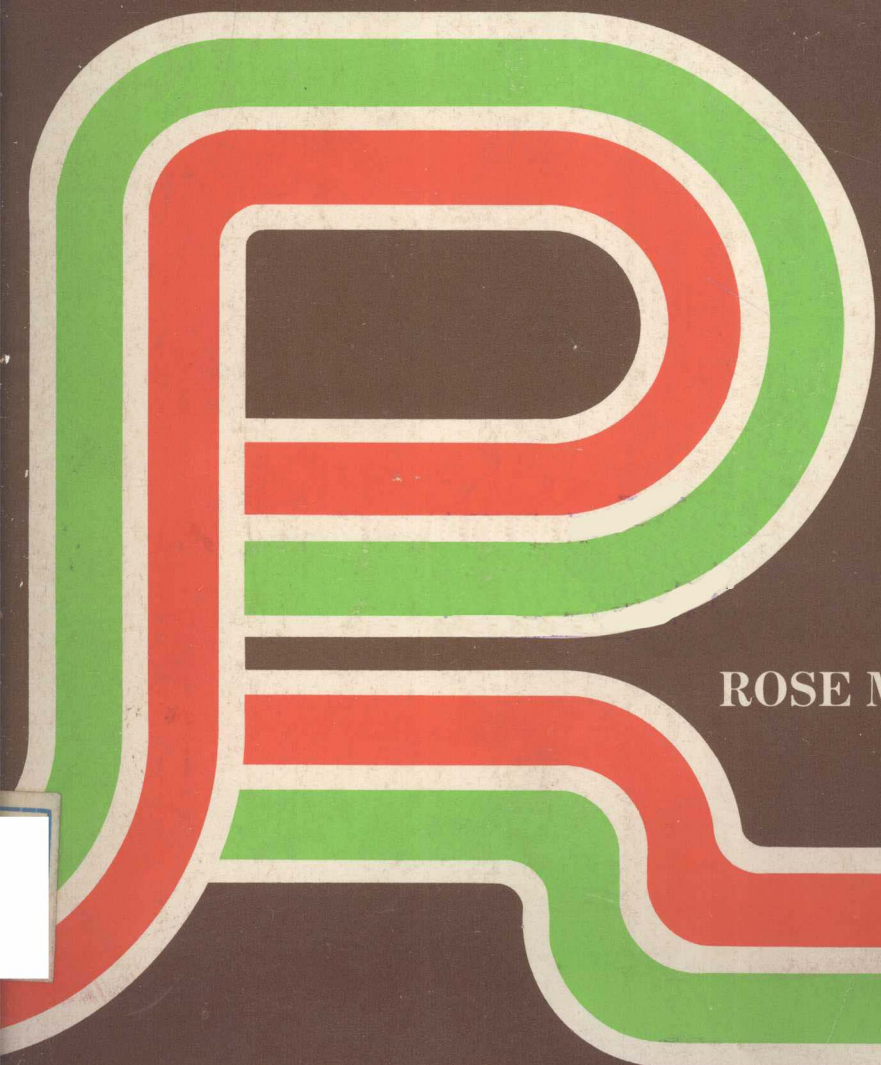
ELEMENTS OF
Rehabilitation in nursing

AN INTRODUCTION



ROSE MARIE BOROCH

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with 60 illustrations

THE C. V. MOSBY COMPANY

Saint Louis 1976

Printed in the United States of America

Distributed in Great Britain by Henry Kimpton, London

Library of Congress Cataloging in Publication Data

Boroch, Rose Marie, 1941-
Elements of rehabilitation in nursing.

Bibliography: p.
Includes index.
1. Rehabilitation nursing. I. Title.
[DNLM: 1. Rehabilitation—Nursing texts.
2. Nursing care. WY156 B736e]
RT120.R4B67 610.73'6 76-4590
ISBN 0-8016-1425-2

VH/M/M 9 8 7 6 5 4 3 2 1

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For

Eleanor and Anthony

Preface

Providing care to meet the needs of people within and without a health care facility that assists these people in returning to their communities at their highest functional level has been a goal of health care professionals for decades. The mechanisms for providing the care have varied greatly; advances in technology have increased the number of alternatives in services provided in large and small facilities.

This text is designed to help the nursing professional refocus on the needs of the person receiving care and on the quality of care that is being provided. The principles of rehabilitation are an essential aspect of care in all phases of a person's experiences with altered levels of health. Movement toward optimum wellness must be planned and must be within the boundaries defined by the life values of the individual.

