

Understanding Work Group Culture on Rehabilitation Units: The Key to Facilitating Group Innovation and Promoting Integration

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Understanding work group culture is essential for the smooth running of today's complex rehabilitation units. Failure to understand a unit's culture can impede necessary care delivery innovations and impair group integration. This article describes the phenomenon of work group culture and offers suggestions for assessing and understanding a given unit's culture. It also illustrates how an understanding of work group culture can facilitate innovation by reframing and tailoring a change and can promote integration by helping nurses adjust to a new unit.

Research on nurses' work behavior, responses to innovation, and work excitement is beginning to explain work-related puzzles, such as why it sometimes takes a long time to implement changes designed to improve client care or why people work in a certain, perhaps perplexing, manner (Simms, Erbin-Roesemann, Darga, & Coeling, 1990). Work group culture is one specific focus of the research that explains these work behaviors. In this article, we describe the powerful phenomenon of work group culture, explain how to assess it, and discuss how understanding a rehabilitation unit's work group culture can facilitate a group's innovation and integration, thereby promoting its effectiveness.

It is increasingly important for staff on rehabilitation units to understand work group culture, as these units are multidisciplinary in nature. As professionals from other disciplines become integral members of rehabilitation units and perform their work directly on the unit, understanding the work group culture of the unit can facilitate interdisciplinary cohesion and integration. Also, since other professionals bring their unique professional values to the setting, they will probably alter the culture of the existing work group as they spend more time with the group.

Defining work group culture

Culture is a concept derived from anthropology. Although culture has traditionally been discussed in terms of various ethnic groups, the concept has recently been applied to corporations and other organizational settings and called *organizational culture* (Deal & Kennedy, 1982; Peters & Waterman, 1982). Van Maanen and Barley (1985) explained culture as a set of solutions or behaviors devised by a group to meet the problems posed by sit-



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Intended audience

This independent study offering is appropriate for all rehabilitation nurses.

Objectives

By reading this article, the learner will achieve the following objectives:

1. Assess the work group culture of a specific nursing unit, using the four cultural behaviors listed in this article.
2. Discuss one way in which an established work group culture could impede effective nursing practice and how this problem might be resolved.

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uations the members face in common. Culture, then, is the pattern of behaviors that a group has found, over time, to be the best way to work together to get the job done. Anthropologists describe culture as a broad, unique pattern of assumptions and behaviors that exerts a subtle, yet powerful, influence on group behavior.

Work group culture is a broad concept that includes almost all group values and behaviors persisting over time in the workplace. In fact, people often describe their culture by saying, "It's the way we do things around here" (Deal & Kennedy, 1982, p. 4). Culture has been described as consisting of shared assumptions, beliefs, values, knowledge, meanings, symbols, language, artifacts, norms, rules, customs, and behaviors. Culture includes a cognitive component (what goes on in people's minds) and a behavioral component (what people do). Because culture is such an inclusive concept, it incorporates most of what goes on in organizations (Ott, 1989). Organizational culture at the corporate level is called *corporate culture* or *official culture*, whereas the cultures of subgroups within an organization are called *work group cultures* (Jermier, Slocum, Fry, & Gaines, 1991).

Each work group culture consists of a variety of elements, or behaviors, organized into an individual pattern. Just as a kaleidoscope has many pieces of glass that combine to form an infinite number of patterns, so also the elements of group culture in an organization combine in differing ways to give each group its own pattern.

Perhaps because culture is also a very subtle phenomenon, most people in an organization are unaware of it until someone helps them to analyze their culture in a conscious manner. Culture is subtle because much of it is passed on nonverbally, rather than taught systematically as policies and procedures are taught. Work group culture can be described further as everything that one needs to know to survive in a given work group.

Although it is a very subtle force, culture must not be overlooked when analyzing group dynamics because it is also a very powerful force. Cultural behaviors are responses to the environment that group members believe will most likely ensure their survival (Ott, 1989). Schein (1985) described organizational culture as the pattern of basic assumptions and shared meanings that a group develops to survive and that works well enough to be taught to new members. Furthermore, because culture is a survival strategy, it is powerful and resistant to change (De Lisi, 1990). People are reluctant to give up behaviors that they believe are essential for their survival. Yet, because the environment is always changing, culture also changes over time to adapt to the changing environment (Shockley-Zalabak & Morley, 1994). Typically, this type of adaptive change occurs slowly.

