South American Publishing

SAP Community and Interculturality in Dialogue. 2025; 5:142
doi: 10.56294/cid2025142

SHORT COMMMUNICATION

Rehabilitation Nursing from the perspective of Orem, Meleis and Swanson - person, family and community

Enfermería de Rehabilitación desde la perspectiva de Orem, Meleis y Swanson - persona, familia y comunidad

Rafaela Pereira[1,2], Luís Sousa[1,3], Sandy Severino[1]

[1]Atlântica School of Health, Atlantic University, Nursing Department, Oeiras, Portugal.
[2]Unidade Local de Saúde Amadora/Sintra, Hospital Professor Doutor Fernando da Fonseca, Amadora, Portugal.
[3]Comprehensive Health Research Centre, University of Évora, Évora, Portugal.

Cite as
Pereira R, Sousa L, Severino S. Rehabilitation Nursing from the perspective of Orem, Meleis and Swanson - person, family and community. SAP Community and Interculturality in Dialogue. 2025; 5:142. https://doi.org/10.56294/cid2025142

Publication History
Submitted: 12-04-2024
Revised: 19-09-2024
Accepted: 15-02-2025
Published: 16-02-2025

Corresponding Author
Rafaela Pereira

ABSTRACT

Currently people present a multiplicity and complexity of illnesses in clinical contexts, there is room for health professionals to respond with appropriate approaches to human needs and responses to situations of vulnerability. The description of rehabilitation nursing care in health contexts, from the theoretical perspective of Orem, Meleis and Swanson, can be a facilitating process in understanding a complex reality, promoting self-care and well-being. The Rehabilitation Nurse Specialist, focused on a relationship of partnership with the person, family and community, with specific and personalized theoretical support, can show health gains in enhancing self-care, promoting mastery and well-being.

Keywords: Rehabilitation Nursing; Nursing Theory; Self-Care; Well-Being; Aged Person.

RESUMEN

Actualmente las personas presentan una multiplicidad y complejidad de enfermedades en contextos clínicos, hay espacio para que los profesionales de la salud respondan con enfoques adecuados a las necesidades humanas y respuestas a situaciones de vulnerabilidad. La descripción de los cuidados de enfermería de rehabilitación en contextos de salud, desde la perspectiva teórica de Orem, Meleis y Swanson, puede ser un proceso facilitador en la comprensión de una realidad compleja, promoviendo el autocuidado y el bienestar. La Enfermera Especialista en Rehabilitación, centrada en una relación de colaboración con la persona, la familia y la comunidad, con un apoyo teórico específico y personalizado, puede mostrar beneficios para la salud en la mejora del autocuidado, promoviendo el dominio y el bienestar.

Palabras clave: Enfermería de Rehabilitación; Teoría de Enfermería; Autocuidado; Bienestar; Ancianos.

© 2025; The Authors. This Open access article is distributed under the Creative Commons Attribution 4.0 license (https://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

In a current scenario where ageing and the burden of disease are a concern, adequate preparation by health professionals is recommended.[1] Chronic diseases, such as cardiorespiratory compromise, are a challenge and it is essential that the corresponding health policies and services are prepared to provide quality and safe care for the aged person, their family and the community.[1] Aged people go through processes of progressive ageing characterized by physiological changes, with functional decline throughout their life cycle, with a possible increase in vulnerability.[2] Currently, an aged person is defined as a person aged 65 or over, and healthy ageing is considered to be a process of developing and maintaining functional capacity and well-being.[3] It is important to understand nursing care through the theoretical support of Orem, Meleis and Swanson, in a search for the ontological nature of the profession, in the direct praxis of caring for the person, family and community in order to promote well-being. As Dragosits and colleagues[4] point out understanding well-being becomes essential in humanized health care and challenging in the relationship between health professionals and the aged person.

This article aims to reflect on rehabilitation nursing care in promoting self-care and well-being from the perspective of Orem, Meleis and Swanson.

DEVELOPMENT

In the understanding of the nursing discipline, the metaparadigm, initially addressed by Fawcett, is described in four central concepts: the person, health, the environment and nursing care, which can be understood as the most abstract component of the conceptual framework of a discipline.[5]

In explaining the reality of nursing care, while Grand Theories explain the objectives and broader concepts of a set of relevant phenomena, Middle-Range Theories are concerned with clinically representative concepts, in a coherent description of the relationships of specific phenomena.[6,7]

Self-care, as defined by Orem, can be understood as a series of activities that promote the development of each person, which are initiated and continued within specific spaces and times, with the aim of preserving life and well-being.[8] According to the World Health Organization (WHO),[9] self-care is one of the most promising and captivating approaches, highlighting in this process the substitution of the person when last needed.

