

Redefining Social Rehabilitation: Ethical Challenges, Cultural Competence, Inclusive, and Interdisciplinary Frameworks

^{*1}Kus Hanna Rahmi., ²Rini Hartini Rinda Andayani

¹Universitas Bhayangkara Jakarta Raya

²Politeknik Kesejahteraan Sosial Badung

***Correspondence Author**

DOI: <https://dx.doi.org/10.47772/IJRISS.2025.90300274>

Received: 04 March 2025; Accepted: 12 March 2025; Published: 13 April 2025

ABSTRACT

This paper examines the ethical challenges, cultural competence, and interdisciplinary frameworks essential for redefining social rehabilitation research. Traditional rehabilitation models have primarily focused on clinical and psychological aspects, often overlooking social, cultural, and ethical dimensions critical to achieving equitable rehabilitation outcomes. Cultural competence is identified as a critical factor in providing accessible rehabilitation services, particularly for marginalized populations. Barriers including language differences, systemic biases, and cultural misunderstandings are highlighted as significant obstacles to effective rehabilitation. Training practitioners in cultural sensitivity and developing culturally adaptive models are necessary steps toward improving rehabilitation outcomes. Additionally, interdisciplinary collaboration that integrates insights from psychology, social work, public health, and disability studies is essential for creating inclusive rehabilitation practices and policies. The findings emphasize embracing technological advancements, community-based strategies, and ethical frameworks to promote accessibility and inclusivity. Recommendations include implementing intersectional data collection, enhancing cultural competence training, and adopting interdisciplinary approaches to address structural inequalities. This paper proposes a “social rehabilitation landscape” as a guiding model for developing ethical, adaptable, and inclusive rehabilitation frameworks that effectively respond to diverse populations and their unique experiences.

Keywords: Cultural Competence, Ethical Frameworks, Intersectionality, Inclusive Rehabilitation, Community-Based Approach

INTRODUCTION

Social rehabilitation is a complex process aimed at reintegrating individuals affected by disabilities, mental health issues, incarceration, or social exclusion. Effective rehabilitation must address medical, psychological, and sociocultural dimensions, yet research in this field remains fragmented. The need for more inclusive and interdisciplinary approaches is increasingly recognized. Social rehabilitation is a critical process aimed at promoting recovery, social reintegration, and improved quality of life for individuals facing various forms of disability, social exclusion, mental health issues, or incarceration. However, traditional rehabilitation frameworks have primarily focused on clinical and psychological aspects, often neglecting social, cultural, and ethical dimensions essential for effective and inclusive rehabilitation (Shakespeare et al., 2018).

Shakespeare et al. (2018) also argue that rehabilitation often fails to incorporate the voices of disabled individuals, perpetuating systemic inequalities. Similarly, Mabeba (2018) critiques offender rehabilitation for focusing on recidivism rather than psychological well-being. Other scholars emphasize overlooked areas such as cultural competence (Grandpierre et al., 2018), social integration (White et al., 2019), and socio-structural barriers (Karadzhov, 2021). They argued that the traditional discourse surrounding rehabilitation often overlooks the voices of disabled individuals, thus perpetuating a cycle of oppression and neglect in research. This call for reframing rehabilitation as a tool for inclusion sets the stage for a broader examination of how rehabilitation can support equal life opportunities.

Phetole Mabeba (2018) investigation into rehabilitation programs for sentenced offenders highlighted the limited research concerning the psychological effects of these programs on inmates. His findings underscored the necessity for a shift in focus from recidivism rates to the lived experiences of offenders during rehabilitation, revealing a significant gap in understanding the efficacy and emotional impact of such interventions. This study points to the critical need for more nuanced research that includes the perspectives of those directly affected by rehabilitation policies. The scoping review by Grandpierre et al. (2018) further elaborated on the barriers and facilitators to cultural competence in rehabilitation services, emphasizing the importance of sociocultural factors in practitioner-patient interactions. Their work revealed that cultural competence is essential for effective rehabilitation, yet many practitioners face significant obstacles in its development. This finding highlights the need for ongoing training and awareness in rehabilitation practices to serve diverse populations better.

