











SHORT COMMUNICATION

## Transformation and Leadership in Rehabilitation Nursing: Driving Person-Centered Care from an Academic Perspective

### Transformación y liderazgo en enfermería de rehabilitación: impulsando la atención centrada en la persona desde una perspectiva académica

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#### ABSTRACT

**Introduction:** globally, one in three people need rehabilitation care throughout their lives, especially older people or people with chronic conditions. The WHO's Rehabilitation 2030 agenda reinforces rehabilitation as an essential component of universal health coverage, person-centered, integrated, evidence-informed and supported by transformational leadership. Objective: to analyze how teaching in rehabilitation nursing can contribute to promoting transformational leadership and transforming the provision of care towards a person-centered model.

**Method:** theoretical-reflexive analysis.

**Results:** Rehabilitation Nursing plays a strategic role in promoting empowerment, functional autonomy and the management of transitions throughout the life cycle. The person-centered model values individual needs, preferences and decisions, promoting a more inclusive and participatory care approach. Transformational leadership leverages improved safety, clinical innovation and positive experience, enhancing leadership and person-centered care. Academic training in rehabilitation nursing should integrate the International Classification of Functioning, Disability and Health, person-centered metrics, leadership and translational research, promoting the inclusion of co-production with citizens and caregivers and aligning with the WHO's global agenda.

**Conclusions:** academic institutions are fundamental in training transformational leaders in Rehabilitation Nursing who are capable of making the transition to people-centered systems, measured by results that translate into gains in functionality, full participation and satisfaction with the care experience.

**Keywords:** Rehabilitation Nursing; Leadership; Patient-Centered Care; Quality of Health Care; Education; Nursing.

#### RESUMEN

**Introducción:** a nivel mundial, una de cada tres personas necesita cuidados de rehabilitación a lo largo de su vida, especialmente las personas mayores o con enfermedades crónicas. La agenda Rehabilitación 2030 de la OMS refuerza la rehabilitación como componente esencial de la cobertura sanitaria universal, centrada en la

persona, integrada, basada en la evidencia y respaldada por un liderazgo transformador.

**Objetivo:** analizar cómo la enseñanza de la enfermería de rehabilitación puede contribuir a promover el liderazgo transformacional y transformar la prestación de cuidados hacia un modelo centrado en la persona.

**Métodos:** análisis teórico-reflexivo.

**Resultados:** la Enfermería de Rehabilitación desempeña un papel estratégico en la promoción del empoderamiento, la autonomía funcional y la gestión de las transiciones a lo largo del ciclo vital. El modelo centrado en la persona valora las necesidades, preferencias y decisiones individuales, promoviendo un enfoque de atención más inclusivo y participativo. El liderazgo transformacional impulsa la mejora de la seguridad, la innovación clínica y la experiencia positiva, potenciando el liderazgo y la atención centrada en la persona. La formación académica en enfermería de rehabilitación debe integrar la Clasificación Internacional del Funcionamiento, la Discapacidad y la Salud, las métricas centradas en la persona, el liderazgo y la investigación traslacional, promoviendo la inclusión de la coproducción con la ciudadanía y los cuidadores y alineándose con la agenda global de la OMS.

**Conclusiones:** las instituciones académicas son fundamentales en la formación de líderes transformacionales en Enfermería de Rehabilitación capaces de realizar la transición a sistemas centrados en la persona, medidos por resultados que se traduzcan en mejoras en la funcionalidad, la participación plena y la satisfacción con la experiencia de atención.

**Palabras clave:** Enfermería en Rehabilitación; Liderazgo; Atención Dirigida al Paciente; Calidad de la Atención de Salud; Educación en Enfermería.

## INTRODUCTION

Globally, one in three people has a health condition that may require rehabilitation care. These needs are present throughout the life cycle: from children with congenital or intellectual disabilities; to young adults with physical limitations resulting from violence, accidental injuries or traffic accidents; to the elderly with chronic illnesses or the challenges of ageing. In view of this, it is certain that the demand for rehabilitation care will increase in the coming years, driven by an ageing population and an increase in the number of people with chronic illnesses worldwide.<sup>(1)</sup>

In this context, Rehabilitation Nursing (RN) has an essential role to play in the health ecosystem by improving empowerment and capacity building for carrying out activities of daily living, as well as managing the various transitions throughout the life cycle.<sup>(2,3)</sup>

