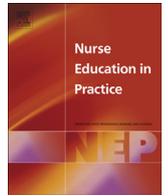




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Collaborative learning in gerontological clinical settings: The students' perspective

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ABSTRACT

This study deals with student nurses' experiences of collaborative learning in gerontological clinical settings where aged people are involved as age-experts in students' learning processes. The data were collected in 2012 using the contents of students' reflective writing assignments concerning elderly persons' life history interviews and the students' own assessments of their learning experiences in authentic elder care settings. The results, analyzed using qualitative content analysis, revealed mostly positive learning experiences. Interaction and collaborative learning activities in genuine gerontological clinical settings contributed to the students' understanding of the multiple age-related and disease-specific challenges as well as the issues of functional decline that aged patients face. Three types of factors influenced the students' collaborative learning experiences in gerontological clinical settings: student-related, patient-related and learning environment-related factors. According to the results, theoretical studies in combination with collaboration, in an authentic clinical environment, by student nurses, elderly patients, representatives of the elder care staff and nurse educators provide a feasible method for helping students transform their experiences with patients into actual skills. Their awareness of and sensitivity to the needs of the elderly increase as they learn.

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Introduction

The population in the EU is growing progressively older. According to demographic statistics, in 2014, 19.4 percent of Finland's population were over 65; seniors above that age are expected to account for 24.4 percent of the population of Finland by 2040 (Eurostat, 2014). Due to these demographic changes, an increasing number of aged people with multiple chronic conditions will require new treatments and care delivery models. We may expect a shift from primary care in hospitals to primary care closer to home. Simultaneously, the health care sector will experience significant reductions in workforce through retirement, and the number of young recruits is not sufficient to replace those who leave. The elder care sector is compelled to compete with other health care sectors as well as with employers in other fields to entice the younger generations who are making their career choices (European Commission, 2012).

To meet these upcoming challenges in elder care, we call for nursing education and practice to develop educational collaboratives so that we may make gerontological nursing more popular

among student nurses. Such collaborative partnerships can decrease the gap between theoretical education and practical work: they provide opportunities to share ideas and create supportive environments for the sharing of knowledge, leading to mutual benefits that could not be obtained by any party alone. This means a shift from traditional education methods to broader learning communities that engage students, clinical staff, educators, clients and patients. These parties become members of teaching teams that enable both students and professionals to develop a greater understanding of the real lives of their clients and patients (Nabavi et al., 2012; Towle et al., 2010). These kinds of collaborative partnerships also mean that, instead of merely being passive recipients of health care upon whom students practice their technical skills, clients and patients become involved in nursing education as active participants so that they may support the students' positive learning outcomes (Koskinen et al., 2012; Suikkala, 2007).

This study was conducted in one of the 23 polytechnics in Finland, in which nursing education is provided under European Union directives 2005/36/EC and 2013/55/EC (European Commission, 2005, 2013). Each polytechnic is allowed a high degree of independence in designing and implementing nursing curricula; therefore, gerontological nursing is taught either as an independent course or integrated into other courses. Clinical placement in gerontological nursing is, however, obligatory for all student nurses and they are

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required to take at least one practical training period in this demanding and complex setting during their studies.

The aim of this study is to describe the participating student nurses' experiences of collaborative learning in gerontological clinical settings where older people are involved as age-experts participating in the students' learning processes. The research questions were:

1. What are student nurses' experiences of collaborative learning in gerontological clinical settings?
2. What factors are associated with students' collaborative learning experiences in gerontological clinical settings?

This study adopts the view of collaborative learning that learning takes place in mutual, collaborative relationships among students, aged patients, staff nurses and educators. Such learning is based on respect of one another's experiences and expertise, and it is likely to lead to benefits for all parties involved (Suikkala, 2007). The ultimate goal of collaborative learning is to improve the students' skills so that they meet elderly patients' health needs better. Another goal of collaborative learning is to interest students in working collaboratively with patients in the context of elder care in the future.