White et al. (2019) shifted the focus to social factors influencing return-to-work outcomes for individuals with work-related injuries. Their systematic review identified a lack of attention to social integration and support, suggesting that these elements are crucial for successful rehabilitation. The authors pointed out the need for future research to address this oversight and to consider social dimensions in rehabilitation strategies. Meanwhile, Karadzhov (2021) conducted a critical conceptual review on personal recovery in the context of socio-structural disadvantage, revealing significant gaps in the literature regarding how social factors affect recovery processes. This review highlighted the impact of homelessness and mental health on rehabilitation outcomes, stressing the importance of addressing socio-structural barriers to facilitate effective recovery.

Viruega and Gaviria (2022) examined the state of neurorehabilitation research, noting that while effectiveness remains a focal point, the complexity of rehabilitation practices is often inadequately addressed. Their critique of existing studies calls for a more comprehensive approach that considers various confounding factors, thereby enriching the discourse surrounding neurorehabilitation. Oniani et al., (2023) introduced the ReDWINE clinical data mart, advocating for the use of electronic health records in rehabilitation research. They argued that observational studies could provide valuable insights that randomized controlled trials often overlook, thus enhancing the generalizability and applicability of findings in real-world settings. Finally, Potcovaru et al. (2024) underscored the importance of longitudinal research in assessing the effectiveness of rehabilitation interventions. Their systematic review emphasized the need for accessibility, patient-reported outcomes, and multidisciplinary approaches in rehabilitation practices. They also pointed out the gap in data concerning long-term outcomes, advocating for future studies to prioritize sustainability in disability improvements. Together, these articles collectively highlight the critical issues and gaps in research on social rehabilitation, emphasizing the need for a more inclusive, culturally competent, and socially aware approach to rehabilitation practices. Based on that this article explores critical issues in social rehabilitation research, including theoretical frameworks, ethical considerations, cultural diversity, intersectionality, and future research directions. By synthesizing key studies, it advocates for more inclusive and comprehensive rehabilitation strategies.

Recent research highlights the limitations of existing models in addressing intersectional issues, such as racial, gender, and socioeconomic disparities, which significantly impact rehabilitation outcomes (Pritchard & Phelan, 2018; Grandpierre et al., 2018). Furthermore, cultural competence remains an underexplored aspect in rehabilitation research, with systemic biases and cultural misunderstandings posing substantial barriers to equitable service delivery (Zhao et al., 2020). This article aims to redefine social rehabilitation by integrating interdisciplinary approaches, enhancing cultural competence, and addressing ethical challenges within the broader framework of disability justice. By synthesizing theoretical frameworks, empirical studies, and practical recommendations, this paper proposes a comprehensive approach to developing socially inclusive and culturally adaptive rehabilitation models that are responsive to diverse needs and lived experiences.

Theoretical Frameworks in Social Rehabilitation

Theoretical frameworks are instrumental in guiding the development and assessment of rehabilitation programs, offering structured approaches to enhance patient outcomes. Two prominent theories, *Social Cognitive Theory (SCT)* and *Self-Regulation Theory*, emphasize the role of self-efficacy, which significantly impacts rehabilitation success. According to Lenzen et al. (2017) and Pritchard & Phelan (2018), enhancing

an individual's belief in their ability to achieve rehabilitation goals is crucial for positive outcomes. Similarly, the *International Classification of Functioning, Disability, and Health (ICF)* provides a comprehensive framework that aligns rehabilitation goals with functional capabilities, offering a holistic approach to understanding and addressing disability (Neubauer et al., 2019).

