

# RIASE

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## **REHABILITATION NURSING AND THE ACCESSIBILITY OF THE PERSON WITH DISABILITY**

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## ABSTRACT

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An inclusive society leads all citizens to participate in community life, without any discrimination, but often citizens with reduced or conditioned mobility face barriers of a different nature. The condition of person with disability is arduous and unequal, even protected by legislation, but it is essential effectiveness in its application, which also involves the Rehabilitation Nurse.

**Objectives:** Reflect on the rights of persons with disabilities and on the role of professionals in the overall rehabilitation action, particularly the rehabilitation nurses; Mobilize strategies for the promotion of accessibility.

**Methodology:** Descriptive study using specific legislation, official websites and sources on rehabilitation, nursing and rehabilitation nursing.

**Results:** The legislation is oriented towards the protection of the citizen with reduced or conditioned mobility. But barriers exist and changes are needed in people and society, and the professional has a relevant role in its implementation. Nurses in general and rehabilitation specialists in particular should advocate for the conditions necessary for the enjoyment of accessibility by developing specific strategies.

**Conclusions:** Continuous monitoring is required for equal opportunities and accessibility, which involves the attitude of people, responsible entities and professionals. Rehabilitation nurses must assert themselves as an integral part of this mission.

**Keywords:** Rehabilitation nursing; human rights; legislation; architectural accessibility; disabled persons.

## INTRODUCTION

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The *Resolução do Conselho de Ministros 135/2002*, of November 20, defined that accessibility is a particularity of the surrounding environment or of an object that allows the person to interact and make use of it in a balanced, harmonious and safe way.

Within the scope of the master's degree attendance in nursing, it was possible to discuss the rights of people with disabilities and how they are legally protected. The accessibility theme was a subject widely discussed and highlighted in this approach.

This work aims to reflect on the rights of people with disabilities and on the role of professionals in the overall rehabilitation action, particularly that of rehabilitation nurses. It

is also objective, within the scope of the training of those citizens, to mobilize and reflect about strategies for the promotion of accessibility.

Legislation points the way in safeguarding rights, but citizens should be informed of their rights and duties and should organize themselves into groups that watch and give voice to those who have more difficulties. Rehabilitation teams are, by nature, promoters of empowerment of the person and must remove barriers to their full integration into society. Among the constituents of the rehabilitation team we highlight the nurse's specialists in Rehabilitation Nursing who are present from the earliest stages of the difficulty and who remain until the integration in the society. They replace the beneficiary, complement his action and stimulate his independence but must be above all those who advocate for him.

In addition to the rehabilitation of the person as a whole, it is important that the environment is favorable to participation in society. Accessibilities must therefore be guaranteed in the most different situations to the most different services, to the cities structures, to the transport, to the equipment, among others.

Thus, we believe that nurses and, in particular, rehabilitation nurses should guide their action towards the full integration of the citizen, relying on the transdisciplinary work that emphasizes the complementarity of the global intervention to the person with incapacity.

### *Guarantee of the rights of citizens with disabilities*

Accessibility was the subject of normative regulation for the first time, through *Decreto-Lei n.º 123/97*, of May 22, which established technical standards, with the purpose of abolishing urban and architectural barriers in public buildings and public roads<sup>(1)</sup>. The weak sanctioning effectiveness was one of the reasons that led to its revocation, considering low value fines, causing inequalities imposed by the existence of urban and architectural barriers that persisted in Portuguese society<sup>(2)</sup>.

Eight years after the publication of this Decree-Law, the *XVII Governo Constitucional* approved a new law that seeks to correct some of the gaps detected, making the implementation of accessibility more agile, coherent, orderly and capable of providing equal conditions to those citizens, who are subjected to limitations.

Thus, *Decreto-Lei n.º 163/2005*, of August 8, has improved the control mechanisms, giving them greater sanctioning effectiveness, increasing the levels of communication and accountability of the various agents involved in these processes, as well as introducing new solutions, coherent with technical, scientific, social and legislative developments<sup>(2)</sup>. The extension of the scope of accessibility technical standards is one of the main innovations. It guarantees unmovable mobility in public spaces, as foreseen in the previous law, but now includes private spaces - access to the dwellings and their interiors<sup>(2)</sup>.

