

Models and Theories



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- ∞ **Mission:** Promote and advance professional rehabilitation nursing practice through professional development, advocacy, collaboration, and research to enhance the quality of life for those affected by disability and chronic illness.
- ∞ **Vision:** Improve healthcare delivery through the integration of rehabilitation nursing concepts across the care continuum.

Nurses Role in the Rehabilitation Team

- Provision of holistic, well-rounded care to the client and caregiver
 - Establishes collaborative goals with the rehabilitation team and implements interventions that results in the best possible outcome to meet the needs of the client and caregiver
 - Maintains a strong commitment to the rehabilitation team
 - Participates in the rehabilitation team process at team conferences and other team meetings and offers input into team decision making
 - Communicates effectively and interacts in a manner that facilitates the group process and team building
 - Reinforces the care provided by other team members
 - Coordinates team activities
 - Evaluates the effectiveness of the treatment plan on an ongoing basis
 - Advocates for the client and caregiver
 - Acts as a resource to the rehabilitation team possessing the specialized knowledge and clinical skills necessary to provide care for people with physical disability and chronic illness
- ☞ Provides teaching for rehabilitation team members and reinforces the teaching done by specialists in rehabilitation and other healthcare disciplines

Strategic Planning

∞ Goal 1: Engagement

Engage members and other stakeholders to advance ARN's mission.

∞ Goal 2: Visibility

Define and position ARN as the leader of evidence-based rehabilitation nursing, education, and practice.

∞ Goal 3: Knowledge and Practice

Advance the science and art of rehabilitation nursing through content that is based on research, evidence and advocacy.

∞

2023-2025 Strategic Plan



ENGAGEMENT

Engage members and stakeholders to advance ARN's mission



VISIBILITY

Position ARN as the leader of evidence-based rehabilitation, nursing, education and practice



KNOWLEDGE & PRACTICE

Advance rehabilitation nursing through content based on research, evidence and advocacy.

ARN DEI Statement

∞ [Diversity Equity and Inclusion Statement | ARN \(rehabnurse.org\)](https://rehabnurse.org)

∞ ARN is committed to:

- Speaking up and condemning unjust treatment, acts of racism, and discrimination;
- Embracing, celebrating, and recognizing the differences of every human being regardless of their race, ethnicity, gender, gender identity, sexual orientation, religion, age, disability, or life experiences; and,
- Ensuring an environment without fear or inequality, with respect and engagement that contributes to personal growth and visibly embraces our differences within ARN for the viability, attraction, and strategic impact of the association.

• *Excerpt from the Diversity Equity and Inclusion Task Force on January 11, 2021.
ARN Board of Directors on January 7, 2021.*

Rehabilitation

- ∞ “The process of providing, in a coordinated manner, those comprehensive services deemed appropriate to the needs of a person with a disability in a program designed to achieve objectives of restoring maintaining and promoting improved health, welfare, and the realization of the person’s maximal, social, psychological, and vocational potential for useful and productive activity. (ARN 2011)

Definitions of Disability

- ∞ The DDA sets out the circumstances under which a person is 'disabled'. A person is considered to be disabled if:
- They have a mental or physical impairment
 - The impairment has an adverse effect on their ability to carry out normal day-to-day activities
 - The adverse effect is substantial and long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of the person's life).
- ∞ In addition there are also some special provisions under the Act that cover, for example, progressive conditions and past disabilities. In defining 'normal day-to-day activities' the DDA states that at least one of the following areas must be badly affected:

- **Mobility**
- **Manual dexterity**
- **Physical coordination**
- **Continence**
- **Ability to lift, carry or move everyday objects**

- **Speech, hearing or eyesight**
- **Memory or ability to concentrate, learn or understand**
- **Understanding of the risk of physical danger.**

Definitions of Disability

☞ **ADA Definition of "disability"**

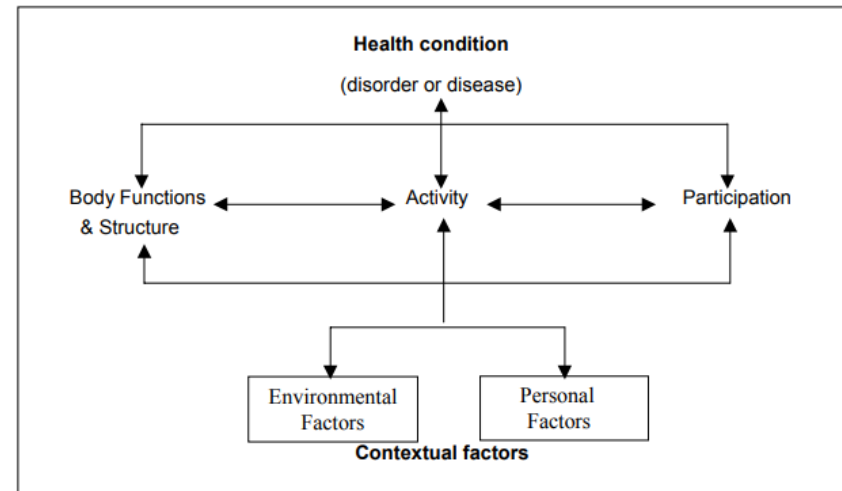
☞ The ADA has a three-part definition of "disability." This definition, based on the definition under the Rehabilitation Act, reflects the specific types of discrimination experienced by people with disabilities. Accordingly, it is not the same as the definition of disability in other laws, such as state workers' compensation laws or other federal or state laws that provide benefits for people with disabilities and disabled veterans.

