Models and Theories

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Nursing Models and Theories (8%): This domain focuses on understanding and applying nursing models and theories as a framework for rehabilitation nursing practice. It also emphasizes incorporating relevant research, nursing models, and theories into individualized patient-centered rehabilitation care.

Association of Rehabilitation Nurses

- **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.

ARN Association of Rehabilitation Nurses

Nurses Role in the Rehabilitation Nurse

Rehab Nurses serve as collaborators, educators, care coordinators, advocates, and change agents. They partner with a diverse team of healthcare professionals—including physiatrists, occupational and physical therapists, neuropsychiatrists, speech therapists, and other specialists—to develop personalized care plans that align with patient goals and optimize recovery.

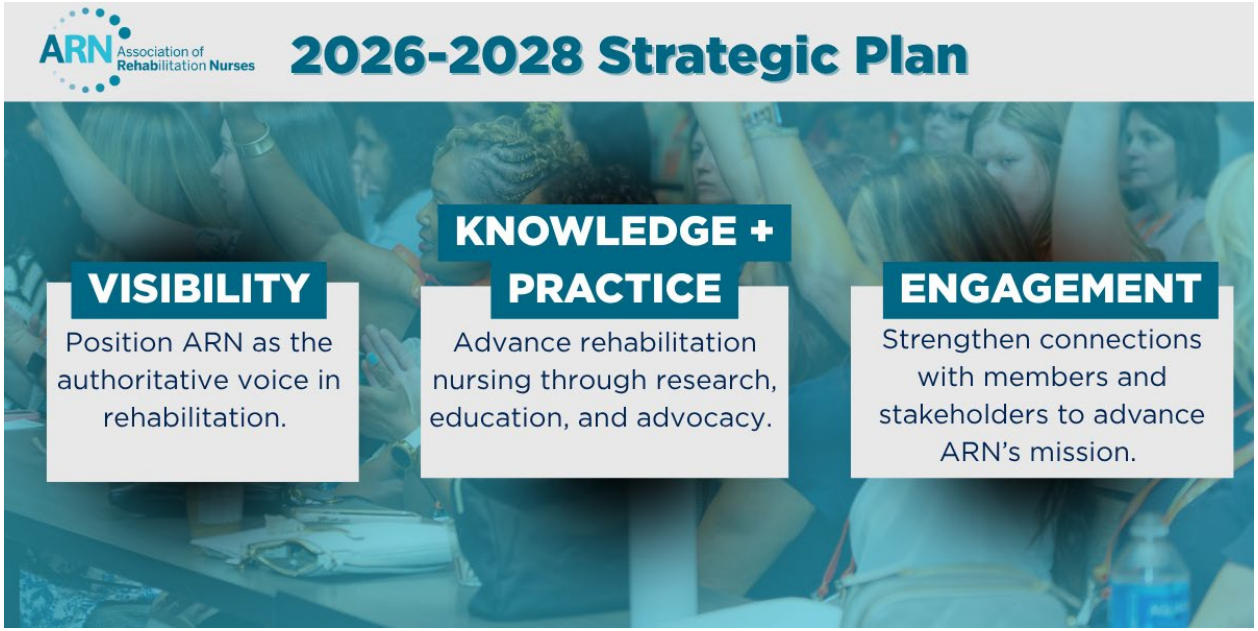
- **Roles of the Rehab Nurse:**
- Administrator
- Clinical nurse leader
- Clinical nurse specialist
- Consultant
- Nurse practitioner

ARN Special Interest Groups (SIGs) have developed Role Descriptions for each of the following roles:

- Advanced Practice Rehabilitation Nurse
- Gerontological Rehab Nurse
- Home Care Rehab Nurse
- LPN/LVN on the Rehabilitation Team
- Pediatric Rehab Nurse
- Rehab Admissions Liaison Nurse
- Rehabilitation Nurse Case Manager
- Rehabilitation Nurse Educator
- Rehab Nurse in Pain Management
- Rehab Nurse Manager
- Rehabilitation Nurse Researcher
- Rehabilitation Staff Nurse

