





REHABILITATION NURSING: METHODOLOGICAL CONSTRUCTION

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ABSTRACT

Objective: based on the concepts and assertions, to create a Rehabilitation Nursing theoretical model grounded on intersubjective recognition and focused on each person's good life and diversity.

Method: this is a methodological study anchored in the Theory Construction grounds described by Walker and Avant for the synthesis of a theoretical Nursing model. The synthesis seeks to organize an arrangement of concepts and assertions that allow seeing the rehabilitation relationship between the people included in the model.

Results: The theoretical model was focused on the interpersonal relationship between Person and Nurse, which generates the Rehabilitation and Recognition relationships that exert a positive influence on both and enables self-fulfillment, as well as autonomous and equal participation of the rehabilitating person, thus ensuring their social good life.

Conclusion: the rehabilitating person's good life can be encouraged, or even ensured, in an intersubjective recognition relationship that takes place when both nurses and the people cared for understand each other in their differences, respecting, trusting and socially valuing each other, thus strengthening human autonomy, social freedom and dignity as a result of this rehabilitation.

DESCRIPTORS: Rehabilitation. Nursing Care. Hope. Philosophy. Philosophy in Nursing. Nursing.

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MODELO TEÓRICO DE ENFERMAGEM DE REABILITAÇÃO: CONSTRUÇÃO METODOLÓGICA

RESUMO

Objetivo: Construir, a partir dos conceitos e afirmações, um modelo teórico para enfermagem de reabilitação com base no reconhecimento intersubjetivo, focado no bem-viver da pessoa em sua diversidade.

Método: Trata-se de um estudo metodológico calcado na fundamentação de Construção de Teoria descrito por Walker e Avant para a síntese um modelo teórico de enfermagem. A síntese busca organizar um arranjo de conceitos e afirmações que possibilitam visualizar a relação de reabilitação entre as pessoas do modelo.

Resultados: O modelo teórico foi centrado na relação interpessoal entre Pessoa e enfermeiro, tal relação gera os relacionamentos de Reabilitação e Reconhecimento que atuam positivamente em ambos e possibilita a autorrealização, a participação autônoma e igualitária da pessoa em reabilitação, garantindo seu bem-viver social.

Conclusão: O bem-viver da pessoa em reabilitação pode ser incentivado, ou ainda garantido, numa relação intersubjetiva de reconhecimento que acontece quando enfermeiro e pessoa cuidada se compreendem em suas diferenças, respeitando, confiando e estimando socialmente um ao outro, fortalecendo como resultado dessa reabilitação uma autonomia, liberdade social e dignidade humana.

DESCRITORES: Reabilitação. Cuidados de Enfermagem. Esperança. Filosofia. Filosofia em Enfermagem. Enfermagem.

MODELO TEÓRICO PARA ENFERMERÍA DE REHABILITACIÓN: CONSTRUCCIÓN METODOLÓGICA

RESUMEN

Objetivo: a partir de los conceptos y las afirmaciones, construir un modelo teórico para Enfermería de rehabilitación sobre la base del reconocimiento intersubjetivo, enfocado en la buena vida de las personas en su diversidad.

Método: estudio metodológico basado en la fundamentación de Construcción de Teorías descrita por Walker y Avant para realizar la síntesis de un modelo teórico de Enfermería. La síntesis pretende organizar diversos conceptos y afirmaciones que permiten visualizar la relación de rehabilitación entre las personas incluidas en el modelo.

Resultados: el modelo teórico se centró en la relación interpersonal entre Persona atendida y Enfermero; dicha relación genera las vinculaciones de Rehabilitación y Reconocimiento que ejercen influencias positivas en ambos y hace posible la autorrealización y la participación autónoma e igualitaria de la persona en rehabilitación, garantizando así su buena vida social.

Conclusión: la buena vida de una persona en rehabilitación puede incentivarse, o incluso garantizarse, en una relación intersubjetiva de reconocimiento que tiene lugar cuando tanto el enfermero como la persona atendida se comprenden en sus diferencias, con mutuo respeto, confianza y estimación social, fortaleciendo la autonomía, libertad social y dignidad humana como resultado de esa rehabilitación.

DESCRIPTORES: Rehabilitación. Atención de Enfermería. Esperanza. Filosofía. Filosofía en Enfermería. Enfermería.

INTRODUCTION

Rehabilitation Nursing exists as specialized care in a few countries around the world, with nurses' role in caring for people undergoing rehabilitation in Brazil based on the biopsychosocial model, and Rehabilitation Nursing is understood as the search to maximize functional skills, for optimal health and for adapting to lifestyle changes¹⁻³.

A broader idea of Rehabilitation Nursing than the one included in the definitions of Portugal's Regulation of Specific Competences of Nurses Specialized in Rehabilitation⁴ is considered, where it is expressed that this care allows helping people with acute and chronic diseases or with sequelae to maximize their functional potential and independence, understanding that, when providing rehabilitation care, nurses take care of all people belonging to human diversity and not only the sick, for them to attain a good life, reconstruction and self-fulfillment⁵.

