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The Role of Rehabilitation Nurses in Enhancing Patient-Centered Care

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ABSTRACT

Patients can receive rehabilitation in a variety of environments, including hospitals, inpatient rehabilitation facilities, and outpatient clinics. Each of these facilities can provide high-quality care, but service delivery and payment arrangements differ. A patient-centered rehabilitation program assesses capacity for participation. The process of rehabilitation focuses on behalf of the patient, identifying the most important things to complete in life and health, analyzing barriers to participation, providing helpful components to address barriers, prescribing specific interventions, and implementing goals through evidence-based approaches. To boost compliance and benefit from risk-benefit analyses, procedures are carried out together with relevant others (Atwal et al., 2007).

Patients are the professionals of their own rehabilitation processes, and they are expected to take on this role and follow it. Rehabilitation staff help these patients articulate what their rehabilitation focuses on, while also providing helpful interventions and tailored follow-ups. If the patient-centered approach to rehabilitation is fully implemented, the patient should be in charge of their rehabilitation. They are knowledge-rich in terms of their rehabilitation goals but if encouraged to take on the role of a professional in the rehabilitation process, insights learned from monitoring strategies need to be shared with rehabilitation staff.

Denationalization, or confronting the development of problems and choices not made, should take more to ensure that responsibility for the process is located with patients. To achieve this, the collaboration of relevant stakeholders is needed; that is, looking beyond rehabilitation professionals. Many factors that influence the patient-centered approach to rehabilitation include the rehabilitation organization and structure, financial arrangements, scientific knowledge production, and lack of awareness about optimal delivery and usage of rehabilitation. It is important to design quality-follow-up studies to further assess the treatment processes, if they focus on capacity for participation, and the effects of patient-centered rehabilitation.

1.2 **Keywords**

Nurses, Rehabilitation Nursing, Patient, Centered Care, Quality of Care, Interventions, Human-Centered Care.

1.3 **1. Introduction**

Patient-centered care, a value-driven approach to providing better care, has become increasingly prominent in healthcare systems worldwide. More emphasis is being given to patients' needs, preferences and values in how and what care is provided. This paradigm shift recognizes patients' right, and their roles as partners in their own care, and places a greater obligation on all healthcare providers to understand and utilize patients' needs and preferences in the planning and delivery of care. This paper analyzes the role and contribution of rehabilitation nurses in providing patient-centered stroke care in the rehabilitation setting. Nurses' contributions to stroke rehabilitation care and the environments in which they function form the backdrop within the context of patient-centered care and rehabilitation. This paper highlights the uniqueness disparity and potential of rehabilitation nurses in providing stroke care but underscores that much of this is hidden from stroke patients and their families, the inter-professional rehabilitation team, nursing management, and the healthcare system (F. Tanlaka et al., 2023). Stroke rehabilitation is a complex and dynamic process involving the application and coordination of contributions of a large variety of healthcare professionals, who belong to different health professions with different education/training, ethics, knowledge, skills, and practices. In recent years, rehabilitation has been a growing field of healthcare with its own unique science and body of knowledge. In many countries, the profession is defined by the healthcare system and determines the kinds of healthcare professionals that can provide rehabilitation. Most stroke rehabilitation settings, however, are organized in the style of rehabilitation teams, where each healthcare professional conducts assessment, treatment, and education independently. Stroke rehabilitation is a joint effort assembled by the healthcare professionals and not expected from one profession. The ability and/or quality of rehabilitation are usually measured by examining the performance of the inter-professional rehabilitation team as a whole, not any single profession. Aside from this, there is also the competency disparity among nurses from different rehabilitation settings in patient-centered care.

1.4 **2. Understanding Rehabilitation Nursing**

Defining Rehabilitation Nursing is a challenge, since it is seen differently in all health care specializations. According to a broad definition given by the WHO in 1956, Rehabilitation is "a process aimed at enabling a person with disability to achieve optimum physical, mental, social, and vocational function within the limits of his or her physiological or cultural potential". It is to provide those facilities which will enable the individual to reach the best possible level of functional activity. There are two aspects regarding rehabilitation. It may refer to the processes of facilitating the functioning of a disabled individual in society. It may indicate the goal, which is to restore the individual to independence or, at least, to a useful social role. The aim of rehabilitation nursing is to maximize the potential for recovery or learning or to, at least, provide optimum care for the patient experiencing a change in functional ability. Simply stated, rehabilitation nursing is nursing focused on the care of the patient experiencing an alteration in functional ability, requiring

rehabilitation interventions. Rehabilitation nursing focuses primarily on optimizing the ability to perform activities of local or global daily living or on trophic or adaptive care (F. Tanlaka et al., 2023). Rehabilitation nursing incorporates a collaborative, patient-centered, goal-oriented approach involving the patient, family, health care provider, therapy disciplines, and community resources. The Rehabilitation Nursing Specialty Practice is consistent with and grounded in the Standards of Practice for Specialty Practice for Rehabilitation Nursing and the Domains of Practice of the American Nurses Association. The Rehabilitation Nursing Foundation Support is the leading organization for the REA certification. Some of its scientists have been engaged in rehabilitation nursing research. A few studies indicated its importance. These are primarily (Atwal et al., 2007).

2.1. Definition and Scope

Nursing in rehabilitation, a specialty of nursing, plays a pivotal role in enhancing patient-centered care. A holistic concept of nursing is put forth in rehabilitation nursing practice, combining both technical and non-technical skills. This healthcare role is centered on the needs of the patient, family, and healthcare team. Family health, wellness care, education, communication, hospital discharges, and medication education are recognized as significant. The art of rehabilitative nursing involves the transference of not only complex health information but also the implications of this information onto the recipient. The incorporation of interventions that are primarily psychosocial rather than biological or physiological is significant (F. Tanlaka et al., 2023).

Nursing in rehabilitation varies according to patients' diagnosis and setting. In stroke rehabilitation, one of the most common types of rehabilitation required by a patient, several themes shape rehabilitation nurses' roles: task performer, skill-based teacher, emotional and psychosocial support, care coordinator, advocate, and communicator. Nurses in stroke rehabilitation reported that "patient assessment" was the most common duration of time spent on a task, acknowledging the variety of assessments conducted and documented in the medical record. Rehabilitation nurses were also trained to perform tests related to swallowing, and the assessment of patients' consciousness. Educational preparation prior to providing rehabilitation care could enhance the ability of nurses.

It is easier to teach something that nurses have gained experience with or have formal education about. Some nurses expressed their interest in further education and training, as this would enhance their knowledgeable answers to patients' questions. The need for formal education on the nursing profession in the rehabilitation context has been recognized. In some studies, nurses in rehabilitation expressed their intention to enter graduate rehabilitation programs that prepare nurses to teach, practice, and lead rehabilitation nursing in a variety of clinical settings. DNP-prepared nurses could enhance rehabilitation nursing competence. The discussion of family health and skills' development of post-stroke family lived in eight studies suggests that rehabilitation nurses are empowered with communication skills.

2.2. Historical Perspective

During the last century, patient-centeredness (PC) has undergone a remarkable evolution, from authoritarian and paternalistic care to a more challenging model today. The approach to PC varies

widely throughout the world, culturally shaped and affected by different healthcare systems. In spite of these variations, however, there is an international convergence towards greater attention to PC. The emergence of the PC era dates back to the 1970s. In the United States, this was marked by a series of significant reports by various professional and research organizations. The earliest was the 1975 report by the Institute of Medicine. This report called for a national health care policy that included the humanizing of medicine and a shift from the biomedical perspective that dominated medical education in the early part of the century towards a more biopsychosocial (BPS) model. The researchers also analyzed other health care reports, such as the 'Katz Report' and 'The Crossing the Quality Chasm: A New Health System for the 21st Century'. Here, the IOM introduced six aims regarding the quality of care, namely safe, effective, patient-centered, timely, efficient, and equitable.

