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SHORT COMMUNICATION

The Therapeutic Relationship in Rehabilitation Nursing: Promotion of Culturally Sensitive Environments in the Community Context

La Relación Terapéutica en Enfermería de Rehabilitación: Promoción de Entornos Culturalmente Sensibles en el Contexto Comunitario

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ABSTRACT

Introduction: growing globalization and increased immigration, evidenced by the significant growth of the immigrant population in Portugal, have directly impacted healthcare, requiring culturally sensitive practices.
Objective: to analyze the establishment of the therapeutic relationship between the person and the rehabilitation nurse in order to promote culturally diverse environments in a community context.
Method: a theoretical reflection was carried out based on a review of the relevant scientific literature. This theoretical reflection was grounded in an exploratory Boolean search (MeSH and free terms) in PubMed, Google Scholar and EBSCOHost-indexed databases (CINAHL, MEDLINE, Nursing & Allied Health Collection, LISTA, MedicLatina) between March and April 2025. 164 records were retrieved and, after screening, 6 conceptually grounded articles were included in the synthesis.
Results: rehabilitation Nursing in a community setting faces the challenge of promoting humanized and effective care, while respecting cultural diversity. Madeleine Leininger's Theory of Diversity and Universality of Cultural Care provides the foundations for a person-centered and culturally congruent nursing practice, valuing the beliefs, values and practices of each individual. The therapeutic relationship emerges as the central axis of this care, favoring empowerment, adherence to treatment and the promotion of autonomy and functionality. Thus, the Rehabilitation Nurse must act as a facilitator of inclusive care, promoting culturally sensitive therapeutic environments, especially in multicultural community contexts.
Conclusions: this approach increases the effectiveness of care and strengthens the social integration of people undergoing rehabilitation, consolidating a practice that is ethical, transformative and centered on human dignity.

Keywords: Cultural Competency; Cultural Diversity; Patient-Centered Care; Professional-Patient Relations; Rehabilitation Nursing.

RESUMEN

Introducción: la globalización y el aumento de la inmigración, evidenciados por el crecimiento de la población inmigrante en Portugal, han impactado en la atención sanitaria, exigiendo prácticas culturalmente sensibles. En contextos comunitarios, la Enfermería de Rehabilitación tiene el reto de articular eficacia clínica con respeto a la diversidad cultural.
Objetivo: analizar el establecimiento de la relación terapéutica entre la persona y el enfermero especialista en rehabilitación como medio para promover entornos culturalmente diversos en el ámbito comunitario.
Método: se realizó una reflexión teórica basada en la revisión de literatura científica, sustentada en una búsqueda booleana exploratoria (términos MeSH y libres) en PubMed, Google Scholar y bases indexadas en EBSCOHost (CINAHL, MEDLINE, Nursing & Allied Health Collection, LISTA, MedicLatina) entre marzo y abril de 2025. Se identificaron 164 registros y, tras cribado según criterios de elegibilidad, se incluyeron 6 artículos con fundamento conceptual.
Resultados: la práctica de la Enfermería de Rehabilitación en la comunidad exige cuidados humanizados, eficaces y culturalmente congruentes. La Teoría de la Diversidad y Universalidad del Cuidado Cultural de Madeleine Leininger aporta bases para un cuidado centrado en la persona que reconozca creencias, valores y prácticas culturales. La relación terapéutica surge como eje central al facilitar empoderamiento, adherencia terapéutica, autonomía y funcionalidad. El enfermero de rehabilitación actúa como facilitador de cuidados inclusivos y de entornos terapéuticos sensibles a la cultura, especialmente en contextos comunitarios multiculturales.
Conclusiones: este enfoque potencia la efectividad del cuidado y favorece la integración social de personas en rehabilitación, consolidando una práctica ética, transformadora y centrada en la dignidad humana.

Palabras clave: Relaciones Profesional-Paciente; Atención Dirigida al Paciente; Enfermería en Rehabilitación; Diversidad Cultural; Competencia Cultural.

INTRODUCTION

Cultural globalization has been growing in recent years, associated with the development of communication and transport technologies. In line with this growth, the immigrant population has been growing, with the result that, by 2024, around 3,7 % of the world's population will be immigrants.[1] According to the Agency for Integration, Migration and Asylum (AIMA), around 1 million immigrants would reside in Portugal in 2023, an increase of 33,6 % compared to 2022.[2] In terms of health care, the latest figures show an increase in primary health care registrations of users with foreign nationality.[3]

Madeleine Leininger was one of the pioneers in the development of transcultural nursing, introducing the concept of culturally congruent care as essential for effective health practice. Her Theory of the Diversity and Universality of Cultural Care highlights the importance of understanding individuals' cultural values, beliefs and practices in order to provide more humanized and effective healthcare.[4]

The growing phenomenon of immigration into Portugal and the demand for health care has made the application of these principles increasingly relevant, as health professionals face the challenge of responding to the needs of a population. The increased cultural and linguistic diversity of a population can create significant challenges for its healthcare system, requiring it to adapt in order to guarantee fair access and quality care.[5] The lack of interpreters and cultural mediators, the lack of training for professionals in cultural competence and the scarcity of multilingual educational materials hinder communication, compromise diagnosis and effective treatment, and can exacerbate health inequalities.[6] In order to respond to this reality, it is essential to invest in inclusive strategies that promote care that is sensitive to people's cultural and linguistic differences.