Strategic Planning

- **Goal 1: Engagement**
- *Strengthen connections with members and stakeholders to advance ARN's mission.*
- **Goal 2: Visibility**
- *Position ARN as the authoritative voice in rehabilitation nursing.*
- **Goal 3: Knowledge and Practice**
- *Advance rehabilitation nursing through research, education, and advocacy*



This strategic plan focuses on strengthening member engagement, enhancing ARN's visibility as a leading voice, and advancing rehabilitation nursing practice through knowledge, research, and advocacy. ARN leadership is committed to the plan's successful implementation and keeping members informed

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)

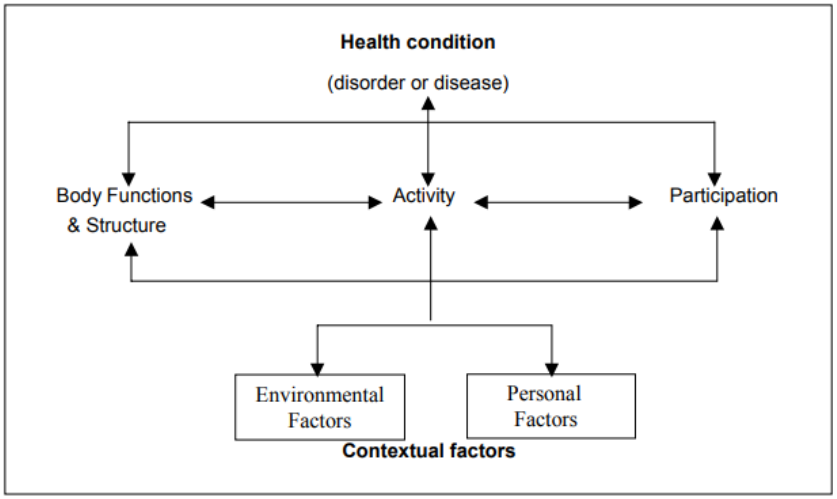
- The nurse's role in the rehabilitation team should be as a leader and a key partner in the rehabilitation process for individuals with disease or trauma. As stated by ANAs Position Statement Role of Registered Nurse "nurses are a vital part of any effort to design, implement, and evaluate care coordination systems within and among institutions, organizations, and communities. Care coordination has long been recognized as a traditional strength of the nursing profession, regardless of the care setting. Due to the overall coordination and integration of adaptive techniques, the nurse is in a key position to provide input and assessment of all aspects of healthcare and adaption.

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.*

MODELS

- Models serve as visual or conceptual representations that illustrate the interactions, relationships, and processes among various concepts within a theoretical framework.
- These models help to simplify complex ideas, demonstrate how different components interact, and provide a structured approach for applying theory in practice.

What is disability?

- A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

- There are many types of disabilities, such as those that affect a person's:
  - Vision
  - Movement
  - Thinking
  - Remembering
  - Learning
  - Communicating
  - Hearing
  - Mental health
  - Social relationships

Disability and Health Overview | CDC

Definitions of Disability

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1.World Health Organization, International Classification of Functioning, Disability and Health (ICF). Geneva: 2001, WHO.

Rehab Team Models

- **Multidisciplinary** → **Additive**

- A multidisciplinary team is a group of healthcare professionals from various specialties working collaboratively. While the team may handle multiple patients, each patient receives personalized attention from each team member.
- Key points:
- **Specialized Fields**: Team members have expertise in different areas of healthcare.
- **Collaboration**: They work together to ensure comprehensive care.
- **Individualized Attention**: Each patient benefits from the collective knowledge and skills of the team, with personalized care from each professional.

Rehab Team Models

- **Interdisciplinary** → **Interactive**

- An interdisciplinary team consists of professionals from various disciplines working together to address a patient's multiple physical and psychological needs. Unlike a multidisciplinary team, the interdisciplinary team members collaborate and integrate their expertise to achieve shared treatment goals.
- Key points:
- **Various Disciplines**: Team members come from different professional backgrounds.
- **Collaboration**: They work closely, complementing each other's expertise.
- **Shared Goals**: The team actively coordinates and integrates treatments to work towards common objectives for the patient's care.