The new millennium saw significant advances in the conceptualization and operationalization of PC, with the establishment of many new patient organizations, an explosion of patient narratives, and increased prominence of the patient voice in quality management and health policy. It should be noted that while there is a growing quilt of evidence delineating PC across a range of outer and inner contexts, customized, assessable, and reproducible integra-tive knowledge frameworks (IKF) are urgently needed to support the system change. The PC movement at health systems has unfolded in five stages: involvement of health authoritative bodies; establishing infrastructural awareness; enhancement of multiple intersections for the patient voice; reform of quality monitoring and management; and fostering tenderness from the heart (F. Tanlaka et al., 2023).

1.5 3. Patient-Centered Care in Rehabilitation

Patient-centered care offers a structured framework for patient safety improvements. To ensure safety excellence, a proactive approach is required with a focus on equitable, effective, evidence-based, efficient, patient-centered care that is safe for all patients. The patient-centered care framework promotes teamwork, collaboration, communication, and mutual respect. By promoting safety culture and accountability, and commitment, the framework offers opportunities to engage patients in their care. Interventions appropriate to the facility and population are identified, focusing on staff roles to increase patient engagement to optimize interventions and outcomes (Atwal et al., 2007). Each role's process objectives and expected outcomes support strong interprofessional, interdisciplinary teamwork in patient-centered care. Holistic rehabilitation through patient-centered approaches is essential in facilitating the patient's functional ability and quality of life. By examining the patient's physical, emotional, social, and spiritual health, rehabilitation nurses can form a caring concept of the patient's needs and provide individualized care. Rehabilitation facilities utilize multidisciplinary teams to provide comprehensive assessment and treatment. By viewing patients holistically through patient-centered rehabilitation, the nursing staff's role is presented in three aspects: recognition of restoration of functional abilities as a positive change; promotion of self-management and patient participation as the means of achieving the restoration; and strengthening the family and peer support system within the rehabilitation process through the rehabilitation nurse's efforts. These goals fulfill the professional competencies of rehabilitation nurses educated with specialized knowledge and training. The right

perception and understanding towards the nursing staff's role can facilitate the establishment of multidisciplinary teamwork in the rehabilitation setting.

3.1. Principles of Patient-Centered Care

Patient/family/member-centered care (PFCC) is respect and dignity, information sharing, participation, and collaboration (Stagno et al., 2016). "Respect and dignity" entails being sensitive to patients' values, cultural traditions, and personal beliefs while treating them with respect. "Information sharing" calls for health care providers to provide patients with accurate information about their health status in timely ways understandable to patients and their families. "Participation" refers to involving patients and their families in care. "Collaboration" involves patients and their families in the healthcare program at all levels; that is, in their own care, in organizational design, and in policy decisions regarding health care.

Service means to get work done. It consists of three contexts: 1. Interaction between patients and providers during which the work of care is carried out; 2. A setting in which caring relationships develop; and 3. Tangibles of care: what is provided and how it is provided. The context of service as interaction resembles (K. Rossi, 2016). Providers feel patients' pain, worries, and needs as they meet them face to face; they also internalize the extent of the patient's insurance. As the communication progresses, unconscious inferences emerge. The data include treatment adherence, follow-up visit attendance, cooperation with additional tests, change in risk lifestyle (e.g., smoking), and caregiver burden. The joint experience of knowing one another is but rarely grasped in its totality: completeness is never experienced; mistakes happen. Instead, the remarkable aspect of the interaction (however else they might be perceived) is clear. That is, the care interaction feels good. While it is more difficult to describe how it feels good, it is still possible to outline some more screenable details. It is calming, warm, and reassuring (e.g., of safety, ability, strength, and potential).

Quality assurance systems emphasize the effort to improve norms, which do fulfill service quality requirements. Some PFCC components form norms and were selected for investigation. These norms are based on the patients' notion of what to expect from a provider or a care interaction (goodness properties). Knowing the needed dimensions of care and how well they are delivered provide insights into service quality.

3.2. Importance in Rehabilitation Settings

The role of nurses working within rehabilitation settings has garnered little attention from researchers or the media although changes in policy, provision and educational preparation of rehabilitation services has focused attention on rehabilitation in intensive and acute hospital settings. Nurses play a vital role within the rehabilitation team and surely their skills, knowledge and working practices are considered essential contributors to accountability and quality standards of care in rehabilitation services. Nurses working in stroke rehabilitation units need to possess an adequate skillset, knowledge and attitude in order to provide high quality rehabilitation care for patients who suffered from stroke. Supporting patients to access and utilize the rehabilitation services provided by the rehabilitation team is the task of rehabilitation nurses. "Functional recovery" is the most dominant use of the term even though there are other important use of term

rehabilitation nursing. There are other use of the term rehabilitation such as enhancing adaptation to disability, enhancing use of remaining abilities, enhancing quality of life, enhancing independence at home, preventing external factors impairing reintegration and readjustment to everyday life at home and in society. In order to enable a seamless rehabilitation journey, rehabilitation nursing is required also during the acute treatment of a stroke. Additionally, the transformative role of rehabilitation nursing as the second phase initiation and as a co-initiator of a life-changing process that would take time before its completion is highlighted. Recommendations to enhance the awareness of rehabilitation nursing and its importance both while implementing rehabilitative measures, and while working with rehabilitation patients are offered (F. Tanlaka et al., 2023). Nurses' roles in stroke rehabilitation units based on their contributions have been examined. Nurse-therapist role overlaps in 8 ways including 3-membered task performance, health education and learning support, hands-on, patient transfers, home-care rehabilitation guidance, occupational and exercise program guidance, as well as illness management. In order to perform their role properly, nurses need to master a variety of therapists' skills. Older patients receiving rehabilitation in an ordinary hospital ward have been investigated. As in other studies, rehabilitation nursing was found to be largely focused on physical disabilities and included physical tasks in areas such as mobility, daily life activities and wellbeing (Atwal et al., 2007). Although there are many existing rehabilitation nursing activities, it has been concluded that nurses have a narrow perception of their role in the rehabilitation of older adults. Education about the potential of rehabilitation nursing and training besides assessment of patients' basic needs are recommended. The fact that the present and previous literature did not highlight psychosocial rehabilitation nursing may stem from older patients' limited capacities to express psychological needs in different ways, and in different settings. In addition, many of the studies were conducted on concluding that nurses had a narrow perspective of their own approaches. It is important to consider how patients perceive rehabilitation nursing rather than what nurses observe about patients.

1.6 4. Roles and Responsibilities of Rehabilitation Nurses

Rehabilitation nurses play a vital role in using the 'Spirit of Motivational Interviewing', a set of guiding principles aimed at fostering a partnership between nurses and individuals receiving rehabilitation. While nurses work collaboratively with the rehabilitation team to effectively support patients in developing rehabilitation goals according to the International Classification of Functioning, Disability and Health (ICF) framework, it is often perceived that nurses receive inadequate education or training in conducting person-centered interviews focused on goal setting (Atwal et al., 2007). The content and methods aimed at imparting Motivational Interviewing skills to nurses in this project were designed to address this perceived need. Role play, designed to illustrate a typical rehabilitation nursing assessment, was utilized as a method for imparting knowledge about goal setting. By being active rather than passive participants in the learning process, the nurses showed a greater knowledge of the guiding principles of Motivational Interviewing and an increased understanding of the basic communication skills described within them. However, poorer performance in exploring past experiences or ambitions when assessing

personal strengths and resources suggests that, in spite of having knowledge of the goal structure, nurses may need continuing support with practical use of the communication skills learned. Rehabilitation nurses have varying levels of educational background and nursing expertise. Nurses expressed growing insecurities in using images of goals and writing notes after the interview. Some nurses perceived participation as a motivation to further work on developing a common approach. Therefore, future training should include written materials, repeated workshops, records of previously conducted interviews, and discussions, preferably within the nurse groups, to enhance practical application of the MI spirit in everyday work (F. Tanlaka et al., 2023). During role play in using the MI spirit to evaluate goal setting, the nurses showed critical views toward the project. Conducting a collaborative assessment of goal setting seems to foster reflection on both patients' resources and impediments and rehabilitation services available for the patients, thus challenging nurses' authorization in evaluating rehabilitation goal setting.