Fundamental to the growth of the individual nurse and of nursing as a profession is the recognition of the nurse as a person with varied capabilities and potential for growth. Fulfillment of the human needs of the nurse determines the roles that will be pursued, the colleague relationships that will be established, and the scope and effectiveness of the profession. This book describes one perspective of how that growth potential can be actualized.

The line drawings in Chapters 4 to 6 and Fig. 13-1 are by Jane Preston and those in Chapter 7 and the remainder in Chapter 13 are by Grover Hogan. All photographs are by Craig Holloway.

I am grateful to my family, friends, and colleagues for their continuing interest in and caring about the completion of this manuscript.

Rose Marie Boroch

Contents

PART I

Concepts in rehabilitation

Chapter 1

Philosophy

The philosophic framework operant within each individual is composed of basic values, beliefs, and attitudes learned through varying experiences throughout life. A philosophy, which is expressed in behavioral patterns, governs abilities and establishes the boundaries for coping with new and unusual situations, observing with objectivity, making decisions, relating to others as persons, seeing another's point of view, and providing learning opportunities for self and others. A philosophic framework is not necessarily static; however, some people expend great amounts of energy to hold existing boundaries. There is little use to judge another person's philosophy as good or bad, but rather one should determine the strengths and weaknesses of one's own philosophy. Through increased self-awareness, exploration of the beliefs of others, internalization of new knowledge, and examination of feedback from interpersonal relationships, an individual can challenge the basis of some values, beliefs, and attitudes and can provide for continued exploration and, possibly, purposeful change in some behavior patterns. Adoption of new behavior patterns without exploration or comparison with current behavior patterns does not seem advisable. Understanding the nature of behavior patterns allows for increased awareness of what happens during interpersonal relationships.

A nurse is a person before a nurse. Internalization of values, beliefs, and attitudes derived from successful and nonsuccessful life experiences of childhood and adulthood are reflected in coping patterns, in a desire for personal growth, and are often influential in making the decision to enter the profession. The complexity of the decision depends on the individual circumstances. Recognition of the value of higher education or a belief in helping others has often been voiced in the past as a determining factor in the decision. For many, continued education enhances a philosophy; for others, education challenges a philosophy with the result being a defense of philosophy. The purpose of the educational process is to assist the individual in achieving a desired level of human functioning; therefore that level must be defined and communicated at sometime.

Many interest areas, ranging from politics, economics, or religion to humanism or scientism, may be represented in a person's philosophy; a few may dominate. Some possible inclusions in your philosophy may be represented here. They include a view about human beings, learning, aging, nursing, and rehabilitation. It is hoped that the learner will not accept the following as truth but will, by comparison and contrast, use this view to challenge or enrich a personal view.

HUMAN BEINGS

Values, beliefs, and attitudes learned through life experiences or through nursing education apply and are applied to all human beings in various situations. Growth and development, psychosocial functioning, levels of anxiety, loneliness, happiness, sorrow, and problem solving are examples of learning that apply to all, young and old,

sick and well. The substance of this learning also applies to the nurse as a person and as a professional. To recognize the interrelation of learning and life experiences is to recognize the common bond between nurse and others, colleagues and clients. All human beings possess the potential for growth, to become more humane, and to evolve to a higher evolutionary plane.

A human being does not exist alone but within an environment composed of living and nonliving elements. All things and people outside a human's energy system are that human's environment. The continuous interaction between the environmental and human energy systems promotes life. A change in any portion of either system changes the interaction between the systems. At every point in life the human and environmental energy systems are constantly and continuously interacting.

Recognition of the individuality of each human being is essential to maximize the potential existing between all energy systems. The following characteristics are presented to help the learner to understand interactions between individuals and to challenge a personal philosophy.

An individual . . .
- is an open energy system;
- is a thinking, feeling being;
- has worth;
- can learn;
- communicates with vocabulary and mannerisms, overtly and covertly;
- possesses learned patterns of coping with various situations;
- uses coping mechanisms under stress that have previously been satisfactory.

Values . . .
- with positive and negative valence are basic to each individual;
- arise from life experiences with the interplay of cultural, ethnic, religious, and socioeconomic factors;
- influence one's attitudes about health, illness, work, play, satisfaction of personal needs, aging, deformities, and death;
- affect perception of reality, exercise of judgment, and expression of behavior in each situation.

Behavior . . .
- is an expression of wholeness;
- is meaningful and goal directed;
- is influenced by how the individual perceives the situation and by the meaning the individual attaches to it;
- is controlled by the amount of energy available within the individual energy system at a specific time;
- changes as the individual's energy level continuously fluctuates with the environmental energy system.

