



The Vital Role of Nursing Care in Family-Centered Rehabilitation

Mahdieh Motie ¹, Amirmohammad Azarakhsh ², Behnaz Farahmandfard ^{2,*}

¹ Department of Nursing, Faculty of Behavioral Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

² Student Research Committee, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

*Corresponding Author: Student Research Committee, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran. Email: behnazfarahmandfard@gmail.com

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Dear Editor,

Nurses play a crucial role in family-centered rehabilitation. In addition to providing routine care, they are responsible for offering emotional support, education, and coordination, which promotes the active participation of patients and their families and ultimately leads to their empowerment. In the study by Aadal et al., it was also shown that nurses had a vital role in identifying family needs, improving communication, and supporting interactions between patients and their families during hospital-based rehabilitation (1). With recent advancements, the traditional task-oriented model of rehabilitation nursing has evolved into a more comprehensive and empowering approach. In this model, nurses support the active decision-making of both the patient and the family in the care and rehabilitation process. This empowerment shifts the focus of rehabilitation from merely improving physical functioning to enhancing family adaptation and resilience (2). Nurse-led interdisciplinary interventions have been shown to significantly improve family outcomes in critical care settings, highlighting the nurse's central role as a facilitator of communication, trust, and effective coping. Applying these principles to family-centered rehabilitation can enhance patient adherence, reduce caregiver burden, and promote sustainable recovery (3). In family-centered care, the nursing process is typically divided into three stages: Assessment, planning, and implementation (4). In stroke patient recovery, family involvement has been shown to accelerate the healing process. However, the participation of nurses is often overlooked, which further highlights the importance of their role in such programs (5). Recent findings also highlight remarkable outcomes in the field of pediatric rehabilitation. In a

participatory action research study by Nematifard et al., nurses enhanced their communication, empathy, and shared decision-making skills through continuous educational and reflective sessions (6). Family-centered rehabilitation has also demonstrated positive effects in chronic diseases. A study by Rooddehghan et al. showed that a family-centered self-care education model for patients with multiple sclerosis (MS) led to an improvement in their quality of life. Continuous education and emotional support provided by nurses enhance family involvement and adherence to the rehabilitation process (7). The effectiveness of nursing interventions in family-centered rehabilitation can be summarized as follows:

Strengthening Communication

This is achieved through the active participation of the family in the patient's rehabilitation interventions.

Improving Self-Care and Quality of Life

Family-centered educational models lead to increased self-care and improved quality of life, especially in chronic diseases (7).

Enhancing the Rehabilitation Process

The direct involvement of the patient in their own rehabilitation directly increases adherence (1, 4, 5).

Model Transformation

This represents a shift from the traditional, task-oriented model of rehabilitation nursing to a comprehensive and empowering approach (2). The implementation of family-centered care within rehabilitation nursing remains incomplete. To bridge this gap, nursing education and clinical practice must integrate standardized family-assessment approaches, effective communication skills training, and structured reflective exercises. Embedding these components

strengthens evidence-based rehabilitation nursing, enhances the psychosocial dimensions of care, and reinforces the professional identity of nurses. Such an identity merges technical proficiency with essential human competencies, thereby enabling nurses to fully enact their role within a family-centered rehabilitation framework.

Footnotes

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