4.1. Assessment and Planning

A Rehabilitation Nurse is a registered nurse with specialized skills and knowledge to enhance and optimize patient and community centered care where you work within a multi-disciplinary team and have a pivotal role developing from the initial assessment, through the planning, implementation/evaluation and discharge planning of rehabilitation nursing care programs. This involves understanding patients and families behaviours, patient education, and actively involving patients and families in planning a patient-centered rehabilitation care plan (Atwal et al., 2007).

Nursing Assessment begins with a patient and family interview to assess the patient's abilities and restrictions. It focuses on understanding the influences on the person and community, analysing the history of the everyday person and determining family dynamics in light of the present situation. The patient and family input is crucial for identification and prioritization of HR problems in goal setting and intervention planning. A Nursing professional education is required in order to make subsequent goals and interventions feasible. Additionally, aids such as a resource booklet containing a summary of common learning needs for patients discharges are helpful. For HR to be functional, persons and families need to understand which goals to focus on to obtain sufficient HR abilities to function safely and to avoid risk in the community.

Movement from the health care environment is much differed in nature from movement in the community. A blend of new community mobility goals focused on routes of personal interest and implementation of public transport systems is warranted. In cooperation with other services, it is a big challenge to ensure that mobility is restored while preserving safety during degree of freedom. Challenges involve acquisition of time for nurses and therapists to assess community mobility skills and negotiate the accompanying public transport systems in a practical context, further education of drivers and restoration of abilities for some alternative planned community routes. Evaluation of the function of Community mobility goals and identification of important parameters on BPT is warranted.

4.2. Implementation of Care

Patient-centered care is one of the most important concepts of rehabilitation nursing. It implies that the care provider must be patient-centered, meaning that they must listen to the patient's needs

and expectations regarding their rehabilitation. Then, the rehabilitation nurse needs to gather the patient's information to make sure that the care approach will be tailored to the patient's needs and prerequisites. One of the ways rehabilitation nurses can enhance patient-centered care is through an interdisciplinary team approach as it fosters communication (Pedrosa et al., 2022). Taking into account the diversity in therapeutic resources available among the patients, such as the family or individual's socio-economic status, the rehab nurses ensure that the patient is assisted in overcoming those limitations. Besides that, the rehabilitation nurses must be culturally competent to prevent miscommunications and tailor individual approaches based on cultural expectations and constraints.

To implement patient-centered care, it is crucial to ensure that everyone working on the rehabilitation plan is on the same page. This demands consistent documentation and continuous communication, be it written or oral between nurses, patients, and therapists. In order to sustain peer communication, daily handover sessions can be conducted, partitioning responsibility and bringing the patient up to date on pending referrals and assessments. This ensures that every shift is aware of the patient and overall refines the quality of care.

Working in a care cycle, patient-centered care must be adhered to when providing discharge information. Different rehab centers have different services, so the nurses must speak to the patient and carers first to evaluate what they desire and make sure it will stay in line with the facility's capabilities. Meanwhile, once a referral has been received at a rehab center, a pre-commencement call must be made to the patient and or carers to collaborate with them on a first-day plan, ensuring that they are well prepared and feel comfortable. Nurses may also wish to evaluate the OT assessment sides to guarantee consistency and notice any behavioral discrepancies. If this information is shared before the first session, patients will feel more settled and comfortable, making them more likely to attend therapy.

4.3. Evaluation of Outcomes

Patient-centered care (PCC) is defined as eliminating patient discomfort while exceeding their expectations. A patient is the first party in the health service, and rehabilitation nurses must consider them as a whole person with a previous life. Assessing and considering each person's culture, values, priorities, and beliefs provides a foundation for understanding the patient, which can shape their medical care. PCC recognizes the personhood of the patient. Each patient-patient encounter is unique, and rehabilitation nurses must develop empathetic skills to understand the patient under their own terms. It is not enough to ask, "What is the matter with you?" Rehabilitation nurses must ask, "What matters to you?" It is advised that rehabilitation nurses do their math and test the "ABC" of PCC communication skills. The following are suggested. A person-centered language: Use language that recognizes the patient as a person mindful of unintentional language that may label the patient, for example, the anorexia patient; A rallying introduction: Complex cases have many rehabilitation healthcare members tailoring the most suitable services to the patient, which requires time, effort, and patience on the patient's part. Therefore, the introduction of other rehabilitation team members is crucial; and Ask 5Ws and H questions: The scenario's 5Ws (What, Why, Where, When, and Who) question the patient's situation and the "H" (How) document

and analyze patient transformation or rehabilitation goal achievement. After considering the 5Ws, establishing rehabilitation goals with the patient, including the time and ways of completion. It is totally normal not to know about a department's services initially, as new services are always being launched. Instead of dropping the patient's case, rehabilitation nurses are advised to explain thoroughly to the patient and keep following them up. Making it clear that a rehabilitation nurse is always reachable, despite department redeployment, is reassuring for the patient. Understanding emotional, social, economic, and institutional environmental surrounding patients fosters rehabilitation nurses' empathy and control over patient behavior. Behavior arises from and is mediated by the interaction between person and environment, but conventional behavioral approaches overlook patients' perceptions of the environment. Rehabilitation nurses must build barriers between patients and perceived stressors and instill personal control in patients. Multiple supporting pathways, such as pelvic examination demonstration, gradual return to mobility, accompaniment, and chemical restraint, may not work without addressing patients' perceived unreassurance from the doctor. Reducing barriers, building trust with patients, and guiding desired behaviors are crucial. The rehabilitation nurse guiding and overseeing this process must implement a supportive environment through environmental modification, direct intervention, and patient self-exploration training, which is crucial for patient-centered rehabilitation.

1.7 5. Interdisciplinary Collaboration

Interdisciplinary collaboration is critical to improving patient care. Prior studies demonstrated that interdisciplinary rehabilitation teams providing more than one service provide better care than other care models. Rehabilitation teams offering multiple services ensure that the patient will receive fewer referrals to different treatment centers. Healthcare providers will, on average, spend less time traveling to a different treatment center and receive care more quickly. They are also more likely to attend medical appointments (Birkeland et al., 2017).

Following organizational changes at the rehabilitation healthcare providers' site, some patients were transferred to the rehabilitation healthcare providers' interdisciplinary team. The first step was to make contact between the psychiatrist and the team psychologist. Rehabilitation healthcare providers meeting the psychiatrist worked well. Team members believed that changing the treatment model or the ways of working would enhance the collaboration. Before they started to change something at the more general, organizational level, they discussed work situations where collaboration succeeded and why.

The attendees discussed two examples and documented them. An earlier joint education day with the physicians and psychologist was a success. The team psychologist found that this collaborative service always began with jointly brainstorming treatment possibilities. A reason for overstepping this could be the busy assessment or the waiting list situation. The attendees suggested that working on collaboration required time management. Everyone should be motivated to cooperate for it to begin. This could involve separate meetings to address overstepping and reinforce institutions. It could also involve organizational governing by the medical director and clinic director considering everyone's burden.

