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REVIEW

Rehabilitation Nursing: A transformative perspective focused on the person, family, and community

Enfermería de rehabilitación: una perspectiva transformadora centrada en la persona, la familia y la comunidad

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ABSTRACT

Introduction: Rehabilitation Nursing requires a distinct and evolving body of knowledge that strengthens its scientific and professional identity. The practice of Rehabilitation Nurse Specialists must be grounded in theoretical frameworks that support critical, reflective, and individualized care, ensuring quality and intentionality in interventions.
Objective: this theoretical-reflective article aims to analyze the intervention of Rehabilitation Nursing in the community, focusing on fundamental, person- and family-centered care that promotes adaptation to lived experiences.
Development: the analysis is structured around three complementary theoretical references: the Fundamentals of Care Framework, the Person-Centred Nursing Framework, and the Roy Adaptation Model. The interrelation of these frameworks allows rehabilitation nurse specialists to adjust care continuously to contextual, personal, and organizational changes, fostering evidence-based, integrated, and individualized community care. The home environment is a privileged setting for person-centered Rehabilitation Nursing that enhances autonomy and well-being. Given the complexity of care and population aging, it is essential for Rehabilitation Nurse Specialists to critically reflect on their practice, anchoring interventions in theoretical frameworks to ensure differentiated, humanized, and high-quality care. This perspective reinforces the ontological identity of nursing, rooted in person and family centred care.
Conclusions: therefore, advancing Rehabilitation Nursing based on theoretical frameworks that correspond, in a comprehensive and individualized manner, to the real human responses of the population, contributing to improve quality of life, promote functional rehabilitation and independence among people receiving care.

Keywords: Rehabilitation Nursing; Nursing Theory; Patient-Centered Care.

RESUMEN

Introducción: la enfermería de rehabilitación requiere un conjunto de conocimientos específicos y en constante evolución que refuerza su identidad científica y profesional. La práctica de los enfermeros especialistas en enfermería de rehabilitación debe basarse en marcos teóricos que respalden una atención crítica, reflexiva e individualizada, garantizando la calidad y la intencionalidad de las intervenciones.
Objetivo: este artículo teórico-reflexivo tiene como objetivo analizar la enfermería de rehabilitación en la

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comunidad, centrándose en los cuidados fundamentales, centrados en la persona/familia y que promueven la adaptación a las experiencias vividas.
Desarrollo: el análisis se estructura en torno a tres referencias teóricas complementarias: Fundamentals of Care Framework, Person-Centred Nursing Framework y Modelo de Adaptación de Roy. La interrelación de estas referencias permite a los enfermeros especialistas en enfermería de rehabilitación la adaptación continua de los cuidados, promoviendo cuidados basados en la evidencia, integrados e individualizados. El domicilio es un escenario privilegiado para la enfermería de rehabilitación centrada en la persona, que promueve la autonomía y el bienestar. Dada la complejidad de los cuidados y el envejecimiento de la población, es esencial que los enfermeros especialistas en enfermería de rehabilitación reflexionen críticamente sobre su práctica. Esto refuerza la identidad ontológica de la enfermería, arraigada en una atención centrada en la persona y la familia.
Conclusiones: el avance de la enfermería de rehabilitación basado en referencias teóricas que garantizan una atención integral e individualizada a las respuestas humanas reales de la población contribuye a mejorar la calidad de vida, promover la rehabilitación funcional y la independencia de las personas.

Palabras clave: Enfermería en Rehabilitación; Teoría de Enfermería; Atención Dirigida al Paciente.

INTRODUCTION

The growing ageing population worldwide is one of the greatest challenges for health systems, leading to a higher prevalence of chronic diseases, disabilities, and dependency.[1,2,3] The World Health Organization's Rehabilitation 2030 initiative highlights that in many low- and middle-income countries, more than 50 % of people in need of rehabilitation lack access to adequate services.[4,5] This scenario reflects not only the progressive ageing of the population, but also the increasing complexity of human responses associated with chronic diseases, dependency, and vulnerability.

It is widely recognized today that Rehabilitation Nursing (RN), requires its own body of knowledge, which is systematic and constantly evolving, to strengthen its scientific and professional identity. Thus, it is imperative that the practice of Rehabilitation Nursing Specialists (RNS) be anchored in solid theoretical frameworks capable of reinforcing the disciplinary identity of nursing and, simultaneously, promoting the quality and intentionality of the care provided. In this sense, for RNS to respond ethically, reflectively, and effectively to their social mandate, it is essential that their intervention be supported by theoretical frameworks that guide practice in a systematic, critical, and individualized manner. The Nursing Process structures this practice, promoting critical thinking and continuous evaluation of results, and is based on the concept of RNS competence, which integrates knowledge, skills and attitudes that are indispensable for the consolidation of a reflective, safe and quality practice.[6,7,8,9]

To sustain this perspective, three central theoretical frameworks will be considered: the Fundamentals of Care Framework (FoCF), the Person-Centred Nursing Framework (PCNF), and the Roy's Adaptation Model.[10,11,12] Although individually recognized, there is a lack of literature integrating them into a cohesive model specifically applicable to RN in community settings. This article therefore aims to critically analyze and synthesize RN interventions in the community through the integrated lens of these frameworks, contributing to a transformative, person and family centred vision of care.

