

## SHORT COMMUNICATION

### ROLE OF NURSING IN REHABILITATION

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**Evidence shows that, in order to attain optimum outcomes, rehabilitation interventions should be delivered by multi-professional teams. A rehabilitation nurse is one of the relevant rehabilitation professionals. The model of nursing care has shifted from the traditional model (a passive role of patients) to a complex and modern concept of nursing in supporting patients to independently and actively perform self-care. This paper briefly introduces the role of nurses in rehabilitation, from the point of view of rehabilitation service delivery, which is relevant in all phases and types of rehabilitation care, including acute rehabilitation, post-acute rehabilitation, long-term rehabilitation, nursing home and geriatric care, and in community-based rehabilitation service.**

*Key words:* interprofessional collaboration; multidisciplinary integration; nursing; rehabilitation; teamwork.

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Within the rehabilitation community there is strong consensus that rehabilitation must be delivered by teams that comprise a range of professionals; so-called multi-professional teams. In the World Report on Disability (1) chapter on “rehabilitation measures and outcomes”, rehabilitation measures are broadly divided into 3 categories: rehabilitation medicine, therapy, and assistive technologies. On the occasion of the International Year of the Nurse and the Midwife 2020, the Global Rehabilitation Alliance (GRA) and the International

#### LAY ABSTRACT

There is strong consensus that rehabilitation must be delivered by teams comprising a range of professionals; so-called multi-professional teams. This leads to optimum outcomes of rehabilitation treatment. A rehabilitation nurse is an important member of the multi-professional team. This article briefly describes the role of nursing in rehabilitation of different types and at different levels of healthcare, including acute rehabilitation, post-acute rehabilitation, long-term rehabilitation, nursing home and geriatric care, and community-based rehabilitation service.

Council of Nurses (ICN) pointed out that nursing is also a core element of rehabilitation (2).

In recent decades, nursing has undergone a tremendous shift in the understanding of its goals and the type of interventions. The traditional model of nursing consisted of supporting patients with basic needs and placed patients in a passive role. Models of nursing care focusing on more complex needs of people emerged, emphasizing different functions of nursing in prevention, education, and rehabilitation. However, patients are sometimes placed in the role of passive care recipients of the nursing interventions, and therefore do not take advantage of interventions aiming at awareness of self-care, education and independent living. Modern concepts of nursing significantly changed this concept, in supporting patients to independently and actively perform self-care. Thus, the patient is actively involved and the intervention is no longer only delivering care, but educating and training patients on how to accomplish the goals of the intervention. This approach of nursing care represents the principle core of rehabilitation, to enable people

experiencing disability to achieve optimal functioning (3), which includes independent living and quality of life.

From the point of view of rehabilitation service delivery, the role of nurses in rehabilitation is relevant to all phases and types of rehabilitation care:

- *Acute rehabilitation.* Nurses support basic body functions, such as respiration, cardiovascular functions, skin functions, as well as neuromuscular functions. Nurses take care of adequate nutrition and perform early mobilization and training of self-care functions.
- *Post-acute rehabilitation.* Nursing takes a key role in ensuring mobility and self-care. This includes advice to the patients and their relatives. Nurses also support specific interventions, such as bladder and bowel management, stoma and tracheal cannula management, and the use of assistive and technological devices. Cognitive behavioural treatments that follow 24-h treatment principles need to be backed up and continued by nurses.
- *Nursing homes and geriatric care.* Nursing is in the first line responsible for long-term care. This includes the analysis of functional performance of patients and the capacity to coordinate the various interventions by other rehabilitation professionals. Nursing care itself includes positioning and mobilization, training of self-care functions, nutrition and many other factors.
- *Long-term rehabilitation care.* Depending on the individual needs of a patient and the setting of care, nurses deliver rehabilitation interventions. Nurses support and train body functions, such as bladder and bowel functions, and stoma management; and deliver other interventions.
- *Community-based rehabilitation (CBR) services.* In many cases, nurses are the only professionals who deliver rehabilitation. In this setting, basic rehabilitation interventions are delivered and patients and their families are instructed and trained in managing disability.

In light of this wide range of tasks, specific skills and competencies needed, rehabilitation nursing has been developed as a subspecialty of nursing. It has been characterized by the key words: potential, learning, ability, quality of life, family-centred care, wellness, cultural-competent care, and community integration (4). Recent competency models of professional rehabilitation nursing consist of nurse-led interventions, promotion of health and successful living, leadership, and interprofessional care (5). This model includes, for instance, the use of supportive technology, client and caregiver education, fostering self-management, and fostering effective interprofessional collaboration.

Although some papers highlight the role of nursing in rehabilitation (4–8), it is neglected in many conceptual papers on rehabilitation, and the role of nursing in an active rehabilitation care concept is not fully understood. Thus, in an earlier paper, we (2) argue for a role of nurses as key members of the rehabilitation team and their involvement in all aspects of the multidimensional rehabilitation process, and highlight that nursing does not

primarily deliver care *for* the patient, but consists mainly of activities to deliver care *with* the patient and prompt the person to take care of themselves according to their capacities and skills. The authors emphasize that:

- “nurses must be fully integrated in the rehabilitation teamwork and considered as team members at equal level;
- education of nurses has to include an in-depth understanding of the role of rehabilitation in improving functioning as well as nursing interventions leading to this goal;
- academic training must be made available and more scientific studies must be funded to enable evidence-based nursing in rehabilitation;
- specific postgraduate training for rehabilitation nursing has to be established globally; and
- resources for better technical equipment must be available and appropriate recognition has to be provided for nurses” (2).

Finally the authors stress, that strengthening nursing in rehabilitation is a vital factor to deliver high-quality care and to ensure that rehabilitation can meet the needs of persons experiencing disability and achieve optimum health outcomes. This chain of arguments lead to a number of concrete actions. For decision makers it is important to create opportunities for nurses to specialize in rehabilitation nursing. Rehabilitation service providers should ensure that positions of specialized rehabilitation nurses are included in the rehabilitation team. And, last but not least, rehabilitation clinicians should work towards team structures integrating nurses as team members and to use the opportunities deriving from including nursing as core element of rehabilitation programs.

*Conflicts of interest.* CG is President of Global Rehabilitation Alliance (GRA); HC is CEO of International Council of Nurse (ICN); ICN is member of Global Rehabilitation Alliance.

*The other authors have no conflicts of interest to declare.*

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