5.1. Team Dynamics

The sample comprised 16 nurses, one nurse manager and three nurse managers from rehabilitation centers in Beijing. All participants were health professionals engaged in various care services for disability patients. According to their position, they were divided into three groups: professional rehabilitation nurses in a senior or job title; nurse-in-charge; and rehabilitation nurse in a junior or entry-level job title. Criteria for sampling included being a registered nurse, having job experience in a rehabilitation center for at least a year, and being willing to share their viewpoints. Data collection was conducted using semi-structured individual interviews of 30 to 50 minutes.

This study employed HPDS as a coding framework based on the transition model of health care. The health needs, including health problems, health concerns, and environmental health issues, were viewed as a starting point of patient health care. Data were analyzed according to Braun & Clarke's framework analysis process with the guidance of HPDS. There were no leading questions or a predetermined structure for interviews in order to build the participants' narratives. Conversations began with broad questions such as ‘Can you tell me about your experience in providing person-centered rehabilitation care?’ ‘What were your personal feelings when you saw your clients recovering their ability?’ Questions were then adjusted to provide opportunities for follow-up discussions.

Effective communication between team members was identified as an essential factor for all nurses in providing client-centered rehabilitation care. It was used to promote collaborative relationships, express concern and regard, share positive feedback, avoid misunderstanding, create a caring atmosphere, and make the most of the specialties of various health care professionals. Multidisciplinary collaboration in rehabilitation nursing care was also highlighted by the professional rehabilitation nurses. Team care meetings provided nurses with a chance to switch perspectives and regard clients professionally and individually. Overall, both the participant nurses in this study and the former literature acknowledged the intricacy involved in collaboration and communication among team members from various backgrounds (E Anderson et al., 2019).

5.2. Communication Strategies

A successful rehabilitation program is built on a collaborative approach with proactive communication within the rehabilitation team. Rehabilitation nurses could share more information regarding patients, when rehabilitation nurses were informed about patients’ scheduled rehabilitation times, the rehabilitation team was able to carry out treatment more efficiently and consistently (Hyu Jung et al., 2021). In addition, rehabilitation nurses’ communication with team members was enhanced throughout preparation of information before the start of interprofessional meetings. Rehabilitation team members could gain better understanding of patients as their rehabilitation nurses explained the initial assessment results and progress of rehabilitation more accurately and holistically to the team, which led to provision of objective and informed opinions by team members.

Based on a culture of trusting and understanding team members and the team as a whole, a foundation of communication has been nurtured within the team, which was viewed as a prerequisite for good communication. The nursing team manager actively participated in all

meetings, addressing team challenges such as staffing, and ensuring work feasibility and patient safety. Only if the communication culture was guaranteed and fostering communication required sufficient time and opportunity, did communication development activities gain efficacy. In a mutually trusting relationship, professional confidence of team members was fostered, thus being open to learn more about each other's work. In addition, a greater awareness of professional expertise, especially rehabilitation nursing, when team members were willing to share information about their field and contribute to discussions in team meetings. Feeling specialized and valuing knowledge and opinion of team members meant that understood mutual trust among them did not eliminate disagreement, but they recognized and respected each other's expertise, facilitated discussions of shared care goals and diverse opinions.

1.8 6. Patient Engagement Strategies

Engaging patients in their healthcare is essential for effective healthcare delivery and can significantly influence a variety of factors, including patients' quality of life, costs, and health outcomes (Monteiro Grilo & Custódio dos Santos, 2017). The engagement of patients in their healthcare is often termed "patient activation" and can take the form of different levels of engagement. That is, patients can be engaged to varying extents – from watching how care is delivered (the passive role) to the more advanced stages of patients actively influencing care arithmetic (the proactive role). This study looks into various patient engagement strategies healthcare providers can use to engage patients in their progression through a continuum of levels of engagement.

The first group of engagement strategies relates to informing patients about their health and alerts the healthcare engagement ecosystem. This engagement strategy is geared toward the fundamental level of patient engagement – the passive role of patients. The information provided can be either direct or indirect. The level of detail provided to patients differs across information engagement strategies, and the persons or persons in charge of executing them also differ. This category of engagement strategies includes (a) reminder calls, (b) emails, (c) letters by which treatment regimens and changes are expressed, and (d) direct discussions about care plans and potential changes. They also include information on changing healthcare information systems, such as EMR systems, which affect teenagers' coordination of care.

The second group of engagement strategies is political action and advocacy activities. These strategies are geared to the advanced levels of patient engagement – patients as more active and proactive participants in their care. Patients are encouraged and empowered to act on behalf of themselves and other patients to influence care providers, quality, and systems. These strategies seek to protect patients' rights and privacy, ensure that their voice is heard in medical choices, and promote care equity for specific patient populations in need (Barello et al., 2017).

6.1. Motivational Interviewing

Motivational interviewing (MI) is described as a person-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. MI involves open-ended questions, reflective listening, affirmations, summarizing, and changing the focus. MI should be understood as a style of communication that needs to be adapted to the individual and the context.

The purpose of MI in rehabilitation is to build rapport with patients and ensure that they feel understood. Patient-centered care should be recognized and practiced in rehabilitation. Physicians, rehabilitation nurses, physiotherapists, and occupational therapists need training in MI so that they can apply it in practice. Interdisciplinary team discussions about MI cases after training would help develop MI and raise awareness of patient-centered rehabilitation (Nygaard Dager et al., 2017).

MI as a collaborative conversation style develops as the provider learns to work with patients' resistance in ways that help them re-evaluate their change status. Adherence to treatment refers to patients' following recommended health-promoting behaviours appropriate to their health status (Pietrabissa et al., 2015). Literature states that adherence should be understood as a purposeful act and an autonomous decision by the patient and not as compliance, which implies passivity and obedience. Adherence to treatment is a multifaceted process influenced by a number of factors one of which may be psychological in nature. Nonadherence can take many forms and be a chronic, progressive or episodic behaviour. Two types of nonadherence can be distinguished; unintentional nonadherence refers to forgetfulness or a lack of understanding of treatment rules while intentional nonadherence is a conscious decision by the patient to change the overall picture of suggested treatment and can attain an active form such as request for a different treatment/medication. Factors associated with intentional nonadherence include scepticism about treatment or illness time-frame, fear of the unknown, a deep-seated concern that treatment will become a habit and aversion to medical encounters, experiences of side-effects, and a strong belief that health depends on good living alone.

6.2. Goal Setting Techniques

Nurses and other healthcare professionals have long recognized the omnipresence of client-centered care. It is a state of being familiar with oneself in relations with other people. While traditionally accepted ideals about client-centered care were accepted as moral imperatives, the ascendance of scientific conceptions of nurses has rendered these self-evident needs and values irrelevant (van Seben et al., 2018). This loss of shared and salient frameworks of interpretation has been particularly distressing for rehabilitation nurses, whereby nursing is increasingly delimited to the monitoring and administering of technocratic processes of care within problem-solving routines.

Clients' stories about their daily occupations following acquired disability have evoked empathy and professional curiosity from nursing scientists and educators. Their stories are consistently irked by frustrations and enigmas that cannot be normalized and accounted for within the professional world of rehabilitation. Conversely, rehabilitation practice does not often acknowledge, or even allow, those issues to be addressed (BAKER et al., 2023). Theories and models that profess to capture persons in interaction with their context neglect the complexity of relational situatedness to make room for patients' values, needs, and concerns; the most compelling accounts have remained esoteric and above the heads of busy professionals.