The specific knowledge of Rehabilitation Nursing with a focus on maintaining and promoting good life, maximizing capabilities, has been transformed in a constructivist way based on complex Rehabilitation Nursing care and with a critical and reflective look at society and people in their diversity⁶. It is necessary for nurses to acknowledge that their theoretical and practical knowledge about rehabilitation is only an integral component of a social organization in the world, considering their health care and education interventions, in constant reconstruction in a dialogical environment⁷⁻⁸.

The training process has even been discussed as a way to evidence this paradigmatic shift of the Rehabilitation Nursing perspective towards the care to be provided to people belonging to diversities⁹. In addition to that, the specialty is experiencing increasing prosperity in terms of legal recognition in the profession in many countries, causing even Brazil to question the practice of these professionals and its incipience in terms of literature and regulations¹⁰. From this, the rehabilitation nurses' professional practice carries with it firm concepts of autonomy, self-esteem, self-confidence, self-respect and self-care that enhance debates about the development of this clinical practice¹¹.

With this proposal to understand Rehabilitation Nursing focused on reconstructing people belonging to diversities for their good life, a theoretical Nursing model was proposed that, aimed at rehabilitation care, adds positively to the founding knowledge of this practice. The conceptual models of disability, either individual, social or integrated (International Classification of Functioning, Disability and Health – ICF), are widely used by Rehabilitation Nursing around the world and, aided by theories such as Orem's Self-Care (1979), Roy's Adaptation (1991) or King's Goal Achievement (1981), they comprise a theoretical basis that grounds rehabilitation care. However, none of these models and theories are specifically focused on Rehabilitation Nursing care and, despite using definitions of autonomy, self-care and well-being, none of them specifically focus on the person's good life as the Nursing care focus⁵⁻⁶.

The need to achieve theoretical knowledge specific to Rehabilitation Nursing care gave rise to the idea of elaborating a Rehabilitation Nursing theoretical model. This initial point was made in the writing of the post-PhD paper by one of the authors, when she was studying Axel Honneth's Theory of Recognition¹², so as to support research in Rehabilitation Nursing focusing on intersubjective recognition.

The idea of seeking support from a social theory, such as Honneth's Theory of Recognition, is intended to help understand people's healthy self-fulfillment in society based on recognizing their social identity, which is complex and diverse. In addition, it resumes the rehabilitation process of the person cared for as an agent for the development of their independence in self-care, and it is with this focus that we have that different components can contribute or act as barriers in this reconstruction of the person for their good life, whether these aspects are social, cultural or systemic¹².

From this initial idea, concerns arise about nurses' intersubjective relationship with the person undergoing rehabilitation. Such questions promote a search for interactions with scholars in the study areas of Rehabilitation Nursing and Critical Theory, of which Honneth is part with his idea of recognition, thus providing the basis for Rehabilitation Nursing care targeted at people's good life in their diversity. The scholars who took part in these study groups carried out by the supervising professor with her PhD students were two PhD professors, one with a degree in Nursing and a PhD in Nursing with a specialization in Rehabilitation Nursing, and the other a Sociologist with a PhD in Political Sciences focusing on the studies by Axel Honneth. These meetings were focused on the study of Rehabilitation Nursing and its relationship with the Theory of Recognition, prompting the elaboration of a Nursing theory specific to Rehabilitation Nursing and centered on the intersubjective recognition relationship between nurses and people cared for. From this, two consequent research studies were implemented, respectively conducted to build the theoretical model of rehabilitation and to elaborate the Rehabilitation Nursing Theory, as a result of two PhD theses. Consequently, the objective of designing this paper is as follows: based on the concepts and assertions, to create a Rehabilitation Nursing theoretical model grounded on intersubjective recognition and focused on each person's good life and diversity.

METHOD

Initially, a classic and orthodox method for building theoretical models and theories in Nursing was sought and, from this search, we found the book by Walker and Avant¹³ called "Strategies for Theory Construction in Nursing". This work is a methodological guide for building theories in Nursing and is only available in English. To support this methodological construction of a theoretical model, this being the first study carried out, other literary aids from scholars in Nursing theories were used, also resorting to the work by Fitzpatrick and Whall¹⁴ entitled "Conceptual Models of Nursing: Analysis and Application" as support to initiate the theoretical construction of the Rehabilitation Nursing model, as well as the work by Fawcett and Downs¹⁵ entitled "The Relationship of Theory and Research", which served as a basis for the need to devise strategies for the theoretical construction proposed by Walker and Avant. In addition to that, Honneth's Theory of Recognition⁹ was used as philosophical support to create the model proposed.