Background

The demands of health care in the 21st century call for nurses who are prepared to meet the needs of the increasing number of people disabled due to age and the prevalence of chronic illnesses (World Health Organization, 2011). However, elder care has been perceived to have a low status within the field of nursing. The reasons that students give for not preferring careers in elder care bring out stereotypes of old people, ageism and paternalistic attitudes. In addition, students express the view that elder care would require limited skills and that the field would offer only few opportunities for professional development (Clendon, 2011; Hayes et al., 2006; Henderson et al., 2008; Kloster et al., 2007; Koh, 2012). Nevertheless, many graduating students do not exclude the possibility of working in the field later in their careers (Koskinen et al., 2012; Rogan and Wyllie, 2003).

According to Kloster et al. (2007) a greater desire to work with older people seems to be associated with students considering it meaningful to work with older people and enjoying the company of older people. Such students are aware of the challenges in elder care and wish to take responsibility and meet these challenges. Exposures to gerontological nursing settings have been found to be important as they present opportunities for positive learning experiences and reciprocal collaborative relationships. Authentic encounters such as discussions about the lives and caring experiences of elderly people increase students' knowledge, skills and sensitivity. Students will need all these when they encounter aged patients who have a range of biopsychosocial needs (Celik et al., 2010; Rejeh et al., 2011). It is also worth noting that elderly patients have been interested in participating in students' learning. Aged patients have been pleased with enhanced opportunities to interact socially with students and have been happy to receive the help and assistance from students to increase their level of comfort (Mossop and Wilkinson, 2006).

Gerontological nursing education, when taught through dedicated courses, has a positive impact on students' interest in elder care (Koskinen et al., 2012; Rogan and Wyllie, 2003). Furthermore, clinical training plays an enormous role in the development of students' perception of elder care. It is a common practice in nursing education to place first-year student nurses in aged-care institutions that provide long-term care for individuals of the

ages of 65 and over. In these placements, students may begin to develop their basic nursing skills at a relatively slow pace, benefitting from an environment that is more stable and less threatening than acute care settings. However, the students may not yet possess the knowledge and skills they would need to meet successfully the challenges of elder care (Banning et al., 2006; Hayes et al., 2006). These early encounters with aged patients together with students' limited supervised experiences of the person-centered approach threaten students' idealism; in addition, these early experiences are incongruent with the values of care as such and, more specifically, patient-centered care, which are put forth in theoretical studies (Alabaster, 2007). These experiences can cause feelings of frustration and powerlessness among students (Kloster et al., 2007) and direct them from planned person-centered encounters with patients to routine tasks instead (Clendon, 2011; Skaalvik et al., 2010).

The perceived poor image of elder care and the lack of excitement associated with non-acute nursing will continue to impact students' career preferences unless attitudes are changed and the competence requirements of elder care are highlighted in nursing education (Hayes et al., 2006; Koh, 2012). Students' interest in working in the field of gerontological nursing is enhanced by high quality gerontological nursing by enthusiastic nurses who act as role models and facilitators as well as by the good team spirit often found in clinical environments (Banning et al., 2006; Koskinen et al., 2012). Furthermore, nursing education should place greater emphasis on educational content and learning activities that guide students from task-orientation toward a deeper understanding of their patients, facilitating the development of their conceptualization of nursing care as responsive to the individual needs of elderly people (Henderson et al., 2008). It is possible to put aged patients' voices at the core of the education of student nurses by using collaborative partnerships between the educational and elder care sectors. Such partnerships provide opportunities for students to use their interactive skills and to collaborate to meet the actual wishes and needs expressed by their aged patients (Suikkala, 2007; Xiao et al., 2008).

Methods

Study setting and participants

The educational trial in our study focused on the practical, collaborative partnerships entered by a polytechnic as a key strategy for creating shared learning opportunities for participants. The educational trial was implemented in spring and autumn 2012 as part of a 10-ECTS theoretical course on gerontological nursing in a polytechnic in Finland. The curriculum specified person-centered care of elderly patients, highlighting the meaning and significance of knowing one's aged patients and connecting with aged people, and the promotion of aged patients' participation and functional ability. Theoretical studies were not confined to the classroom or the internet but instead they were organized using a combination of theory and clinical activity, and implemented in genuine gerontological settings. The main objective of this combined solution was to make the content of elder care visible within nursing studies. Students were offered interactive, collaborative learning experiences through their meeting with elderly people. The expertise of staff nurses and nursing teachers contributed to the integration of theory and practice. The goal was to boost students' confidence in order to make them able to encounter unique elderly patients instead of simply carrying out routines. The objective of the trial was to enhance elder care studies to make them more attractive to students.