Rehab Team Models

- **Transdisciplinary → Holistic**

- A transdisciplinary team involves members from various disciplines coming together from the outset to collaboratively communicate, exchange ideas, and work together. This approach aims to develop holistic and transformative solutions to problems.
- Key points:
- **Collaborative Integration**: Team members from different fields work together from the beginning.
- **Joint Communication**: Continuous exchange of ideas and information.
- **Holistic Solutions**: Emphasis on creating comprehensive and transformative solutions through integrated collaboration.

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

- focuses on diagnosing and treating diseases to eliminate pathology, often viewing the patient as a passive recipient of care.

Rehab Model

- emphasizes a holistic approach that seeks to improve overall functioning and quality of life, with patients actively participating in their care.

Both models play crucial roles in healthcare, often complementing each other to provide comprehensive patient care.

Comparison Summary

Aspect	Medical Model	Rehabilitation Model
Primary Goal	Diagnose and cure diseases	Improve function and quality of life
Emphasis	Biological and physiological health	Holistic approach (physical, emotional, social)
Approach	Medical interventions (medication, surgery)	Therapy, adaptive techniques, and environmental modifications
Patient Role	Passive recipient	Active participant
Providers	Physicians, nurses, specialists	Multidisciplinary/interdisciplinary team (therapists, psychologists, social workers)
Evaluation	Elimination of symptoms and pathology	Improvements in function and participation
Setting	Hospitals, clinics	Hospitals, outpatient clinics, community centers, home
Example	Treating pneumonia with antibiotics	Stroke rehabilitation focusing on mobility and daily living skills

Theories Related to Rehabilitation & Care

Locus of Control

The concept of Locus of Control refers to an individual's belief about how much control they have over the events that affect their lives.

- **Internal Locus of Control**
- **Belief**: Individuals believe they are in control of what happens to them.
- **Responsibility**: They feel responsible for their behavior and its consequences.
- **Perception**: Success or failure is attributed to their own actions, decisions, and efforts.

- **External Locus of Control**
- **Belief**: Individuals believe that external forces, such as fate, luck, or other uncontrollable factors, determine their life events.
- **Responsibility**: They tend to attribute their behavior and outcomes to outside influences rather than their own actions.
- **Perception**: Success or failure is seen as a result of luck, fate, or the actions of others rather than personal effort.

Self-efficacy

- Self-efficacy refers to an individual's belief in their ability to execute actions required to manage prospective situations and achieve specific outcomes. It plays a crucial role in how people approach goals, tasks, and challenges.
- **Bandura's Social Cognitive Theory**
- Albert Bandura's Social Cognitive Theory emphasizes the importance of observational learning, imitation, and modeling in behavior. A key component of this theory is perceived self-efficacy, which influences how individuals think, feel, motivate themselves, and behave.
- **Key Concepts:**
- **Perceived Self-Efficacy**: The belief in one's capabilities to organize and execute the courses of action required to manage prospective situations.
- **Influence on Expectations**: This belief affects expectations about one's competence and the likelihood of achieving goals.
  - Major components:
    - Expectations (outcomes)
    - Experience (influence)
    - Environmental cues (connection)
    - Incentives (value)

Health Belief Model/ Lewin's Change Model

- Health Belief Model

A valuable tool for understanding and influencing health behaviors.