In today's fast-paced healthcare environments, however, members of an organization must understand cultural dynamics to speed up this change process. Understanding the many sources of culture can help organizational members adjust to or change a specific culture. Many factors interact to determine the nature of a given group culture (Schein, 1985). For example, the personal characteristics of a group's former leaders contin-

ue to influence the culture of the group long after these leaders have left the organization. Current leadership preferences also have an impact on the culture. In addition, on a rehabilitation unit, the values and preferred behaviors of group members, the technology involved in the work, the physical layout of the work area, the variety of professionals who work on the unit, and the clients who have spent a significant period of time on the unit all contribute to the work group's culture.

When nurses assume that all rehabilitation units are alike, they may be surprised to find that they fit in well on one unit, but experience difficulty getting along on another unit. A recent study, which included critical care, medical, psychiatric, rehabilitation, and surgical units, examined various nursing specialties to determine whether each one had a unique cultural pattern. The study concluded that although technology affected the character of a nursing unit's culture, no pattern was unique to a given specialty. Individual nursing units within a given specialty were more similar in many ways to units from another specialty than to other units within their own specialty (Coeling & Simms, 1993c).

Two rehabilitation units, then, can have very different cultures because so many different factors interact to determine cultural patterns. Although culture is a powerful force for and against innovation, it is seldom discussed outright. Rather, culture is taught informally, often nonverbally; and because culture is so subtle, nurses may be engaged in a cultural conflict and not even know it. Nurses may sense that they are being resisted as they try to join a new work group or change their work group, but they may be unable to identify why they feel this resistance.

Assessing rehabilitation work group culture

An important step in understanding how to maximize group innovation and integration is assessing the rehabilitation unit culture. Hofstede (1980) suggested that cultural factors include (a) work priorities (Is it more important to get the baths done or to talk with families?), (b) power issues (Who has the right to tell whom to do what?), (c) peer relationships (When does the group work together and when do its members work alone?), and (d) orientation toward permanence or change (Which are more important: autonomy and growth or security and stability?).

Collecting data: Our research on nursing unit culture has yielded a data collection tool called the Nursing Unit Cultural Assessment Tool (NUCAT). We developed it during a series of qualitative and quantitative studies over a 6-year period. Our work included a participant-observation study and a think-tank discussion to identify cultural elements relevant to nursing units, an open-ended questionnaire to refine the list of identified elements, and a survey tool to validate the elements most relevant to practicing nurses and most likely to differ from unit to unit. Pretesting included the Imle and Atwood (1988) procedure for retaining qualitative validity while gaining quantitative reliability and validity. NUCAT can help nurses better understand the current culture of their nursing units and gain insight into cultural behaviors that the group would like to change by help-

ing them characterize their culture in terms of patterns formed by the 49 cultural elements (or threads) important to their unit (Coeling & Simms, 1993a, 1993b).

Common examples of cultural behaviors found in our research to be relevant to the work of nursing are listed in Figure 1. These behaviors were identified by a factor analysis of the NUCAT responses of a large number of nursing personnel ($N = 607$) who were predominantly RNs (82%). The sample also included LPNs and UAPs. These nursing personnel represented 33 nursing units in various healthcare institutions (Coeling & Simms, 1993a, 1993b).

Observing behavior and listening: Another way to increase understanding of work group culture is to see which behaviors group members engage in or avoid and to listen to what they criticize and what they praise. Members participate in and praise behaviors that are an important part of their culture. They avoid and criticize behaviors that are not valued or accepted in the culture. Discussions with group members that give them the opportunity to confirm or reject an outsider's observations shed additional light on the group culture (Caroselli, 1992; Hughes, 1990).