Some strategies proposed by Walker and Avant were followed, which enable the Theoretical Model proposed to enable understanding and performance of scientifically based Rehabilitation Nursing¹³; these strategies are sequenced and contextualized below:

1) Analysis of concepts – A strategy that allows examining the characteristics of the concept, proposing the distinction between the definitive attributes of the concept and the irrelevant ones, dealing with a useful analysis of redefinition of ambiguous concepts in the theory in order to clarify vague concepts, which is important in the Nursing practice to use concepts allied to the practice. In this analysis process, a concept is selected in order to identify all the applications to be discovered, usually performed when examining the diverse information and when preparing the research study;

2) Synthesis of concepts – A strategy that develops concepts based on observation and empirical data, with the purpose of generating new ideas by examining all the information to devise useful concepts in areas where there is little academic development or in those where the concepts developed exert little impact on theory and practice. In order to carry out this strategy, a literature approach is used that involves a strict scrutiny of the existing literature with the purpose of acquiring new "insights" about the phenomenon of interest;

3) Analysis of assertions – This is the process of examining assertions to determine the way in which they are presented and their interrelationships among the concepts in those statements, evaluating them in an orderly manner with the purpose of determining whether they are useful, informative and logically correct, with the possibility of correcting any deficiencies in the assertions;

4) Synthesis of assertions – This strategy aims at specifying relationships between two or more concepts based on diverse evidence from various sources, such as direct clinical observations of individuals, statistical information collected from a large number of people or, in the case of this construction of a theoretical model, literary materials reporting completed research studies. During the synthesis of assertions, the statements need to be rewritten several times so that they have more clarity of meaning, structured as equations that simplify the relationships between all the assertions;

5) Synthesis of the theory – It is focused on creating the theory and an interrelationship system among ideas, based on diverse empirical evidence. The general purpose of the theory synthesis is to represent a phenomenon through a group of interrelations of concepts and assertions, and some further intentions of this theory synthesis include representing the factors that precede or influence a specific event, as well as the effects that take place after an event, describing the scientific information in a more theoretically organized way.

Making it possible to carry out all the methodological strategies proposed by the aforementioned authors, with the steps involved in the construction of the theoretical model subjected to careful evaluation, a guideline prepared by Fitzpatrick and Whall was used as organizational guide, with the basic concepts for the construction of theories established by such instrument. These basic concepts are as follows: Person; Environment; Health; and Nursing¹⁴.

RESULTS

The basic concepts to build a theoretical model guided the choice of the generating concepts for the Rehabilitation Nursing Theoretical Model, enabling the creation of initial conceptual categories, namely: Nursing; Environment; Person; Health; and Time.

These key concepts were exhaustively studied and, based on the findings, a “Brain Map” centered on the Rehabilitating Person’s relationship with the Nurse caring for them was prepared. This relationship was based on two concepts related both to Nursing and to Intersubjectivity of the relationship, grounded on the Rehabilitation Nursing and Recognition concepts. For this purpose, support from the social sciences and the theoretical framework of Axel Honneth’s Theory of Recognition was required, understanding that a person seeking recognition has a recognition degree of their own intersubjectivity, being able to validate the subjectivity of others, which seems appropriate to start a relationship between two people so that both of them feel an increase in their Self-confidence, Self-respect and Self-esteem; thus, the care relationship between nurse and rehabilitating person can encourage intersubjectivity of the subjects involved and, therefore, the recognition of love, right and solidarity¹⁵.

With theoretical deepening of the concepts required to build the model, the Brain Map presented in Figure 1 is shown with concepts organized in a way that the relationship between Person and Nurse is central. In this relationship, Recognition guides the definition of the environmental and intersubjective concepts, whereas Rehabilitation guides the time process and Nursing is able to act as an integral component of this process, based on the sociocultural environment, defining the health status that is expected.

