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RESEARCH

EMPIRICAL VALIDATION OF THE NURSING THEORY OF REHABILITATION FOR PERSONAL WELL-BEING: TEST OF CONCEPTS AND STATEMENTS

VALIDAÇÃO EMPIRICA DA TEORIA DE ENFERMAGEM DE REABILITAÇÃO PARA O BEM-VIVER DA PESSOA: TESTE DE CONCEITOS E AFIRMAÇÕES

VALIDACIÓN EMPÍRICA DE LA TEORÍA DE ENFERMERÍA DE REHABILITACIÓN PARA EL BIENESTAR DE LA PERSONA: PRUEBA DE CONCEPTOS Y AFIRMACIONES

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ABSTRACT

Objective: to empirically test the concepts and statements of the Nursing Theory of Rehabilitation for Well-Being in people cared for by specialist nurses in Portugal. **Method**: cross-sectional analytical survey study grounded in the framework proposed by Walker and Avant. The sample included 96 adults, with an inclusion criterion of age above 18 years and an exclusion criterion of incomplete completion, exceeding the initial sample size calculation of 74 subjects at a 99% confidence level, to ensure greater statistical robustness. Recruitment occurred through snowball sampling between December 2023 and February 2024. The instrument, composed of 13 statements on a 4-point Likert scale, addressed the concepts of recognition, self-confidence, self-esteem, self-respect, hope, and well-being. Data were analyzed using exploratory factor analysis and Cronbach's alpha, with SPSS v.22 software. **Results**: exploratory factor analysis confirmed the structural validity of the 13 statements, which grouped into a unidimensional factor with explained variance above 50% and factor loadings above 0.5. The agreement index for the theoretical premises exceeded 80%, demonstrating the applicability of the concepts in users' perceptions. **Conclusion**: empirical testing validated the theory's operational core, showing that the intersubjective relation of recognition promotes self-realization and well-being. The theoretical structure proved scientifically robust for guiding specialized practice, although its generalization should consider the cultural specificities of the European context.

Keywords: Nursing Theory; Rehabilitation; Rehabilitation Nursing; Health Promotion; Nursing Methodology Research; Cross-Sectional Studies; Portugal.

RESUMO

***Objetivo**: testar empiricamente os conceitos e as afirmações da Teoria de Enfermagem de Reabilitação para o Bem-Viver junto a pessoas assistidas por enfermeiros especialistas em Portugal. **Método**: estudo transversal, do tipo survey analítico, fundamentado no referencial de Walker e Avant. A amostra incluiu 96 adultos (critério de inclusão: idade superior a 18 anos; exclusão: preenchimento incompleto), superando o cálculo amostral inicial de 74 sujeitos (nível de confiança de 99%), com o intuito de garantir maior robustez estatística. O recrutamento ocorreu por técnica de bola de neve, entre dezembro de 2023 e fevereiro de 2024. O instrumento, composto por 13 afirmações em escala Likert de 4 pontos, abordou conceitos de Reconhecimento (autoconfiança, autoestima, autorrespeito), Esperança e Bem-Viver. Os dados foram analisados por meio de análise fatorial exploratória e Alfa de Cronbach, utilizando o software SPSS v.22. **Resultados**: a análise fatorial exploratória confirmou a validade estrutural das 13 afirmações, que se agruparam em um fator unidimensional com variância explicada superior a 50% e cargas fatoriais superiores a 0,5. O índice de concordância com as premissas teóricas superou 80%, demonstrando a aplicabilidade dos conceitos na percepção dos usuários. **Conclusão**: o teste empírico validou o núcleo operacional da teoria, evidenciando que a relação intersubjetiva de reconhecimento promove a autorrealização e o bem-viver. A estrutura teórica mostrou-se cientificamente sólida para orientar a prática especializada, embora sua generalização deva considerar as especificidades culturais do contexto europeu.*

***Palavras-chave**: Teoria de Enfermagem; Reabilitação; Enfermagem em Reabilitação; Promoção da Saúde; Pesquisa Metodológica em Enfermagem; Estudos Transversais; Portugal.*