Much of work group culture involves the way people work together to get their jobs done. The interactions between the workers in a group result in a complex web of relationships, which are influenced by the workers' expectations of one another and by the way in which the work group is organized (Byers & Simms, 1994). Because rehabilitation nurses, by the nature of their work, must work so closely together to provide effective care for their clients, culture plays an especially important role on rehabilitation units.

Examples from clinical practice

In the following sections, we will use examples from clinical practice to illustrate how an understanding of group culture can facilitate both innovation and integration, thus increasing work group effectiveness. The examples were drawn from on-site observations by graduate nursing students, identified here by the pseudonyms Stacy and Darin. It is recognized that work group culture is only one factor among many that determine the speed and success with which innovation and integration occur in an organization. Our examples describe how culture can facilitate or impede innovation and group integration. However, in reality, it is the interplay of many cultural elements and organizational situations that ultimately determines whether an innovation succeeds or if a group becomes integrated.

Example 1—Facilitating innovation

Assessing work group culture: Stacy had been working on the rehabilitation unit at Hospital A for 3 months when management introduced unlicensed assistants. She was thrilled about this innovation because her former unit, a rehabilitation unit at another hospital, had been a trial site for unlicensed assistants, and the trial had been very successful. Stacy was unaware that one reason the unlicensed assistants were so successful at her former work site was because their presence supported that unit's

Figure 1. Cultural Behaviors Relevant to Practicing Nurses on a Rehabilitation Unit

Following orders

- Following policies and procedures
- Following the organizational chain of command
- Attending in-service meetings

Growing professionally

- Seeking promotions
- Getting additional education
- Discussing new nursing care ideas

Valuing technical skills

- Handling emergencies competently
- Working efficiently
- Making patients comfortable

Using professional judgment

- Using individual judgment
- Understanding patients' feelings
- Being creative in providing nursing care

Preferring one's own way of working

- Trying to change someone's behavior by joking about it
- Telling a peer how to do a certain procedure
- Competing with coworkers

Caring for coworkers

- Offering to help others
- Providing emotional support for coworkers
- Socializing with coworkers off the job

Maintaining traditions

- Going along with peer pressure
- Maintaining life when death is inevitable
- Preferring old ways of doing things

Communicating directly

- Trying to change behavior directly
- Asking for help directly

Working under difficult conditions

- Calling in sick when one is physically ill
- Calling in sick when one needs a day off to rest

Assuming responsibility

- Having one nurse, rather than many nurses, develop the plan of care
- Documenting decisions and actions

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culture. In contrast, the rehabilitation unit at Hospital A had a different culture, one in which some behaviors were not the ones needed to incorporate unlicensed assistants. It would be harder, but certainly still possible, to introduce these assistants on her new unit.

One cultural behavior that supported unlicensed assistants at Stacy's former hospital was the norm of telling others what to do. Rehabilitation nurses there welcomed assistants because they felt comfortable delegating certain nursing care activities to others (del Bueno, 1993). They gave appropriate directions to others and soon became efficient and effective in giving appropriate directions to the assistants.

In contrast, Stacy sensed resistance on her new unit to the idea of using assistants. This resistance puzzled her. During breaks, she discussed the role of the assistants with her colleagues. One nurse confided that she disliked using assistants because she had difficulty telling others what to do in a direct manner. She feared that assistants would not follow her indirectly stated orders. This fear surprised Stacy, so she began to observe more closely her new colleagues to see if there were others who preferred this indirect communication style.

To Stacy's amazement, she began to notice that many nurses on this unit communicated in a very indirect manner. For example, the next day, Stacy was in the nursing station when a nurse came running in, exclaiming excitedly that a patient's blood pressure had suddenly shot up to 200/120. Several nurses in the station immediately had a look of recognition and added alertness on their faces; yet no one spoke right away. Then one of the nurses asked if the patient was experiencing any pain or discomfort. Almost at once the face of the patient's nurse also demonstrated a look of recognition and she responded, "hyperreflexia." She quickly went to his room, noted the bright morning sunshine flooding his face, and drew the shade to alleviate the problem.

Stacy was beginning to realize that on this unit the behavior of directly telling others what to do was not culturally acceptable. Now she understood why most nurses avoided the take-charge position that made assertiveness necessary. They had nicknamed this position the "yuck" position. This reluctance to tell others directly what to do could hinder their working with assistants.