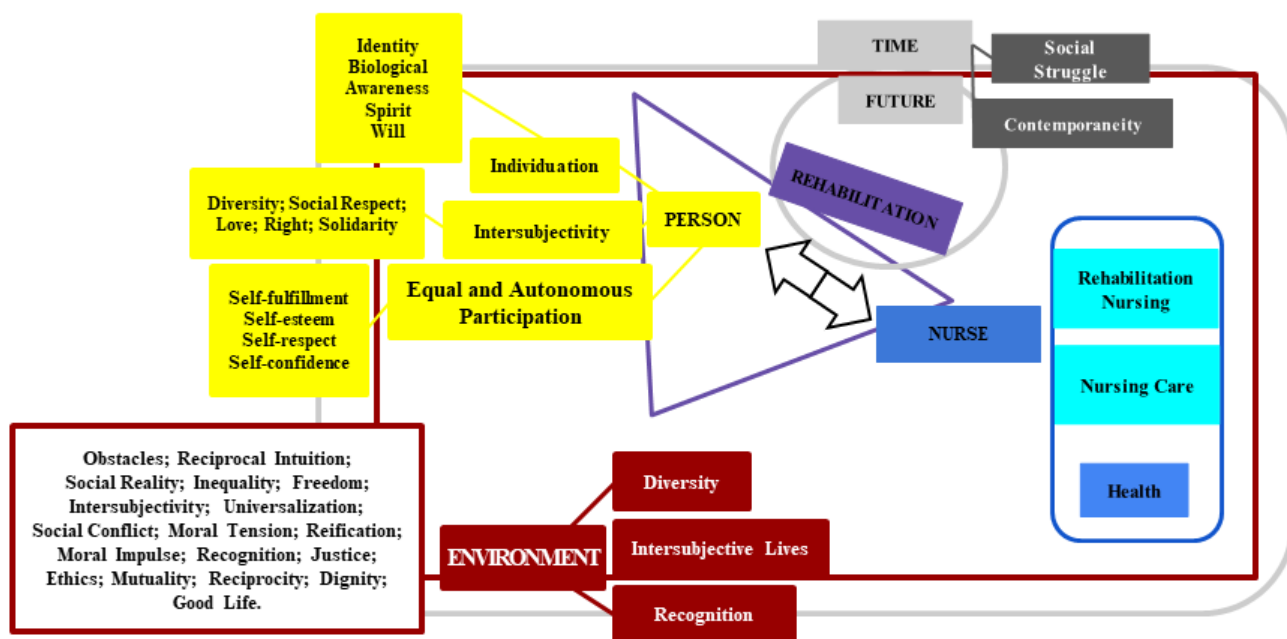


Figure 1 – Brain Map with the initial concepts to create the Rehabilitation Nursing Theoretical Model for a Good Life.

As a practical and theoretical purpose, we also have the idea of the rehabilitating person leading a Good Life. This Good Life is considered in terms of autonomy, quality of life, well-being or emancipation. The role of the Brain Map is to provide a broad and general view of the initial concepts, which, through conceptual analysis and synthesis, initiate the process of elaborating a theoretical Nursing model, which is based on the structuring concepts: Nursing; Health; Person; Environment; and Time.

From the conceptual analysis and synthesis, the Health concept remains central without the need for other ancillary concepts for its understanding, whereas the Nursing concept gives rise to another two defining concepts for the model: Nursing Care and Rehabilitation Nursing. The concept of Person is also developed based on several concepts that allow for its complex and in-depth elaboration, requiring the development of three levels of concepts guided by the definitions of Individuation, Intersubjectivity and Autonomous and Equal Participation, which can be organized based on the following concepts: Identity; Biological; Awareness; Spirit; Will; Diversity; Social Respect; Love; Right; Solidarity; Self-fulfillment; Self-esteem; Self-respect; and Self-confidence. Such concepts allow viewing a broad field in the phenomenon of the Person cared for, as well as of the Caregiver.

The concept of Environment expresses the place where the Person lives, not only thinking about the physical space but also about social, cultural, psychological, identity, biological and spiritual aspects. Among some of the concepts that assist in the construction of the final concept of Environment in their development through analysis and synthesis, the main ones are Diversity, Intersubjective Lives and Recognition, and are defined based on other concepts, namely: Obstacles; Reciprocal Intuition; Social Reality; Inequality; Freedom; Intersubjectivity; Universalization; Social Conflict; Moral Tension; Reification; Moral Impulse; Justice; Ethics; Mutuality; Reciprocity; Dignity; and Good Life. Finally, the concept of Time emerges from an analytical synthesis of the concepts of Future, Social Struggle and Contemporaneity.

At the beginning of the analysis it is necessary to format the assertions that will be analyzed and synthesized. These statements are based on the relationship between the Person cared for and the Nurse as an individual who works in rehabilitation, stating in principle that Person, both the person cared for and the nurse, starts from assertions formulated in individual subjectivity. However, when there is an intersubjective relationship between nurses and the people cared for, assertions that relate the main concepts of Health, Person, Environment and Time are interconnected.

The first step towards analysis of the assertions, their selection, showed a survey of 172 initial statements and, at a second moment, it was sought to reduce the number of assertions, as well as to express them in more complex and abstract terms, prioritizing the relational statements that structure the Rehabilitation Nursing theoretical model. Such relational assertions allow for a thorough analysis of the concepts used to formulate statements.

The ones that are applicable for being logically testable, and which concern the theoretical-practical construction of the model for Rehabilitation Nursing, are expressed in their logical contextualization based on scientific literature in Nursing, Philosophy and Sociology, and these assertions selected account for a total of 43, all of which were tested during the synthesis of assertions.

The synthesis of assertions aims at elaborating theoretical statements based on the interrelationship of two or more concepts, with the possibility of such method taking place in different ways, and the appropriate way to build the Rehabilitation Nursing theoretical model is seeking knowledge specific to the research area through the existing literature, gathering the assertions and presenting them in an organized way by relevance in the Nursing Care relationship between the person cared for and the nurse, with Rehabilitation and Recognition as the central relationships, and which are influenced by other assertions and concepts of the model.

After the synthesis of assertions, the procedural steps of the synthesis of theories are initiated, and we can state that the intersubjective levels of Person, intersubjectivity, diversity, hope, reconstruction, autonomy and biopsychosocial or biological health influence their interpersonal relationship in the model, whereas Environment exerts a direct influence on the people in the relationship through concepts of reconstruction, social freedom, social justice, obstacles, inequality, moral impulse, social conflicts and social struggles.

The Rehabilitation interpersonal relationship is a positive one and, thus, it exerts a positive influence on the Person in their subjectivation and recognition. Rehabilitation from the Nurse to the Person encourages the person's biopsychosocial health but, in addition, it promotes an increase in their diversity, intersubjectivity, hope, reconstruction, social freedom, awareness and recognition. In addition to that, Rehabilitation reduced social inequality and injustice in the person.