Meleis' Transition Theory can describe the transition of the person in their period of health/illness, underlining its relevance in the person's awareness of their new health condition, which may be due to a change in functionality and dependence on self-care.[7] A healthy transition can mirror a demonstration of mastery, corresponding to a re-signification of identity and well-being.[7]

Swanson's Theory of Caring is characterized by the five processes of caring: knowing, being with, doing for, enabling and maintaining belief, presupposing the achievement of the person's well-being, where it is understood in its physical, mental and spiritual fullness.[10] Health can be characterized by a person's ability to carry out their functions, their capacity to adapt to the environment and their search for the eudemonistic self, the ethical demand for happiness and critical judgement for the positive.[10]

It is important to be present and aware of all the theoretical support involved, in the creation of singular, unique and specific moments, in which the Rehabilitation Nurse Specialist (RNS) has the opportunity to build with the person care based on a partnership relationship in the achievement of their health project, with the possible enhancement of functionality, empowerment for self-care and well-being.[10,11] Caring is characterized by compassion, sharing, comfort, anticipation, knowledge, presence, among others.[10,12]

Care plans are built on supporting the needs, expectations and preferences of the person and their family, through multidisciplinary healthcare, with trained healthcare teams with effective bridges through care centered on a common language from the point of departure to the point of arrival.[13] The aged person with cardiorespiratory compromise can present clear limitations in self-care, and the RNS, as part of a multidisciplinary team, plays a fundamental role in the person's transition process by drawing up relevant and specific care plans.[14]

The construction of effective Rehabilitation Nursing (RN) care plans with the person, family and community that promote well-being and health gains is rewarded.[15] As Nilsen and collaborators[16] point out, care centered on the elderly person with multiple, highly complex illnesses translates into a quality praxis, promoting health results and boosting satisfaction, facilitating care plans.

RN care for a safe transition from health care to the community is an indicator of quality, with both health and social services supported by networking with appropriate synergies.[17] Beattie and colleagues[18] state that communication between the health team, the aged person and the family should be standardized to the understanding of all parties, in order to provide effective, quality, safe care that addresses literacy and empowerment needs.

Empowerment involves a multidimensional process in the field of educational sciences that encompasses knowledge, decision and action.[19] The process of empowerment allows for the emancipation of the person, translating into the promotion of autonomy, access to appropriate therapeutic measures, through the various resources available in the community.[19] In the conscious implementation of wellbeing, advanced, integrative nursing care is considered important, enabling comprehensive RN care that encompasses the whole person (body, mind and spirit), integrating therapeutic modalities that promote wellbeing, such as music therapy and mood therapy.[20]

The methodology took into account a critical-reflexive reflection with the mapping of the state of knowledge of the well-being of the aged person with cardiorespiratory compromise, family and community, with the construction of a descriptive diagram supported by the theoretical foundations of Orem, Meleis and Swanson.

A diagram was made, triangulating the 3 theoretical supports, Orem, Meleis and Swanson. The common goal lies in the desired end result of the person's experience in the clinical context. A care plan designed through processes of transition, self-care and caregiving, with well-being as the intended goal.[7,8,10]