Rehabilitation nurses' vocational work and caring tasks do equally avail and impose meanings on the lives of clients struggling with problems regarding daily occupations. It is these meanings and

their importance that have been overlooked in scholarly knowledges; it is professional assumptions and practices that have distanced care from caring. The disciplinary task is to articulate and to constitute the self-evident, and to relinquish the relativism of experts' discourses that have dominated the politics of knowledge for so long. There is a need to articulate and to communicate the ethical character of personal meanings. The agreed-upon notion of client-centered care maintains shared responsibility for this articulation and communication.

It is an objective problem. The task of the caring professions is to cooperate in building an understanding of the knowledge, attitudes, and skills that are required across the cultivation of health and independence so that values and beliefs retained within the client remain dominant. Unfortunately, this collective problem is complicated. The difficulty lies in the demand to translate something alien and esoteric into the terms of rehabilitation nursing practice without precluding its essential attributes.

1.9 7. Cultural Competence in Rehabilitation Nursing

Person-centered care is considered current best practice in rehabilitation nursing. Despite being the most appropriate approach, patient-centered care is presented with challenges of individualized care within institutional rigidity and staff shortages. Future research is needed for intervention development and program evaluation (Grandpierre et al., 2018).

According to the patient-centered care framework, rehabilitation nurses play a fundamental role in enhancing patient-centered care by: (A) fostering the therapeutic relationship nurses, patients, and families, (B) facilitating access to information and education of patients and families, and (C) supporting the empowerment of patients and families in goal setting and decision-making. Patient-centered is broadly conceptualized to align findings with existing literature. However, patient-centered care could also be conceptualized more narrowly in terms of specific interventions. The reason for this broader definition is to highlight the importance of rehabilitation nurses' role in influencing cultural factors underlying the implementation of patient-centered care.

This review identified nursing roles that foster the therapeutic relationship between nurses and patients and families. The uniqueness of the rehabilitation nurses' contribution in this area is providing continuity of care, meaning ensuring stability and continuity in the therapeutic relationship. Rehabilitation nurses felt a sense of ownership regarding the relationships built with their patients, who were considered as "their" patients. The nurses' presence at the rehabilitation facilities from admission to discharge, including in the different phases of care, was perceived as crucial to the development of the therapeutic relationship because this allowed trust to be built over time.

7.1. Understanding Diverse Patient Needs

The complexity of rehabilitation, the extent to which patients experienced relief and autonomy and how treatment progressed towards rehabilitation, appeared to influence both rehabilitation and patient satisfaction, independence and health-related quality of life. The turning points were the "pivotal events" reported regarding the rehabilitation process, such as improved mobility or better mood upon regaining autonomy and commurality (Atwal et al., 2007). Patients explained how the team struggled to balance their own and the individual needs of the patients and the time

consumption of the treatment (the “double bind”), which influenced as well rehabilitation. There were evaluations of the staff, such as being professional, attentive, committed, friendly, informative and qualified. Professionalism had, however, different meanings for medical staff and nurses and for the patients. Instead, patients were more focused on whether the personnel listened and communicated in an understandable way, and met individual needs. Other issues related to the adequacy of the team, such as the multidisciplinary aspect of the team. Staff shortage and absence of physiatrists on the wards were identified as barriers to rehabilitation.

Both rehabilitation experience, patient satisfaction, independence and health-related quality of life were affected by the setting including, and aftermath of the emergency admission and the transfer to rehabilitation wards. Patients reported being confused, frightened, anxious and disturbed being in a new bedridden setting with no familiar surroundings and only strangers. Compliments were given regarding the support received from neighbours, nurses, nurse aids and therapy assistants. Individual attire, belongings and rooms were regarded as important features of the wards. Belongings exuding pieces of home were especially important to feel safe and cared for. Most patients indicated being satisfied with the ward premises. Suggestions, such as improving the view from the beds, were addressed.

7.2. Adapting Care Approaches

Several studies emphasized that the role of rehabilitation nurses will widen during the acceleration of technological developments and the implementation of artificial intelligence. Rehabilitation nursing must consider these developments, new role definitions will probably emerge but will not diminish the necessity for innovative, empathetic care. Rehabilitation nurses need to stay ahead, since several studies already indicate red flags and fears regarding AI. As technology keeps on changing rapidly, nurses may adapt their care approaches. Rehabilitation nurses need to stay ahead of the curve. The ICF guideline, under development by an international consortium of researchers and international NGOs working in rehabilitation, will provide a framework for standardized implementation of digital tools. Following up the developments of this guideline will be essential. This digital tool will be of help with respect to the inclusion of patients in rehabilitation. This standardization may also influence nursing in terms of shaping their role in motivational interviewing and shared decision making. In some countries a great deal of rehabilitation is arranged in a social context. Nevertheless, rehabilitation nurses have an important role in this care level. They will implement care, liaise and facilitate access to health care in general, and to rehabilitation care in specific. By following the example set by social program managers, rehabilitation nurses will establish nursing roles in these settings. Becoming embedded in this culture will enable nurses to work in harmony with the other players and reach agreement about their position in this landscape. Rehabilitation in groups is often given in order to arrange care in accordance with the principles of generalization, deciding where and how many groups are needed. The work of the nurse would change in those groups, but they could keep the same elements in their work since they would approach groups in such a way that they could still deliver tailor-made care through creativity (Pedrosa et al., 2022).

1.10 8. Technological Innovations in Rehabilitation

The discipline of rehabilitation helps individuals of all ages be as independent as possible in managing daily tasks and activities and promotes their meaningful participation in many aspects of their lives, including education, work, recreation, and social activities. Rehabilitation enables this participation and independence by supporting the affected individual and their caregivers in addressing the health condition and its associated symptoms, adapting tasks for safe and independent performance, facilitating self-management of the health condition, and using or adapting assistive devices or technologies. An individual's rehabilitation journey may involve multiple types of skills training involving multiple providers, including allied health professionals, such as physiotherapists and occupational therapists, nurses, social workers, and medical professionals, such as doctors and pharmacists. The benefits of rehabilitation are wide-ranging (EP Munce, 2024). It can prevent or mitigate the ongoing and long-term impacts of acute and chronic health conditions, maximize safety and autonomy, reduce caregiving burden and worry, enhance quality of life and health-related quality of life, prevent or mitigate anxiety and depression, support adherence to recommended health regimes, and improve function in daily activities. Better outcomes related to health and well-being often have a downstream effect on a person's social, occupational, vocational, and other life domains. Rehabilitation can also support other health interventions to achieve their optimal outcomes more safely and sustainably.

In these settings, rehabilitation is highly person driven, with interventions tailored to each individual's unique history, skills, goals, and preferences related to the activities and areas of their life impacted by the health condition. Understanding complex systems involved in rehabilitation or assistive device use is important. A robust and integrated approach to assistive technologies involves understanding the features of devices, the needs of the individual, their skills and abilities, the broader context where devices may be used, and the rehabilitation goals so that technology can be used in the most effective way (Bradley Willingham et al., 2024). In this regard, rehabilitation can also involve supporting the meaningful adoption and sustainable use of assistive devices within an individual's everyday life. Rehabilitation can be provided in many different settings, including hospital settings, community settings, informal caregiving situations, and, increasingly, remotely. But whether an intervention is offered in-person or remotely, it is often delivered through a combination of modalities. There are several main forms of rehabilitation.