We have the conditions so that the promotion of accessibility is a key element in people's quality of life, which is a central mechanism for the exercise of the rights. That are confined to any member of a democratic society, leading to the strengthening of social ties in order to provide for a greater civic participation of all those who are part of it and, consequently, for a deepening of the sense of solidarity<sup>(2)</sup>.

At the same time the Universal Design or Design for All is drawn up by the Committee of Ministers of the Council of Europe. Its value lies in the fact that it is the tool of choice for the operationalization of accessibility and, consequently, the promotion of social inclusion. It seeks to ensure that the construction of equipment and structures intended for the general population designed to be used by all people regardless of whether or not they are incapacitated so that they can be a characteristic of an inclusive society<sup>(3)</sup>.

We are able to reinforce the idea of people with difficulties, paraphrasing: "we do not want you to live for us, but to help us live with you"<sup>(4)</sup>. This should be the fundamental motto to empower the inclusive community vis-à-vis the person with disability, regardless cause and constraints.

We would like to remind that societies, from the beginning, tend to place "different" people in the background about decision-making power and freedom of choice. These have always been the target of prejudice and discriminatory actions that were near inhumanity. Millecamps supports this idea by pointing out that the literature and history reflect this discriminatory attitude, since it is much easier to focus on impediments and appearances than to evoke potentials and abilities<sup>(4)</sup>.

With regard to the rights of persons with disabilities, we find that there are several legal instruments and guiding guides that define fundamental principles for the construction of an inclusive society, among which the following stand out: the Constitution of the Portuguese Republic, the National Plan of Action for Inclusion and the United Nations Convention on the Rights of Persons with Disabilities of March 30, 2007.

We can therefore see that the issue of human rights in a more comprehensive way and that of citizens, in particular, has been a concern of international and national entities, in particular the governments that in recent years have made efforts to make adaptation a motto to pursue. Thus, to take the citizen to its maximum potential, to adjust the contexts is the motto of Rehabilitation.

Thus, according to the *World Health Organization*<sup>(5)</sup>, Rehabilitation is an aggregate of interventions aimed at optimizing the functioning and reducing the incapacity of the person interacting with their environment, enhancing their capacity to live and work, contributing to the improvement of their quality of life.

### *Rehabilitate taking care*

Rehabilitation has always been presented as an action for the wholeness of the individual. It means rehabilitation aimed of the person, physical and mental, but also their social reintegration, and work, being the family a fundamental element of the team. When we put in same degree the rehabilitation and the care we verify its proximity by the purpose that it is to place the person with dependence in condition to self-care or at least to determine their will, although needs a supplementary or complementary action of another. The focus of attention is not limited to the altered motor or sensory areas but also aims at health promotion, risk prevention, because the person is a unitary being.

The success of the rehabilitation process will depend on the involvement of the various actors that constitute the multidisciplinary team, always in the process of systemic interaction. It is not always constituted by the same elements, but it is adding and releasing some. We have, however, the conviction that there are elements that remain of which we highlight the beneficiary himself, the family, the rehabilitation nurse, the doctor among others.

The rehabilitation process implies the development of skills, functional improvement, satisfaction in the daily life, family and social reintegration, the exercise of citizenship and greater autonomy<sup>(6)</sup>.

Caring has in its roots the meaning of protection and help, being always recreated by the different cultures and in this sense, can be seen its transmission in the generations. Today, professional care seeks the good for the person who, in some circumstance, needs help, differing because it is guided by knowledge and scientific evidence.

Caring is contextualizing, adapting and individualizing, accompanying all stages of life, developing capacities to compensate for imbalances<sup>(7)</sup>.

In this line of thought, *Decreto-Lei n.º 161/96*<sup>(8)</sup> of September 4 states that Nursing is a science that seeks to provide care to the healthy or sick person throughout their life cycle, and to the social groups in which they are inserted. It seeks to maintain or improve the quality of life, promoting the maximum possible functional capacity. This maxim is the motto of rehabilitation nursing.

### *Caring for and rehabilitating the unitary being*

Therefore, Rehabilitation Nursing is a specialty in the Nursing area that emphasizes both the prevention and the elimination of disabilities, through previously established objectives, prioritized and shared among nurses, person/client/beneficiary and family. The competent professionals are able to guide the person in achieving their level of independence and autonomy. As mentioned earlier, it is an intervention focused on the holistic approach

and not just on dysfunction, whether it is implemented in the hospital, rehabilitation centers or at home<sup>(6)</sup>. In their care action, the professionals carry out an integral evaluation of the person, diagnose their potentialities and deficits and propose rehabilitation programs where the techniques assume a prominent place. However, the technique is a facilitating medium for the (re) habilitation of the person, so it never presents itself as an end. In this way professional action is added to the educational dimension to facilitate adherence to behavior change.