☞ ***Under the ADA, an individual with a disability is a person who:***

- ☞ **1.** Has a physical or mental impairment that substantially limits one or more major life activities
- ☞ **2.** Has a record of such an impairment
- ☞ **3.** Is regarded as having such an impairment.

Model of Disability that is the basis for ICF

- ∞ Disability is a complex phenomena that is both a problem at the level of a person's body, and a complex and primarily social phenomena.
- ∞ Disability is always an interaction between features of the person and features of the overall context in which the person lives.
- ∞ Some aspects of disability are almost entirely internal to the person,
- ∞ Another aspect is almost entirely external.
- ∞ In other words, both medical and social responses are appropriate to the problems associated with disability; we cannot wholly reject either kind of intervention.



International Classification of Functioning, Disability and Health (ICF)

∞ According to the World Health Organization,

Disability has three dimensions:

1. **Impairment** in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
2. **Activity limitation**, such as difficulty seeing, hearing, walking, or problem solving.
3. **Participation restrictions** in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

Activity is the execution of a task or action by an individual.

Participation is a person's involvement in a life situation.

International Classification of Functioning, Disability and Health (ICF)

☞ *Definitions of the ICF In the context of health condition:*

Context: includes the features, aspects, attributes of, or objects, structures, human-made organizations, service provision, and agencies in, the physical, social and attitudinal environment in which people live and conduct their lives.

Disability: Disability is the experience of any condition that makes it more difficult for a person to do certain activities or have equitable access within a given society. Disabilities may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Disabilities can be present from birth or can be acquired during a person's lifetime.

Definition of disability discrimination: Disability discrimination is the act of treating someone with a disability less favorably than someone without a disability.

MODELS

- ☞ Models are representation of the interaction among and between the concepts showing patterns.
- ☞ They present an overview of the theory's thinking and may demonstrate how theory can be introduced into practice.

Rehab Team Models

∞ Multidisciplinary → Additive

- ∞ A multidisciplinary team is a unit of health care professionals who specialize in different fields and work together. A multidisciplinary team may work with multiple patients, but each patient receives individualized attention from each team member.

Rehab Team Models

∞ Interdisciplinary — ∞ Interactive

- ∞ An interdisciplinary team comprises professionals from various disciplines who work in collaboration to address a patient with multiple physical and psychological needs. An interdisciplinary team is not just a group of experts implementing separate treatments on a patient. They complement one another's expertise and actively coordinate to work toward shared treatment goals.

Rehab Team Models

∞ Transdisciplinary → Holistic

- ∞ A transdisciplinary team is one in which members come together from the beginning to jointly communicate, exchange ideas and work together to come up with holistic and transformative solutions to problems.

Multidisciplinary team vs. interdisciplinary vs. transdisciplinary approaches have to do with level of integration between the various disciplines represented on team.

Ten (10) principles associated with rehabilitation:

- ☞ 1. Patient -Family centered
- ☞ 2 Community Involvement/ Reintegration
- ☞ 3 Independence
- ☞ 4. Interdependence
- ☞ 5 .Functional Ability
- ☞ 6. Quality of Life
- ☞ 7. Team Approach
- ☞ 8. Prevention and Wellness
- ☞ 9. Change Process
- ☞ 10. Patient/Family Education

Glossary Words

∞ **WHO: Disability and health**

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

∞ People with disabilities are particularly vulnerable to deficiencies in health care services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviors and higher rates of premature death.

World Health Organization (WHO)

Definitions-1980

∞ Impairment

“A loss or abnormality of...psychological, physiological, or anatomical structure and function.” EX _____

∞ Disability

“A restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.” EX _____

∞ Handicap

“A disadvantage for a given individual resulting from impairment or disability that limits or prevents fulfillment of a role that is normal for that individual.” EX _____

∞ Chronic Disease - (Co-morbidities)

“An illness or condition that has existed for at least 3 months.” (Institute of Medicine, 1991)

∞ Quality of Life

“The perception by the individual of their position in life, in the context of culture and value systems in which they live and in the relation to their goals, expectations, standards, and concerns.”

Glossary Words

Participation

- ∞ An individual's involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Participation restrictions

- ∞ Problems an individual may experience in involvement in life situations. (This definition is from the World Health Organization's *International Classification of Functioning, Disability, and Health [ICF]*.)