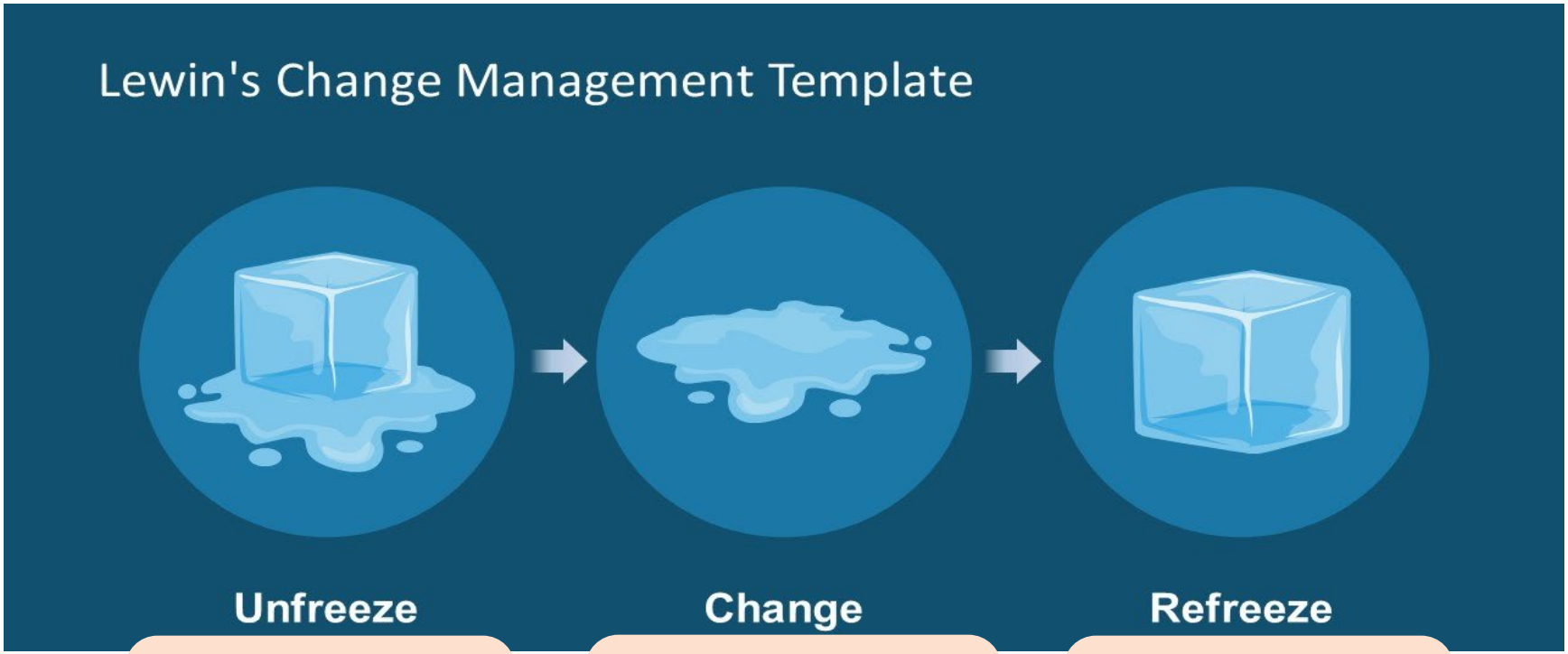
By focusing on the key components of

- perceived susceptibility
- Severity
- Benefits
- Barriers
- cues to action
- self-efficacy

Health professionals can develop targeted interventions to encourage healthier behaviors and improve health outcomes.

- Change Theory-Kurt Lewin
- Provides a framework for understanding how change occurs in organizations and how it can be managed effectively.
- This theory is particularly useful in the context of organizational change and can be applied in various settings, including healthcare, business, and education.
- Lewin's model is comprised of three primary stages:
  - **Unfreezing**
  - **Changing (or Moving)**
  - **Refreezing**

Theories Related to Rehabilitation & Care



Demonstrate the need for change
Stage 1

Demonstrate the benefits of change
Stage 2

Reinforce the new behavior.
Stage 3

Reasons that change might occur are "driving forces"

Forces against changes are "restraining forces"

Definitions

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:

