation-promoting nursing care. Continuing education is crucial for the implementation of rehabilitation-promoting nursing care models ^[42]. Education would enhance nurses’ competence and could change their attitudes to be more positive as they understand the benefits and possibilities of rehabilitation-promoting nursing care. This view is supported by Rooijackers *et al.* ^[43], who found that the “Stay Active at Home” program positively impacted home care staff’s competence, attitudes, and skills in rehabilitation-promoting nursing care. In this program, staff received support from both colleagues and team leaders to implement rehabilitation-promoting nursing care.

According to this study, rehabilitation-promoting nursing care primarily focused on the physical rehabilitation of the client. Similar findings were reported by Fox *et al.* ^[44]: nurses described rehabilitation-

promoting nursing care as physically challenging, as it was perceived as strenuous, difficult, and demanding in terms of strength and physical fitness. However, it is important to remember the person as a whole in rehabilitation-promoting nursing care, which includes not only physical function but also social, psychological, and cognitive function. The interviewed nursing assistant students highlighted the need for broader knowledge of rehabilitation-promoting nursing care, for example, from the perspective of supporting the psychological and cognitive function of the elderly. According to Östlund *et al.* ^[45], professionals working with the elderly should recognize their life history and social contexts: the elderly value individual and personally meaningful rehabilitation goals based on their existing relationships and broader life context.

The interviewed nursing assistant students considered the role of physiotherapists important in rehabilitation-promoting nursing care for the elderly. However, the basis of rehabilitation-promoting nursing care is multidisciplinary cooperation, where 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 have knowledge of individual factors affecting rehabilitation ^[46]. Birkeland *et al.* ^[47] found in their study that factors positively influencing multidisciplinary cooperation included the diversity and number of professionals involved, the closeness of cooperation, and the amount of time allocated for communication and joint planning and decision-making.

The study revealed that due to the COVID-19 pandemic in spring 2020, visits by physiotherapists to units decreased or ceased altogether. Vaara *et al.* ^[48] also noted in their study physiotherapists' concern about the rehabilitation of the elderly during the pandemic and the increase in remote rehabilitation. Remote rehabilitation is not suitable for all clients and cannot be compared to rehabilitation that takes place in face-to-face meetings. On the other hand, the quality recommendation of the Ministry of Social Affairs and Health ^[49] mentions that technology should be increasingly utilized in elderly services, provided that there is sufficient support, guidance, and counseling for the elderly, their relatives, and nursing staff. It is to be expected that the need for rehabilitation will increase after exceptional circumstances, as quarantine can lead to passivity, increase musculoskeletal problems, and weaken functional capacity ^[48].

To implement rehabilitation-promoting nursing care effectively and sufficiently, taking into account the individual needs of the client, organizations must allocate resources to this end. In the long term, municipalities save money as the hospital costs of the elderly decrease due to rehabilitation-promoting nursing care ^[21,22]. The primary beneficiary of rehabilitation-promoting nursing care is the elderly person themselves, as maintaining functional capacity allows them to live a healthy, happy, and high-quality life for as long as possible.

5.2. Ethical considerations and reliability of the study

The research can be considered ethically acceptable, and reliable, and its results credible because the researcher responsible for the empirical implementation has ensured that the research has been conducted in accordance with the requirements of good scientific practice ^[50]. Research permission was obtained from the vocational institution where the interviewees were studying. Additionally, the researcher has adhered to general care and accuracy in the research process, as well as in the recording and evaluation of results. The study has taken into account the basic principles of research involving human subjects, including the voluntariness of participation and the opportunity to withdraw from participation at any time without giving a reason ^[51]. Participants were given the opportunity to receive information about the content of the study and the processing of personal data, and they provided informed consent based on this information. Care has been taken to ensure that participants cannot be identified, and the results have been analyzed anonymously ^[51].

The reliability of the research has been 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 rehabilitation-promoting nursing care for the elderly and had experienced its manifestation in workplaces, which increased 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 ensure as much experience of the phenomenon under investigation as possible. The researcher collected the data and thoroughly and carefully read through it to gain an understanding of the interviewees' perspectives on the phenomenon under investigation. The credibility of the research is weakened by the small number of participants ($n = 8$), but according to the researcher's assessment, the data saturation occurred sufficiently.

The research results describe the interviewees' perceptions of the phenomenon under investigation, and similar experiences are likely to be present among other nursing assistant students. The research dependability is increased by using content analysis aimed at providing a structured and clear description of the phenomenon under investigation. When examining the authenticity of the research, it is noted that direct quotations from the data clearly demonstrate the connection between the results and the data. The researcher has a background in gerontology and was aware of their own beliefs and experiences regarding the phenomenon under investigation but aimed to focus solely on the content of the data. The confirmability of the research was increased by reviewing the results together with the research group during the analysis phase. Additionally, the results were supported by previous research findings, further increasing confirmability.

6. Conclusions and future research topics

Based on the results, it can be concluded that the content of education and practical work life do not align. It is not sufficient for nursing assistant students to have the latest knowledge of rehabilitation-promoting nursing care. Organizational functions should also be up to date and receptive to changes so that rehabilitation-promoting nursing care can be fully realized in the elderly care system. Factors significantly affecting its implementation include an adequate number of nurses and assistive devices, motivated and enthusiastic attitudes among nurses, support from supervisors, and the maintenance of nurses' skills through continuous further education.

In nursing assistant education, rehabilitation-promoting nursing care should be seen as a comprehensive entity from the perspective of various aspects of functional ability. According to the findings, the emphasis is strongly on supporting physical functional ability.

Rehabilitation-promoting nursing care has been relatively little researched nationally. In the future, more research data on the attitudes of healthcare personnel towards rehabilitation-promoting nursing care and the effects of educational interventions on competence in rehabilitation-promoting nursing care are needed. Additionally, it is necessary to investigate whether the changes brought about by the vocational education reform affect the training in and sufficiency of rehabilitation-promoting nursing care.

Disclosure statement

The authors declare no conflict of interest.

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