Furthermore, integrating insights from **psychology, social work, public health, and disability studies** has been recognized as essential for developing comprehensive rehabilitation policies that address complex social realities (Kokko et al., 2020). This interdisciplinary approach aligns well with contemporary rehabilitation models that emphasize social integration, empowerment, and cultural competence. Despite the practical applications of these frameworks, Shakespeare et al. (2018) highlight a critical flaw in traditional rehabilitation theories: their failure to address social inequalities. They argue that current models often exclude the lived experiences of disabled individuals, leading to approaches that inadequately reflect the realities of marginalized populations. To address this gap, Shakespeare et al. propose a *disability justice framework* that emphasizes equitable rehabilitation access. This framework reframes rehabilitation as an issue of disability equality, advocating for inclusive practices that empower individuals rather than control or normalize them. Through two in-depth case studies, the authors demonstrate how rehabilitation can promote inclusion and support individuals in leading lives that are not only functional but also fulfilling and autonomous. Furthermore, Shakespeare et al. (2018) discuss the contested nature of rehabilitation definitions, particularly in the context of health-related rehabilitation as outlined by the *World Health Organization (WHO)*. The WHO definition emphasizes the importance of enabling individuals to achieve optimal functioning within their environments, a concept that aligns well with the ICF framework. However, the authors argue that inconsistencies in rehabilitation definitions and approaches continue to persist, reflecting broader tensions within the field that require further exploration through disability studies.

The discussion on inclusivity is echoed by Mabeba (2018), who critically examines rehabilitation programs within the South African correctional system. His analysis focuses on their psychological and emotional impacts on incarcerated offenders, emphasizing the limited effectiveness of these programs in reducing recidivism. Mabeba argues that existing research predominantly concentrates on post-parole outcomes, neglecting the experiences of those who are still serving their sentences. This oversight fails to capture the potential learning experiences and transformative processes that may occur within correctional facilities. Moreover, Mabeba points out that the majority of offenders in South African prisons have prior convictions, raising questions about the efficacy of current rehabilitation initiatives. The heavy reliance on punitive measures rather than rehabilitative strategies suggests that existing programs are not yielding the desired outcomes of reduced recidivism. Instead, coercive approaches may impede rather than facilitate successful reintegration into society. The lack of substantial evidence supporting these rehabilitation efforts, Mabeba asserts, has contributed to poorly informed policy decisions regarding crime reduction strategies. His critique highlights the urgent need for evidence-based policies that prioritize rehabilitation and treatment over mere punishment.

Both Shakespeare et al. (2018) and Mabeba (2018) underline the importance of redefining rehabilitation to be more inclusive and evidence-based. While Shakespeare et al. advocate for a *disability justice framework* that centers the experiences of disabled individuals, Mabeba calls for a more effective approach to offender rehabilitation that acknowledges the complexities of incarceration and the potential for personal transformation. Collectively, these perspectives emphasize the need for a comprehensive and equitable approach to rehabilitation that addresses social, psychological, and structural barriers. Theoretical frameworks shape rehabilitation research and practice. Social Cognitive Theory (SCT) and Self-Regulation Theory emphasize self-efficacy in rehabilitation, influencing goal-setting strategies (Lenzen et al., 2017; Pritchard & Phelan, 2018). The International Classification of Functioning, Disability, and Health (ICF) aligns rehabilitation goals with functional capabilities (Neubauer et al., 2019). However, critics argue that traditional models emphasize normalization over empowerment. Shakespeare et al. (2018) call for a disability justice approach, ensuring that rehabilitation is an instrument of inclusion rather than oppression. Integrating multiple frameworks can enhance program effectiveness and better address patient diversity. However, Shakespeare et al. (2018) argue that traditional rehabilitation frameworks often exclude marginalized voices and fail to address structural inequalities effectively. The *disability justice framework* advocates for approaches that prioritize inclusivity, empowerment, and social participation rather than solely focusing on functional improvement.

Cultural Competence and Rehabilitation Effectiveness

Cultural competence is increasingly recognized as a critical factor in effective rehabilitation. Research indicates that language barriers, cultural misunderstandings, and systemic biases can significantly hinder rehabilitation outcomes, particularly for minority groups (Grandpierre et al., 2018; Zhao et al., 2020). Developing culturally adaptive models that respect cultural values and beliefs can enhance engagement and improve rehabilitation outcomes. Grandpierre et al. (2018) explore the complexities of cultural competence within rehabilitation services, employing a scoping review methodology grounded in Arksey and O'Malley's framework. This approach allows for a systematic examination of existing literature to identify sociocultural barriers and facilitators affecting practitioner-patient interactions across various rehabilitation disciplines, including audiology, speech-language pathology, physical therapy, and occupational therapy. The authors identify several key barriers to achieving cultural competence, such as language differences, cultural misunderstandings, and systemic biases embedded within healthcare settings. These challenges can significantly hinder the effectiveness of rehabilitation interventions, particularly when dealing with diverse populations. By emphasizing the importance of addressing these barriers, Grandpierre et al. underscore the necessity of developing inclusive training programs for healthcare practitioners and implementing policies that promote cultural competence.