AGING PROCESS

Aging is a continuous process from conception to death. Although the rate of change varies at different points in life, all human beings are continuously aging. Growth and development within the individual are constantly influencing the behavioral patterns of expression. Change and aging, in this sense, are synonymous. A change in the efficiency of the behavior patterns may increase or decrease the individual's capacity to cope with increasingly complex and rapidly changing situations. The degree of life fulfillment and of attainment of a quality of life directly relates to the individual's capacity to cope with and grow from varying meaningful encounters. Chronologic age represents the passage of calendar time; biologic age represents the changes in a cell or body structure and function. Biologic age is less predictable than chronologic age.

The aging process . . .
- is unidirectional;
- varies between individuals and within the same individual at different times;
- relates to the changing functional level whether viewed from a cellular or a complex social system perspective;
- in a biologic organism is not necessarily predictable by chronologic time.

LEARNING

The process of learning ranges from the acquisition to the assimilation of ideas,

thoughts, and knowledge. Learning is observed in changes in an individual's behavior pattern. The learning process in the adult is facilitated by the provision of structured or unstructured, nonthreatening situations wherein energies can be directed toward fulfillment of what the individual views as important. The learning potential is enhanced when the learner is involved in deciding what is to be learned and when there are alternate choices in the method of study of the material. When the expected outcome of a learning experience is known, an individual can recognize and relate the new experience to past life experiences and personal background, which is part of each interaction. Short-range, successfully experienced goals positively reinforce the learning process for most people.

The learner . . .

- is a thinking, feeling human being;
- exercises selectivity as to what information is relevant;
- acquires knowledge in varying ways, such as reading, listening, viewing pictures and drawings, and direct experience;
- directs energy toward a defined learning goal;
- perceives information based on self-knowledge of past life experiences and of social, political, economic, and religious background.

NURSING

Since nursing involves the interrelationship of people of all ages, a philosophy of nursing is based on the preceding beliefs relating to human beings, aging, and learning. Many other factors not identified here also influence the formation of a philosophy. A perspective of nursing may range from a scientific approach, which focuses on the psychomotor skills necessary to provide a specific outcome in a well-defined, controlled environment, to a humanistic approach, which focuses on the individual's interaction within a less well-defined, constantly changing situation. A philosophy of nursing probably cannot exclude either approach. Caring, to feel and to demonstrate concern for a human being, is an essential, fundamental belief of nursing that requires the best of both scientific and humanistic philosophies; however, an individual's personal philosophy may be predominantly one or the other.

A personal philosophy of nursing defines accountability for actions, the relationship between activities and the recipient of care, and the communication with other persons concerned with caring for the being. Other areas determined by the individual practitioner may be included.

Accountability, the element of personal and professional responsibility for actions in a situation, is primary to nursing interactions. In this text the word client-family is used to refer to the recipient of care. It is believed that "client" connotes health whereas "patient" connotes illness. Feelings and behavior patterns of the nurse and of the recipient of care vary. Accountability for actions in a nurse-client relationship identifies the need to meet the health needs of the recipient of care and not solely to meet the nursing needs of an illness categorized by specific nomenclature. A client is more than a cerebrovascular accident; a patient may not be. The philosophy of the provider determines the view and the expectations. Furthermore, accountability implies the right of a client-family to seek assistance from another person when the care currently provided is deemed unsatisfactory.

It is virtually impossible to separate an individual from any situation; therefore it is difficult to separate the recipient of care from the caring situation. The focus of caring in nursing may be the nurse or the client-family.

When the nurse is the focus, caring identifies personal needs that are fulfilled in nursing activities, establishes a nursing care plan to meet nursing and nurse's problems, and places the nurse in the position of complete power and control. Caring about the

nurse is short-range, nurse-goal oriented, centered around specific, well-defined nursing activities, and generally, bound within a "health" facility. The realities of time, cost, energy, and staffing become the primary determinants of care. Specific procedures and routines are completed efficiently and on schedule. This should not imply that a nurse does not care about or for the client.

Caring about the client-family identifies the client and family needs that are to be met through a wide range of nursing activities, establishes client-centered care plans to meet specific problems identified by the client-family, and places the client-family in a position to judge satisfaction or dissatisfaction with care in nonemergency situations. The nurse refers and follows up referrals of client-family problems outside the scope of nursing. The client is not separated from the family; the client-family is not separated from the community. This should not imply that the nurse does not meet any personal nurse needs.