https://doi.org/10.56294/cid2025142

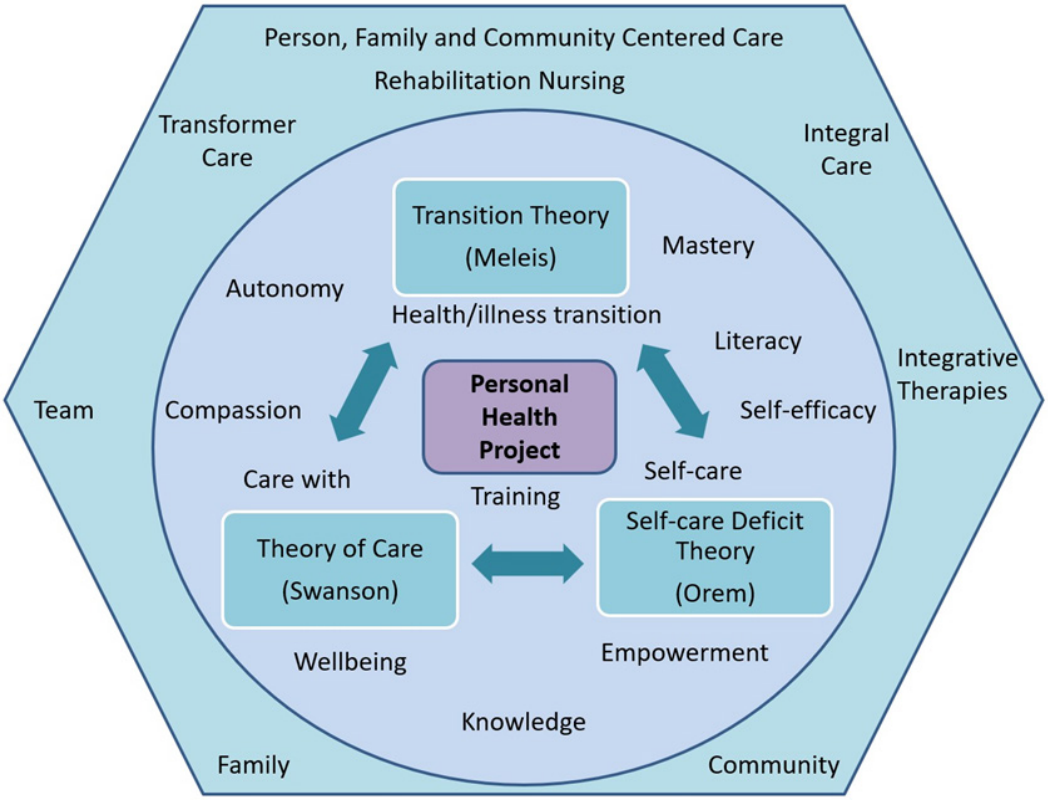

Figure 1. Person, Family and Community Centered Care - Rehabilitation Nursing

This diagram is considered to be supported by both the theoretical model of Orem, Meleis and Swanson and the nursing metaparadigm. The words between the arrows: caring, empowering and enhancing self-care are representative of the domains of the RNS's specific competencies in a person's health/illness transition phase, within a family and a community.[11]

The promotion of empowerment, self-efficacy and literacy in the field of RNS skills in the better management of the health project proposed by the person, mirrored in an effective relationship of partnership, empathy and compassion.

At the center of the diagram is the person in search of their personal health project. Nursing care is within the paradigm of integral care and transformative care, complemented by integrative therapies of creativity and humor in health care. The environment framed in what surrounds the person and how they influence it and are influenced by it. Health is characterized by the person's better adaptation to the environment, the enhancement of self-care and the search for the eudemonistic self.[7,8,10]

CONCLUSIONS

Reflecting on RN care from the perspective of Orem, Meleis and Swanson, we can investigate comprehensive and transformative care in partnership with the person, family and community in a relationship. To fully see the person—body, mind, and spirit—within RN care means valuing an empathetic relationship grounded in compassion. Promoting knowledge, training, self-efficacy, empowerment, autonomy, and literacy serves as key facilitators in achieving the health project. The ontological essence of RN care unfolds in an immersive dynamic between the nurse, the person, family, and community, recognizing both their potential and vulnerabilities in a partnership that fosters self-care, mastery, and well-being.

REFERENCES

1. Barreira LF, Paiva A, Araújo B, Campos MJ. Challenges to Systems of Long-Term Care: Mapping of the Central Concepts from an Umbrella Review. Int J Environ Res Public Health. 2023 Jan 17;20(3):1698. https://doi.org/10.3390/ijerph20031698.

2. Izquierdo M, de Souto Barreto P, Arai H, Bischoff-Ferrari HA, Cadore EL, Cesari M, et al. Global consensus on optimal exercise recommendations for enhancing healthy longevity in older adults (ICFSR). J Nutr Health Aging [Internet]. 2025 Jan 1;100401. Available from: https://www.sciencedirect.com/science/article/pii/S1279770724004895?

3. World Health Organization. Making older persons visible in the sustainable development Goals monitoring Framework and indicators [Internet]; 2024 [cited 2025 feb. 12] Available from: https://iris.who.int/bitstream/handle/10665/378232/9789240094888-eng.pdf?sequence=1.

4. Dragosits A, Martinsen B, Hemingway A, Annelise Norlyk. Coming home: older patients' and their relatives' experiences of well-being in the transition from hospital to home after early discharge. Int J Qual Stud Health Well-being. 2024 Jan 3;19(1). https://

doi.org/10.1080/17482631.2023.2300154.