Glossary Words

Medical Model
vs. Rehab Model

Theories Related to Rehabilitation & Care

Locus of Control - Relationship between the behavior and the outcome

∞ Internal locus of control

- I am in control of what happens to me
- I am responsible for my behavior

∞ External locus of control

- What happens is related to fate, luck
- It's not my fault
- External forces control my life...good and bad

Theories Related to Rehabilitation & Care

Locus of Control - Relationship between the behavior and the outcome

∞ Self-efficacy

- The belief that one is capable of behavior
- Bandura's social cognition theory
- Perceived self-efficacy influences expectations related to competence
- Major components:
 - Expectations (outcomes)
 - Experience (influence)
 - Environmental cues (connection)
 - Incentives (value)

Theories related to rehabilitation

∞ Health Belief Model

- Attempts to explain differences among individuals in several areas
- Participation in health programs
- Response to symptoms
- Compliance with medical regimens
- 6 dimensions that affect decision making
 - susceptibility
 - severity
 - benefits
 - barriers
 - cues to action
 - Motivation

∞ Change Theory-Kurt Lewin

- ∞ Believed that change is both a function of personality and environment and that the interactions between the two are dynamic
- ∞ 3 stages to change:
 - unfreezing
 - movement
 - refreezing

Theories Related to Rehabilitation & Care

Lewin's Change Management Template



Unfreeze

Demonstrate the need for change
Stage 1

Change

Demonstrate the benefits of change
Stage 2

Refreeze

Reinforce the new behavior.
Stage 3

Reasons that change might occur are "driving forces"

Forces against changes are "restraining forces"

Definitions related to rehabilitation

Rehabilitation Nursing-

- ∞ “The (nursing) diagnosis and treatment of human responses of individuals or groups to actual or potential health problems relative to functional ability and altered lifestyle.” (ARN, 2008)

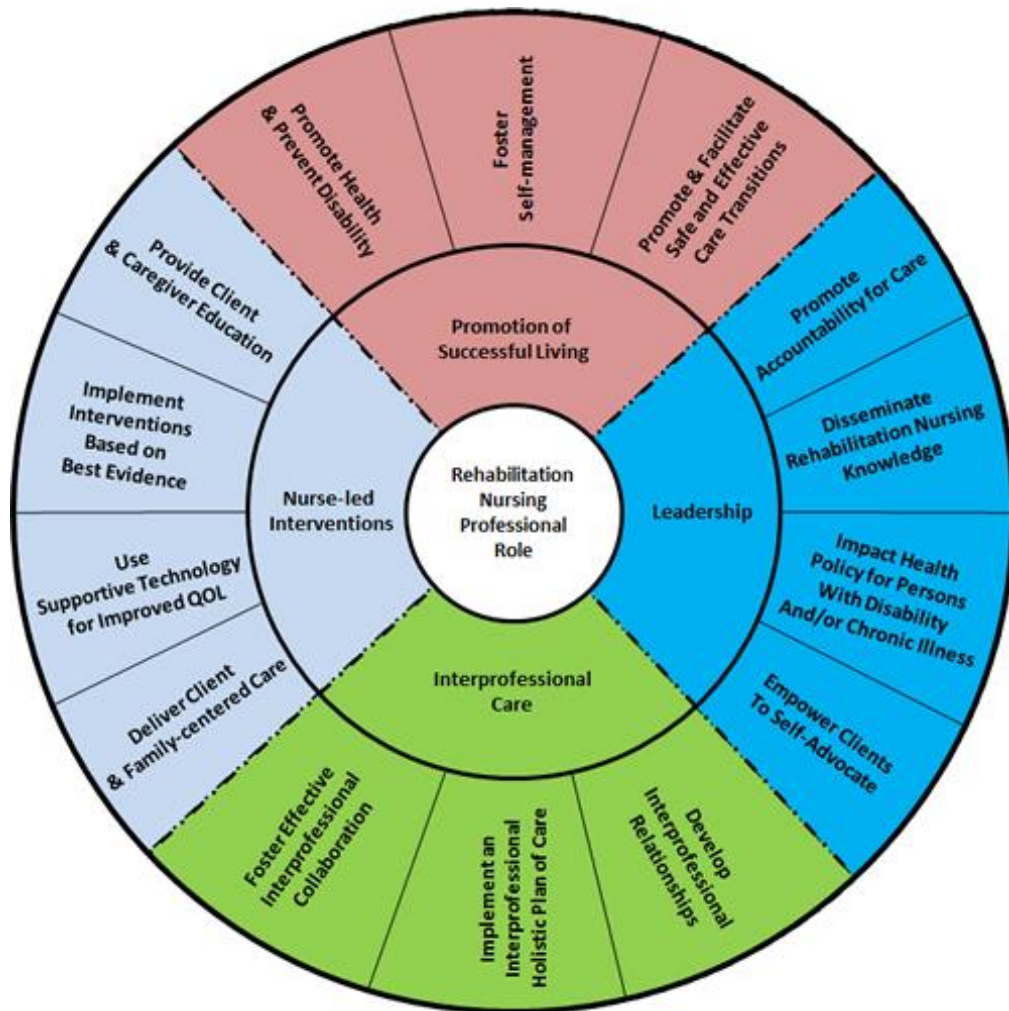
Rehabilitation is...A philosophy in which:

- ∞ Each individual is unique and whole.
- ∞ Self-esteem and dignity transcend disability.
- ∞ Improve quality of life (the ultimate goal)
- ∞ Goals are attained through enabling the mobilization of resources.
- ∞ Each individual is a social organism and part of a larger interdependent system.

