



THE ROLE OF NURSES AND PHYSIOTHERAPISTS IN REHABILITATION TEAM FOR BETTER PRIMARY HEALTH CARE SETTINGS: SIMPLE REVIEW

Amer Saleh Ali Alhutaylah^{1*}, Mubarak Ali Saeed Alqahtani¹, Ibrahim Faris Saeed Al Yami¹, Hassan Rashed Hassan Alfuhayd², Abdullah Muidh Abdullah Alyami³, Rakan Dafer Zaher Alarakah³, Ali Abdullah Hussain Alrabah⁴, Mohammed Nasser Ali Shaman⁵

Abstract:

Primary care, serving as the initial point of contact within the healthcare system, necessitates a comprehensive approach known as primary health care (PHC). This approach involves the collaboration of various healthcare professionals, including physicians, nurses, pharmacists, dieticians, social workers, and rehabilitation experts. With global demographic and health patterns indicating a probable rise in the demand for integrating rehabilitation services into PHC, the need for effective integration is underscored. Despite the principles outlined in the Alma-Ata Declaration and the presence of successful integration models, the incorporation of rehabilitation services into PHC remains incomplete or inefficient in most healthcare systems. Proximity of rehabilitation services to individuals' residences enables them to participate in educational programs and maintain active lifestyles, thereby reducing the need for extensive care and financial assistance, resulting in mutual benefits for both the individual and society. Additionally, such proximity can help prevent costly hospitalizations and readmissions. The quality of rehabilitation services is often gauged by the timeliness of delivery and the seamless continuum of care, with efficient referral practices akin to those observed in PHC. This aspect is considered a significant indicator of the quality of rehabilitation services within the healthcare framework.

Keywords: nursing, physiotherapy, leadership in rehabilitation, team leader, rehabilitation team works, rehabilitation health system

^{1*}Physiotherapy, Eradah Complex And Mental Health, Najran, Saudi Arabia

²physiotherapy, New Najran General Hospital, Najran, Saudi Arabia

³Nursing Technician, New Najran General hospital, Najran, Saudi Arabia

⁴Technician of Prosthetics and Orthotics, King Khaled Hospital, Najran, Saudi Arabia

⁵Physiotherapy, King Khalid Hospital Najran Health Care Settings, Najran, Saudi Arabia

***Corresponding Author:** Amer Saleh Ali Alhutaylah

*Physiotherapy, Eradah Complex And Mental Health, Najran, Saudi Arabia

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Introduction:

The persistent occurrence of injuries and the rise of noncommunicable chronic diseases are contributing to a rise in the population of individuals with disabilities, particularly in developing nations, underscoring the increasing global demand for rehabilitation services [1]. Individuals with disabilities face significant challenges in low and middle-income countries, where access to essential rehabilitation services is often lacking. In Saudi Arabia, the involvement of nurses and physiotherapists in the rehabilitation process is paramount, as they play integral roles in delivering comprehensive and holistic care to patients recovering from diverse injuries and illnesses [2].

Nurses are instrumental in the rehabilitation journey, offering direct patient care, monitoring progress, administering medications, and collaborating with other healthcare professionals to optimize patient outcomes. Furthermore, they play a crucial role in patient and family education, imparting knowledge about conditions, treatment plans, and self-care strategies to facilitate long-term recovery and mitigate future complications. Conversely, physiotherapists specialize in aiding patients in restoring physical strength, mobility, and functionality through individualized exercise regimens, manual therapy interventions, and the use of assistive technologies [3].

By closely evaluating patient needs, establishing goals, and crafting personalized treatment strategies, physiotherapists collaborate with nurses to form a synergistic and cooperative team dedicated to delivering superior care and assistance to patients undergoing rehabilitation in Saudi Arabia. The persistent occurrence of injuries and the rise of noncommunicable chronic diseases are contributing to a rise in the population of individuals with disabilities, particularly in developing nations, underscoring the increasing global demand for rehabilitation services [1]. Individuals with disabilities face significant challenges in low and middle-income countries, where access to essential rehabilitation services is often lacking. In Saudi Arabia, the involvement of nurses and physiotherapists in the rehabilitation process is paramount, as they play integral roles in delivering comprehensive and holistic care to patients recovering from diverse injuries and illnesses [2].

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progress, administering medications, and collaborating with other healthcare professionals to optimize patient outcomes. Furthermore, they play a crucial role in patient and family education, imparting knowledge about conditions, treatment plans, and self-care strategies to facilitate long-term recovery and mitigate future complications. Conversely, physiotherapists specialize in aiding patients in restoring physical strength, mobility, and functionality through individualized exercise regimens, manual therapy interventions, and the use of assistive technologies [3].