8.1. Telehealth Applications

The emergence of COVID-19 poses new barriers to health care systems and patients. However, unforeseen circumstances also catalyze innovations within currently established systems. In this time of uncertainty, telehealth offers possible solutions that meet patients' perceived barriers and needs, especially in the rehabilitation of patients poststroke during the COVID-19 pandemic (Bashir, 2020). Telerehabilitation is a method of care delivery in which the health care professional and patient use technology to communicate and perform rehabilitation exercises while not being in the same physical location. Telehealth management of patients would avoid many patients congregating in waiting rooms and undergoing evaluations in close proximity to each other. Thereby, effectively reducing their risk of exposure to any infectious agent, whether during a

pandemic or community outbreak. The COVID-19 pandemic triggered the need to explore more flexible modes of service delivery. Such flexibility can be bolstered through technology, particularly in telehealth methods. Future strategies should consider nurturing telehealth programs for this patient group while actively addressing barriers and potential solutions with medical staff, caregivers, and patients. Such exploration may shed light on whether telerehabilitation can have a supportive role alongside standard rehabilitation care in patients poststroke. This review also aimed to uncover the barriers and facilitators of this method of health care delivery among these caregivers and patients.

8.2. Assistive Technologies

Over 4 billion people have a health condition that would benefit from or need rehabilitation. Rehabilitation is about enabling participation and preventing functional decline. Rehabilitation helps individuals of all ages become as independent as possible in undertaking daily activities and promotes meaningful participation in many aspects of life including education, work, recreation, and being looked after by family. As part of rehabilitation, specific strategies can be implemented that are aimed at promoting participation in daily activities (EP Munce, 2024). These strategies are tailored to the individual's outcomes for participation and can include supporting the affected individual and their caregivers in managing the health condition and its associated symptoms, altering the environment to accommodate needs, adapting and changing tasks for safe and independent performance, facilitating self-management and following prescribed health regimens, and using assistive devices and technologies. Such strategies can help the individual and their caregiver to overcome challenges in thinking, seeing, hearing, communicating, eating, and mobilising.

All types of assistive devices and technologies have been shown to have multiple clinical benefits in many healthcare contexts in kids and adults after stroke, including improved function, quality of life, independence, satisfaction, compliance, cost, and decreased isolation and burden. However, these benefits are not guaranteed; instead, many users experience barriers to use and non-use (Demain et al., 2013). For example, considered the outset of a longitudinal study involving 108 patients, their family caregivers, and 134 healthcare professionals embracing the transition to community-based services and the increasing reliance on self-management approaches for stroke rehabilitation. To acquire insight into stroke patients', caregivers' and health professionals' experiences and perceptions of stroke upper-limb rehabilitation and assistive technology use, the barriers and facilitators to their use in supporting stroke self-management were identified. Encouragingly, most patients and caregivers were aware of the devices prescribed, but there were misunderstandings over prescribed devices and what they could achieve. Therefore, personal trainers and community rehabilitation assistant workers were seen as facilitators of device use underpinned by the use of training programs for patients and caregivers. Significantly, there was no understanding of the benefits of multi-model, tailored, face-to-face training beyond an initial introduction by health professionals. Barriers to device use included perceived irrelevance, concerns regarding appearance and stigma, and limited target setting.

1.11 9. Challenges in Rehabilitation Nursing

Concern for the unique needs of patients with disabilities, older adults, and their families has brought the roles of rehabilitation nurses into full perspective and spotlight. To be effective in the exciting and rewarding roles in rehabilitation nursing, a variety of training, education, and management strategies are critical to obtain the skills needed to meet the challenges of 21st-century healthcare. However, several challenges are critical to allow rehabilitation nursing to reach its full potential and to advance the goals of health care for all (F. Tanlaka et al., 2023).

Scarcity of Rehabilitation Nurses In this current practice environment, there are limited numbers of individuals trained as certified rehabilitation nurses and access to candidates across geographic areas and US clinical settings. Although there are many programs to prepare professional graduate-level rehabilitation nurses with basic skills, advanced-practice nurses are few. Personal states of overwork and compassion fatigue with high workloads in acute care settings can lead experienced nurses to choose not to become rehabilitation nurses. Funding sources are limited to financially support individuals in the training of these advanced-practice skills. Overcoming these obstacles will require partnership and innovative visions across national organizations representing specialty nursing, universities, and healthcare organizations as shared opportunities for training and academic research.

Access to Rehabilitation Nursing Services In the current context of cost containment, only patients deemed to have "rehabilitative" diagnoses are eligible to receive rehabilitation nursing services. However, there are numerous patients in specialty areas in need of rehabilitation nursing services who do not meet designated criteria. Cognitive impairment and neurological catastrophes requiring a different mode of rehabilitation than for spinal cord or orthopedic systems are a few of the unmet needs in the population. Re-defining guidelines for reimbursement and care is essential to incorporate patients with disabilities and chronicity to move toward this needed vision.

9.1. Resource Limitations

Studies show that most refugees have some form of trauma, much of which is derived from their experience of persecution, flight from their country of origin, and resettlement in a new country. Other sources of distress may include rationing of necessities, premature loss, and isolation from a community (Johansen et al., 2022). Community-based nutrition and food assistance programs include immigration programs and farmers' markets to improve refugees' nutritional intake or education aimed at healthy food preparation. The Bridging Cultures Program provides education and materials to assist refugees with culturally appropriate food preparation and nutrition. However, challenges exist in meeting refugees' mental health, medical, food and nutrition, and housing needs. It is critical to enlist community and religious leaders and organizations to increase community awareness of and assist with access to available health care for newly arrived refugees. With only physicians and nurses trained to provide mental health care to refugees, greater access to interpreters and culturally competent medical staff is required. Without adequate housing, refugees may experience difficulty with other everyday tasks, including school attendance, work, and health. In New York City, approximately half the respondents reported seeking help from community agencies to assist with housing. However, various agencies were involved in assisting

with social services, enabling positive refugee adjustment, and maintaining client confidentiality. Given this, the capacity to provide housing assistance, coupled with the need for culturally appropriate staff and the essential role of housing in accessing health care, should be considered in future attempts to meet refugees' housing needs.

The health care system's screening and treatment of anemia and iron deficiency, rapid and accurate tuberculosis screening, and treatment of chronic health problems should be strengthened. Mental health care capacity should be enhanced through more extensive training, greater access to interpreters and psychiatric care, and systems to ease treatment of those presenting with both medical and mental health concerns, notably with triage and case management. Health care personnel should acquire competence in cultural idioms of distress and the religious practices of refugees, coupled with greater access to religious leaders.

9.2. Burnout and Job Satisfaction

With increasing attention being paid to quality and ethical issues in health care, it is especially important that the people receiving the services perceive that the mission is being carried out (Ann Myers, 2006). A nurse's outlook on life, individual values, and spirituality all influence the nurse's attitude toward work-related issues and, ultimately, affect job satisfaction. Maslow's Hierarchy of Needs describes how satisfaction of lower needs must come before higher order needs. For health care professionals, the physiological and safety needs would probably be met, but higher order needs may not always be satisfied. Attention to this gap could create a more favorable work environment and, thus, a better quality of nursing care.

The purpose of this study was to explore the work experiences of rehabilitation nurses in addressing the ethical principles of dignity and respect and in enhancing patient-centered care. Role modeling of behaviors that support patient-centered care can be done in many formal and informal ways within nursing practice. Changes in role involving interactions with a different type of faculty, that traditionally associate with being disenfranchised, then feel more comfortable discussing ideas, thoughts, and concerns when interacting with direct patient care personnel. Staff nurses identified a number of methods that had been employed by nursing management to enhance the dignity and respect of patients. Nurses described many methods employed by nursing management to enact the principle of dignity and respect in daily patient care.

Absence of public restrooms prevented a dignified distribution of medical need for some patients. Controlling the flow of group meals resulted in a more peaceful environment and also respected patient care and dignity. Staff able to strategize and assist with distraction during planned activities with demanding patients could continue to respect patient individuality. Creation of quintessential risk management or quality improvement documents often results in this loss of data collecting timeframe. Understanding bigger picture values, morals, and goals associated with documentation provided staff a greater clarity to increased administration priority.