ARN Competency Model for Professional Rehabilitation Nursing

The specialty of rehabilitation nursing is practiced in multiple settings along the healthcare continuum; the **Competency Model for Professional Rehabilitation Nursing** encompasses domains that reflect all competencies necessary to promote rehabilitation nursing in the current healthcare environment.

ARN



ARN Competency Model for Professional Rehabilitation Nursing

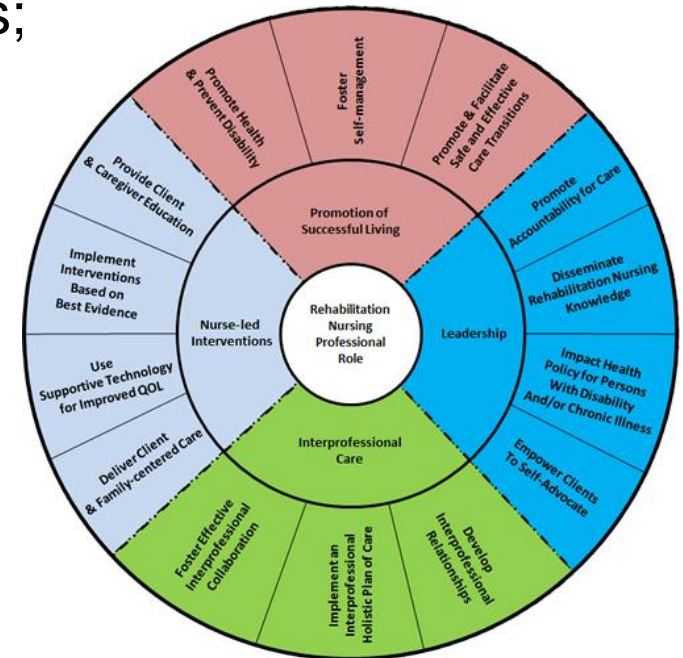
The Model was comprised of four domains;

- Nurse-led Interventions
- Promotion of Successful Living
- Leadership
- Interprofessional Care

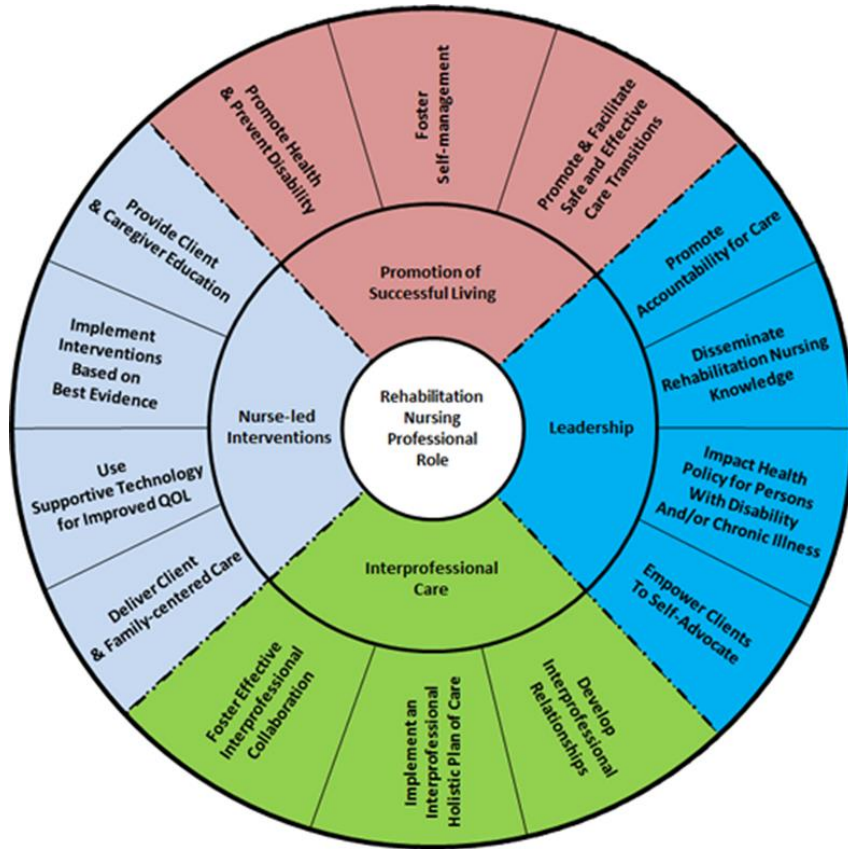
The competencies for each domain at three levels of proficiency