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Objectives:

The primary objective of this review is to assess the role of both physiotherapists and nurses in the rehabilitation team, importance of rehabilitation team working and the leadership role in rehabilitation team functioning.

The role of nursing within a rehabilitation team

Research indicates that for optimal outcomes to be achieved, rehabilitation interventions should be administered by a team of diverse healthcare professionals. Among these professionals, the role of a rehabilitation nurse is particularly significant. Over time, the nursing care model has evolved from a traditional approach characterized by passive patient involvement to a more intricate and contemporary concept that emphasizes empowering patients to actively engage in self-care practices.

Within the realm of rehabilitation service provision, nurses play a crucial role across various phases and modalities of care. In acute rehabilitation settings, nurses are instrumental in supporting essential bodily functions such as respiration, cardiovascular activity, skin health, and neuromuscular performance. They also oversee aspects like nutrition, early mobilization, and the facilitation of self-care skills [4].

During post-acute rehabilitation, nursing assumes a pivotal role in promoting mobility and independence in self-care tasks. This encompasses providing guidance to patients and their families, as well as offering support for specialized interventions including bladder and bowel management, stoma and tracheal cannula care, and

the utilization of assistive devices. Moreover, nurses are involved in the continuation of cognitive-behavioral treatments that adhere to round-the-clock care principles [5].

In nursing homes and geriatric care facilities, nurses are at the forefront of delivering long-term support. Their responsibilities encompass evaluating patients' functional abilities, coordinating interventions with other rehabilitation professionals, and executing tasks such as positioning, mobilization, self-care training, and nutritional management [6].

Within the context of long-term rehabilitation care, nurses tailor their interventions to meet the unique needs of individual patients and the specific care settings. They provide assistance and training in areas such as bladder and bowel function management, stoma care, and other relevant interventions [7].

In community-based rehabilitation (CBR) services, nurses often serve as the primary providers of rehabilitation care. In such settings, they deliver foundational rehabilitation interventions and educate patients and their families on managing disabilities effectively [8].

The role of physiotherapy in rehabilitation team:

Physiotherapy is a crucial element of rehabilitation and should be an essential component of services offered at the Primary Health Care (PHC) level [9]. The involvement of physiotherapists is vital in mitigating musculoskeletal disorders within the community through primary health services, thereby underlining the necessity of incorporating physiotherapy into PHC to enhance accessibility and deliver comprehensive care to the population. The prevalence and multifactorial nature of chronic health conditions and their impact on individuals' functional abilities further emphasize the significance of including physiotherapists in PHC policies [10].

The evolving practice of physiotherapy in primary care is a direct outcome of the privilege of first contact/direct access in physiotherapy. Given the rapid-access approach of PHC delivery, it is imperative that physiotherapists are able to attend to patients on a first-contact basis [11]. The integration of physiotherapists into primary care environments can enhance care coordination for individuals with chronic illnesses, as co-locating physiotherapists and family physicians in the same setting promotes interprofessional collaboration through both formal and informal channels of communication [12].

By embedding physiotherapists in PHC settings, there is a potential for increased access to prevention and management strategies for chronic diseases, which could prove to be a cost-effective and value-driven approach to delivering more personalized, comprehensive, and holistic care [13]. Within a PHC team, physiotherapists can undertake various roles, such as working with patients with musculoskeletal and neurological conditions, offering fall prevention programs, and educating patients and caregivers on the prevention and management of chronic diseases. The integration of physiotherapists into healthcare teams was highly valued by physicians and nurses, with physiotherapy emerging as the most sought-after rehabilitation service [14].

Importance and challenge of rehabilitation team working:

Since the era of World War 1, the significance and functionality of effective rehabilitation team collaboration have been acknowledged and extensively discussed [15]. Teamwork stands as a fundamental standard within the realm of rehabilitation, serving as a valuable mechanism to augment the pool of both professional and non-professional human resources within the healthcare sector, especially in less developed nations. Various models of teamwork, such as interdisciplinary (IDR), multidisciplinary (MDR), and transdisciplinary rehabilitation approaches, have been delineated. Nonetheless, there exist ongoing debates concerning the appropriateness, efficacy, and context of each team format [16]. The constitution of rehabilitation teams and the quantity of team members exhibit considerable variability contingent upon the ailment being addressed and the personalized preference of the primary team leader. Ambiguities persist regarding the precise dynamics of the relationships among team members, which are not always explicitly outlined [17]. In certain advanced inpatient rehabilitation facilities in developed countries, it is customary for MDR teams to convene on a weekly basis, a practice that remains uncommon in developing regions. Several nations have adopted a comprehensive rehabilitation team structure encompassing a PRM physician, a rehabilitation nurse, orthotics and prosthetics specialists, rehabilitation therapists (covering physical, occupational, and speech-language domains), medical social workers, and other indispensable professionals [18].

