



## Rehabilitation Nursing: Reflection for Resolution

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### 1 INTRODUCTION

In 2017, the World Health Organization (WHO) made joint commitments to address the need for global actions to strengthen rehabilitation in health systems. According to United Nations (UN) data, about 80% of people with disabilities live in developing countries. WHO estimates suggest that 1.3 billion people - around 16% of the global population - have a significant disability today. This number is growing due to the increase in non-communicable diseases (NCDs), as well as the rising curve of people's longevity (Machado, 2023).

Regarding people with disabilities (PwD), it is a diverse group and factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity, economic status and health needs. Unfortunately, the scenario regarding PwDs is unfortunate due to early death in the face of poorer health status and experience more limitations in functional, sensory, mental performance of daily life activities and social inclusion than others (WHO, 2022).

Machado et al. (2021) mention that caring for PcD requires mastery of specific knowledge, the complexity surrounding the universe of needs of congenital or acquired disability, with countless variables typical of the human condition that distinguishes us from other people without disabilities. As far as acquired disability is concerned, mastering the understanding of adaptation and readaptation on how to care and interact in the phases of denial, repercussion, adjustment, and reconstruction, with a focus on progressive rehabilitation, overcoming, and social inclusion are necessary in search of an assertive outcome.

In this aforementioned context, Rehabilitation Nursing stands out as a specialty that encompasses specific care and exists in few countries in the world. The Portuguese Higher Schools of Nursing offer specific training to their students, through the completion of a postgraduate specialization or master's degree, in which they develop knowledge and skills to care for people with



special needs, with a focus on maximizing the potentials of functionality for the performance of daily activities, social reintegration, and exercise of citizenship (Prazeres, Ribeiro, Marques, 2021).

The interest in searching for theoretical support to fill the gap that exists on the understanding of what is a specialty in Rehabilitation is justified by the absence of a resolution to support the applicability and professional practice.

## 2 OBJECTIVE

Describe what the functions of the Rehabilitation Nurse are, knowing all the planning and execution of interventions, in order to promote quality and improvements in quality of life.

## 3 METHODOLOGY

This is a reflection study based on a philosophical theoretical basis, with the role of nurses in rehabilitation, reeducation, and orientation, in addition to the authors' perception of the subject.

Considering the lack of publications on the topic of "nursing care in rehabilitation", we selected the articles available in the databases of the area, published from 2009 to 2023.

The search for publications was conducted in April 2023, in the Virtual Health Library (VHL), in the bibliographic index of Latin American and Caribbean Literature on Health Sciences (LILACS) and in the Scientific Electronic Library Online (SciELO). The descriptors contained in the Medical Subject Headings (MeSH) were defined, coinciding with those belonging to the Health Sciences Descriptors (DECS) searched in English in the BVS: Rehabilitation Nursing, Disabled Persons, and Portuguese: Enfermagem de Reabilitação; Pessoas com Deficiência. Boolean terms AND and OR were used during the search for association. Inclusion criteria were: non-duplicity and text to be read in full.

## 4 DEVELOPMENT

Ten articles were found that addressed the central theme, seeking to discuss studies in the field of nursing that contemplated nursing care in functional health and rehabilitation. The text was organized in two parts, addressing the themes: "Contextualization of Rehabilitation Nursing" and "Rehabilitation Nursing".

### *Rehabilitation Nursing Background*

Rehabilitation nursing began in the 1960s, with nurse Sales Luís, who took on the role of training new nurses in the specialty. The first course in rehabilitation nursing appeared in 1965, but only in 2011 under the tutelage of the Order of Nurses were the standards of specialized care regulated (Machado et al., 2019).



In 2014, in the search for the elaboration of a normative instrument for priority action of the specialty in rehabilitation nursing, the field of action was consolidated, in the international projection and dissemination of Portuguese-speaking countries, in the approach of teaching, research and professional practice contents (Prazeres, Ribeiro, Marques, 2021).

In other countries, such as the United States, France, China, Australia, among others, advanced Rehabilitation Nursing practices are already being discussed, and it is up to the nurses who are specialists in this area to take the lead in the multiprofessional teams in which they work (Fernandes et al., 2022).

In Brazil, unfortunately, there is a delay in the urgency of building pillars for Rehabilitation Nursing to become content in undergraduate curricula in Nursing and in training courses for Nursing technicians, not to mention the difficulty in composing the curricula of specialization courses in rehabilitation nursing. This corroborates the need for professional training to adapt to the official indexes of traffic accidents, domestic and urban violence, wars and social conflicts, falls, NCDs and population aging (Connor et al., 2020).