In the last decade, the World Health Organization's (WHO) "Rehabilitation 2030" global agenda has reinforced rehabilitation as an essential component of Universal Health Coverage, advocating person-centered, integrated and evidence-based service networks.<sup>(1,4)</sup> This vision repositions the citizen as the co-creator of their rehabilitation journey and calls for transformational leadership styles capable of aligning teams, systems and policies towards results in functionality and social participation<sup>(4,5)</sup>, as well as patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).<sup>(6)</sup>

Taking into account the Rehabilitation 2030 proposal, which refers to the need to create strong leadership and political support for rehabilitation at local, regional and global level and that the academic context has an important role, since researchers can help improve the measurement and understanding of rehabilitation services, as well as improve health financing.<sup>(1,4)</sup>

This article contributes to solving a gap in the understanding of rehabilitation nursing teaching in order to implement person and family centered care<sup>(7)</sup> and promote leadership in this process of transformation.

In this sense, the aim of this article is to analyze how teaching in rehabilitation nursing can contribute to promoting transformational leadership and transforming the provision of care towards a person-centered model.

## DEVELOPMENT

### Person-centered care

The principles of person-centred care are the basis for organizing and providing health services, optimizing care experiences and achieving meaningful results.<sup>(7,8)</sup> Person-centeredness in healthcare is a philosophical approach in which decision-making and care are explicitly carried out with, rather than for, the person, where their needs, values and preferences are focused on the care they receive.<sup>(9)</sup> Person-centeredness recognizes and respects the personality of each individual within their own contexts and is supported by the values of dignity, respect, compassion, curiosity, personalization and supportive relationships.<sup>(8,9)</sup>

Biopsychosocial models such as the International Classification of Functioning, Disability and Health (ICF) make it possible to operationalize the centrality of care, since it is possible to translate needs, preferences

and contexts into co-constructed goals and outcomes that matter to each person's life as a citizen (capacity, performance, participation and quality of life). Recent evidence underlines that the ICF has been used as a language and operational framework that promotes interprofessional collaboration and comprehensive goals, reinforcing the personalization of care.<sup>(10)</sup>

Evidence associates person-centered care with the provision of high-quality healthcare, which essentially translates into increased patient satisfaction, reduced admissions, readmissions and length of hospital stay.<sup>(11)</sup>

In this sense, high-quality healthcare is care that is effective, safe and provides the most positive experience possible, where the impact on patients can be measured by PROMs and PREMs. PROMs indicate the outcome of care from the patient's point of view, i.e. whether health status and well-being have changed and treatment goals have been achieved, as well as other patient-specific facets such as the social determinants of health. PREMs measure a healthcare professional's services from the patient's point of view, i.e. how the experience was.<sup>(6)</sup>

The Rehabilitation 2030 initiative invites systems to expand the supply and quality of services, integrating rehabilitation from primary care to specialized settings, with a strong emphasis on literacy, autonomy and shared decision-making.<sup>(1,4)</sup> This orientation is in line with the recent position of the International Council of Nurses (ICN), which redefines nursing as an intrinsically people-centred practice, based on culturally safe therapeutic relationships, informed decision-making and advocacy.<sup>(12)</sup>

### **Transformational leadership: leveraging quality, safety and improving the experience**

Studies on transformational leadership in nursing, in which the leader is characterized by idealized influence, inspirational motivation, intellectual stimulation and individualized consideration, have shown better working environments, greater satisfaction and organizational commitment, clinical innovation and, indirectly, safer and more efficient results for patients.<sup>(13)</sup> The transformational leadership style improves the safety climate, reduces burnout and enhances structural empowerment, while combating cultures of blame,<sup>(13)</sup> critical factors for sustainable rehabilitation practices.

Currently, in the discussion about person-centered systems, leadership is measured by the ability to co-produce care with citizens and caregivers, aligning clinical goals with personal meanings of recovery and active participation of all participants. Nurses as leaders can use their experience and expertise to facilitate system improvement and thus improve outcomes for those seeking care<sup>(14)</sup>, particularly at the level of PROMs and PREMs.<sup>(6)</sup>

### **Core competencies in Rehabilitation Nursing and the Portuguese context**

The Association of Rehabilitation Nurses (ARN) Competency Model structures practice into four domains - "Nurse-Led Interventions", "Promotion of Successful Living", "Leadership" and "Intraprofessional/ Interprofessional Care". - providing a useful benchmark for education, performance evaluation and career development.<sup>(15)</sup> In Portugal, Regulation 392/2019 defines the specific competency profile of the Specialist Nurse in Rehabilitation Nursing, as a regulatory framework for certification and communication to society of what can be expected of the specialist.<sup>(16)</sup> In addition, guidelines detailing training plans and objectives for empowering the person to exercise citizenship, maximize functionality and social reintegration<sup>(17)</sup> are pillars of person/citizen-centered care.