The consumer concern for accountability of persons in the caring professions in recent times has led to increased amounts of legislation. This legislation attempts to define the scope of care and to control the boundaries of care within a facility. Reimbursement of funds is often attached to compliance with guidelines and standards. Nursing must view this need for legislation as a negative assessment of nursing's ability to provide client-centered care in existing health care facilities thus far. Caring cannot be legislated; a sense of caring develops within an individual as satisfaction of some nurse needs is derived from positive experiences in meeting client-family needs.

Some factions in the nursing profession exhibit varying degrees of concern about the addition of new personnel into the "health care" delivery system during this decade. The merits and faults of such additions will not be discussed here. There are many aspects of client care yet to be developed in nursing that are also untouched by these additional personnel. Some of these areas include utilization of family and community members to accomplish continuity of care, provision of a variety of approaches to and measurement of the effectiveness of client-family education based on principles of adult education, definition and maximization of the health potential of people, provision of effective, open communications within nursing, within the care system, and between nursing and other professional groups concerned with the client-family.

A colleague relationship between professional groups is basic to an interdisciplinary approach to care. A colleague relationship implies trust of, sharing of, and accountability for self-knowledge. A colleague relationship is earned; the mutuality implied in a colleague relationship cannot be mandated by a single group but must evolve through the interaction of all concerned. Open, honest communication is essential.

Nursing . . .

- is a caring profession;
- accepts the client-family as the center of all nursing activities;
- requires objectivity in observations, assessments, plans, implementations, and evaluations;
- provides for continuity of the client-family unit as they proceed through any phase of the health care system for varying lengths of time;
- intervention consists of a continuous mutual interaction between the nurse and the client-family;
- is health oriented;
- endeavors to establish a colleague relationship with other health professionals.

REHABILITATION

The word rehabilitation implies restoring abilities and functions of an individual to a prior level in social, physical, emotional, or economic spheres. The previous state-

ments of belief about human beings and aging are contrary, in part, to this restorative concept. Rehabilitation, therefore, shall be redefined to stress the habilitative aspects of care that assist the individual in maximizing capabilities and in coping with varied current and anticipated situations to provide a meaningful life within the boundaries to be established by an altered level of health. Such coping implies the development of new or modified behavior patterns to satisfy basic and higher human needs. It is believed that any experience with disability or illness significantly changes the individual, and therefore the person cannot be returned to that point before the experience. Aging, growth, and life are unidirectional. The word rehabilitation as used in this text implies the above belief unless otherwise stated.

Rehabilitation as a speciality area in nursing is often described as care of people with long-term, chronic conditions ranging from arthritis to quadriplegia. Rehabilitation is often the last word in a list of phases of recovery from illness and on a list of available services. The listing often begins with acute care. Rehabilitative care is an integral part of all phases of client-centered care; it is not a specific end product to be approached when previous phases are completed. Waiting until the acute phase passes before applying appropriate principles of rehabilitative care is contrary to the concept of quality care, often prolongs the acute care phase, exaggerates the concept of illness for the client and family, and limits the range of possible outcomes once the principles are applied. Principles of rehabilitative care can apply to varying situations and are not confined to the traditional categories.

In accepting the belief that the client and family are significant contributors in the decision-making process in client care, one must consider the possibility that a decision might reflect a choice not to be rehabilitated. This is different from the decision by health professionals to avoid attempts at rehabilitation because the possibilities of success are viewed as poor. A client who does not choose to accept an active physical rehabilitation program, which might include ambulation with crutches or cane, muscle retraining, or a bowel and bladder control program, cannot be rehabilitated; cooperation or at least a lack of resistance is a necessary element. In expressing this right, the client displays a coping mechanism that deals with the present situation. The accountability for nursing in this situation lies with ascertaining that this was an informed decision-making process and that some events of the future are anticipated. This information must be shared with the entire nursing and rehabilitation team. Care of the client-family focuses on establishing effective coping patterns for current and anticipated situations.

Rehabilitation . . .

- requires cooperation of client-family;
- is client-family centered;
- is a continuous process with varying degrees of emphasis in all phases of altered levels of health;
- is goal directed;
- requires collaboration of health team professionals.

It is hoped that the presentation of the foregoing beliefs will assist the learner in understanding the thought processes that are the foundation for the following chapters and assist the learner in exploring the relationship between a personal belief system and the learner's capacity to provide quality client-centered care while achieving a desired level of personal and professional fulfillment.

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