In addition, Stacy observed other cultural behaviors. She noticed that those considered the best nurses on her new unit took time to sit and talk with clients. In this culture, it was important to understand what the client was feeling and to see life from the client's point of view. Spending an hour with clients to understand them better was acceptable here. On Stacy's former unit, however, any nurse who spent an hour "just talking" would hear, "Well, are you going to sit there all day or are you going to accomplish something?" Client education was also very important on this new unit. Stacy was beginning to see why her new colleagues might not want assistants who would do the tasks, such as feeding and bathing clients, that currently allowed a nurse to become better acquainted with the clients and provided opportunities to teach them. Status on this unit came from

being the best teacher or the nurse who could best help clients cope with their disabilities. Hence, adding assistants might mean a loss of status and a loss of direct patient contact for the RN. The more Stacy observed, the more she could understand why her peers were resisting the introduction of the assistants. She could see how they thought that they had little to gain and much to lose by the assistants' arrival.

What Stacy was doing as she analyzed her unit was identifying the specific cultural behaviors that interacted to form the unique cultural patterns on this unit. This identification enabled her to realize that not all rehabilitation units are alike and that the survival solutions, or culture, developed by this unit were being threatened by unlicensed assistants. She wondered what could she do to help the staff on her unit accept this proposed innovation.

Strategies to facilitate innovation: Three strategies can help facilitate cultural change:

1. *Reframe the situation:* One strategy is to reframe the situation. Reframing involves changing how one sees and interprets the situation. Reframing is a way of seeing things differently, but in a way that still fits the facts (Watzlawick, Weakland, & Fisch, 1974). This enables a person to recognize that a change can offer new opportunities and so can be even better than the status quo. On Stacy's unit, for example, the nurses could reframe the situation regarding teaching. Rather than seeing themselves as being responsible for all the teaching, they could see themselves as being responsible for the clients' learning. RNs, of course, would continue to teach clients but could delegate to assistants selected repetitions of the instructions that are so necessary for learning. The nurses would need a change agent who could help them recognize that such a plan could give an RN more creative opportunity to devise an effective teaching plan for the next client.

2. *Tailor or adapt the change:* Another way to facilitate innovation is to tailor or adapt the change to fit the culture. Very often an innovation picks up additional requirements or criteria as it is implemented in new settings. However, those who implement the innovation may feel obligated to implement it in exactly the same way as was done in prior instances. They need instead to understand that innovation can often be customized and adapted to a particular unit, requiring changes only in the unit behaviors that need to be changed while still achieving the intended goal.

For example, to address the nurses' desire to help clients cope with their limitations, the nurses on Stacy's unit could exercise their professional judgment by deciding when an assistant would perform a certain activity and when a nurse would do so (because the activity, perhaps, offered a professional counseling opportunity). There would be no reason to have assistants give all the baths, for instance.

3. *Change the culture:* Finally, it is sometimes necessary to change the culture to implement an innovation. Such a change may be necessary to accommodate new environmental demands. When trying to change a culture, it is important to refrain from negatively judging past behavior and to recognize that behaviors

that now hinder group efforts once supported them. Recognizing that a cultural behavior should be changed does not imply the group is inferior because it used that behavior in the past. On Stacy's unit, for example, the arrival of the assistants would necessitate that the nurses learn how to direct others, including learning delegation skills so they could give clear and decisive directions. Nonjudgmentally helping the nurses understand that assistants are now necessary both for the hospital's survival and for their own job security would facilitate the cultural change of incorporating assistants into the work group.

Example 2: Increasing integration

Assessing the culture: Darin preferred a work group culture in which the nurses worked together to get the job done, which had been the case on the rehabilitation unit where he formerly worked. On that unit, staff were expected to be attuned to events on the unit, realize when a heavier concentration of work was required, and offer to help. It was considered better to offer help than to allow another nurse to fall behind and risk jeopardizing the client's welfare. In emergencies, the nurses assisted each other in a finely tuned, almost choreographed, fashion by working together to clean up patients or to restart IVs. Often this was done without a word being spoken and with only a pat on the back.