DEVELOPMENT

As a case manager and active agent in the community, the RNS aligns its approach with the principles of integrated continuing care, through a partnership based on care that is centered on and tailored to the human responses of the individual and their family, promoting their autonomy, empowerment and active participation in the decision-making process. Given the growing complexity and ageing of the population in Portugal, the work of the RNS in the home emerges as an essential and indispensable response, as it acts as a promoter of change and facilitator of the health-illness process, through the empowerment of the individual/family.[13,14,15] The home is not only a space that promotes the well-being of those receiving care, but also a place full of opportunities to achieve significant results throughout the rehabilitation process.[16] As it is a familiar environment, it is here that people, upon returning home, encounter the real difficulties and limitations in their daily activities, making this context a factor that enhances motivation and empowerment for the person/family/caregiver and, consequently, facilitates the adaptation and rehabilitation process through the intervention of the RNS.[17]

Their intervention transcends the act of caring, as it also incorporates the dimensions of teaching, training and empowerment, enhancing autonomy and contributing actively and significantly to the functional rehabilitation of the individual/family/caregiver.[18] To ensure comprehensive and person-centred practice, RN care should be

guided by robust theoretical frameworks: FoCF; PCNF and Roy's Adaptation Model.[10,11,12]

Fundamentals of Care Framework

The FoCF structures nursing care into three interconnected dimensions: the therapeutic relationship, the integration of fundamental care, and the context of care.[10] The relationship emphasizes the quality of the bond between nurse and person, underpinned by empathy, trust, and effective communication, which is essential for understanding human responses and expectations.[19] The integration of care ensures human responses (physical, psychosocial, and relational), while the context of care recognizes the influence of organizational factors, resources, and safety on the quality of care, which are especially relevant in the community.

In community care, the context dimension poses unique challenges compared to hospitals. Unlike the structured and controlled hospital environment, the home is marked by limited space, scarce assistive devices, and reliance on informal caregivers, requiring the RNS to adapt creatively while balancing safety and autonomy.[20]

Person-Centred Nursing Framework

The PCNF is developed in five domains that value the person as an active agent in care, highlighting the importance of environments that promote empowerment and the construction of therapeutic relationships based on trust, sharing and mutual respect.[11] These domains encompass nursing knowledge, nursing prerequisites, the care environment, person-centred processes and outcomes, which reflect a positive experience and the promotion of autonomy.

In community, the principle of shared decision-making is particularly relevant, but also complex. When working with older adults with cognitive impairment, for example, decision-making processes must carefully integrate the person's preferences (when expressible), the family's perspective, and ethical considerations regarding their autonomy and safety. Here, the RNS plays a mediating role, ensuring that care plans respect dignity while remaining realistic and achievable, thereby strengthening the relationship of trust between the person, the family and the nurse.[21]

Roy's Adaptation Model

In turn, Roy's Adaptation Model conceptualizes the person as a system in constant interaction with the environment, stimulating the person to respond through four adaptive modes: physiological (physical manifestations of human responses), self-concept (psychological and spiritual aspects), performance of responsibilities (social interaction and participation in society), and interdependence (closer relationships and how they enhance adaptation). This model emphasizes the magnitude and complexity of the responsibility that the RNS has in assessing these stimuli, formulating RN diagnoses, defining joint objectives and implementing interventions that promote effective adaptive responses, supporting practices that favor functional readaptation and the quality of life of the person/family.[7,12]

In the community, the mode of interdependence is crucial, as it reflects the quality of close relationships and their impact on adaptation. When assessing a family setting, the RNS examines care distribution, emotional interactions, and external support, using this analysis to design interventions that strengthen relationships and enhance rehabilitation.[22]

Integration of Frameworks

This articulation of theoretical frameworks allows for the integration of essential care in its various dimensions, the centrality of the person/family/caregiver, and the promotion of effective adaptive responses, ensuring well-founded and individualized interventions, in line not only with the complexity and multidimensionality of human responses, but also with the dynamic and challenging nature of the home as a care context.[6,10,11,12]

Therefore, a diagram was developed that represents this perspective of RN care through the lens of the three theoretical frameworks described above (figure 1).