Furthermore, the authors highlight actionable strategies that can improve cultural competence, such as developing tailored training modules that enhance practitioners' understanding of diverse cultural backgrounds and promoting inclusivity within rehabilitation services. This dual focus on barriers and facilitators provides a balanced perspective, demonstrating that while challenges exist, they can be effectively addressed through thoughtful policy implementation and practitioner education. Therefore, training rehabilitation professionals to develop cultural awareness and implicit bias recognition is essential for fostering communication and building trust with diverse patient populations (Buonocore et al., 2017). Implementing culturally competent practices is not only an ethical obligation but also a practical strategy for promoting equity in rehabilitation research and service delivery.

Social Factors and Rehabilitation Outcomes

Cultural and diversity considerations must remain at the forefront of social rehabilitation research. Programs should be sensitive to cultural contexts and individual backgrounds to avoid perpetuating stereotypes or biases that can alienate participants (Kokko et al., 2020). Diversity in rehabilitation approaches can improve engagement and effectiveness, as evidenced by culturally tailored interventions that respect and integrate the values and beliefs of participants. Understanding the cultural implications of rehabilitation practices can lead to more refined and effective program designs (Zhao et al., 2020). The objective of this paper is to alert rehabilitation researchers to the importance of cultural and diversity factors in social rehabilitation research and to provide suggestions for consideration and implementation for the inclusion of these factors. Papers illustrating cultural sensitivity and diversity in rehabilitation research are reviewed. Cultural and diversity considerations in designing and implementing social rehabilitation and rehabilitation-related research also are addressed. Barriers to the implementation of socioculturally responsive rehabilitation research are discussed as are implications for policy, practice, and research agenda.

Cultural competence, the ability to work effectively in cross-cultural situations, is a priority in most healthcare fields, including rehabilitation. Many health studies have explored the health status or the outcome of therapy for minority groups. Because health and illness have cultural meanings that differ across migrant and traditional populations, a major issue is the need to evaluate whether services effectively address the needs of minority culture populations. Cultural differences in understanding health can lead to divergent patterns of health-seeking behavior, beliefs, and coping strategies. Moreover, the principles of appropriate health care often differ widely across cultural groups. Services have been well-tailored to dominant cultural norms but poorly adapted to the needs and expectations of migrants. If these cultural differences are not understood and addressed properly, they will generate barriers to access to health services, poor compliance with the prescribed therapy, and ultimately poor health outcomes (Grandpierre et al., 2018). A lifelong condition such as disability gives rise to many cultural representations which may differ across communities.

The importance of social-cultural factors in rehabilitation outcomes is further emphasized by White et al. (2019), who examine the role of social support and integration in Return-to-Work (RTW) outcomes for individuals recovering from work-related injuries. Utilizing a systematic review adhering to PRISMA guidelines, the authors identify a significant gap in the literature related to the social dimensions of recovery. They argue that while clinical interventions are essential, social factors such as peer support, family involvement, and community integration play equally crucial roles in successful rehabilitation. However, the review also highlights the limited scope and quantity of existing research on social factors, raising concerns about publication bias and the tendency for studies with negative outcomes to remain unpublished. Additionally, the heterogeneity of the studies examined presents challenges in drawing definitive conclusions about the impact of social factors on RTW outcomes. This variability underscores the need for standardized metrics and comprehensive frameworks that effectively integrate social support systems into rehabilitation research and practice.