Darin had liked working on that unit very much, but he took a job in rehabilitation at another hospital because it was closer to the school that he was attending. When Darin started working at this new hospital, he noticed that he was always working alone. At first, he thought it would be simply a matter of time until other nurses started helping him and he would feel that he was an integral part of the team. But after he had been on the unit for 6 weeks, he often found himself swamped and with no help at times when he was busy. He felt like an outsider rather than like a member of a cohesive, integrated team.

Darin tried to remedy the situation by offering to help others. What surprised him was how often these offers of help were rebuffed. One day, he noticed that Scott, another nurse, was very busy. Darin answered Scott's call light, bathed the patient who had called, and changed the patient's bed linens. The next morning, he overheard Scott complain that Darin must not think him a capable nurse because Darin had completely taken over his patient the day before. The next day, Darin saw that Janet, another new nurse, was looking frantic and bedraggled. Just then, Janet passed Liz and asked Liz for help. Liz willingly assisted. The unspoken rule (or cultural behavior) here seemed to be that nurses did their own work under normal conditions, but when they needed help, they asked for it and it was willingly given.

Promoting group integration: Darin knew that he preferred a unit in which nurses helped each other all the time. Yet he didn't want to leave his new job. There were many cultural behaviors on this unit that he enjoyed. The atmosphere on the unit was positive and pleasant. When one of the nurses turned 40, for instance, the staff threw a party that included a cake shaped like a coffin and a singing mortician. The staff was known throughout the hospital for having parties for any reason, or for

no reason at all. Darin also liked the relaxed attitude toward standard protocols. Rather than emphasize protocols, this unit's culture emphasized creativity and individual judgment in making decisions that would be the most appropriate for a client.

Darin liked the fun he had on this unit, the positive spirit, and the opportunity to innovate. After thinking more about resigning, he decided to stay. He decided that what he liked about the culture outweighed his dislike of having to ask for help in order to get it. Now that he understood the cultural rules, he no longer expected others to help him without being asked. Now he asked for help when he needed it. He recognized that cohesiveness was expressed differently than it had been on his former unit. He saw himself as an integrated member of the team, and he recognized that people were happy to help him if he asked. Gaining insight into the cultural rule about helping was enough to make it tolerable; furthermore, he realized that no unit could ever match all of his cultural preferences.

Finding a unit with a compatible work group culture

For other nurses, however, the differences between their cultural preferences and a given group's culture may be so great that it would be best for them to find a different unit. In such cases, nurses can try to spend a few hours observing a potential new work site to assess the unit's culture and determine whether it seems to be more congruent with their cultural preferences (Coeling, 1992). Understanding cultural differences between units and clarifying personal preferences can enable nurses—and all professionals—to identify the kinds of cultures in which they work most effectively. When healthcare personnel find a unit where they feel they fit, they enjoy their work much more (Coeling, 1992; Curran & Miller, 1990; Ramirez, 1990).

Summary

An understanding of work group culture can explain some of the puzzling behaviors sometimes seen daily by nurses on a rehabilitation unit. Such knowledge can facilitate a work group's innovation and integration. Many people find that the hardest part of working within a culture is becoming aware of that culture. As our examples show, this awareness comes from listening to what people say (especially what they compliment and what they criticize), observing what they do (because people spend their time doing what is important in their culture), and perhaps most of all, being sensitive to the unspoken indicators of what is acceptable and unacceptable behavior on a given unit.

By listening, observing, and being sensitive to nonverbal indicators, nurses can identify specific cultural behaviors and can

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see how they combine to form the cultural pattern of a work group. Once nurses become aware of their group culture, they can use this knowledge to reframe a change, to adapt a proposed change to fit the culture, or to change the culture itself to facilitate the innovation process. In addition, recognizing a cultural rule may make the rule easier to accept, thus facilitating work group integration.

Sometimes, however, individuals might decide that group integration can best be achieved if they look for a job with a more effective match between themselves and the culture. It is important that work group innovation and integration be facilitated because both are important for effective group performance on today's complex rehabilitation units.

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