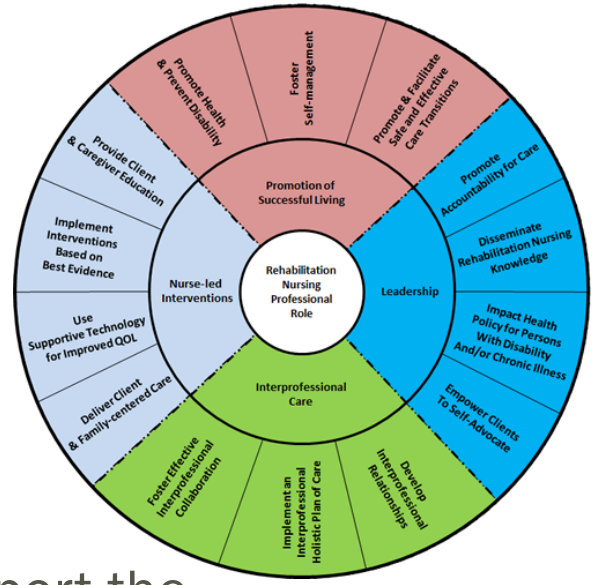
- Each individual is unique and whole.
- Self-esteem and dignity transcend disability.
- Improve quality of life (the ultimate goal)
- Goals are attained through enabling the mobilization of resources.
- Each individual is a social organism and part of a larger interdependent system.

ARN Competency Model for Professional Rehabilitation Nursing

The ARN Competency Model for Professional Rehabilitation Nursing provides a comprehensive framework to ensure that rehabilitation nurses are well-equipped to deliver high-quality care.

By focusing on core competencies such as

assessment,
planning,
implementation,
evaluation,
interdisciplinary collaboration,
professional development, and
advocacy,



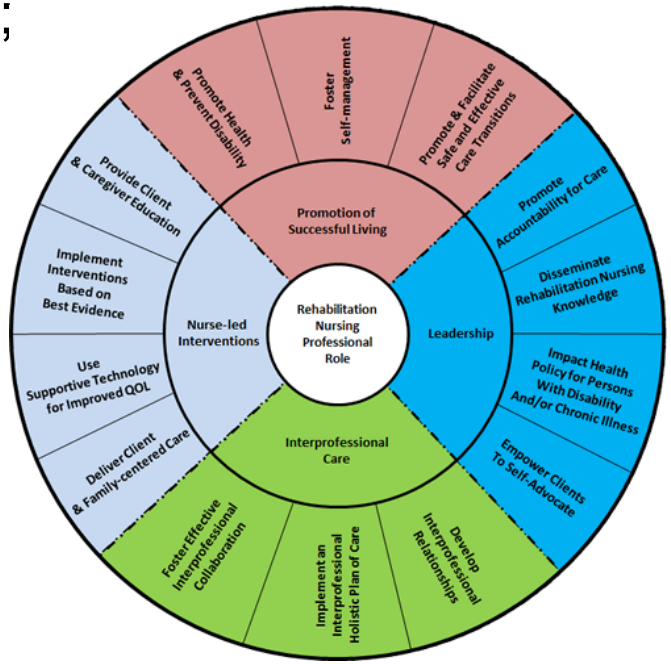
the model ensures that nurses can effectively support the rehabilitation and holistic well-being of their patients.

Through adherence to this model, rehabilitation nurses can enhance their practice, contribute to improved patient outcomes, and advance the field of rehabilitation nursing.

ARN Competency Model for Professional Rehabilitation Nursing

The Model was comprised of four domains;