- Beginner
- Intermediate,
- Advanced

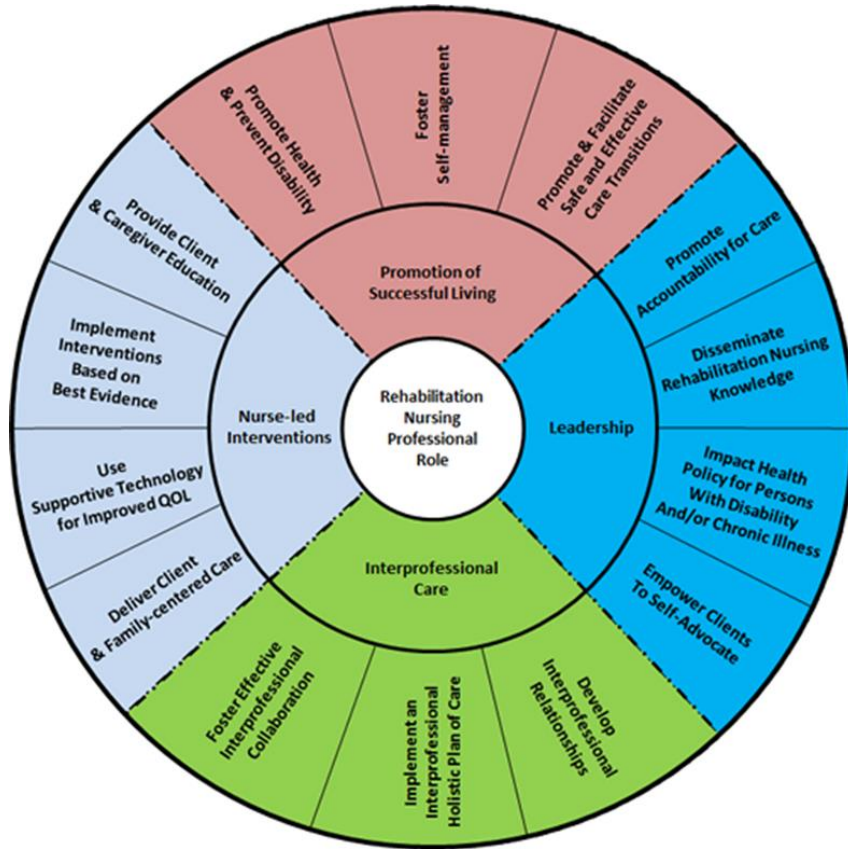
Integrates rehabilitation nursing knowledge, skills, and core values and beliefs into professional nursing practice.