Educating for health is effectively, relevant, both to the client and to the family/significant person. However, they must have the capabilities to develop the necessary skills. One of the barriers is illiteracy in health that is closely associated with people's low qualifications, so that motivation and action strategies for behavioral adoption are essential. It is expected that nurses will have the skills of educator. Thus, the provision of home care requires that nurses focus on the education of the person and family, assessing the environment that surrounds them, that is, knowing the physical space of the person, as well as the resources existing in the community, considering the need for adaptation of home care<sup>(9)</sup>.

The context of care is very diverse, being institutional and community, where we highlight the domicile of the client/beneficiary. It is in this context that the environment must be the focus of attention to create an area of empowerment and freedom.

Nowadays, health and social policies are oriented towards the maintenance of people with dependence in their natural environment, that is, their home, where the family has a determining role. However, the high level of dependency of the client, the reduction of the family composition and of the members available for care, the reduced income of the families and the deficiencies in the network and care are obstacles to the people training.

In this context, the family is placed in a central and decisive role of the care provided to their family members, facing a huge challenge, dealing with a process of dependency that generates changes in family dynamics<sup>(10)</sup>.

Assuming as an important challenge the inclusion of these people, Rehabilitation Nursing should have an intervening role, in collaborating with the issuance of opinions, in articulation with entities and associations to enable better conditions of accessibility and equal opportunities for all citizens, be they or not with disabilities.

We believe that this document may disquiet readers and will trigger awareness among health professionals and relevant entities of the role the Nurse Specialist in Rehabilitation Nursing can have, adding added value to health care, especially by helping to rehabilitate citizens for an active role in society.

The contribution to assessing conditions and promoting the accessibility of persons with disabilities is an example.

### *Being disabled and live in community*

The World Organization of the United Nations<sup>(11)</sup> in 1975 states that the disabled person is anyone who is unable to self-satisfy himself in his physical or mental capacities because of congenital or acquired disability. However, a large part of the population considers that being deficient "... is to be poor, incapable, crippled, impotent, angel and many other words that hurt and revolt those who are treated with such adjectives!"<sup>(12)</sup>. This position has been contradicted by the increasingly inclusive role of the community, developing programs and actions to facilitate access by people, minimizing physical and social barriers.

Belong to a community is to live it in its multiple dimensions, namely in belonging, influence, integration, satisfaction of needs and shared emotional attachment<sup>(13)</sup>.

The person with a disability should also enjoy these premises, provided that conditions are established within the community, based on their own policies.

### *Accessibility*

To guarantee citizens' rights with some disability must go through an improvement of accessibility and mobility ensuring the quality of life for all citizens.

We understand mobility as a characteristic of what is mobile, or governed by the laws of motion. In this sense, Alves argues that accessibility derives from an attribute that defines the ease of access between belongings, people and activities<sup>(14)</sup>.

Often, we find that the organization of Portuguese society does not respond effectively to the needs of people with disabilities. Despite this, it is hoped that with the contribution of public and private entities, a society will be reached for all and with all. It is the responsibility of the government to legislate, coordinate measures that can be disseminated, and exercise coercive action against the perpetrators, and citizens are responsible for civic cooperation in the realization of their rights. When it comes to people with disabilities, it is essential that communities advocate for these conditions. In fact, the estimate of people with disabilities is 6% according to the 2001 Censuses, made available by the National Institute of Statistics<sup>(15)</sup>.

We recognize that for a long time, accessibility was a problem that was confined exclusively to people with disabilities, and for that reason the concept was minimalist and generative of exclusion. The rupture with this model was due to the efforts made by people with disabilities when they questioned the main barriers of exclusion not only for themselves but also for children and the elderly. In addition, they have gone beyond the focus

of the person to the environment including cities, buildings, transports and other utensils used in the day-to-day.

The urban environment should not present any limits of accessibility and mobility. However, there are still obstacles, such as discontinuities on the public road, abusive parking lots, lack of sensitivity in the installation of urban furniture, which are detrimental to the free movement of people, promoting exclusion and discrimination, in particular of people with reduced or conditioned mobility.