The need for this reflection arises because, in the research performed, the impact of globalization and immigration on healthcare, more appropriately, on Rehabilitation Nursing intervention has not been studied in depth. This gap, hinders person and familiy-centred care.

This theoretical reflection, based on a review of the relevant scientific literature, aimed to analyze the establishment of the therapeutic relationship between the person and the Rehabilitation Nurse Specialist (RNS) in order to promote culturally diverse environments in a community context.

METHOD

The theoretical reflection was preceded by an exploratory search to define the strategy and descriptors (Medline - Medical Subject Headings – MeSH): "Cultural Competency", "Cultural Diversity", "Patient-Centered Care", "Professional-Patient Relations", "Rehabilitation Nursing", together with related synonyms. The search was conducted between March and April 2025 using Boolean search in PubMed, Google Scholar, and via EBSCOHost

search engine (CINAHL, MEDLINE, Nursing & Allied Health Collection, LISTA, MedicLatina), complemented by grey literature as a conceptual backtracking source.

Original studies, narrative/systematic reviews, and theoretical essays published in the last 10 years, in English or Portuguese, addressing the construct with explicit conceptual grounding (preferably framed by recent Nursing theories) were included. Non-peer-reviewed documents (except grey literature used for screening), empirical papers without theoretical discussion, and duplicates were excluded. The literature search identified 164 records, and after screening, 6 articles fully met the criteria and were included in the synthesis.

DEVELOPMENT

The theory developed by Madeleine Leininger is one of the most important theories in transcultural nursing. It focuses on the understanding that care is only truly effective when it is culturally congruent, i.e. it respects the cultural values, beliefs and practices of people and their families.[7,8]

This theory is especially useful in community and multicultural contexts, where cultural diversity is evident, as it provides an ethical and practical basis for person- and family-centered nursing, promoting respect for the person's culture and identity. The scientific evidence states that nurses must be aware of the essential needs of the person and family, in order to meet their needs while respecting cultural principles and values, consolidating an effective therapeutic relationship. This is prioritized to be implemented as a humanized and individual care, in order to provide well-being to the person and family; thus promoting care of excellence, offering multiplicity of development of knowledge; behaviors; skills; effective and trusting communication.[9,10,11]

The therapeutic relationship is an interpersonal connection established through communication, with a focus on supporting and helping the person. It is a personal relationship, centered on the person and oriented towards specific goals, in which the nurse acts as a facilitator of care, respecting the person's life experiences, values, knowledge and motivations.[12,13] That said, it forms the basis of nursing care and is particularly central to the practice of rehabilitation nursing, which focuses on promoting people's functionality, autonomy and quality of life throughout the process of adapting to health conditions that are often chronic or disabling.[14,15,16,17] In the community context, this relationship takes on an empowering dimension, where the nurse acts as a facilitator of the functional and emotional recovery process, but also as a link between the person, the family and the resources available in the community.

In practice, this cultural sensitivity manifests differently across settings: in hospital environments, it involves respecting cultural and religious norms related to privacy, modesty, or end-of-life decisions; in long-term care facilities, it includes understanding dietary preferences, communication styles, and family involvement; while in community and home care, nurses must adapt to diverse household dynamics and social contexts. These differences reinforce that cultural competence cannot be universalized but rather contextualized within each care environment.

Person-centered care is a humanistic approach that respects the individuality, values, beliefs and experiences of each person. It is based on self-determination, understanding and mutual respect, promoting the empowerment of the person as an active and central part of the care process. In nursing, this practice stands out for its focus on therapeutic relationships and holistic care, aiming for the patient's dignity, autonomy and well-being in a collaborative way.[18,19,20] The person- and family-centered model presupposes an epistemological change in nursing practice, moving away from paternalistic and prescriptive care towards collaborative action, where the values, beliefs, preferences and cultural experiences of the person and their support network are recognized and integrated into the rehabilitation process.

Effective communication is essential for person-centered care. Language and cultural barriers can hinder the most basic communication, negatively affecting access, outcomes and the safety of the care provided.[21,22] With the global increase in migration, intercultural communication problems have become more frequent in primary health care, leaving immigrants vulnerable to poor quality care and health professionals dissatisfied with the care they provide.[9] With regard to person- and family-centered care, one of the recommendations of the Registered Nurses' Association of Ontario (RNAO) is to establish a therapeutic relationship with the person by using verbal and non-verbal communication strategies to build a genuine, trusting and respectful partnership.[20]

Cultural competence in nursing refers to nurses' ability to recognize and value the influence of culture and social context on people's health beliefs and behaviors, developing an understanding of the ways of life characteristic of different populations.[12]