As for the Recognition relationship, it can be asserted that it exerts positive influences on both people in the relationship and on the person's subjectivation, increasing self-fulfillment, self-confidence, self-respect, self-esteem, human dignity, social freedom, and autonomous and equal participation. In the Rehabilitating person, the intersubjective Recognition relationship reduces social conflicts, obstacles, moral impulse, and social inequality and injustice. It can then be asserted that the person has their Self-fulfillment, Autonomous Participation and Equal Participation increased or guaranteed, allowing to synthesize the final objective of the Rehabilitation Nursing theoretical model, which is to propose the increase or guarantee of Good Life.

Finally, a diagram proposed as a Rehabilitation Nursing theoretical model was prepared (Figure 2), which visually shows the intersubjective relationship between nurses and the people cared for.

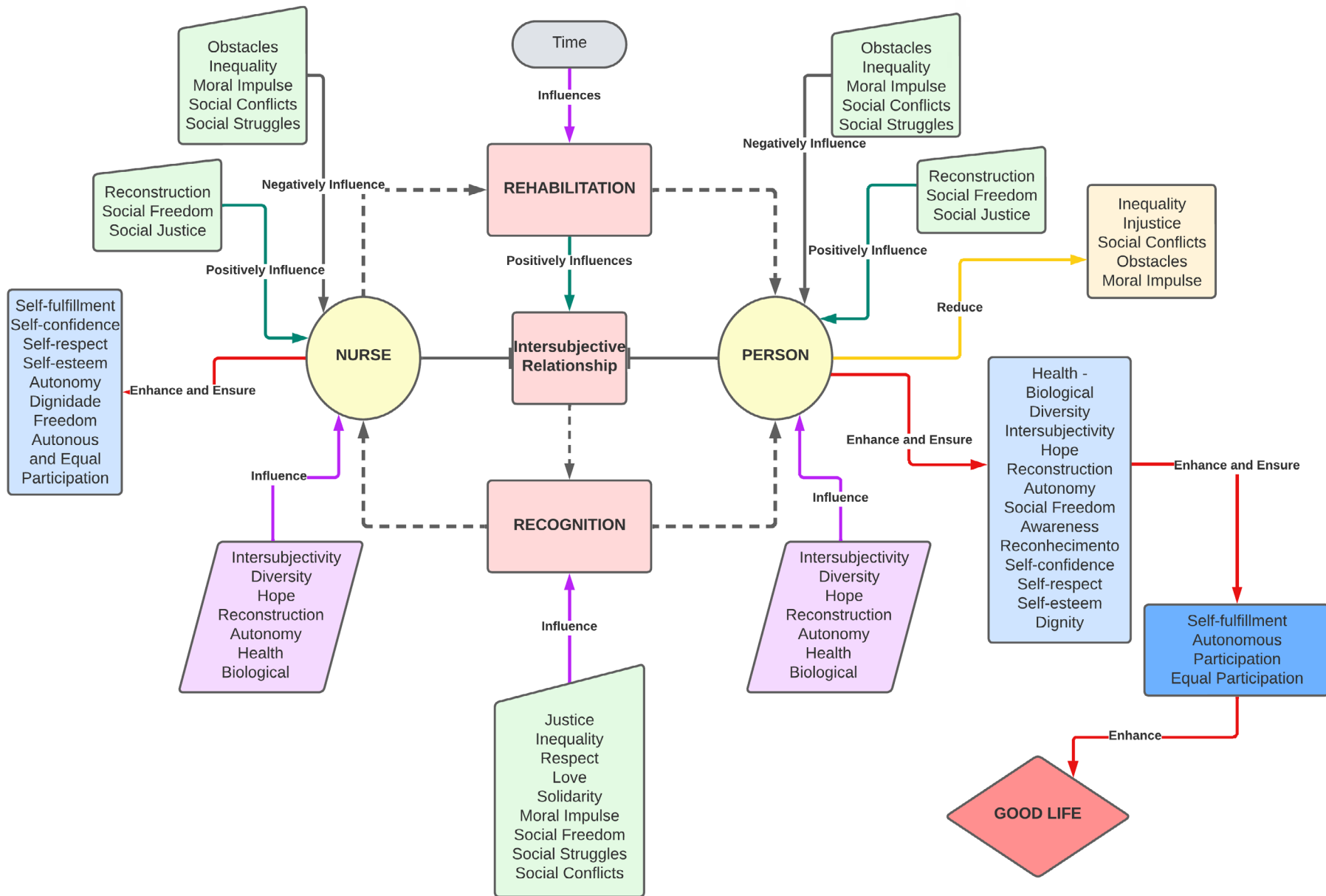


Figure 2 – Rehabilitation Nursing Theoretical Model for a Good Life.

DISCUSSION

Using the synthesis of theories proposed by Walker and Avant¹³ it was possible to systematize and organize the concepts and assertions proposed into a Theoretical Model based on the interpersonal relationship between Nurse and Person in the Rehabilitation Nursing context. This synthesis was developed in the basic principles necessary for a formal Nursing theory, which are the concepts of Person, Environment, Health and Nursing, and followed extensive literary research that searched scientific articles and classic literatures from Nursing, Sociology and Philosophy alike. The theory synthesis approach allows researchers to carry out an in-depth analysis of the internal and external components of the relationship placed as the central focus of the model, which is the Person-Nurse relationship, guiding necessary clarifying questions for the final construction of the model. Furthermore, based on the Theoretical Model Diagram it is possible to validate a Rehabilitation Nursing Theory.