1.12 10. Future Directions in Rehabilitation Nursing

Rehabilitation nursing practice focuses on providing professional, holistic rehabilitation care for patients experiencing physical and functional impairments/disabilities and their families. Rehabilitation nurses promote achievement of optimal rehabilitation goal(s) and adaptation to

altered life circumstances, as patients desire to be as functional and independent as possible. Learning about the roles and contributions of rehabilitation nurses in rehabilitation units may inform practice and policy regarding rehabilitation nursing competencies. The nursing profession needs clarity regarding rehabilitation nurses' role and contributions given the lack of standards, guidelines, and educational programs. Knowledge and understanding of the roles and contributions of rehabilitation nurses in rehabilitation units may also help within child health rehabilitation centers to integrate rehabilitation nursing with clinical service arrangements (F. Tanlaka et al., 2023). These tools will be used to gain insight into practice elements involved in enhancing and supporting patient and family-centered care in pediatric rehabilitation settings working with other healthcare team members, focused on younger children accessed through the Early Intervention program, school-age children through the integrated care Children's Assessment Service, and youth 16–24 years of age through the Youth Transition Program. Candidate recruitment from the jurisdictions currently serviced by Pediatric Rehabilitation Services in British Columbia and Nova Scotia that fit the program criteria, followed by the establishment of focus groups from the responses, occur as general practice. The focus groups will first identify those practice elements from rehabilitation nurses' lived experiences assisting the rehabilitation journey of children with disabilities, along with best practice. These aspects will be further prioritized, and then represented visually, followed by the development of fillable 'how-to' tools that rehabilitation nurses can use to assess their own practice and where they want it to go in regard to improving patient and family-centered care. The content will be further evaluated by rehabilitation nurses working within pediatric rehabilitation who did not participate by testing the tools, along with reassessing the priorities of the focus groups to ensure the representation aligns with practice. Although these aspects of rehabilitation nursing services in Canada would be similar across jurisdictions, minor variations may exist.

10.1. Research Opportunities

Improving consumer participation is a theme of regulatory promulgations and reforms of the healthcare regulatory system by both the US federal and state governments. The creation of a new Office of Consumer Information and Insurance Oversight (OCIIO) intended to promote consumer participation in healthcare reform, making it imperative for healthcare providers to attach importance to consumer participation. Doctors, nurses, hospitals, long-term care facilities, and many healthcare providers, as litigants, were sued by private insurers because their services were considered voluntary and not mandated or ordered by regulators. Doctors' offices are also shifting forms of consumer participation from complaints and grievances to quality assurance reviews. Each healthcare facility's quality assurance program is an internal assessment mechanism under the supervision of regulatory agencies but evaluations of healthcare facilities by off-site reviews, site visits, and staff interviews. After a lawsuit, though regrettably, hospitals develop far better procedures than before for the sake of settlements. Contracts for independent investigators with nursing care firms after lawsuits are drafted carefully to avoid interference with the internal investigation of complaints and the retaliation against whistle-blowers.

The hurt consumers, regulated firms, and regulators are inadvertently intertwined in disputes and reforms. Most health care controversies arising from injuries and deaths of consumers are either disputes on negligence or quality of care outcome. Instead of responding to litigation in defensive fashions, healthcare providers should constructively re-evaluate their rules with their lawyers on litigation in the mindset of how care outcome can be improved from rules and restructuring them with a proper emphasis on the quality of care. Independent investigations, legal documents, and oversight should shift from defensive responses to move proactive compliance strategies. Rethinking the consumer and healthcare regulatory system to include consumers in all discussions with structural aids and strategies tends to create a virtuous cycle.

10.2. Policy Implications

The role of rehabilitation nurses in the patient-centered approach to the trimester of high-risk stage is new and vital to the management of care appropriately. Health services are complex systems including multiple healthcare professionals who alter, complement, and even cross each other's roles, blurring paths and sometimes creating misunderstanding, overlap, and the missing of pivotal care components (Pedrosa et al., 2022). In this regard, it should also be declared that health professionals are not to be blamed because it is a huge task to try to allocate a patient to a healthcare professional whose role profile is the most similar to their needs globally. Also, patients could have undergone multiple surgical processes or experienced more than one disease in a short period. Hence, health issues can pour out from nowhere or be prone to ripple over to sensitive areas where prevention is almost impossible and no early intervention is offered. Thus, it is crucial to introduce a brand-new role to the patient-centered healthcare system to enclose this unregulated, chaotic, and invisible period of care by providing relevant information on the management of the transitional time.

The rehabilitation nurses approach is to reveal and, therefore, discuss the outlines of the care structure, possible sequelae of surgery and treatments, and patient needs and concerns during this period of time. To maximize patient compliance, this information must be delivered in an easily understandable form, and rehabilitation nurses are keenly aware of the importance of such a presentation style. Promptly, rehabilitation nurses should provide informative knowledge on and demonstrate the importance of the areas and prioritization of recovery. An early direct interview is also recommended to refrain from complexity. Patients with one or more oncological comorbidities should be classified as priority high-risk patients, and pre-habilitative assessment can be arranged.

In accordance with the need of surrounding health professionals, education and training courses can be arranged for nurses elucidating such post-operative rehabilitation care components. The good aspect of the enhancement of such plans and guidance is widespread enthusiasm toward this approach. Political support should be sought to provide accountability and continuous funding to ensure the success of these interventions in the long term.

1.13 11. Case Studies

The first case study described how older adult patients were anxious and distressed. These patients experienced considerable change in health condition within a short period of time. They were

overwhelmed by the new and demanding environment, and it took time for them to adjust and adapt to the new and very different environment. Together with these changes in health condition and required roles and responsibilities, they experienced psychological instability (e.g., anxiety, fear, helplessness). As it was new and changed environments that required time to adjust and adapt, older adults sometimes could not provide care transition-related experiences during early hospitalization. Within four weeks, several patients progressed to recovering role and responsibilities and subsequently their care transition experiences, in particular positive experiences and comforting experiences started to be expressed. As these abstract processes of experiencing care transition require time to occur, older adults were reluctant or unable to provide them immediately after the health change (Atwal et al., 2007). The second case study illustrated how a nursing educator introduced rehabilitation and considered the role of nursing in rehabilitation to stimulate thinking among nursing staff. The initiatives described for the introduction of rehabilitation nursing were timely-initiated and ongoing systemic approaches in which opportunities and structures were created, and collaborative development of new understanding was implemented. This case study highlighted the role of nursing educator as project initiator, developer and facilitator of the rehabilitation nursing concept, structure and content of education, assessment, and collaborative opportunities across disciplines including physical therapists and occupational therapists (Bartlett et al., 2023).

11.1. Successful Rehabilitation Interventions

The key rehabilitation biomedical and psychosocial factors that promote successful rehabilitation have been presented, along with the relative importance of each. In general older adults, as subjects of rehabilitation, see staff attitude and skills as the most important factor. Health and social care professionals need to address feelings of disappointment with the inadequacy of rehabilitation received and expect more from therapists, meaning that some therapists might need to change their attitudes. Social rehabilitation is seen as something that requires attention. In terms of rehabilitation programme design, older adults, regardless of their experience or involvement, expect therapists to tailor rehabilitation programmes to individual needs and understand the importance of psychosocial factors; however, again, staff appeared unable to provide this and time to treat older adults appropriately was seen as a barrier. With respect to participating in rehabilitation, older adults expect education and advice, but also see barriers to the provision of appropriate education and advice. Admitting to barriers perceived in the delivery of education, advice, rehabilitation programme design and delivery is seen as a positive mechanism for avoiding disappointment and the feeling of not having one's needs met. Age, mental health issues and health conditions were also seen as reasons for this. However, this raises questions about how knowledge of age or mental health or a health condition is consulted in delivering education. Older adults highlighted barriers perceived by therapists in the design and delivery of rehabilitation (Atwal et al., 2007). Increased awareness of barriers perceived by patients allows a large degree of 'otherness' to be avoided through being able to acknowledge barriers with health and social care professionals. Additionally, the lack of intake and need assessment documentation may have prevented patients from being seen more as individuals and from needs being fully understood and

appreciated. It is to be hoped that documentation of the broader aspects comprising a rehabilitation programme will produce increased awareness of needs and highlights for the older adult viewing the broader aspects of rehabilitation (Bartlett et al., 2023).