5. Bender M. Re-conceptualizing the nursing metaparadigm: Articulating the philosophical ontology of the nursing discipline that orients inquiry and practice. Nurs Inq. 2018 Apr 10;25(3):1–9. https://doi.org/10.1111/nin.12243.

6. Chinn PL, Kramer MK. Knowledge development in nursing: Theory and process. 11th ed. St. Louis: Mosby Elsevier; 2022.

7. Meleis AI. Theoretical Nursing: Development and Progress. 6th ed. Philadelphia: Wolters Kluwer Heath; 2018.

8. Orem DE. Nursing: concepts of practice. 6th ed. St. Louis, Mo: Mosby; 2001.

9. World Health Organization. WHO guideline on self-care interventions for health and well-being, 2022 revision. [Internet]; 2022 [cited 2025 feb. 12] Available from: https://iris.who.int/bitstream/handle/10665/357828/9789240052192-eng.pdf?sequence=1.

10. Swanson KM. Nursing as Informed Caring for the Well-Being of Others. Image: J Nurs Scholarsh. 1993 Dec;25(4):352–7. https://doi.org/10.1111/j.1547-5069.1993.tb00271.x.

11. Resolução da Assembleia da República n.º 392/2019, 3 de Maio. Diário da República, Série II (85) [cited 2025 feb. 12] Available from: https://diariodarepublica.pt/dr/detalhe/regulamento/392-2019-122216893.

12. Mårtensson S, Hodges EA, Knutsson S, Hjelm C, Broström A, Swanson KM, et al. Caring Behavior Coding Scheme based on Swanson's Theory of Caring – development and testing among undergraduate nursing students. Scand J Caring Sci. 2020 Oct 30;35(4):1123–33. https://doi.org/10.1111/scs.12927.

13. Shiota S, Kitagawa T, Hidaka T, Goto N, Mio N, Kanai K, et al. The International Classification of Functioning, Disabilities, and Health categories rated as necessary for care planning for older patients with heart failure: a survey of care managers in Japan. BMC Geriatr. 2021 Dec 1;21(1). https://doi.org/10.1186/s12877-021-02647-3.

14. Zhou H, Dong A, Xu X, Zhu J, Shi B. Cardiopulmonary Rehabilitation in Elderly Patients with Heart Failure: A Prospective Cohort Study. Bashir AK, editor. J Healthc Eng.2022 Apr 1;2022:1–6. https://doi.org/10.1155/2022/4923007.

15. Woldring JM, Luttik ML, Paans W, Gans ROB. The added value of family-centered rounds in the hospital setting: A systematic review of systematic reviews. PLoS One. 2023 Jan 20;18(1):e0280142. https://doi.org/10.1371/journal.pone.0280142.

16. Nilsen ER, Hollister B, Söderhamn U, Dale B. What matters to older adults? Exploring person-centred care during and after transitions between hospital and home. J Clin Nurs. [Internet]. 2021 Jun 11;31(5-6). Available from: https://onlinelibrary.wiley.com/doi/10.1111/jocn.15914.

17. Registered Nurses' Association of Ontario [RNAO].Transitions in care and services. (2nd Ed.). Toronto (ON): RNAO; 2023.

18. Beattie J, Castiello T, Jaarsma T. The Importance of Cultural Awareness in the Management of Heart Failure: A Narrative Review. Vasc Health Risk Manag. 2024 Mar 1; Volume 20:109–23. https://doi.org/10.2147/VHRM.S392636.

19. Sousa L, Martins MM, Novo A. A Enfermagem De Reabilitação no Empoderamento e Capacitação da Pessoa em Processos De Transição Saúde-Doença. Rev Port Enf Reab. 2020 Sep 16;3(1):63–8. https://doi.org/10.33194/rper.2020.v3.n1.8.5763.

20. Sousa L, Marques-Vieira C. Terapias Integrativas na Promoção do Bem-estar. In Henriques E. Coord. O Cuidado Centrado no Cliente. Da Apreciação à Intervenção de Enfermagem. Sintra: Sabooks; 2021. 837-846

FINANCING

The authors did not receive funding for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Rafaela Pereira, Luís Sousa, Sandy Severino.
Methodology: Rafaela Pereira, Luís Sousa, Sandy Severino.
Writing - original draft: Rafaela Pereira.
Writing - proofreading and editing: Luís Sousa, Sandy Severino.