### *Contribution of Rehabilitation Nursing to the accessibility of the person with disability*

Reinforcing what has already been written, nurses are advocates for receptors care and their families and should be one of the voices placed at the service of their clients. Reason dictates, they must anticipate the needs of people with reduced or conditioned mobility, and help to ensure quality of life and conditions for exercising citizenship.

We are aware that the mission of rehabilitation is fulfilled in a transdisciplinary environment and that it is in harmony and communion that personal, social and occupational rehabilitation takes place. Lack of emotional support, isolation, and abandonment are some of the problems that clients and health professionals struggle with. There is a need for continuity support after discharge to the community. Preparation for life in a real world is the basis of a satisfactory life in the community<sup>(16)</sup>. In this scope the nurse specialist in Rehabilitation Nursing is a differentiated resource, an added value in the process. This is embodied in the Regulation of Joint Expert Skills defined by the Nurses' Order<sup>(17)</sup> as well as in the specific competencies defined by the same organization<sup>(18)</sup>, where the competencies to design, implement, monitor and evaluate a differentiated care plan are highlighted. The goal is to contribute to the training and participation of the disabled person in the full exercise of his citizenship<sup>(18)</sup>. Professional action is guided by standards of quality of care from which stand out: customer satisfaction, health promotion, complication prevention, well-being and self-care, rehabilitation and functional re-education and the promotion of inclusion<sup>(19)</sup>.

As fundamental agents in the acquisition of health gains, the specialists in Rehabilitation Nursing contribute to the National Health Plan as actors and active parts in the creation of partnerships in the different intervention areas.

In Primary Health Care, a multidisciplinary approach focused on the family and its life cycle is needed. The Specialist in Rehabilitation Nursing must integrate projects and programs that are integrated in the different social realities, namely School Health and Community Intervention programs<sup>(20)</sup>. Rocha argues that the main objective to be taken into account for effective rehabilitation in the community is to ensure that people maintain their health<sup>(20)</sup>.



In chronic illness, especially in persons with disabilities, it is once again, emphasized that the focus of the specialist in Rehabilitation Nursing is to develop and enhance person's physical and cognitive capacities; to guarantee access to services, to facilitate egalitarian and an active intervention in the community and society.

In a community context, the nurse specialist in Rehabilitation can play a fundamental role in structuring the training of companies and public organizations. To reach the necessary conditions at the architectural level, the specialist in Rehabilitation Nursing must intervene with the local authorities, exercising influence so that the accessibility standards are respected<sup>(20)</sup>.

This specialist can be also a key resource for the diagnosis of the needs of basic technical aids to the promotion of autonomy and mobility. Developing interventions in the community that, in the scope of accessibility, means raising the level of people and families independence; to reduce functional and social dependence; reducing of social and health care expenses in the community/domicile; adaptation to the environment/habilitation, with less socioeconomic dependence; optimization of the reintegration of the person in their family and social environment.

## CONCLUDING

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An inclusive society comes from changing mentalities. This change is a time-consuming process for which it is essential to outline precise and motivational objectives. However, it is crucial not to give up contributing to a more just society. In this sense, political action, the involvement of professionals and citizens create dynamics that allow us to reach the goal.

Adaptive equipment and accessible outdoor spaces enable people to participate in social and recreational activities. Municipalities should provide changes in spaces including: ramps, elevators, permanent and portable lift platforms, large and expandable doors, automated controls and adapted spaces in public buildings, among others.

We can conclude that in terms of physical accessibility, Portugal still has a long way to go. Both in transport and in buildings and public roads, they seem to prevail over bad practices over good ones. For example, people who move in a wheelchair have to be kept in the habitation. These facts lead us to consider that we are facing a violation of human rights, since they are not guaranteed their exercise with equality and dignity

Being aware of and diagnosing the difficulties faced by citizens with reduced or conditioned mobility in their daily lives is an important step in changing the attitude of the entities that run the public space.

While it is largely the responsibility of local authorities to promote change in territories that are inaccessible to citizens with reduced/conditioned mobility, there are other local actors who can make a decisive contribution to reduce these barriers.

Rehabilitation nurses will be able to assert themselves as one of these local agents and should be an integral part of this great mission, creating synergies for a more accessible and inclusive society.

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