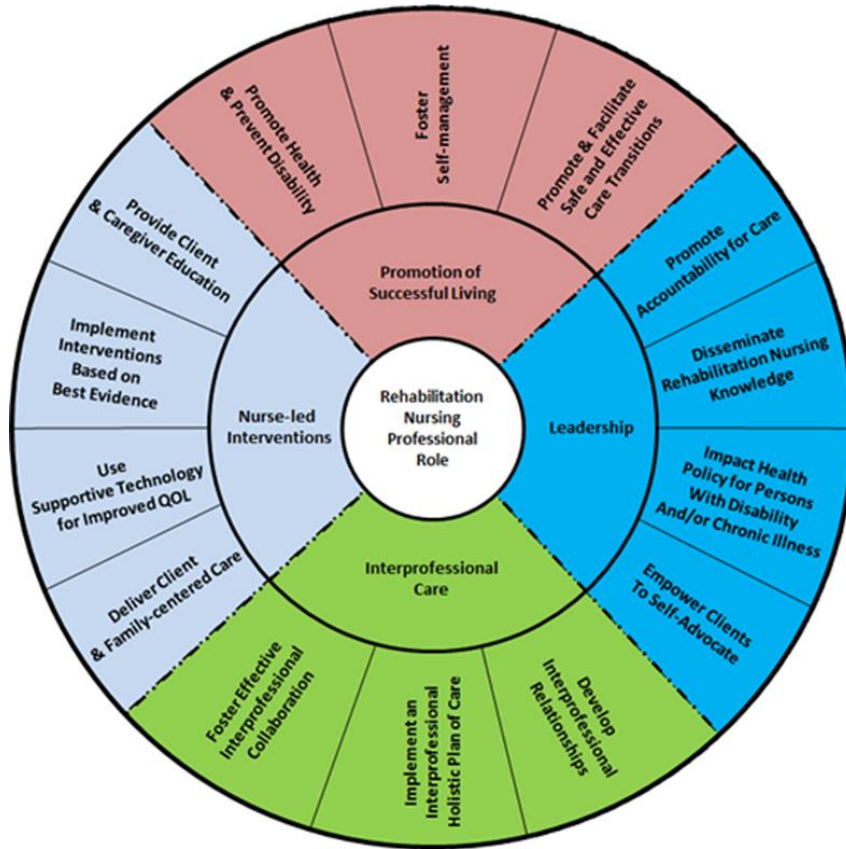
Promotion of Successful Living



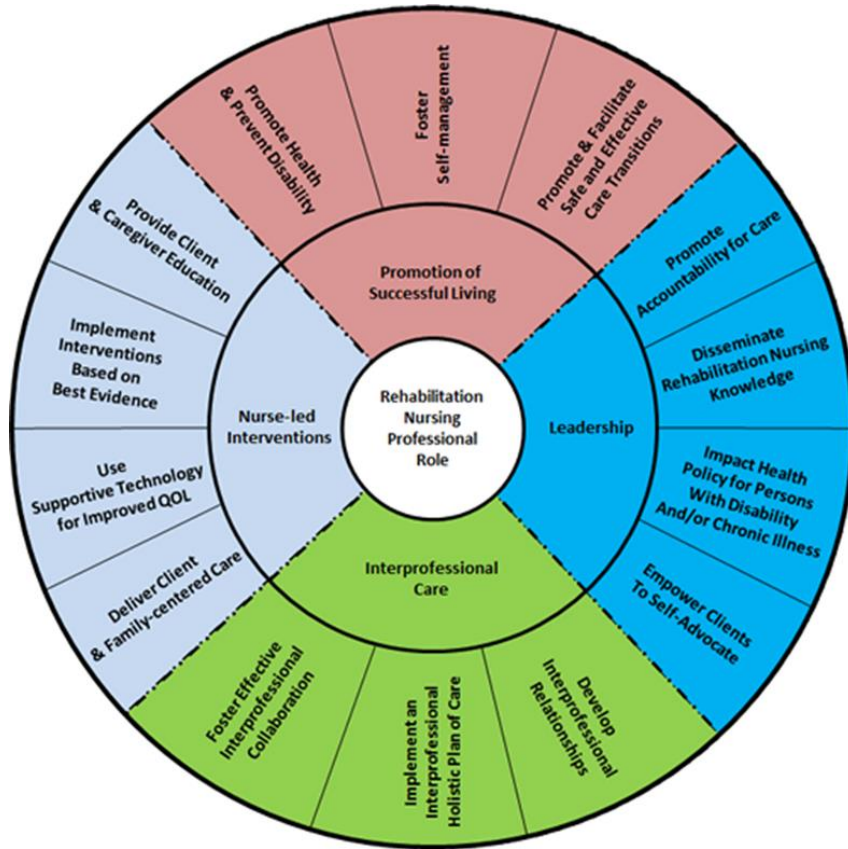
Leadership



Interprofessional Care

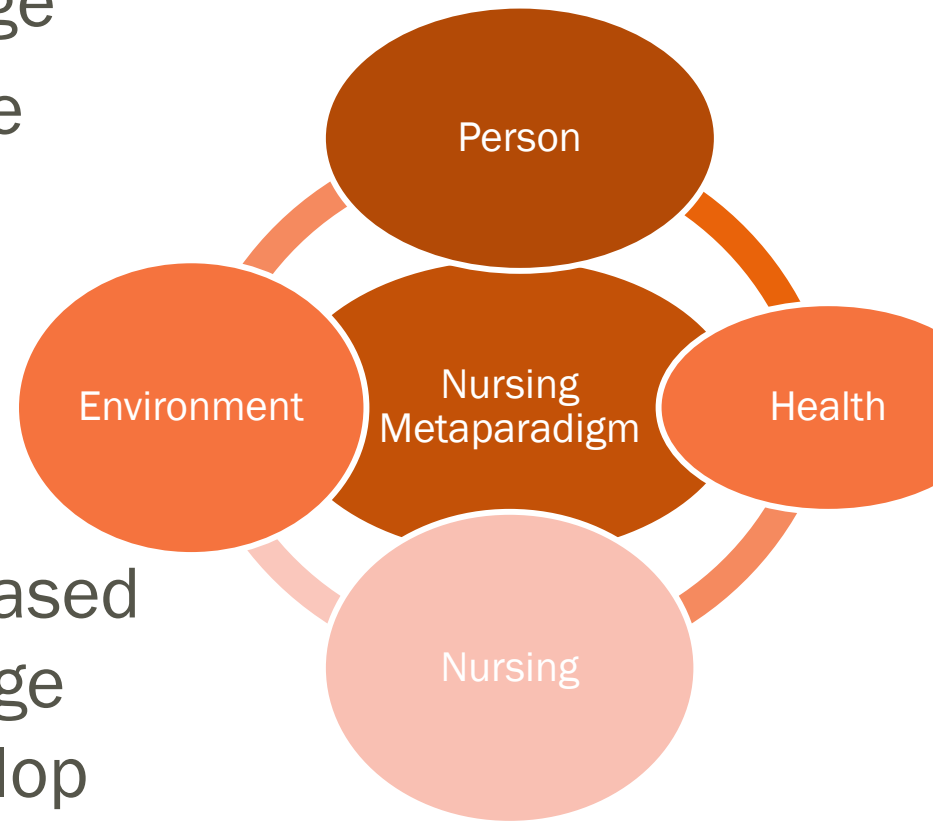


Nurse-led Interventions



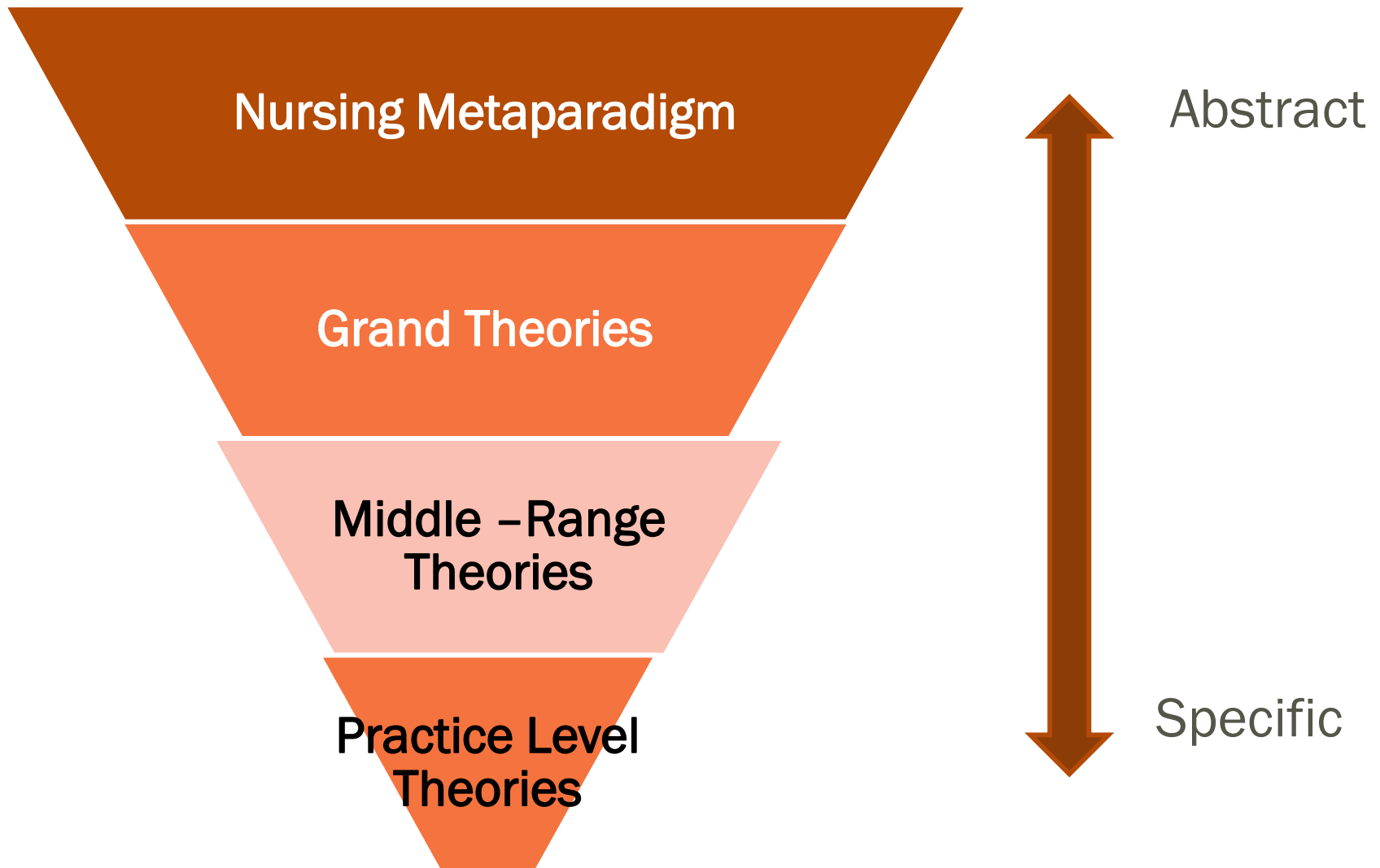
Nursing Theories

- ☞ Organized body of knowledge
- ☞ Defines Nursing as a unique discipline
- ☞ Framework of concepts and purposes intended to guide nursing practice
- ☞ The Science of Nursing is based on a foundation of knowledge where nurses identify, develop and understand concepts and theories related to nursing.



Four main concepts that make up the metaparadigm for nursing

Classification of Nursing Theories



Nursing Theorists & Concepts

NURSING THEORISTS	Concepts	Considerations
SISTER CALLISTA ROY	<ul style="list-style-type: none"> • Holistic, biopsychosocial adaptation • Patient is considered to be a holistic level-of-adaptation system. Regulator and cognator mechanisms function as internal control processes. • Nurses' role is to manage stimuli to promote adaptation. 	
MARTHA ROGERS	<ul style="list-style-type: none"> • Pan-dimensional universe – unified wholes not parts. • Change is fundamental to life. • Never repeats patterns – rather continues to grow. • The rehab patient has grown into a more complex person. 	