Leininger's theory maintains that nursing care should be culturally congruent, i.e. adapted to the person's values, beliefs and practices.[4,7] This approach acquires particular relevance in contemporary times, marked by a growing context of multiculturalism, where nursing practice requires specific cultural competencies to respond ethically and effectively to diversity. The integration of Madeleine Leininger's theory with the specific competencies of the EHEA is fundamental to providing effective and culturally sensitive care. This approach is

reinforced by the guidelines established by the RNAO for the development of cultural competence, in that it promotes an in-depth understanding of the cultural beliefs, values and practices of those being cared for.[23] This allows nurses to adjust their communication, planning and interventions, taking into account the specific cultural context of each individual. For example, this integration can take the form of carrying out a systematic cultural assessment, respecting cultural practices related to food, spirituality or end-of-life care, as well as adapting care plans so that they are consistent with the person's cultural preferences, thus promoting a more empathetic, safe and effective therapeutic relationship.[23]

However, the literature shows differing perspectives on the scope of Leininger's theory. While some authors defend its broad application to all human diversity, others argue that it should be complemented with frameworks addressing disability, gender, and social inequity. From my perspective, Leininger's model remains foundational, but its practical application must be expanded to integrate the care of individuals with disabilities—such as those with speech, hearing, motility or intellectual impairments—whose experiences of exclusion and communication barriers are equally cultural and structural in nature.

That said, the integration of Leininger's Theory, the RNAO's recommendations on cultural competence and person- and family-centered care, and the competencies defined by the Order of Nurses for the Rehabilitation Nurse, can be understood as a set of tools that supports the RNS in providing care that is both technically differentiated and culturally sensitive.

Promoting culturally sensitive environments implies recognizing and welcoming the plurality of ways of life, beliefs about health and illness, family structures and community support networks, in other words, culturally competent care.[12] Inserted in a multicultural community context, this therapeutic relationship must necessarily incorporate the principles of cultural competence, as proposed by Leininger.[4,7] It's not just a question of "respecting" the other person's culture, but of integrating cultural knowledge, values and practices into the therapeutic plan, so as to ensure that care is understood, accepted and effective.

Furthermore, addressing sociocultural contexts in nursing necessarily includes the dimension of disability. People with disabilities—whether physical, sensory, or intellectual—face distinct cultural and environmental barriers that shape their access to care and participation in society. Communication with individuals with speech or hearing impairment requires adapted linguistic strategies and the use of assistive technologies; care for people with motility impairment demands environmental adaptations and ergonomic considerations; and those with intellectual disabilities benefit from simplified communication, consistency, and family involvement. These aspects must be integrated into culturally competent nursing practice, as they represent another layer of cultural diversity often overlooked in the workplace and community settings.

In the community context, the RNS works in territories with great cultural, social and economic diversity, which implies recognizing the multiple ways of perceiving health, illness, the body and healing processes.[12] The multicultural approach then becomes indispensable, as it allows care to be culturally competent, sensitive and safe.

The RNAO guidelines reinforce this need by highlighting the importance of self-awareness, intercultural communication, ongoing training and inclusive institutional practices.[23] The integration of multiculturalism as the guiding principle of specialized care promotes an empathetic, diversity-respecting and person-centered therapeutic relationship, enhancing better health outcomes, as well as the empowerment and full inclusion of citizens undergoing rehabilitation.

In sum, nursing practice must be viewed as a continuum of adaptation to diverse cultural environments—ethnic, linguistic, religious, and functional—where the mission of "the noble art of healing" expands to embrace equity, accessibility, and human dignity across all spheres of society.

Furthermore, rehabilitation care requires continuity, adaptation and proximity. The community, as a place of life and identity, offers nurses a privileged field for promoting functional autonomy, preventing disability and fostering social participation.

The creation of culturally sensitive therapeutic environments in the community through the establishment of the therapeutic relationship favors adherence to care plans, the strengthening of the person's autonomy, and the active participation of the family.[24,25] Therefore, the therapeutic relationship in Rehabilitation Nursing in a community context is simultaneously a clinical tool, an ethical practice and a space for cultural resistance. It is in this relationship that more humane, effective and transformative care is built.

CONCLUSIONS

Rehabilitation Nursing, especially in the community context, is a practice that goes beyond the technical domain and takes on a profoundly human, relational and cultural dimension. The therapeutic relationship is a central element in this process, promoting not only the person's functionality, autonomy and empowerment, but also strengthening the link with the family and community, as an essential support network.

The integration of Leininger's theory, the RNAO guidelines and the competencies defined by the Portuguese Order of Nurses it becomes evident that culturally competent care must move beyond mere tolerance or

respect for difference. It should integrate, in a conscious and active way, the person's cultural values, beliefs and practices into the therapeutic plan.

This synthesis of theory, evidence and professional standards highlights that the true essence of Rehabilitation Nursing lies in the ethical and empathetic capacity to adapt care to human diversity in all its forms—cultural, social and functional. Therefore, the challenge for nurses is not only to deliver safe and effective care, but also to act as agents of inclusion and cultural transformation within health systems and communities.

This perspective reinforces the central idea of this work: that the development of culturally competent, person- and family-centered care is fundamental for achieving equitable, humanized and socially responsive nursing practice, capable of meeting the complex realities of contemporary multicultural and plural societies.

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