RESUMEN

***Objetivo**: evaluar empíricamente los conceptos y afirmaciones de la Teoría de Enfermería de Rehabilitación para el Buen Vivir en personas atendidas por enfermeros especialistas en Portugal. **Método**: estudio transversal, de tipo encuesta analítica, fundamentado en el marco conceptual de Walker y Avant. La muestra incluyó 96 adultos (criterio de inclusión: mayores de 18 años; exclusión: cuestionarios incompletos), superando el cálculo muestral inicial de 74 participantes (confianza del 99%) para garantizar mayor robustez estadística. El reclutamiento se realizó mediante la técnica de bola de nieve entre diciembre de 2023 y febrero de 2024. El instrumento, compuesto por 13 afirmaciones en escala Likert de 4 puntos, abordó los conceptos de Reconocimiento (autoconfianza, autoestima, autorrespeto), Esperanza y Buen Vivir. Los datos se analizaron por medio de análisis factorial exploratorio y Alfa de Cronbach utilizando el software SPSS v.22. **Resultados**: el análisis factorial exploratorio confirmó la validez estructural de las 13 afirmaciones, que se agruparon en un factor unidimensional con varianza explicada superior al 50% y cargas factoriales mayores a 0,5. El índice de concordancia con las premisas teóricas superó el 80%, demostrando la aplicabilidad de los conceptos en la percepción de los usuarios. **Conclusión**: la prueba empírica validó el núcleo operacional de la teoría, evidenciando que la relación intersubjetiva de reconocimiento promueve la autorrealización y el buen vivir. La estructura teórica demostró ser científicamente sólida para guiar la práctica*

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especializada, aunque su generalización debe considerar las especificidades culturales del contexto europeo
Palabras clave: *Teoria de Enfermeria; Rehabilitación; Enfermería en Rehabilitación; Promoción de la Salud; Investigación Metodológica en Enfermería; Estudios Transversales; Portugal.*

INTRODUCTION

Rehabilitation nursing has evolved from a biomedical model centered on functionality toward a disciplinary perspective that values subjectivity and personal emancipation. Within this context, the Nursing Theory of Rehabilitation for Well-Being emerges, with a central focus on specialized care directed toward self-realization among individuals engaged in the rehabilitation process. The core of this theoretical proposal lies in a relationship of recognition between the nurse and the person receiving care, grounded in the spheres of love, rights, and solidarity[1-4].

From this perspective, an intersubjective relationship of recognition functions as the driving force that promotes self-confidence, self-esteem, and self-respect. These elements are essential to enable personal self-realization in its diversity and uniqueness, creating an environment conducive to the achievement of Well-Being. Within this theory, Recognition is understood as the construction of Well-Being based on intersubjective relationships characterized by self-confidence, self-respect, and self-esteem, aimed at self-realization. The concept of Well-Being is defined as a state resulting from intersubjective relationships rooted in self-confidence, self-respect, and self-esteem, in which the person feels loved, exercises citizenship rights, and experiences social appreciation. In this way, the theory seeks to integrate rehabilitation scientific knowledge with a philosophy that conceives care as a collaborative and multimodal process capable of translating dignity and autonomy into concrete realities[5-7].

In view of the need to validate the clinical applicability and logical adequacy of this theory, this study is grounded in the principles proposed by Walker and Avant, who argue that the validity of a theory is confirmed by its ability to describe, explain, and predict phenomena in real situations. By subjecting the structure of concepts and statements to empirical testing, the study seeks to ensure the logical adequacy and generalizability of the model, allowing the construct to transcend the epistemological domain and become a robust instrument for professional practice[8].

Accordingly, this investigation is guided by the following question: To what extent are the statements and concepts of the Nursing Theory of Rehabilitation for Well-Being validated by the perceptions of individuals cared for by specialist rehabilitation nurses?

The hypotheses in this study are based on the 13 statements that constitute the operational core of the theory, rigorously refined and validated through a process of conceptual validation and cross-cultural translation for the Portuguese context. These statements operate as testable premises in this empirical test, namely: 1) Nursing is a professional activity that cares for people at any age and in any setting; 2) Nurses contribute to well-being, satisfaction, self-care, and recognition of personal potential; 3) Nurses provide care to foster independence, autonomy, and emancipation; 4) Nursing contributes to health in its biological, spiritual, cultural, ethical, psychological, and economic dimensions; 5) The importance of a support network (family/friends); 6) The importance of environmental accessibility; 7) Respect for individuality; 8) Hope as a future reality experienced in the present; 9) Self-confidence dependent on love; 10) Self-esteem arising from being valued; 11) Respect expressed through the exercise of rights; 12) Life meaning linked to self-realization and social appreciation; and 13) The relationship with the nurse as a contributor to Well-Being.