NEUMAN	<ul style="list-style-type: none"> • Health Care Systems Model • A holistic approach including physical, social/cultural, psychological, spiritual components 	
ROPER	<ul style="list-style-type: none"> • Essentially based on the ability to perform activities of daily living (ADLs). 	

NURSING THEORISTS	Concepts	Considerations
FAYE ABDELLAH	<ul style="list-style-type: none"> ● “21 Nursing Problems Theory” 	Nurse as team leader.
LYDIA HALL	<ul style="list-style-type: none"> ● Person – Core ● Disease Treatment – Cure ● Body – Care <p>Nurse directed interventions to prevent fragmented care.</p>	Nurse as team leader.
IMOGENE KING	<ul style="list-style-type: none"> ● Goals are attained through interaction. ● Patient is said to be a unique open system (personal, interpersonal, social) interacting with the environment. ● Nurse engages in a process of action, reaction, and interaction with the patient. ● There is a strong interactive basis with an emphasis on setting goals. 	Does not account for compliance and non-compliance
DOROTHEA OREM	<ul style="list-style-type: none"> ● Self-care: dependent care/ independence ● Patient is considered to be a system that requires assistance when self-care needs exceed the patient’s ability to meet those needs. ● Nurses’ role is to help the patient/family become capable of meeting self-care needs. 	