The learning solution included having each student make the acquaintance of an elderly person through a person-to person life history interview. The solution also included gerontological nursing interventions which were planned and implemented by students and staff nurses in collaboration and which took into account each individual patient's preferences and abilities. The aged patients reminisced, painted and had music and movement sessions to support their participation and to enhance their physical and mental health and well-being. Furthermore, faculty nurses' expertise was made use of and elderly volunteers functioned as experts-of-experience during case-based learning sessions. Students with their teachers were divided into four small groups for these sessions so that they could study the nursing interventions with the aged inpatients through genuine encounters.

As learners, students were supported by experienced clinical nurses and teachers of nursing. The students' learning opportunities were enhanced and their juxtaposition of theory and practice was facilitated. The genuine elder care settings played an important role: they made authentic elder care and its demands visible within the theoretical framework while giving the elderly themselves the opportunity of becoming the experts on their own illnesses and disabilities, thereby helping the students' learning processes. The settings also enabled students to take active roles in their own learning, which was facilitated by the interaction and collaboration among the students, the elderly patients, and the nursing staff and teachers. It should be noted that the nursing staff was responsible for providing professional supervision for student nurses in any and all activities that might affect the patients.

Altogether 80 second-year student nurses took part in this educational trial. The majority of them were female (92.5%) and only six were male (7.5%). The average age of the students was 26 (range 21–50 years). One-quarter (27.5%) of the students had a previous degree in health care; of those, most had a practical nurse's degree. All of the students had either work experience or previous clinical training in gerontological nursing.

Data collection

The data consisted of data from the students' reflective writing assignments concerning individual elderly persons' life history interviews and the students' own assessments of their collaborative learning experiences. The reflective life-history assignment was used for collecting information about significant events in aged persons' lives, thereby learning about each person's resources and coping strategies related to his or her physical, emotional,

psychological, social, cultural and spiritual needs. The purpose of this exercise was to help the students, through their own reflection, understand the aged person's past and present life with the ultimate aim of helping the students deliver holistic, person-centered care in partnership with the elderly themselves. In their assessments, students reflected on their collaborative learning experiences by answering open-ended questions that dealt with the achievement of personally set learning objectives, interaction with the aged inpatients, and feedback received from the elderly themselves as well as from staff nurses during and after interventions.

Data analysis

The students' assignments concerning the aged persons' life histories and the students' own assessments of their collaborative learning were analyzed using qualitative content analysis (Elo and Kyngäs, 2007; Cavanagh, 1997). The unit of analysis was a word or a theme that had relevance to the research questions. The data were organized through open coding, creating categories and abstraction. The researchers then wrote notes and headings in the text while reading it, and organized the data into themes by culling the notes and headings from the text. The themes referring to the same content were grouped into subcategories and categories, based on comparisons regarding their similarities and differences (Table 1). To enhance the confirmability of the findings, all data were reviewed independently by all authors (AS, EK, PK).

Ethical considerations

This study adheres to the general principles of research ethics (Pauwels, 2007). There is no ethical committee at the polytechnic but the senior specialist in Research and Development at the school has the authority to review research protocols and make decisions regarding them. The students were informed about the study by a letter; the voluntary nature of participation was clearly stated in it. Informed consent was given by the students in writing, confirming that their written learning-experience assessments and their work concerning the aged persons' life histories could be used as research material. All participants were assured that the data collected would remain confidential and anonymous. The students were reminded that they could withdraw at any time. Neither individual students nor the elder care institutions involved can be identified through our presentation of our findings. The main researcher is a nurse educator at the polytechnic but she did not

Table 1
Example of the analysis.