Rehabilitation Methodologies and Gaps in Research

Rehabilitation research requires diverse methodologies to capture complex, individualized experiences. While qualitative methods provide insights into personal recovery (Timmermans & Tavory, 2012), quantitative measures assess broader trends (Yılmaz & Okanlı, 2017). However, ensuring empirical rigor while accommodating subjective experiences remains a challenge. Additionally, methodological biases and inconsistent data collection practices weaken research credibility (Rasmus et al., 2021). Standardized measures incorporating patient-reported outcomes and diverse demographics are essential for improving research reliability and applicability. Addressing methodological concerns, Oniani et al. (2023) critique the reliance on Randomized Clinical Trials (RCTs) as the gold standard for rehabilitation research. While RCTs offer valuable insights, their high costs, limited generalizability, and substantial time commitments often make them impractical for evaluating complex rehabilitation interventions. Instead, the authors advocate for observational studies utilizing Electronic Health Records (EHRs) as a more suitable alternative. EHRs provide greater external validity and capture real-world experiences of patients across various settings, enhancing the depth and applicability of rehabilitation research. Additionally, the authors emphasize the importance of qualitative data, particularly unstructured narratives within EHRs, which can offer rich insights into patient experiences and treatment outcomes. While advocating for observational studies, Oniani et al. acknowledge the potential biases inherent in such methodologies, including selection bias and confounding variables, which require careful consideration in future research. Similarly, Viruega and Gaviria (2022) highlight the importance of adopting a more personalized approach to neurorehabilitation, arguing that the complexity of individual patient profiles necessitates a broader, more inclusive framework. They suggest that current research disproportionately emphasizes effectiveness metrics while overlooking the nuanced interactions between various prognostic and confounding factors. By promoting a collaborative dialogue between researchers, clinicians, and stakeholders, the authors call for improved methodologies that better reflect the multifaceted nature of rehabilitation.

Future Directions and Recommendations

Potcovaru et al. (2024) provide a comprehensive examination of rehabilitation interventions, stressing the importance of longitudinal studies and outcome-based research. They argue that assessing improvements in disability levels and the sustainability of these improvements is critical for evaluating the true efficacy of rehabilitation programs. Additionally, the authors advocate for designing telerehabilitation programs that are accessible to patients with varying levels of technological literacy and disabilities. The emphasis on patient-reported outcomes aligns with contemporary healthcare trends that prioritize patient-centered care. However, it also raises concerns about the potential biases of self-reported measures, highlighting the need for more robust data collection methodologies. Furthermore, Potcovaru et al. recommend ongoing training and education for healthcare providers to ensure that rehabilitation practices remain current and effective. They also call for supportive policies that enhance accessibility and inclusivity, recognizing the importance of addressing disparities in care.

Karadzhov (2021) also contributes to the discussion by examining the interplay between personal recovery and socio-structural disadvantages, particularly in the context of homelessness and mental health recovery. The

author argues that many studies fail to adequately address the influence of systemic factors on recovery trajectories, suggesting the need for research frameworks that integrate socio-economic considerations with individual experiences. This perspective emphasizes the importance of a comprehensive approach that recognizes the broader social determinants of health. The overall findings from these articles highlight the need for more inclusive, comprehensive, and context-sensitive approaches to rehabilitation. Traditional methodologies, while valuable, often fail to capture the complexities of real-world rehabilitation experiences. The integration of qualitative insights, patient-centered care, and culturally competent practices is essential for developing effective rehabilitation strategies that are accessible to all individuals, regardless of their social, cultural, or economic backgrounds.

Ethical and Interdisciplinary Approaches in Social Rehabilitation Research

Ethical principles in social rehabilitation research emphasize **informed consent, confidentiality, and equitable treatment**, particularly when working with vulnerable populations. Researchers must prevent exploitation and contribute to policies that address, rather than reinforce, systemic biases (Pritchard et al., 2019; Turner-Stokes et al., 2015). Structural inequalities often influence access to rehabilitation services and treatment outcomes. Addressing these biases requires **culturally sensitive approaches** and inclusive recruitment of participants. Interdisciplinary collaboration significantly enhances rehabilitation effectiveness. Insights from **psychology, social work, medicine, and education** contribute to comprehensive treatment strategies (Kokko et al., 2020). Community-based rehabilitation models are especially effective for marginalized groups, promoting empowerment and social reintegration. Integrating **biological, psychological, and social perspectives**, particularly through psychosocial interventions, improves patient outcomes in mental health rehabilitation (Buonocore et al., 2017).