The objective of this study is to empirically test the concepts and statements of the Nursing Theory of Rehabilitation for Well-Being among individuals who receive care from specialist rehabilitation nurses in the Portuguese context.

METHOD

Study design

Cross-sectional analytical survey study grounded in the framework proposed by Walker and Avant. The theory was tested empirically, and validity for the theoretical statements was examined through participants' agreement (observable data) and the resulting factor structure (quantitative analysis), contrasting the logical construction of the theory with reality as perceived by participants[9].

Study setting

The study was conducted in the northern region of Portugal with individuals who had previously received care from rehabilitation nurses. Because the rehabilitation nursing specialty was approved by the Brazilian Federal Council for Nursing only in November 2023, there are still no specialist nurses practicing in the country. It was therefore necessary to conduct the study in Portugal, where

this specialty has been established for more than 60 years. Another relevant factor for selecting Portugal was ease of access, since one co-author is a rehabilitation nurse and faculty member in that country, which enabled access to rehabilitation care settings, their professionals, and the people cared for there.

Participants

Study participants were individuals who had received care from specialist rehabilitation nurses across the life course. The inclusion criterion was age 18 years or older. The exclusion criterion was incomplete completion of the data collection instruments.

Definition of the sample

The sample was defined using non-probability snowball sampling, in which initial participants indicated subsequent potential respondents. Initial recruitment occurred through recommendations from rehabilitation nurses and through contact with institutions that provide care for people with disabilities, chronic conditions, and older adults.

Sample size estimation was based on the volume of rehabilitation nursing visits in the northern region of Portugal. Data from the Northern Regional Health Administration (Administração Regional de Saúde do Norte, ARS Norte) for the Center for Rehabilitation in the North in 2022 indicated a total of 12,367 visits. For the calculation, a standard deviation of 3,017 visits (2016–2022) and a 99% confidence level were considered, resulting in a minimum required sample of 74 participants.

At the end of the data collection period, 96 valid responses had been obtained, exceeding the minimum number established. Although sampling was non-probability, the reach obtained proved representative and relevant for validation of the theoretical propositions in this study.

Study variables

Regarding data structure, two blocks of variables were used. The first comprised sociodemographic and clinical variables, nominal and ordinal in nature, used to characterize the sample: age, gender, type of disability, and history of previous rehabilitation nursing care.

The second block consisted of construct variables derived from the 13 statements of the Nursing Theory of Rehabilitation for Well-Being[7]. These were qualitative ordinal variables measured by a five-point Likert-type scale (ranging from “strongly disagree” to “strongly agree”). These variables allow quantification of the intensity of perception, attitude, or agreement by the person receiving care regarding the theoretical concepts of recognition, self-realization, and well-being. For statistical analysis and hypothesis testing, these variables can be treated in aggregate form, composing scores that reflect the theoretical dimensions of the proposed rehabilitation model.

Instruments Used for Data Collection

The instrument, entitled “Perception of Individuals Regarding the Work of the Rehabilitation Nurse”, was structured with 13 items based on the statements of the Nursing Theory of Rehabilitation for Well-Being. Responses were measured on a four-point Likert-type scale (1 “strongly disagree”; 2 “partially agree”; 3 “agree”; 4 “strongly agree”).

Content validation for the statements was conducted by specialists involved in the process of constructing and refining the theory. Since this is a novel theoretical construct, the instrument had not previously undergone psychometric validation, and this study therefore represents a fundamental step toward that aim. To ensure clarity and comprehensibility, a pretest was carried out with a selected group of individuals whose profile was similar to that of the sample. This stage confirmed the semantic adequacy of the items and allowed minor adjustments to layout and wording before final administration of the questionnaire.

Data collection

The study is characterized as survey research, an empirical method that enables collection and quantification of data to identify opinions and characteristics of a group that represents a given population. Participant recruitment took place in a hybrid and purposive manner in the northern region of Portugal[10].

Initially, contact was established with specialist rehabilitation nurses at reference centers, who acted as key informants in identifying individuals who met the eligibility criteria. From this initial group, non-probability snowball sampling was used, in which respondents indicated new participants. Data collection was carried out between December 2023 and February 2024 (60 days) by means of an electronic form (Google Forms) sent by e-mail and made available on mobile devices. In cases where participants experienced difficulties with digital technologies,

data collection took place in person, ensuring accessibility and completeness of responses.