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



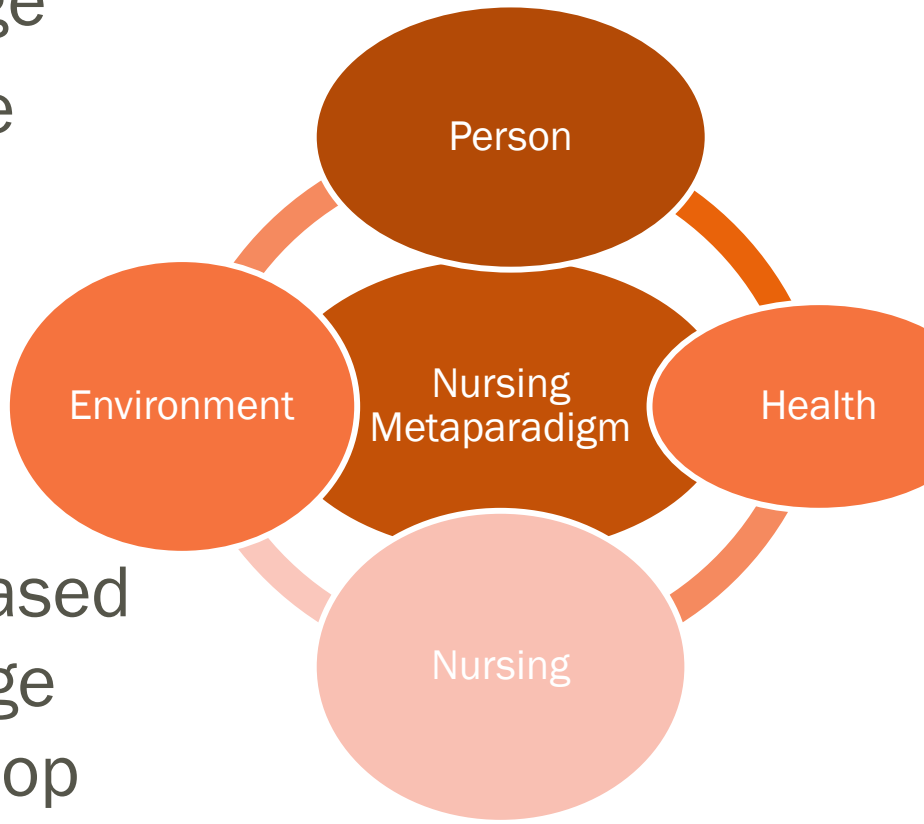
The competencies for each domain at three levels of proficiency