Nursing Theorists & Concepts

NURSING THEORISTS	Concepts	Considerations
KOLCABA	<ul style="list-style-type: none">• Comfort exists in 4 contexts Physical Psycho-spiritual Environmental Sociocultural• Nursing assesses patient's level of comfort and addresses it in the nursing care plan	
Nightingale	<ul style="list-style-type: none">• Encouraged the use of one's own powers• Nurses help patient obtain the best condition possible so nature can cure	

Rehabilitation Nursing - Nursing Theory (nursing-theory.org)

Rehabilitation Nursing Theories and Models

- ▶ Erickson's Modeling and Role Modeling Theory
- ▶ King's Theory of Goal Attainment
- ▶ Neuman's Systems Model
- ▶ Orem's Self-Care Deficit Nursing Theory
- ▶ Orlando's Nursing Process Discipline Theory
- ▶ Peplau's Theory of Interpersonal Relations
- ▶ Parse's Human Becoming Theory
- ▶ Rogers' Theory of Unitary Human Beings
- ▶ Roy's Adaptation Model of Nursing
- ▶ Kolcaba's Theory of Comfort
- ▶ Watson's Philosophy and Science of Caring
- ▶ Nightingale's Environment Theory
- ▶ Pender's Health Promotion Model
- ▶ Roper-Logan-Tierney's Model for Nursing Based on a Model of Living
- ▶ Mercer's Maternal Role Attainment Theory
- ▶ Henderson's Nursing Need Theory

Questions?????

☞ **New to Rehabilitation**

- ☞ ARN's Introduction to Rehabilitation Nursing Online Course
- ☞ Rehab Nursing Concept Cards
- ☞ Standards and Scope of Rehab Nursing Practice
- ☞ The Specialty Practice of Rehabilitation Nursing: A Core Curriculum 8th Edition
- ☞ Webinars

☞ **Enhance Your Rehabilitation Nursing Career**

- ☞ CRRN Exam
- ☞ CRRN Practice Test
- ☞ CRRN Study Flash Cards
- ☞ Essential Leadership Course
- ☞ Evidence-Based Rehabilitation Nursing: Common Challenges & Interventions 2nd Edition – print or e-version
- ☞ Professional Rehabilitation Nursing (PRN) Course
- ☞ Rehabilitation Nursing Documentation Pocket Guide
- ☞ The Specialty Practice of Rehabilitation Nursing: A Core Curriculum 8th Edition
- ☞ Webinars

Nursing Models

∞ Roy

The key concepts of **Roy's Adaptation Model** are made up of four components: person, health, environment, and nursing.

According to Roy's model, a person is a bio-psycho-social being in constant interaction with a changing environment. He or she uses innate and acquired mechanisms to adapt. The model includes people as individuals, as well as in groups such as families, organizations, and communities. This also includes society as a whole.

The Adaptation Model states that health is an inevitable dimension of a person's life, and is represented by a health-illness continuum. Health is also described as a state and process of being and becoming integrated and whole.

∞ Watson

Jean Watson's **Philosophy and Science of Caring** -nursing is concerned with promoting health, preventing illness, caring for the sick, and restoring health. It focuses on health promotion, as well as the treatment of diseases. Watson believed that holistic health care is central to the practice of caring in nursing. She defines nursing as "a human science of persons and human health-illness experiences that are mediated by professional, personal, scientific, esthetic and ethical human transactions."

Watson's theory states that caring consists of 10 carative factors. or Caritas Process.

These Caritas are: forming humanistic-altruistic value systems, instilling faith-hope, cultivating a sensitivity to self and others, developing a helping-trust relationship, promoting an expression of feelings, using problem-solving for decision-making, promoting teaching-learning, promoting a supportive environment, assisting with gratification of human needs, and allowing for existential-phenomenological forces.

Nursing Models

∞ Orem

The central philosophy of the **Self-Care Deficit Nursing Theory** is that all patients want to care for themselves, and they are able to recover more quickly and holistically by performing their own self-care as much as they're able. This theory is particularly used in rehabilitation and primary care or other settings in which patients are encouraged to be independent.

∞ Rodgers

Martha E. Rogers's Science of Unitary Human Beings - the role of the nurse is to serve people. Rogers also proposes noninvasive modalities for nursing, such as therapeutic touch, humor, music, meditation and guided imagery, and even the use of color. The interventions of nurses are meant to coordinate the rhythm between the human and environmental fields, help the patient in the process of change, and to help patients move toward better health. The practice of nursing, according to Rogers, should be focused on pain management, and supportive psychotherapy for rehabilitation.

∞ Nursing Theories &
Theorists: The
Definitive Guide for
Nurses - Nurseslabs

∞ <https://nurseslabs.com/nursing-theories/>