Data treatment and analysis

Collected data were initially tabulated in Microsoft Excel and subsequently processed and analyzed using Statistical Package for the Social Sciences (SPSS) version 22.0 and Statistics System version 4.3.1 for Windows.

Sociodemographic and clinical variables were subjected to descriptive statistics, with calculation of absolute and relative frequencies, means, and standard deviations. For the 13 theoretical statements (measured on a Likert scale), exploratory factor analysis (EFA) was performed to identify the structure of dimensions underlying the construct of Well-Being.

The extraction method adopted was principal components, with orthogonal Varimax rotation to maximize variance of factor loadings. Retention and exclusion criteria included eigenvalues greater than 1, factor loadings and communalities above 0.50, and exclusion of items with cross-loadings (saturation on two or more factors)[11].

Sample adequacy for EFA was assessed using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity, seeking statistical significance ($p < 0.05$) and KMO values indicating good correlations among items. Finally, reliability and internal consistency for the resulting factors were evaluated using Cronbach's alpha, with 0.70 adopted as the minimum acceptable threshold, as recommended in the specialized literature[11].

Ethical aspects

This research forms part of the larger project entitled "Rehabilitation Nursing Care as an Emancipatory Process".

The study strictly complied with ethical principles applicable to research involving human beings. The project was submitted to *Plataforma Brasil* and approved by the Research Ethics Committee of the Federal University of Santa Catarina (CEP/UFSC) under Opinion No. 3.094.742 and CAAE No. 02022918.5.0000.0121, in accordance with Resolutions No. 466/2012 and No. 510/2016 of the Brazilian National Health Council.

Given that data collection occurred in an international setting, the study also obtained authorization from the competent Ethics Committee in Portugal, according to Service Note UI-NS-240014, following guidelines of the National Health Service and the General Data Protection Regulation.

Participants were fully informed about the nature of the research, its objectives, methods, benefits, and potential risks, and they formalized their agreement by signing the Informed Consent Form. The consent process was conducted in a manner that ensured absence of coercion, dependency, or subordination. Anonymity and confidentiality were guaranteed through coding of participants (e.g., Person 1, Person 2), ensuring that no personally identifying data would be disclosed in the results.

RESULTS

Ninety-seven individuals participated in the study, and only one response was excluded because the questionnaire had not been completed in full.

Among the 96 valid responses, all referred to individuals who had previously been cared for by specialist rehabilitation nurses. Mean participant age was 57.5 years, with a minimum of 19 years and a maximum of 98 years. Of the total, 47 participants were female (48.96%) and 49 were male (51.04%).

Exploratory factor analysis was performed for the questionnaire applied to individuals cared for by rehabilitation nurses, examining factor loadings for the items. Sample adequacy according to the KMO index was 0.890, a value that, on a scale from 0 to 1, indicates relatively compact correlation patterns as it approaches 1, which allows the values to be considered reliable[11].

Bartlett's test of sphericity must be significant (p-value < 0.05) to demonstrate relationships among the variables included in the analysis. For these data, Bartlett's test was highly significant, with a p-value < 0.001, indicating that factor analysis was appropriate.

Factor analysis showed that communalities for all items were greater than 0.5, indicating good shared variance among items and therefore no need to exclude any item from the analysis. Table 1 presents the factor loadings for the items, confirming structural validity for the 13 statements, which grouped into a single factor.

Cronbach's alpha for the data was 0.987, using principal components as the extraction method and Varimax rotation with Kaiser normalization. In addition, KMO sample adequacy was 0.890, Bartlett's chi-square test produced a value of 1156.8, and the p-value was < 0.001, considering a significance level of 5%. Thus, the questionnaire and its items, analyzed through factor analysis, proved reliable for subsequent discussion[11].

Regarding questionnaire items, medians for all items were equal to 4, considering the scores 1, strongly disagree; 2, partially agree; 3, agree; and 4, strongly agree.

This indicates absence of variability in medians for this questionnaire. Frequency distributions for the items were consistent with the median findings, since all items were most frequently answered with score 4, strongly agree. Table 2 below presents item-level response frequencies by score and corresponding percentages.

DISCUSSION

Empirical validation of the statements derived from the Nursing Theory of Rehabilitation for Well-Being shows that the model is not only theoretically consistent but also applicable to clinical practice. The findings indicate that perceptions among individuals receiving care converge toward the need for care that goes beyond biological functionality and is anchored in intersubjectivity and mutual recognition[7,12].