Leadership role in rehabilitation team functioning:

Effective management of teams is crucial for the success of rehabilitation goal-setting meetings and overall team coordination in developing countries where rehabilitation may not be a top health priority and faces various challenges in team functioning [19]. The structure of a rehabilitation team and the individuals responsible for leading and coordinating its functions are important considerations. Ideally, individuals with the necessary training, knowledge, and skills to diagnose conditions, assess activity limitations, and participation restrictions, as well as select appropriate treatment options, should lead multidisciplinary rehabilitation teams [20]. It is recognized that no single professional is likely to possess all the skills needed to achieve optimal results independently, highlighting the importance of teamwork in rehabilitation practices.

There exists a gap between theoretical knowledge, current practices, and practical implementation in rehabilitation, underscoring the need for effective leadership within rehabilitation teams. A competent leader should excel in clarifying issues, defining goals, and coordinating action plans while aligning with the overall mission of the country or institution [21]. The Professional Practice Committee of the Union of European Medical Specialists (UEMS) PRM Section has examined teamwork patterns and provided recommendations for best practices in 2008. The committee's consensus statement emphasized that a PRM physician is well-suited to oversee PRM programs, develop new management strategies, and evaluate their effectiveness [22].

Physician-led rehabilitation teams have demonstrated success in the rehabilitation settings of developing countries. To promote the advancement of physical medicine and rehabilitation in low-resource nations, organizations like the International Rehabilitation Forum (IRF) have established a network of global leaders and provided leadership and specialty training to local practitioners. As a result, physical rehabilitation medicine physicians have effectively led rehabilitation teams in various nations in Asia and sub-Saharan Africa, with the IRF playing a pivotal role in facilitating the transfer of rehabilitation leadership knowledge [23].

Challenges to rehabilitation team work

Successful teamwork is a process that evolves over time and necessitates dedicated efforts towards team development and skill enhancement. This can be achieved through various means such as

organizing timeouts or retreats aimed at fostering team cohesion and competence. It is crucial for individuals within the team to take responsibility for their professional duties and contributions without assigning blame. In instances of failure, it is beneficial for the team to collectively reflect on both successes and setbacks to derive valuable insights [24].

Apart from these factors, teams may encounter numerous challenges. One significant hurdle is ensuring that team members allocate time to participate in and contribute effectively during meetings. Attendance should be mandatory, and teams should be willing to invest time in nurturing relationships and fostering trust among members. Additionally, frequent turnover in staff can disrupt team morale and necessitate efforts to rebuild trust and relationships [25].

Teams should also remain vigilant about the potential impact of biases on fair treatment within the team. Biases can compromise professional judgment and pose a threat to team dynamics. Acknowledging that conflicts are a natural byproduct of collaboration is crucial, and teams should anticipate and embrace such challenges [26]. Disagreements among assertive and dedicated clinicians regarding management decisions may arise occasionally. In such situations, it is essential to reinforce the shared commitment to the Interdisciplinary Team (IDT), its core principles, and common objectives. Emphasizing team and patient goals over individual specialties can facilitate better idea-sharing and collaboration among team members [27].

Conclusion:

In conclusion, the integral role of nurses and physiotherapists in the rehabilitation team is essential for improving primary health care settings in Saudi hospitals. Nurses are responsible for providing comprehensive care to patients by evaluating their physical, emotional, and psychological needs. They ensure that patients receive the necessary assistance and guidance throughout their rehabilitation process. Furthermore, nurses collaborate closely with physiotherapists to create personalized treatment plans aimed at enhancing patients' mobility, strength, and overall functionality. Physiotherapists specialize in evaluating and treating musculoskeletal conditions, aiding patients in regaining independence and enhancing their quality of life. Through teamwork, nurses and physiotherapists can enhance patient outcomes and contribute to the overall success of the rehabilitation team. Their expertise, empathy, and

commitment are invaluable assets in advancing primary health care in Saudi hospitals. Healthcare institutions must acknowledge and support the critical roles of nurses and physiotherapists in the rehabilitation team to ensure the provision of high-quality care to patients.

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