In addition to using a reliable and classical method to build the Theoretical Model, it is now necessary to discuss the importance of the relationships placed as central in the model, in Rehabilitation and Recognition. Several Nursing theorists were visited to provide interesting contributions to Rehabilitation Nursing knowledge, without diminishing the value of scientific innovation and criticism of the current models in force¹⁶.

Proposed as a work process of rehabilitation nurses with the objective of enhancing the person's Good Life in their sociocultural diversity, Rehabilitation should be understood here as a positive relationship that starts from the nurse towards the person seeking to ensure their human dignity and encourage their social freedom and autonomy¹⁷. This unprecedented point of view about Rehabilitation Nursing care unveils the increasing appreciation for research in the specialty, for being a contemporaneous survey that discusses reality itself. In other words, it seeks in social impact to justify Rehabilitation Nursing research beyond what is performed in the clinical practice¹⁸.

This rehabilitation seems abstract at first glance, but it is part of nurses' tools in caring for a person undergoing rehabilitation, and such care should be based on the person's life process, internalizing in the relationship the hope and intersubjectivity that the person brings from their historical and social interactions; this care should also aim at a more successful formation of the person's subjectivity, enabling satisfaction of biopsychosocial and intersubjective issues through the intersubjective relationship¹⁹.

Despite being unilateral, the Rehabilitation relationship also influences the Nurse's intersubjectivity since, upon seeing the Person achieve their Good Life expectation, the Nurse positively recognizes their Nursing care, valuing their work and achieving some self-fulfillment degree²⁰.

Recognition is based on the interpersonal relationship between the person being cared for and the rehabilitation nurse and originates from Axel Honneth's Theory of Recognition¹², whose focus is the intersubjective relationships between people, which fits perfectly into a theoretical Nursing model based on the relationship between people when providing Nursing care, serving as a basis to understand the interpersonal relationships with a focus on human intersubjectivity and on the possibility of self-fulfillment of these people, guaranteeing their social Good Life. On the one hand, rehabilitation nurses are self-fulfilled by achieving the purpose of their work, which is the Good Life of the person cared for and, on the other, the (re)construction of the rehabilitating person¹⁹.

According to Honnet's theory¹², recognition is an intersubjective process that has three dimensions (love, right and solidarity), and such relational process is centered in an environment and time pre-determined by the historical, social, cultural and economic environment where the people in the relationship meet. This recognition relationship is materialized in the differences between people,

being constructed jointly during the intersubjective relationship process, which always considers the person's and the nurse's contexts, as well as their environments related to their socialization and the culture they are part of¹⁷⁻¹⁸.

In order to understand the intersubjective relationship that permeates Nursing care, mutual recognition between nurses, patients and families is required. Therefore, it is necessary to reflect on the construction of human beings consolidated on love, rights and solidarity. The social grammar of this phenomenon unfolds in care processes as a historical construction through mutual and intersubjective recognition, seeking to establish respect for human dignity and autonomy. Not respecting such relationships results in dehumanization and demoralization of subjects²¹.

Thinking about the differences that can generate conflicts, an attempt at reciprocal recognition emerges between the people involved in the relationship. Thus, Rehabilitation Nursing care becomes a process based on the will of the person cared for and on the trust, respect and esteem offered and received by the nurse in the intersubjective relationship with the person, seeking this recognition that ensures self-fulfillment of both individuals to promote Good Life¹⁹.

When considering this intersubjective recognition as its central focus, Rehabilitation Nursing exposes the need to seek a relationship between rehabilitation nurse and person cared for that considers the recognition of social rights, effective connections and social esteem, in an attempt to emancipate the subject cared for beyond practical assistance but in a more pragmatic manner, acting positively on the person's trust, esteem and respect, in an optimistic, hopeful and concrete way. The relationship established begins rehabilitation in order to enable the rehabilitating person to be able to reconstruct their reality, discovering possibilities for their Good Life in society¹⁹⁻²⁰.

Therefore, it is fundamental to think about the milestones in the visibility of Nursing theories for developing the Rehabilitation specialty to change reality and the *praxis*²². At this point of building a formal theory, it is necessary to validate the Rehabilitation Nursing theoretical model for practical application, which will be performed by the work of another author of this study through formal Nursing methodological bases and grounded on Axel Honneth's Theory of Recognition¹².

The Rehabilitation Nursing path for the future is therefore marked by the struggle to fill the gap in the Collective Health and Rehabilitation Nursing scopes, both nationally and internationally, setting the agenda to reflect on the care that is provided today and criticizing the regulations that rigidify the process of caring for people in their diversity²³⁻²⁴.

It is worth reflecting on the theoretical model under construction, taking into account its internal and external validity, as well as the Rehabilitation Nursing practice in the Brazilian context, more specifically in the Unified Health System. It is necessary to develop a theory close to reality, without forgetting the nuances inherent to the human life cycle from birth to death, involving different health care levels and regionalizing contexts²⁵⁻²⁶.