Environment and Intersubjectivity in Care

Validation of the statements related to environment (items 3–6) confirms that rehabilitation does not take place in a clinical vacuum and is deeply influenced by interactive and social space. Participants' positive perceptions corroborate the literature that positions environment as a determinant capable of catalyzing or inhibiting the rehabilitation process[13]. By recognizing environment as an influencing element, users validate the perspective that rehabilitation nurses should act as managers of this space, ensuring that biological and social dimensions are integrated in order to promote individuation.

Relationship of Recognition

The centrality of the nurse–patient relationship, validated by 93.8% of respondents in item 13, illustrates the parsimony of the theory in selecting intersubjectivity as its central axis. This finding provides robust evidence that the effectiveness of rehabilitation nursing is perceived by users through the quality of relationships of recognition.

Unlike purely biomedical models, participants' agreement suggests that care becomes emancipatory when it promotes the triad of recognition: self-confidence, self-respect, and self-esteem. When individuals receiving care validate these premises, they confirm that specialized care enables the exercise of citizenship and social appreciation, moving beyond functional recovery to achieve Well-Being through active social participation[14].

Temporality, Hope, and Self-Realization

Analysis of the statements concerning time and esperançar shows that rehabilitation care is perceived as a continuous flow of change rather than a static event. The

Table 1 — Factor loadings obtained through exploratory factor analysis for the questionnaire "Perception of Individuals Regarding the Work of the Rehabilitation Nurse". Individuals cared for by rehabilitation nurses. Porto, Portugal, 2024 (n=96).

Items: For me …	Factor
Q1. Nursing is a professional activity that cares for people at any age and in any place where they are;	0.533
Q2. Nurses contribute to my well-being, satisfaction, self-care, and they recognize my potential;	0.707
Q3. Nurses care for me so that I become independent, autonomous, and emancipated in order to live well;	0.701
Q4. Nurses contribute to my health, which is my biological, spiritual, cultural, ethical, psychological, and economic well-being;	0.625
Q5. Family and friends are very important to enable the development of life activities;	0.648
Q6. It is very important to have accessibility at home, on the street, in care institutions, and in public buildings;	0.694
Q7. It is very important to be respected in my individuality and differences;	0.678
Q8. Hope is a possible reality for the future, experienced from a real and concrete present;	0.744
Q9. Self-confidence depends on feeling love; I need to be loved;	0.664
Q10. Self-esteem comes from being valued by those who care for me as I am;	0.783
Q11. I am respected when I am given the opportunity to exercise my rights;	0.619
Q12. My life makes sense if I feel self-realized, respected, and socially valued;	0.533
Q13. The relationship with the nurse contributes to well-being.	0.722

Source: The authores, 2026.

Table 2 – Absolute and percentage frequencies for responses to the questionnaire "Perception of Individuals Regarding the Work of the Rehabilitation Nurse" considering the scores: 1, strongly disagree; 2, partially agree; 3, agree; 4, strongly agree. Individuals cared for by rehabilitation nurses (n=96). Porto, Portugal, 2024.

Scores	1 n (%)	2 n (%)	3 n (%)	4 n (%)
Q1. Nursing is a professional activity that cares for people at any age and in any place where they are;	0 (0)	3 (3,1)	16 (16,7)	77 (80,2)
Q2. Nurses contribute to my well-being, satisfaction, self-care, and they recognize my potential;	0 (0)	5 (5,2)	19 (19,8)	72 (75,0)
Q3. Nurses care for me so that I become independent, autonomous, and emancipated in order to live well;	1 (1.0)	5 (5,2)	22 (22,9)	68 (70,9)
Q4. Nurses contribute to my health, which is my biological, spiritual, cultural, ethical, psychological, and economic well-being;	0 (0)	4 (4,2)	20 (20,8)	72 (75,0)
Q5. Family and friends are very important to enable the development of life activities;	0 (0)	4 (4,2)	15 (15,6)	76 (79,2)
Q6. It is very important to have accessibility at home, on the street, in care institutions, and in public buildings;	0 (0)	4 (4,2)	13 (13,5)	79 (82,3)
Q7. It is very important to be respected in my individuality and differences;	1 (1.0)	5 (5,2)	16 (16,7)	74 (77,1)
Q8. Hope is a possible reality for the future, experienced from a real and concrete present;	0 (0)	4 (4,2)	15 (15,6)	76 (79,2)
Q9. Self-confidence depends on feeling love; I need to be loved;	2 (2.1)	4 (4,2)	16 (16,7)	74 (77,1)
Q10. Self-esteem comes from being valued by those who care for me as I am;	0 (0)	5 (5,2)	15 (15,6)	76 (79,2)
Q11. I am respected when I am given the opportunity to exercise my rights;	1 (1.0)	3 (3,1)	12 (12,5)	80 (83,3)
Q12. My life makes sense if I feel self-realized, respected, and socially valued;	0 (0)	5 (5,2)	14 (14,6)	77 (80,2)
Q13. The relationship with the nurse contributes to the realization of well-being.	0 (0)	3 (3,1)	13 (13,5)	80 (83,3)