Quotation	Condensation	Subcategory	Category	Main category
<i>My theoretical knowledge base was deepened when I had an opportunity to discuss with experts.</i>	Deepening theoretical knowledge	Knowledge	Improved competence in elder care	Experiences of collaborative learning
<i>I got a lot of experiential knowledge through clinical activity.</i>	Getting experiential knowledge			
<i>It was great and pleasant to practise taking the elderly patient's pulse.</i>	Taking pulse control	Technical skills		
<i>I had an opportunity to practice interaction skills with real patients.</i>	Practicing interaction skills with elder patient	Interaction skills		
<i>I met the interviewee again ... he had written me a four-page letter in which he explained wartime events.</i>	Getting a written letter from elderly patient	Feelings of success regarding elderly patient encounter	Increased confidence in elderly patient relationships	
<i>I think I got Lena to talk about her life in a different way, more freely</i>	Conversation dealing with personal issues	Feelings of success regarding elderly patient encounter		
<i>I realize that the elderly person's wishes should be respected as much as the wishes of younger people.</i>	Respect for elderly person	Increased appreciation		

participate in the teaching, grading or clinical supervision of the participating students.

Results

Student nurses' experiences of collaborative learning

Student nurses' experiences of collaborative learning were categorized into a) improved competence in elder care, b) increased confidence in elderly patient relationships, and c) ambivalence about collaborative learning (Table 2).

The students described the improvement of their competences as a positive experience brought about by collaborative learning: expansion of the knowledge base and the improvement of technical skills as well as skills required for communication and co-operation with elderly patients. The gerontological clinical setting offered a new, working-life-oriented learning environment in which the elderly patients' experiential knowledge stimulated and thus promoted the students' learning more than the students had expected. Furthermore, the staff nurses' expertise and tacit knowledge were reported to give the students up-to-date, practical knowledge. In particular, the students considered the reflective discussions with staff nurses important as they often related to ethical issues encountered in elder care.

Personal interaction with elderly patients brought about positive changes in the students' perceptions of elderly patients. The students became more confident in their interactions and relationships. They were able to broach personal and emotional issues with more empathy, respect, appreciation and encouragement. Compared to any traditional assignment, listening to an aged patient's life history was a novel way for these students to learn patient-centered care and to learn to see an elderly patient as a unique person. The students regarded this as significant for their professional growth. The students realized that it was important for the aged patients that the students had time to listen to them. The students highlighted that it was important to bear in mind that the elderly patients' present lives were influenced by a multitude of previous events:

...increased the understanding of how the entire life impacts on the current situation and how important it would be in nursing to take into account the entire course of the life lived.

He was the first person I learned to know properly as he wished to be known – and not through a diagnosis or some staff report.

Planning and implementing nursing interventions for real elderly patients helped the students learn how to focus on an individual elderly patient who has age-related, individual characteristics and limitations in his or her psychical, psychological or social functioning. Even though the students regarded planning and providing patient education sessions for the elderly as challenging, such sessions became rewarding experiences. The students felt that they succeeded. They felt encouraged to communicate and co-operate with their elderly patients and to activate the patients to the degree that it was possible considering the patients' resources

and physical condition. The students felt that their encounters with the elderly patients were valuable experiences for themselves as well as for the patients. They found that their presence and actions revived, cheered up and empowered the aged patients. They also found that activities involving participation by the elderly can be arranged relatively easily even though individual aspects and alternatives must be taken into consideration early in the planning stage.

The students perceived that the collaborative learning activities applied in their studies could be used in other clinical settings as well. However, some students experienced feelings of ambivalence. They wished for more opportunities for personal contacts with elderly patients in clinical learning situations such as wound dressing and diabetes care in order to share their expertise in a more active way. Some students expressed frustration and thought that learning in this elder care setting would be more enriching for first-year students.

Factors associated with students' collaborative learning experiences

The categories of factors either promoting or impeding collaborative learning in our elder care setting were a) student-related, b) patient-related, and c) learning-environment-related factors (Table 2).

Successful outcomes of learning in this elder care setting, such as good learning experiences, were associated with the students' interest in aged patients and a respectful attitude towards these patients. Successful outcomes were also associated with studiously prepared human-oriented learning objectives designed for the authentic elder care learning environment and its requirements. Furthermore, successful students familiarized themselves in advance with their future learning environment by visiting the clinical setting.

Elderly patients, when functioning as experts-by-experience, were quite frank with the students about their personal life histories. This was seen to help the students to understand the elderly patients as persons and to learn a person-centered approach for caring for elderly patients. These patients' positive attitudes towards the students and towards the variety which the students brought into the patients' daily routines promoted the patients' desire to participate in the collaborative learning situations, and thus were the preconditions for the students' positive learning experiences:

Gretel's attitude towards my assignment was positive, even eager. She said she was touched that she was invited to take part in educating the young into a good profession.