Such validation is extremely necessary to conceptually establish the knowledge generated by the task of building the Theoretical Rehabilitation Nursing Model, and enabling encouragement for nurses' training with theoretical and practical knowledge in rehabilitation of people at any moment of their life cycle and in any sociocultural context. The urgency to recognize the specialty in the Brazilian context is latent, but the need for a theoretical framework that supports this knowledge is also evident in current literature²². Consequently, the expectation with this paper is to assist in the creation of Rehabilitation Nursing specialization complementary training in the national context.

CONCLUSIONS

Building the Rehabilitation Nursing Theoretical Model made it possible to see the relationship between nurses and people cared for beyond the Nursing care practice based on the biopsychosocial well-being of a person with some disability, and went beyond the understanding of rehabilitation towards a relationship that enables care for any person regardless of their subjectivity and diversity, proposing the intersubjective recognition of the other's differences as an ally in generating self-confidence, self-respect and self-esteem, which leads to increased autonomy and social freedom.

It is interesting to place recognition as an ally of the Rehabilitation Nursing process; this understanding that several environmental, personal and time factors can alter nurses' interpersonal relationship with people and, thus, social conflicts provide a search for recognition, which favors a struggle for autonomous and equal participation that only comes from the self-fulfillment generated by this recognition in the relationship. Therefore, the rehabilitating person is able to understand, learn, solve and better reflect on rehabilitation care when their equal participation in society is guaranteed, showing the importance of recognition so that a Good Life is achieved at the end of this process.

REFERENCES

1. Schoeller SD, Bento L, Lorenzetti J, Klein AC, Pires D. Processo de trabalho em reabilitação: a perspectiva do trabalhador e do usuário. *Aquichan* [Internet]. 2015 [cited 2023 Aug 01];15(3):403-12. Available from: <https://doi.org/10.5294/aqui.2015.15.3.8>
2. Vidal AA, Padula MPC. A Enfermagem em reabilitação física como tema de Trabalhos de Conclusão de Curso (TCC) de Graduação em Enfermagem. *Arq Med Hosp Fac Cienc Med Santa Casa São Paulo* [Internet]. 2018 [cited 2023 Aug 01];57(3):97-102. Available from: <https://arquivosmedicos.fcmsantacasasp.edu.br/index.php/AMSCSP/article/view/291>
3. Kodama CM, Spuras MV, Padula MPC. Cuidados prestados pelos enfermeiros aos pacientes de reabilitação. *Arq Med Hosp Fac Cienc Med Santa Casa São Paulo* [Internet]. 2018 [cited 2023 Aug 01];54(3):100-6. Available from: <https://arquivosmedicos.fcmsantacasasp.edu.br/index.php/AMSCSP/article/view/379>
4. Portugal. Regulamento n.º 125/2011 – Regulamento das Competências Específicas do Enfermeiro Especialista em Enfermagem de Reabilitação. *Diário da República* [Internet]. 2011 [cited 2023 Aug 01];2(35):8658. Available from: <http://www.aces-gerescabreira.pt/2022/02/21/o-papel-do-enfermeiro-especialista-em-enfermagem-de-reabilitacao>
5. Portugal. Regulamento n.º 392/2019 – Regulamento das competências específicas do enfermeiro especialista em Enfermagem de Reabilitação [Internet]. 2019 [cited 2023 Aug 01];2(85):13565. Available from: <http://www.aenfermagemeasleis.pt/2019/05/03/regulamento-das-competencias-especificas-do-enfermeiro-especialista-em-enfermagem-de-reabilitacao-ordem-dos-enfermeiros/>
6. Schoeller SD, Martins MMFPS, Ribeiro I, Gomes B, Lima DKS, Padilha MICS. Breve panorama mundial da enfermagem de reabilitação. *Rev Port Enferm Reabil* [Internet]. 2019 [cited 2023 Aug 01];1(1):6-12. Available from: <https://doi.org/10.33194/rper.2018.v1.n1.01.4388>
7. Ceolin S, González JS, Ruiz MDCS, Heck RM. Bases teóricas de pensamento crítico na enfermagem ibero-americana: revisão integrativa da literatura. *Texto Contexto Enferm* [Internet]. 2017 [cited 2023 Aug 01];26(4):2-13. Available from: <https://doi.org/10.1590/0104-07072017003830016>
8. National Academy of Sciences (US), National Academy of Engineering (US), Institute of Medicine (US) Panel on Scientific Responsibility and the Conduct of Research. *Responsible Science: Ensuring the Integrity of the Research Process: Volume II*. Washington (DC): National Academies Press; 1993 [cited 2023 Aug 01]. Available from: <https://nap.nationalacademies.org/catalog/1864/responsible-science-ensuring-the-integrity-of-the-research-process-volume>