### **Academia as an engine of transformation**

Academic institutions, through the master's degree in rehabilitation nursing and applied research, can participate in this transformation, which is recommended by the Rehabilitation 2030 initiative,<sup>(1,4)</sup> along the teaching-research-practice continuum:

- a) Integrating ICF and person-centered metrics into curricula and simulations, training nurses capable of formulating functional diagnoses, negotiating meaningful SMART goals and monitoring outcomes with PROMs/PREMs.<sup>(6,10,18)</sup> International evidence shows that specific ICF training improves comprehensive goal setting and interprofessional coordination.<sup>(10,18)</sup>
- b) Improvement of transformational leadership skills throughout the training course (bachelor's, master's and doctorate), with an emphasis on data literacy, continuous improvement and change management.<sup>(13)</sup> Formal education in leadership makes it possible to consolidate safe and effective environments, reducing adverse events.<sup>(5,13)</sup>
- c) Production of translational research aligned with the World Health Organization (WHO) Rehabilitation 2030 agenda,<sup>(1,4)</sup> prioritizing: access and coverage of rehabilitation services; community and proximity-based models; digital solutions (telerehabilitation); and cost-effectiveness studies.<sup>(19)</sup> The 2023 global meetings highlighted WHO tools to operationalize the resolution and accelerate implementation in countries.<sup>(1,4,19)</sup>
- d) Promotion of co-production and co-teaching with citizens and caregivers, incorporating narratives

and lived experience (experience-based) in the design of curricula and projects, to ensure cultural and ethical relevance of person-centered care.<sup>(12,20)</sup> This is a requirement reiterated by ICN in the 2025 update, by emphasizing advocacy, informed decision-making and safe therapeutic relationships.<sup>(12)</sup>

### Advanced practice, networks and digitization

Leadership in rehabilitation nursing manifests itself on a daily basis through rehabilitation discharge plans, ensuring safe transitions between levels of provision, and managing complex cases in chronic or post-acute conditions. Research into person-centered systems highlights the need for integrated approaches that consider social determinants and local ecosystems, a territory where rehabilitation nurses have legitimacy to coordinate community teams and networks.<sup>(10,18,21)</sup>

Telerehabilitation, when well designed, expands access, reduces asymmetries and allows results-oriented monitoring reported by the person, without replacing the therapeutic bond.<sup>(22)</sup> Transformational leadership is critical to overcome resistance, ensure digital quality and equity and maintain clinical safety in the new hybrid models. The evidence on the effects of transformational style on innovation and safety climate reinforces this need.<sup>(5,13)</sup>

### Political implications and improving practices

At a macro level, this discussion of policy implications aligns with Rehabilitation 2030, which means workforce planning, funding rehabilitation services at all levels and adopting functionality and participation indicators in the core set of performance systems.<sup>(12,20)</sup>

At the meso/micro level, leaders in rehabilitation nursing should institute data-driven continuous quality improvement cycles (including PROMs/PREMs), blameless safety audits and empowerment structures. Such conditions are associated with better organizational and safety outcomes, according to research on transformational leadership.<sup>(5,13)</sup>

## CONCLUSIONS

Placing the person/citizen at the center of care in Rehabilitation Nursing is not just an ethical orientation; it is a scientific and organizational strategy with high added value. The moment for action is now. Academic institutions must embrace their responsibility to equip rehabilitation nurses with the competencies to lead within ICF-based, evidence-driven, and co-produced care systems. Regulators must ensure clear frameworks that recognize and protect this evolving scope of practice. Funders must prioritize investment in translational research and innovation that amplifies the voice of citizens and caregivers. Together, these actors can move beyond rhetoric to reality—placing rehabilitation nursing at the forefront of health systems transformation, and ensuring that care is measured not only by survival, but by what truly matters: functional health, participation, and the dignity of living well. Academia plays a central role in training professionals capable of adopting person-centered metrics (PROMs and PREMs), developing translational research and promoting co-production with citizens and caregivers, in line with the WHO Rehabilitation 2030 agenda. With robust competencies, clear regulation and scientific evidence, rehabilitation nursing is positioned to lead the transition to truly people-centered systems, focused not only on healing, but measured by what matters most: living better with functional health and full participation.

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