This elder care setting offered a carefully organized and authentic work-based learning environment. The dialog between students and staff nurses promoted the students' learning and committed the students to learning elder care above and beyond simulated situations:

It was more realistic to learn in a real ward.

Sessions in an authentic environment were more motivating than traditional classroom sessions.

Learning situations in all four-student groups were open and communicative. They promoted the integration of theory and practice as well as the understanding of the ethical and aesthetic issues in elder care. Collaborative learning in small groups helped the students focus on their learning and encouraged them to ask for additional information:

Table 2
Summary of the results.

Experiences of collaborative learning	Factors associated with students' collaborative learning experiences
Improved competence in elder care	Student-related factors
Increased confidence in elderly patient relationships	Patient-related factors
Ambivalence about collaborative learning	Learning-environment-related factors.

The authentic environment helped me understand ethical issues.

This nursing environment evoked more questions and in a different way than in classroom teaching.

The staff nurses, committed to working with elderly patients and willing to share their expertise in elder care, were appreciated as good role-models by the students. The staff nurses took the students' level of expertise appropriately into consideration and provided supportive guidance and feedback, thereby encouraging the students to learn elder care. These nurses also gave the students opportunities to share feelings and to reflect on feelings, experiences and ethical issues in elder care. The students brought up the above issues as preconditions for positive learning experiences.

Factors with an impeding effect on collaborative learning were contrary to those promoting it, or were realized as the absence of the latter. Many students initially lacked competence in caring for elderly patients and in interacting with them, and their emotions had an impeding effect on their learning: uncertainty, fear and anxiety in encountering unfamiliar elderly persons and communicating with them especially when they had sense impairments, memory disorders, mental disorders, or decreased functional abilities. On the other hand, the students who had previous work experience as caregivers in elder care considered learning in the elder care setting as lacking challenge, and they could perhaps have learned more in simulated classroom situations. Besides narrating their individual life histories, only a few patients took the opportunity of contributing to the student's learning of technical and interpersonal clinical skills. The patients were either unwilling or unable to function in teaching situations. The staff nurses' lack of advance knowledge of the students' learning objectives as well as the nurses' hurried, extempore timetables in their sharing of expertise were also mentioned by the students as factors impeding collaborative learning.

Discussion

In this study, we describe collaborative learning and factors associated with such learning in gerontological clinical settings, adopting the perspective of student nurses. Our aim is to offer information in order to enhance gerontology nursing education, thereby promoting student nurses' interest in elder care. According to our results, the hands-on experience of collaborative learning was successful in these authentic gerontological settings in which the partnership of the students, elderly people, nursing staff and educators was emphasized. Collaborative learning activities helped the students understand the multiple age-related and disease-specific challenges as well as the many issues of functional decline that aged patients face. This understanding promoted the involvement and functional ability of the elderly while it helped the students meet the elderly as individuals. The students were satisfied with the fact that they could focus on the promotion of quality of life, and acknowledged the challenges of elder care and the competences required for it (Koh, 2012; Skaalvik et al., 2010). Even though establishing personal connections to patients has been found to be among the most difficult tasks that can be given to students (Suikkala, 2007), the reflective life histories used in this study committed both the young students and the aged patients to an inter-generation dialog, benefitting not only the students but also the patients in a mutually empowering manner. This supports the view that we genuinely need to involve the elderly as experts in their own well-being when we develop new educational approaches in order to help our students see beyond the façade or stereotype to the individual person (Heise et al., 2012; Rodgers and Gilmour, 2011). We also need to involve the aged in order to ensure high-quality patient care for them in a way they would find desirable (Harrefors et al., 2009).

Our study contributes to the evidence that education about aging shapes students' attitudes when integrated with positive opportunities in a clinical environment (Rodgers and Gilmour, 2011). However, even then, some students do not grasp the complex requirements of elder care (Banning et al., 2006). Students' emotions and their newness to the experience of caring for and interacting with elderly patients cause students to have feelings of uncertainty when they are required to encounter unfamiliar elderly persons and to communicate with them especially when these elderly persons have memory disorders or mental disorders or possess decreased functional abilities (Celik et al., 2010; Suikkala, 2007). The students involved in this study were mostly women; they had previous work experience or clinical training in gerontological nursing and were studying gerontological nursing through a specific course. These factors might have increased their interest in gerontological nursing (Koskinen et al., 2012).