This diagram highlights the FoCF in the outer circle as the basic structure, emphasizing essential care through an effective therapeutic relationship and the organizational/environmental context in which clinical practice takes place. This is particularly important in the community context, as it reveals itself to be a fundamental element in the rehabilitation process, namely empathic and effective communication with people, promoting the integration of their human responses into care planning, as well as ensuring the necessary environmental conditions and resources at home during interventions. In the intermediate circle, the PCNF deepens the centrality of the person as an active agent, highlighting the importance of therapeutic relationships and the joint construction of the care plan, supported by individual values, beliefs and expectations. This issue is addressed by setting goals and negotiating exercise plans and activities according to the preferences of the people receiving care, promoting empowerment and constituting a fundamental principle of RN.[11,12,13,24,25]

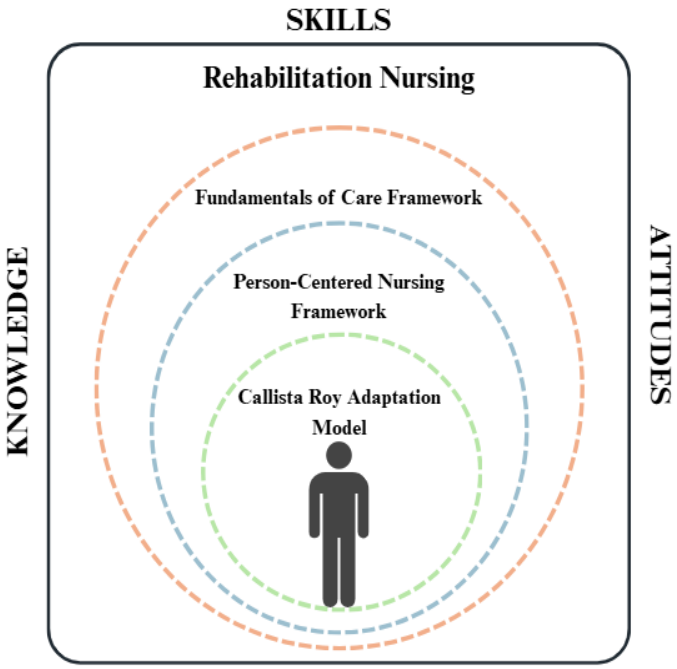

Figure 1. Conceptual outline of theoretical frameworks guiding RN in the community
Legend: The person/family is placed at the center, surrounded by the Roy's Adaptation Model, the PCNF, and the FoCF, which together structure RN practice through adaptive responses, person-centred processes, and integration of fundamental care. These frameworks are represented within the domains of knowledge, skills, and attitudes, reflecting the core competences of RNS in community settings.

In addition, Roy's Adaptation Model introduces a dynamic perspective on the person's response to internal and external stimuli, structuring assessment and intervention around four modes, promoting functional readaptation. This perspective is closely linked to the community context, given the importance of the physical and social conditions of the person and their home, promoting the coordination of interventions in close collaboration with the transdisciplinary team and accessible community resources.[13] The diagram also emphasizes the permeability and interdependence between these frameworks (dashed circles), recognizing that the proposed frameworks are not rigid, but permeable and reciprocal, which demonstrates the ability of the RNS, in the community, to continuously adjust their intervention to contextual, personal and organizational changes, as a method of achieving the objectives of the rehabilitation process and improving its outcomes.[26]

This hierarchical and interrelated overlap of frameworks allows for the structuring of integrated, evidence-based, individualized care plans oriented towards meaningful results, ensuring evidence-based and person-centered practices, adjusted to the reality and multifactorial and complex nature of community care. Although evidence is still limited regarding the direct impact of person-centred care on rehabilitation outcomes, it is recognized that its integration into organizational models can promote significant gains in functional rehabilitation and quality of life for people receiving care. This integration requires the development of operationalization strategies, including consideration of different cultural contexts, adaptation of health systems to these contexts, and promotion of professional empowerment, enabling increasingly human-centred interventions. All of this is fully in line with the philosophy of nursing, based on compassion, respect, ethics and cultural safety, supporting an individualized approach that promotes the empowerment of the person, family and caregiver and supports their adaptation to the health-illness process.[27,28,29]

CONCLUSIONS

The home is a privileged space for person-centred RN practice that promotes autonomy and quality of life. Given the current challenges of complex care and an ageing population, it is essential that RNS critically reflect on their practice, anchoring it in theoretical frameworks that support differentiated, humanized and excellent interventions. Given this perspective on nursing care, we reinforce the essence of the ontological identity of nursing as a discipline and profession whose foundation and reason for being reside in person- and family-centred care.

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Validation: Sandy Severino, Luís Sousa.
Drafting - original draft: Beatriz Novo.
Writing - proofreading and editing: Luís Sousa, Nelson Guerra, Sandy Severino.