The paths for the recognition of the specialty in Rehabilitation Nursing will come from the perspective of filling the gaps in care and occupying spaces for professional nursing care created by Ordinance No. 743 of April 24, 2012, which established the Network of Care for Persons with Disabilities in the Unified Health System. Initiatives for the creation of the specialty in Brazil are not lacking, born through final recommendation documents from the main events in the area. In the same way, it is possible to find in progress some academic studies for the analysis and diagnosis of practices and interventions with PcDs, performed by nurses from different regions of the country, whose results will be essential to better substantiate its other protocol developments (Machado, 2023).

On the other hand, the Department of Management of Professional Exercise (DGEP), of the Federal Council of Nursing (COFEN), should receive a reasoned request for analysis and pertinence of the specialty in Rehabilitation Nursing, forwarding it to the Technical Chamber of Teaching and Research (CTEP) to issue an opinion on the proposal, pondering its relevance in meeting the demands of society and for the consolidation of the specialty in the labor market. From the perspective of COFEN Resolution 581/2018, it would fit to include in the domain of the three major areas:

§ Area I: Inclusion of the specialty;

(f) Rehabilitation Nursing: Description of the scope consistent with the other areas of expertise and knowledge of nurses, being the specialist title granted to the applicant through presentation of certificate issued by Higher Education Institutions of Brazilian Nursing, recognized and accredited to offer specialization course in the specific area. It is worth remembering that the specialization is part of Residency programs around the country.



## *Rehabilitation Nursing*

Tasks regarding the activity of the rehabilitation nurse: bladder and bowel management, training for patient and/or caregiver intake, assessment of transfers - bed to wheelchair, preventive measures and management of pressure ulcers, reeducations for adaptations, assistance to ostomized patients, and outcomes of care (Mendyk et al., 2018).

Regarding bladder management, the PcD is evaluated by the medical team in physiatrics and urology according to available scales (ASIA, Light Touch, among others), laboratory tests, and urodynamics, in order to initiate training to foster patient self-care, when not, to train caregivers with the purpose of autonomy and care at home (Cui et al., 2019). To assertively conduct the bladder management training, the patient's clinic is fundamental, verifying if the patient has: dependence or if it is for self-care, with or without local sensitivity, in the use of a collection container (compadre or comadre) or in extreme conditions the use of clean intermittent catheterization (CIC).

The aforementioned interventions can corroborate in the subsequent evaluation of the PcD for bowel re-education. Nutritional control as an orientation facilitates the bowel reflex process (gastrocolic, duodenocolic, interstitial, and defecation), in addition to abdominal massage and digital anal touch that can be used. In the absence of sensitivity in the gluteal region, it becomes more difficult to remove the diaper from this patient (Ohr, Cleasby, Jeong, Barrett, 2021).

Capacity building and training can encourage patient and/or caregiver self-care in the assistive domain (Khan et al., 2018). Depending on the patient's condition, rehabilitation nursing professionals provide training so that the patient can return to activities of daily living (ADLs) during hospitalization and/or on an outpatient basis.

Within the relevant care, rehabilitation nursing participates in the Single Therapeutic Plan (STP) developed by the multiprofessional team in the planned period to achieve the objectives and goals established for that specific patient (Cui et al., 2019).

For patients who have acquired disability, the signs and symptoms are the sources of information needed for management. Among the early signs to be evaluated, it is up to the rehabilitation nurse to distinguish between Autonomic Dysreflexia and Orthostatic Hypotension. Blood pressure is one of the indicators, with high pressure being indicative of changes in Autonomic Dysreflexia (15-20 mmHg - SBP), and low pressure being indicative of changes in Orthostatic Hypotension. It is up to the rehabilitation nurse to expand knowledge and disseminate it through continuing education (Machado et al., 2021).



## 5 CONCLUDING REMARKS

The recognition of the specialty in Rehabilitation Nursing will bring opportunities in the job market in a sufficient quantity to care for users with congenital or acquired disabilities, since there is a great demand in institutions that do not require a specialty to hold a position.

Therefore, the pertinent reflection is worth reinforcing the need to insert and/or make provision for a new COFEN resolution for the recognition of Rehabilitation Nursing.



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