11.2. Lessons Learned from Challenges

Several lessons can be learnt from runaway events in practice. Firstly, practice guidance must be robust. Nurses reported creating additional barriers themselves when they picked and chose which aspects of less-enabling practice guidance to follow. Secondly, research into specific and practical guidelines can have a significant impact on practice. When they were developed pragmatically with input from nurses, and were specific to their work, jubilant registration messages were seen as helpful. Thirdly, events that undermined rehabilitation and discharge decision-making occurred where the agent or event, whether intent or mischievous 'sharp practice', was located outside the immediate clinical and ward area. This reinforces the need for local every-day monitoring of practice, so that these large events can be anticipated or, better still, prevented entirely. Finally, the criticality of senior nursing leadership in the primary ward environment is evident, specifically in developing practice guidance to proactively steer all actors favourably towards rehabilitation and discharge, and to withstand all pressures and lobbying to subvert these decisions.

The contextual features, including the way rehabilitation and discharge planning is organized/every-day practice guidance in the Team 4 and 5 wards were at least partly responsible for this. Underpinning these strong contextual determinant(s) was leadership action at multiple levels of the health service. As mentioned, the Management Team implemented person-centred rehabilitation and discharge policies. To help implement these at the ward level, the Nursing Director appointed Ward sister facilitators, who had to ensure uptake of training, staff compliance to less-enabling practice guidance and monitoring this compliance. Just as indicated 'when facilitating is done right - and some 'wrong' actions will remain – the Wards will see unquestioned improvement'.

Upper management worked hard to reinforce the less-enabling practice guidance. The Nursing Director posted nuances to the practice guidance that were broad-reaching. This emboldened Activity Coordinators (slightly) and nurses (significantly), causing local changes in behaviours spread, and creating feelings of victimization in Team 1 and 2. This adversely influenced their ward culture and practices, further emphasising the impact strong contextual determinants can have.

1.14 12. Ethical Considerations

Respect for patient's autonomy (self-determination) is nothing new, as it informs Codes of Ethics. It is seen as the nurse's responsibility to ensure that patients have all the necessary information needed to make an informed decision about their treatment. The way in which a nurse presents a patient with the information needed to select a modality of treatment will impact this patient's decision. Foucault's work inspires questioning what is presented as ethical and unveils the way in which ethical rules can govern patients and be influenced by care teams. RWCS's introduced a new era in health care, claiming that if patients want good care, they must take care of themselves. It is by following a code of conduct that patients demonstrate their level of moral integrity and are

allowed to access health care resources. Being told to exercise one's right to self-determination can be experienced as a heavy weight. If the right is abused, however, it creates “bad citizens” and “moral failures.” While a patient has many choices concerning his health, when it comes to caring for a chronic disease such as kidney failure, it is one choice among the many that creates a moral coercion in light of others. The co-construction of care teams involving patients gave its legitimacy to health care professionals in prescribing lifestyles (Glasdam et al., 2020). The restriction posed, reinforced by the use of right discourses and daily reiterations in mass media, imposes only one type of self, that is, the moral one. A patient who has difficulty reconciling his previous life with a prescribed lifestyle may feel overwhelmed by the constraints and interpretations constantly relayed by health care professionals. Furthermore, among the several options available, structural barriers of access or desire for control and the rhetoric surrounding compliance could be read as a way to justify forcing the self-care upon unwilling patients.

12.1. Patient Autonomy

Initially based on the liberal model, individual autonomy has emerged as a cornerstone of patient-centered care models (Molina-Mula & Gallo-Estrada, 2020). However, silos of professional knowledge and different paradigms of care have introduced some tensions between professional- and patient-centered approaches. The limitations of individualistic conceptions of autonomy have prompted some to propose a relational approach, emphasizing the role of relationships in developing autonomy. In this new perspective, individuals are viewed not as isolated entities, but as relational social beings (Wellard, 2014). Several lines of research propose extensions to the politically-oriented discussions of the limits of autonomy and the skill realms in which relational agency is developed.

12.2. Informed Consent

For clinicians to respect a patients’ self-determination, it is essential to engage in the informed consent process. The informed consent process, a dialogue between provider and patient, is the foundation of a respectful relationship (Faison, 2018). This process is also integral in ameliorating health disparities and addressing the social determinants of health; a necessary strategy in the fight for health equity. Before any procedure, obtaining informed consent is an ethical and legal obligation in medicine. The issue of informed consent has come under scrutiny, with many variations in practice. Therefore, it is important to clarify what is currently known about the informed consent process. The informed consent process refers to the entire dialogue between patient and provider, resulting in a common understanding of the planned care. While the signature obtained from the patient is often colloquially referred to as the informed consent, this is a misnomer; informed consent is a process, not a signature.

Nurses are compelled to understand the application of the informed consent process in their practice. Therefore, this review will explore the principles and implementation of the informed consent process. It will further highlight opportunities to reconcile the role of nurses in this process so patients can receive comprehensive care that honors their self-determination. The informed consent process: Scope of practice. Prior to any surgical or invasive procedure, a provider must obtain informed consent. This is an ethical and legal obligation, with malpractice suits commonly

leveled on the basis of not obtaining informed consent. Additionally, protecting a patients' self-determination is the basis of medical ethics. It is common for physicians to refer to informed consent as a signature obtained from the patient. Such a definition leaves much to be desired, as it ignores the underlying theory and gives little regarding what the process involves.

The problem is that this use of language may affect both how the informed consent process is practiced and its conceptualization in the literature. Informed consent is most commonly used in the medical literature and professional practice. It is used to refer to the signature obtained from the patient. However, much time, effort, and magazine spreads have been devoted to clarifying and illuminating the complexities and nuances of the process of informed consent to a lay audience. It seems unwise to narrowly define the term given the predetermined definition, the widespread misconception, and the very serious ethical implications. In summary, the informed consent process refers to the entire dialogue between patient and provider, resulting in a common understanding of the planned care.

1.15 13. Conclusion

Although they face challenges in providing interdisciplinary and accessible care, nursing interventions related to the role of coordination through referral review and simplification of transitional care delivery appear relevant. New roles and care models are viable but may require time for implementation and formalization. Patient-centered care is on the agenda of healthcare systems, professionals, and countries. Coalition experts and organizations acknowledge its relevance and its substantial contribution to health service quality. In rehabilitation, both services and patients transmute to accommodate patient-centered treatment. Care effectiveness is not an altruistic dividend from health providers but an active investment by patients and health providers or systems. Attempting to adopt and develop these elements of care raises new questions and the need for further consideration and imperative research (Pedrosa et al., 2022). In a longer timeline, when patients become providers of care-reporting, decision-making, political, analysis, and educational structures of care services, the link between care effectiveness and active participation with health services is likely to be even reinforced. Nevertheless, empirical research exploring these perspectives is needed. Transmuting and adopting this experience in rehabilitation nursing is pressed by the need to provide better care to the unpredictable scale and nature of care demands and is challenged by the complexity of professional coordination and the diversity of rehabilitative care.

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