

# Nursing in Rehabilitation Process

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The prolonged life expectancy has made rehabilitation become more of an issue in individuals with temporary or permanent disabilities occurring either congenitally or accidentally. Nurses who spend most time with the patients in rehabilitation process that requires a multidisciplinary team work play different roles, such as educators, caregivers, consultants, care coordinators, researchers, and legal consultants. This article therefore provides guidelines for rehabilitation nursing considering the following issues: definition of rehabilitation, nurses and rehabilitation, objectives of rehabilitation nursing, duties, powers, and responsibilities of rehabilitation nurses, and nursing management in the rehabilitation period.

*Keywords:* rehabilitation, rehabilitation nursing, nursing process

## Introduction

Rehabilitation is a process of overall efforts to pave the way for the obstacles in determining and maintaining the patient's physical, sensorial, mental, psychological, and social functional levels in disease, disability, and injury treatment (Yağcı, 2007; Routasalo, Arve, & Lauri, 2004). In rehabilitation process, by focusing on the capacity and the needs of the individuals, it is aimed to insulate individuals from physical and mental traumas that may be caused by disabilities and long-term diseases. This is to ensure re-integration of the individuals with the family and community in providing healthcare which encourages independency and self care in order to improve the quality of life in individuals (Akdemir, 2011; Neal, Kuisma, Sit, & Man, 2002). In addition, rather than focusing on the things that the patients cannot do, the activities that the patients can do should be supported (Routasalo et al., 2004).

A special application is organized as a part of healthcare which is the process of implementing active and dynamic program intended to maintain individual's daily routines and normal life by primarily identifying physical, emotional/psychological, psycho-social, and economic deficiencies in individuals, hence eliminating or minimizing these deficiencies (Erci, 2012). The principles of rehabilitation care are as follows:

- (1) Diagnosis, treatment, or prevention of concomitant medical problems;
- (2) Education which enables maximum level of functional independence;
- (3) Psycho-social support enabling adaptation of patients and the family to the new situation;
- (4) Supporting the participation in social life; and

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(5) Improving the quality of life of the patients and the family members (Koç, 2012).

Rehabilitation services require a multidisciplinary team approach that aims to eliminate the deficiencies which make the family and the individual's life dependent and to maintain and improve individual's own capacity. Rehabilitation team consists of physiotherapist, occupational therapist, speech therapist, psychologist, nurse, social worker, nutritionist, recreational therapist, and professional consultant. Communication, cooperation, coordination, and evaluation are very important for the success of the team. In rehabilitation services, different health workers cooperate with other workers in different stages of the disability. Nurses spend more time with patients when compared with the other healthcare professionals and those who are primarily responsible for the healthcare (Yağcı, 2007; Erci, 2012).

### **Nurse and Rehabilitation**

Nurses who are qualified health care professionals improve the quality of life of the patients by monitoring the patient's physical and psychological changes to improve problem-solving and coping skills of the patients (Koç, 2012). They take charge in all stages of illness and disability by specializing in the care of dependent or semi-dependent individuals (Yağcı, 2007; Koç, 2012; Portillo, Corchon, Lopez-Dicastillo, & Cowley, 2009). Their responsibilities in the rehabilitation process are to support the patients and to decide the rehabilitation and nursing interventions (Routasalo et al., 2004).

In rehabilitation, a dynamic and creative process nurse play an active role in meeting the basic needs of the patients, supporting the functional capacity of the individuals, and helping them in taking protective measures for daily routines (Yağcı, 2007; Portillo et al., 2009). Rehabilitation nurses determine the care needs of individuals and provide education and support for them (Yağcı, 2007; Koç, 2012).

Rehabilitation nurses arrange the new roles and the environment by considering the reorientation of the individual to the care process and preventive care and the patient's current capacity. Since rehabilitation nurses have roles as educators, caregivers, consultants, care coordinators, patient encouragers, and legal consultants, they help the patients to establish a dynamic interaction with the environment and to achieve their maximum functional capacities as well as support the other team members to work in line with this objective (Routasalo et al., 2004; Pryor & Smith, 2002).

### **Objectives of Rehabilitation Nurses**

The aim of the rehabilitation nurses is to help the individuals in various stages, such as compliance of individuals, configuration of functions, improvement of autonomy, health status and self-care, re-arrangement of functions, changing the lifestyles. They also support the activity of daily living, improve the quality of life (Neal et al., 2002; Pryor & Smith, 2002; Ali, Koh, Collier, & Mary Gobbi, 2014), support the individuals by considering their dependent/independent functions or current disability status in their changing life style, and try to prevent potential risk factors and complications (Neal et al., 2002). Consequently, the role of the rehabilitation nurse is to make behavioral and understanding changes in the case of physical and psychological changes that occur in individual's life style by promoting independence and optimum health (Neal et al., 2002; Akdemir, 2011; Vaughn et al., 2016).

### **Duties, Powers and Responsibilities of Rehabilitation Nurses**

The process of rehabilitation is basically same for each nurse and this begins with the first contact with

the patient. Nursing necessarily requires knowledge on the topics of well-being, socialization, change and learning theories, growth and development, sexuality, and roles (Erci, 2012). Since several illnesses such as neurological conditions (multiple sclerosis, Parkinson's disease, stroke), geriatric conditions (incontinence), musculoskeletal conditions (fractures, arthritis, amputation), trauma, pain and communication, cognitive and behavioral disorders concerning individual's self-care and independence require rehabilitation, this may lead to variability and diversity in duties, powers, and responsibilities of rehabilitation nurses (Neal et al., 2002).