Educational action can be taken to enhance students' interest in gerontological nursing and to improve the image of this work. Support structures can be put in place and greater co-operation can take place between representatives of nursing education and those of practical work (Brown et al., 2008; Rogan and Wyllie, 2003). The possibility of action challenges nurse educators to assume a more active role in collaborating with clinical practitioners. It also challenges educators to set up projects that promote student engagement in enriching learning experiences with elderly people who function as experts of their own health and well-being. Actions are required in order to meet the care needs of the growing aging population that requires long-term care (Deschodt et al., 2010; Koh, 2012; Koskinen et al., 2012). The sharing of ideas, practical and theoretical knowledge and reflection are important for both students and staff nurses so that they may provide an outlook on competencies needed in elder care. Such sharing and reflection allow them to challenge the current views, feelings and actions related to the realities of practice while they also allow students and staff nurses to acknowledge their personal and professional strengths and limitations (Skaalvik et al., 2010). It is worth noticing that the students in this study perceived their learning experiences in the authentic clinical environment as positive. They felt that the nurses and educators regarded the clinical ward as a context for the promotion of students' learning, not for a show of maximum performance. This enabled the students to develop relationships with aged persons. They had time for acquiring hands-on experience and learned nursing thereby without the pressures of ward routines or the constant assessment of their performance.

This educational trial engaged the clinical staff nurses as members of the teaching team. The nursing staff's high valuation of their field and their performance as positive role-models assisted the students in understanding the core substance and the challenges of the field, helping them juxtapose the theoretical elements of their studies and the practice (Brown et al., 2008; Clendon, 2011; Nabavi et al., 2012; Rejeh et al., 2011). Through the sharing of resources and through the interactive learning of the best clinical practices, this kind of partnership increases the competences of the students, the staff nurses and the nurse educators alike (Campbell and Jeffers, 2008). The main responsibility for planning and implementing this kind of education rests, however, with the nurse educators in these collaborative teams. The educators liaise with the nursing staff, bridging practice and the clinical environment to the theoretical framework. More connections to clinical practice are necessary so that students and nurse educators can experience the realities of practice and learn the competencies needed today in the diverse, constantly changing field of health care (Nabavi et al., 2012).

This study is limited as it is founded on a partnership with a local elder care institution. The small scale of the study and the qualitative approach raise questions about the applicability of the

findings in other situations. Furthermore, the study focused on second year student nurses and the results describe the students' altering perceptions rather than their preferences regarding careers in gerontological nursing. However, the students' perceptions supplement our present understanding of how innovative teaching methods improve students' attitudes and prepare them for continuing into competent care of aged people. This study describes only the students' perspective of collaborative learning in gerontological clinical settings. The inclusion of the perceptions of the elderly, the nursing staff and the nurse educators would provide a broader picture. Furthermore, the results show the early stages of the developing partnership and they cannot provide any information about a possible long-term success. More research is needed to develop and evaluate collaborative learning activities in elder care as well as in other types of clinical settings.

Conclusions

The results emphasize the importance of the authentic clinical learning environment and the genuine partnerships among student nurses, elderly people, staff nurses and nurse educators for the highlighting of the positive aspects of elder care. It is likely that most nursing graduates will work with patients who are over the age of 65. Thus, nurse educators are faced with demands to develop and implement innovative approaches to adequately capture the interest of student nurses and to prepare them to meet aged people who have complex needs across the contexts of social and health care. The collaborative learning activities applied in this educational trial form a feasible method for a) challenging students to reflect on their individual encounters with the elderly, b) increasing the students' understanding of the skills needed to meet the individual needs of elderly people, and c) highlighting the importance of the involvement of the elderly and their experiential knowledge for the development of client-centered elder care and education. The implementation of collaborative learning in the form presented in this paper requires appropriate scheduling, good co-operation between nurse educators and clinicians, and their engagement in gerontological nursing education in a way that instills positive regard toward aged people. A broad dialog among the participants involved will make elder care and its demands visible and enable us to address any possible gaps in the current curriculum.

Conflicts of interest

None.

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