Cultural competence is a critical factor in effective rehabilitation. Language barriers, cultural misunderstandings, and systemic biases hinder service delivery to minority groups (Grandpierre et al., 2018). Tailoring rehabilitation programs to cultural values improves engagement and outcomes, emphasizing the need for policies that **ensure equitable care for underserved communities** (Zhao et al., 2020). Therefore, evaluating rehabilitation programs is essential to validate their effectiveness. Using **standardized outcome measures** like disability scales and patient-reported outcomes provides insight into long-term success (Potcovaru et al., 2024). However, limited follow-up data often undermines understanding of rehabilitation's sustainability (Rasmus et al., 2021). Future research must prioritize **extended assessments** to improve program implementation. An **intersectional approach** is vital for addressing how overlapping identities—such as disability, gender, race, and socioeconomic status—impact rehabilitation outcomes. Ignoring these intersections leads to inadequate interventions for marginalized groups (Zhao et al., 2020; Kurniasih & Alfrojems, 2021). Enhancing inclusivity requires developing **culturally adaptive models, promoting bias awareness, and implementing community-based interventions**. Future directions in social rehabilitation research should focus on **technological integration, longitudinal studies, policy development, and interdisciplinary collaboration**. Addressing these areas can contribute to more effective, inclusive, and sustainable rehabilitation practices (Masoumi et al., 2017).

Recommendations for Future Research and Practice

To promote inclusive social rehabilitation frameworks, researchers and policymakers should consider the following strategies:

1. **Developing Culturally Adaptive Models:** Address economic, racial, gender, and cultural disparities through tailored rehabilitation programs (Grandpierre et al., 2018; Zhao et al., 2020).
2. **Implementing Intersectional Data Collection:** Ensure research methodologies capture diverse social realities to accurately represent marginalized groups (Kurniasih & Alfrojems, 2021).
3. **Enhancing Cultural Competence Training:** Equip rehabilitation professionals with cultural sensitivity and implicit bias awareness to improve service delivery (Buonocore et al., 2017).
4. **Promoting Community-Based Rehabilitation:** Engage community-based strategies for populations with limited access to formal healthcare systems (Kokko et al., 2020).

5. **Adopting Interdisciplinary Approaches:** Integrate insights from psychology, social work, public health, and disability studies to create comprehensive policies (Masoumi et al., 2017).
6. **Leveraging Technological Integration:** Utilize digital and telehealth solutions to enhance accessibility and improve rehabilitation outcomes (Willingham et al., 2024).

Implementing these recommendations will contribute to more inclusive and effective rehabilitation practices that address systemic biases and empower diverse populations.

CONCLUSION

Rehabilitation serves as a crucial mechanism for enhancing individuals' independence, autonomy, and quality of life. Recent studies emphasize the importance of socialization within both in-patient and community-based rehabilitation settings. A novel concept, the “*social rehabilitation landscape*,” is proposed as a model for evaluating and designing rehabilitation environments. This concept highlights the significance of socialization opportunities provided by the architectural and structural aspects of rehabilitation settings. The research suggests that the physical and social environments of rehabilitation facilities can significantly influence patients' ability to engage and socialize, which is critical for their overall recovery and well-being. Cultural competence is increasingly recognized as a critical factor in effective rehabilitation. Research indicates that language barriers, cultural misunderstandings, and systemic biases can significantly hinder rehabilitation outcomes, particularly for minority groups. Developing culturally adaptive models that respect cultural values and beliefs can enhance engagement and improve rehabilitation outcomes. Implementing culturally competent practices is not only an ethical obligation but also a practical strategy for promoting equity in rehabilitation research and service delivery. Incorporating sociability as a key component of rehabilitation services is not only a moral imperative but also an effective strategy for enhancing rehabilitation outcomes. Social rehabilitation research must evolve to address theoretical, methodological, and ethical challenges. Existing literature highlights critical gaps in cultural competence, social integration, and intersectionality. Future research should embrace interdisciplinary approaches and long-term assessments to ensure rehabilitation programs are both effective and equitable. By integrating diverse perspectives and prioritizing inclusivity, rehabilitation research can better serve individuals navigating complex social and medical challenges.

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