Duties, powers, and responsibilities of rehabilitation nurses are as follows:

(1) Gathering physical and disease-specific information about the patient's adaptation and coping ability, the cognitive and communication status, economic condition, environmental factors, family dynamics, functional adequacy, physical and physiological status by using appropriate assessment parameters to set goals in order to maximize the patient's independence and to improve the quality of life (Neal et al., 2002; Erci, 2012; Portillo et al., 2009; Republic of Turkey Ministry of Health, 2011);

(2) Determining patient-specific outcomes by planning patient's physical and disease-specific assessment (objectives should be realistic, be in accordance with the patient's actual, potential, functional, emotional, and developmental capabilities and should provide coordination with other members of the team) (Portillo et al., 2009; Republic of Turkey Ministry of Health, 2011);

(3) Allowing proper position and active-passive range of motion (ROM) exercises to prevent contractures and atrophy in nursing interventions (Portillo et al., 2009);

(4) Monitoring patients' and their families education, compliance to chronic illness and disability, communication skills, functional skills, maintenance, and supporting positive behavior (Neal et al., 2002; Republic of Turkey Ministry of Health, 2011; Badır & Korkmaz, 2011);

(5) Guiding patients and their relatives about catheter care, pressure ulcer prevention and care, independent bowel and bladder activity, foot care, equipment and drugs, importance of nutrition, fluid and position control, and importance of physical activity to prevent deformities and to ensure joint range of motion and provide education about wound care and treatment (Yağcı, 2007; Portillo et al., 2009; Republic of Turkey Ministry of Health, 2011; Badır & Korkmaz, 2011);

(6) Giving opportunity to the patients in order to gain skills in self-care in parallel with the changing needs of the individual;

(7) Ensuring an environment that is safe from infections and accidents and providing the necessary treatments for the isolated patients (asepsis, sterilization, insulation etc.);

(8) Recording of each phase of nursing practice on time (Portillo et al., 2009); and

(9) Coordinating team work, providing continuity of care and services, and accessing home care (Neal et al., 2002; Badır & Korkmaz, 2011).

With these duties, powers, and responsibilities, nurses should analyze their own thoughts and feelings about health, disease, and disability. They should approach the patients without prejudice, be willing, and be a good teacher. They should be sensitive, open-minded, effective, and patient-friendly (Akdemir, 2011; Koç, 2012; Archer, 1993; Akdemir & Akkuş, 2006; Hachinski, 2003).

### **Nursing Management in Rehabilitation Period**

Rehabilitation nursing management is both a teaching-learning and systematic process that involves

evaluation of patient's status, identification of nursing diagnosis and arrangement, implementation and assessment of healthcare (Akdemir, 2011; Birol, 2011).

### **Nursing Diagnosis**

In order to plan appropriate intervention and evaluate patient's condition, the patient's level of education, occupation, leisure activities, cultural background, religious and familial relationships, as well as large-scale assessments such as the patient's self-perception, mental status, emotional reactions to injury and hospital admission, intellectual functioning level, previous hospital admissions, response to pain and pain management and regular sleep patterns should be examined (Badır & Korkmaz, 2011). Based on the patient's data, activity intolerance/injury risk due to pain as a result of exercise, limited joint motion, muscle loss and instability, inability to cope with self-confidence, loss due to changing perception of physical appearance and sense of self, lack of knowledge about the necessity of controls and home care after being discharged from the hospital, and dependency in the activities of daily living due to emotional and perceptual changes can be considered as the nursing diagnoses in rehabilitation period (Erci, 2012; Badır & Korkmaz, 2011).

### **Planning**

In the planning of the care, patient-specific goals based on nursing diagnosis considering patient's data should be developed and the expected results should be determined (Özbaş, 2011). In care planning, increasing the patient's participation in daily activities, understanding injury, treatment, and control plan, adapting to the changes related to physical appearance and life-style, and preventing the possible complications are vital (Badır & Korkmaz, 2011).

### **Nursing Interventions**

Nurses use their executive, leadership, and explorer roles to make attempts in order to determine and meet the requirements of individuals, families, and the community. This is to provide a secure and effective healthcare which necessitates active participation of the patients and the family to depend on the nurse's professional knowledge, experience, and the ability to establish positive interpersonal relationship (Badır & Korkmaz, 2011; Birol, 2011).

Nurses should be aware of misconceptions and prejudices in the society. They should also assist the patients about how they respond to the people who provide healthcare for them after they are being discharged from the hospital (Badır & Korkmaz, 2011).

### **Evaluation/Expected Patient Outcomes**

In the evaluation process, the last step in rehabilitation nursing management process is progresses/improvements in the patient's status. For example, their participation in daily activities, compliance to changing physical appearance, knowledge about self-care, and complications were evaluated and recorded (Badır & Korkmaz, 2011; Birol, 2011).

## **Conclusion and Recommendations**

Increase in life expectancy in our country and the world is as a result of deficiencies and disabilities resulting from accidents or diseases affecting the quality of life negatively. Within this period, health promotion and rehabilitation services are needed to improve the quality of life. Nurses who spend the most time with the patients provide care thereby allowing creation of behavioral change in the case of physical and psychological changes that occur in life style and the functions of the individuals. At the same time, rehabilitation services which

provided by nurses to patients have positive effects on depression, motivation, physical function, fatigue, and quality of life as mentioned in the literature (Kwon & Lee, 2017; Cho, 2004).

Although the duties, authorities, and responsibilities of the rehabilitation nurse are determined, the training for the rehabilitation nursing that is developing as a specialty is limited.

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