- Beginner
- Intermediate,
- Advanced

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

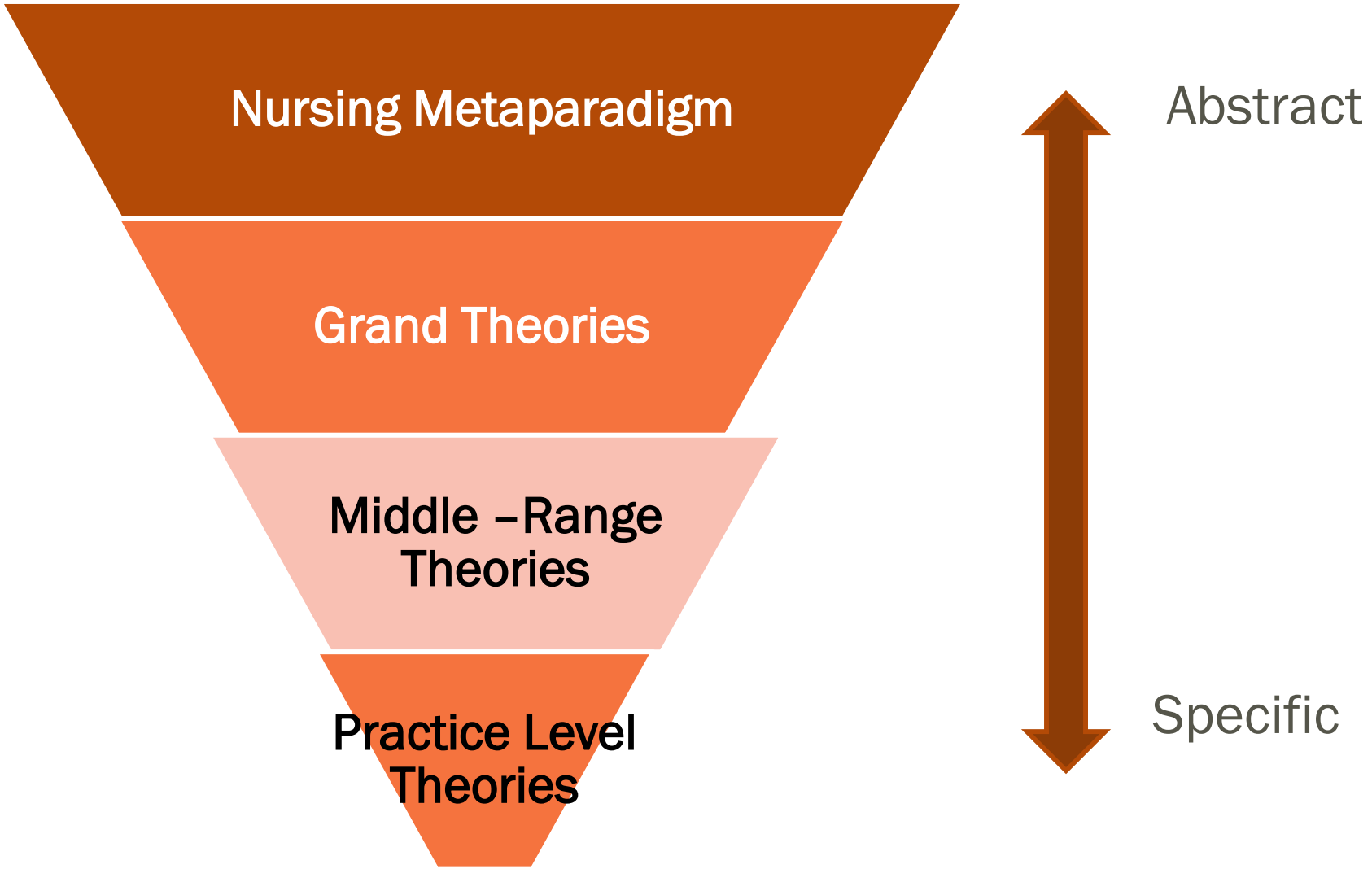
Nursing Theories

- 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 **Roy Adaptation Model (RAM)**	• 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 **Science of Unitary Human Beings**	• 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.	
ROPER **Roper-Logan-Tierney Model of Nursing**	• Essentially based on the ability to perform the 12 activities of daily living (ADLs). Includes maintaining a safe environment, communicating, breathing, eating and drinking, eliminating, personal cleansing and dressing, controlling body temperature, mobilizing, working and playing, expressing sexuality, sleeping, and dying.	

NURSING THEORISTS	Concepts	Considerations
LYDIA HALL **Core, Care, and Cure Model**	• Person – Core • Disease Treatment – Cure • Body – Care Nurse directed interventions to prevent fragmented care.	Nurse as team leader.
IMOGENE KING **Theory of Goal Attainment**	• 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 **Self-Care Deficit Nursing Theory**	• 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.	**Self-Care Requisites** (three types) Universal Self-Care Requisites: Developmental Self-Care Requisites:. Health Deviation Self-Care

NURSING THEORISTS	Concepts	Considerations
KOLCABA **Theory of Comfort**	• 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 **Environmental Theory**	• Encouraged the use of one's own powers • Nurses help patient obtain the best condition possible so nature can cure	
NEUMAN **Systems Model**	• Health Care Systems Model • A holistic approach including physical, social/cultural, psychological, spiritual components	
FAYE ABDELLAH **21 Nursing Problems Theory**	• "21 Nursing Problems Theory"	Nurse as team leader.

https://nursingtheory.org/theories-and-models/rehabilitation-nursing

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
-  *Knowledge Base*
- 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
- Webinars

Knowledge Base

- The Knowledge Base is an online rehab wiki containing all content previously stored in ARN's Core Curriculum in an easily accessible and searchable digital format.
- By adopting a digital format, the Core becomes easily accessible to rehabilitation nurses, accessible on their computers or smartphones. The digitization enables real-time updates and revisions, eliminating the need to wait for a 5-year renewal cycle to address outdated information. Embrace the convenience of browsing through easy-to-digest articles, categorized by specific topics, making information retrieval seamless.

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 Caratis 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/