Source: The authores, 2026.

relationship established among items 7, 10, 11, and 12 reinforces that the identity of the person in rehabilitation is constructed in the contemporaneity of relationships[12].

The concept of esperançar, empirically validated, ceases to be a vague aspiration and becomes a "movement anticipating reality" that can be measured in practice[15]. Participants' agreement with statements related to will and future goals shows that the rehabilitation nurse acts as a mediator of hope, an intrinsic element that encourages self-realization even in the presence of biological limitations or disabilities.

Diversity and Global Validation of the Model

Testing of the statements on diversity and uniqueness (items 7 and 12) confirms that recognition of differences makes social self-esteem possible. By validating these items, participants indicate that nursing care is only effective when it can reduce inequalities and recognize each person's uniqueness.

The high overall agreement rate (>80%) with the instrument not only validates the theory but also points to the scientific standardization required for the discipline. The results suggest that the proposed model can be applied in different geographical and cultural contexts, providing a solid foundation for a formalized rehabilitation nursing practice that places Well-Being as the final clinical and ethical outcome of the entire care process[1,3,6].

Contributions and Relevance for Practice

This study advances knowledge in Rehabilitation Nursing by providing a validated instrument that measures perceptions of care from a subjective perspective. For education and research, confirmation of these 13 statements offers a structured basis for training specialists focused on relational competences, as well as quality

indicators for care grounded in patient satisfaction and Well-Being rather than only in gains in motor indices[4].

Study Limitations and Future Research

Despite promising results, this study has limitations that must be considered when generalizing the findings. The use of non-probability snowball sampling may have introduced selection bias by attracting participants with more memorable or more positive care experiences. In addition, data collection took place in a specific geographical context (northern Portugal), which calls for caution when transferring the results to health systems with different rehabilitation structures, such as the Brazilian system.

Another limitation is the absence of prior psychometric validation for the instrument, making this investigation an initial exploratory step. Future research should perform confirmatory factor analysis in larger and more diverse samples, as well as longitudinal studies that examine the impact of systematic application of the theory on long-term clinical and social outcomes for individuals undergoing rehabilitation.

CONCLUSION

Testing the concepts and statements of the Nursing Theory of Rehabilitation for Well-Being among individuals receiving care from specialist nurses yielded expressive results, with an agreement index above 80% across the entire instrument. These findings support the conclusion that the theory, with its 18 concepts and 28 statements (refined into the 13 that were tested), constitutes a robust scientific framework that can be applied in clinical practice at a global level. Empirical validation confirms that care grounded in intersubjective recognition is capable of promoting self-confidence, self-esteem, and self-respect, which are key elements for self-realization and attainment of Well-Being.

Establishing a rehabilitation nursing practice based on a formalized and empirically supported theory represents an advance for the discipline, as it offers indicators that value subjectivity and human dignity beyond functional recovery. Specialized care is thus envisioned as an intrinsic part of reconstructing personal identity, with respect for diversity and uniqueness in any health context.

Regarding limitations, the study faced geographical challenges related to the specific configuration of the specialty, which led to conducting the research in Portugal to ensure access to the target population receiving care from specialist nurses. In addition, the absence of external funding required self-financing by the authors, which limited expansion of the sample to other regions.

Nevertheless, the results obtained open pathways for future investigations, including full psychometric validation of the instrument and application of the theory at different levels of health care. It is therefore concluded that the Nursing Theory of Rehabilitation for Well-Being is ready to guide emancipatory care, strengthen personal autonomy, and consolidate rehabilitation nursing as a science of recognition and hope.

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