9. Padilha JMSC, Martins MM, Gonçalves N, Ribeiro O, Fernandes C, Gomes B. Olhares sobre os processos formativos em Enfermagem de Reabilitação. *Rev Port Enf Reab* [Internet]. 2021 [cited 2023 Aug 01];4(1):83-9. Available from: <https://doi.org/10.33194/rper.2021.v4.n1.178>
10. Fernandes CS, Gomes JA, Magalhães BM, Lima AMN. Produção do conhecimento em enfermagem de reabilitação portuguesa: scoping review. *J Health NPEPS* [Internet]. 2019 [cited 2023 Aug 01];4(1):282-301. Available from: <https://doi.org/10.30681/252610103378>
11. Prazeres VMP, Ribeiro CD, Marques GFS. Decision making for nursing rehabilitation in intensive care: Foci of care. *Rev Rene* [Internet]. 2021 [cited 2023 Aug 01];22:e61706. Available from: <http://periodicos.ufc.br/rene/article/view/61706>
12. Honneth, A. *Luta por reconhecimento: a gramática moral dos conflitos sociais*. 2nd ed. São Paulo: Editora 34; 2003.
13. Walker LO, Avant KC. *Strategies for theory construction in nursing*. 3rd ed. Nova York: Pearson; 2019.
14. Fitzpatrick JJ, Whall AL. *Conceptual models of nursing: analysis and application*. 4th ed. Nova York: Pearson; 2005.
15. Fawcett J, Downs FS. *The relationship of theory and research*. 3rd ed. Nova York: Davis Company; 1999.
16. Silva R, Carvalho A, Rebelo L, Pinho N, Barbosa L, Araújo T, et al. Contributos do Referencial Teórico de Afaf Meleis para a Enfermagem de Reabilitação. *Rev Invest Enferm* [Internet]. 2019 [cited 2023 Aug 01];(26):35-44. Available from: http://www.sinaisvitais.pt/images/stories/Rie/RIE26_s2.pdf
17. Schoeller SD, Martins MMFPS, Ramos FRS, Vargas CP, Zuchetto MA, Lima DKS. Rehabilitation nursing care and emancipatory process. *Rev Enf Ref* [Internet]. 2020 [cited 2023 Aug 01];5(2):1-7. Available from: <https://doi.org/10.12707/RIV19084>
18. Dardas LA, Woodward A, Scott J, Xu H, Sawair FA. Measuring the social impact of nursing research: An insight into altmetrics. *J Adv Nurs* [Internet]. 2019 [cited 2023 Aug 01];75(7):1394-405. Available from: <https://doi.org/10.1111/jan.13921>
19. Cunha TEO, Schoeller SD, Silva MMFPS, Alves DF, Vargas CP, Zuchetto MA, et al. Rehabilitation: Collective construction of a concept in a focus group. *F1000 Res* [Internet]. 2023 [cited 2023 Aug 01];12(1):1-10. Available from: <https://doi.org/10.12688/f1000research.129073.1>
20. Zuchetto MA. *Cuidado de enfermagem de reabilitação como processo emancipatório [dissertação]*. Florianópolis: Universidade Federal de Santa Catarina, Centro de Ciências da Saúde; 2019 [cited 2023 Aug 01]. Available from: <https://repositorio.ufsc.br/handle/123456789/215072>
21. Jesus SC, Farias CH, Schneider DG, Schoeller SD, Bertoncetto KC. Honneth: Contribuições para o cuidar em enfermagem à luz do amor, direito e solidariedade. *Revista Cuidarte* [Internet]. 2021 [cited 2023 Aug 01];12(1). Available from: <https://doi.org/10.15649/cuidarte.1201>
22. Moura JWS, Nogueira DR, Rosa FFP, Silva TL, Santos EKA, Schoeller SD. Marcos de visibilidade da enfermagem na era contemporânea: uma reflexão à luz de Wanda Horta. *Rev Enferm Atual In Derme* [Internet]. 2022 [cited 2023 Aug 01];96(39):e-021273. Available from: <https://doi.org/10.31011/reaid-2022-v.96-n.39-art.1450>
23. Gaspar RB, Silva MMD, Zepeda KGM, Silva ÍR. Nurses defending the autonomy of the elderly at the end of life. *Rev Bras Enferm* [Internet]. 2019 [cited 2023 Aug 01];72(6):1639-45. Available from: <https://doi.org/10.1590/0034-7167-2018-0768>
24. Machado WCA. Enfermagem de reabilitação: Uma questão de demanda da sociedade e lacuna no âmbito da saúde coletiva e enfermagem internacional. *Enferm Bras* [Internet]. 2023 [cited 2023 Aug 01];22(1):1-5. Available from: <https://doi.org/10.33233/eb.v22i1.5412>

25. Gomes SM, Miranda GMD, Sousa FOS, Nascimento CMB do, Lima MLLT, Silva VL, et al. Reabilitação física/funcional no Brasil: análise espaço-temporal da oferta no Sistema Único de Saúde. *Ciênc Saúde Coletiva* [Internet]. 2023 [cited 2023 Aug 01];28(2):273-83. Available from: <https://doi.org/10.1590/1413-81232023282.09112022>
26. Figueiredo NMA, Machado WCA, Martins MM. Reabilitação: nômades em busca de sentido para o cuidado da pessoa com deficiência adquirida. Curitiba: CRV; 2018.

NOTES

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