
Mapping the literature of rehabilitation nursing

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Objective: This paper describes a citation analysis of the literature of rehabilitation nursing, conducted as part of the Medical Library Association's Nursing and Allied Health Section's the "Mapping the Literature of Nursing Project."

Methods: One core journal, *Rehabilitation Nursing*, was selected, being both the official journal of the Association of Rehabilitation Nurses and the only journal devoted exclusively to rehabilitation nursing. Citations were analyzed according to format and date and stratified according to Bradford's Law of Scattering.

Results: The nineteen journals that constitute Zone 1 contribute the same number of citations as the eighty-six journals that make up Zone 2. OCLC ArticleFirst, PubMed/MEDLINE, and CINAHL provide the most inclusive coverage of the rehabilitation literature. The source journal, *Rehabilitation Nursing*, is the most important journal in Zone 1 and thus the most influential rehabilitation nursing journal. Relative degrees of database coverage do not change between Zones 1 and 2.

Conclusion: The journals in Zones 1 and 2 collectively represent most of the important subspecialties of rehabilitation nursing, such as the physiological, sociopsychological, and community reintegration issues involved in the long-term rehabilitation process.

INTRODUCTION

This study is part of an ambitious project to map the literature of nursing undertaken by the Nursing and Allied Health Resources Section of the Medical Library Association. The methodology is described in the project overview article [1]. This study focuses on the literature of rehabilitation nursing. The goals were to identify core rehabilitation journals, predominant formats of literature used (i.e., cited) in the field, currency of the literature most frequently used, and level of indexing coverage of the core journals by the major bibliographic databases. The results of the mapping project in general and of this study in particular will serve as valuable collection development aids, as educational tools for faculty and students, and as guidelines for database producers attempting to cover the field.

OVERVIEW OF REHABILITATION NURSING

Rehabilitation is a specialty practice that was organized as a nursing specialty in 1964. Rehabilitation nursing has been defined as "the diagnosis and treatment of human responses of individuals and groups to actual or potential health problems stemming from altered functional ability and altered lifestyle" [2]. Rehabilitation nursing is a dynamic and creative process designed to facilitate the highest level of function of clients situated in their environments, where "functional capacity" reflects the extent to which individuals can engage in dynamic interaction with the environment. It begins with immediate preventive care in the beginning stages of accident or illness, is continued through the restorative stage of care, and involves adaptation of the whole being to a new life.

The person with disabilities is viewed holistically as an interactive open system with the inherent capacity for self-regulation. The rehabilitation nurse provides care, education, and support to the client and family. Care is focused on assisting disabled clients, their families, and their communities, in the development of the client's self-care skills. In addition to being an advocate for the client, family, and community, the rehabilitation nurse provides and coordinates essential interventions designed to facilitate the disabled person's adaptation to new roles and to the environment. The three overarching goals of rehabilitation nursing can be summarized as maximizing self determination, restoring function, and optimizing clients' lifestyle choices [3].

HISTORY OF REHABILITATION NURSING

In the United States, the field of rehabilitation is linked most closely with, and received its greatest impetus from, the circumstances surrounding and consequences of wartime combat. Rehabilitation principles were applied by Florence Nightingale, who documented, in her seminal 1859 book, *Notes on Nursing: What Is It and What It Is Not* [4], that allowing patients to do for themselves was an important nursing intervention. The 1940s saw significant growth in the field of physical medicine. Psychosocial treatment and vocational training were introduced in Air Force convalescent centers, and, by 1945, there were eight spinal cord injury units in the United States. The specialty of rehabilitation medicine became firmly established, and, by 1946, physiatrists were being trained in rehabilitation medicine [5].

Rehabilitation nursing emerged formally as insurance companies hired nurses to complete comprehensive assessments of injured clients for insurance purposes. The emergence of rehabilitation nursing can also be credited to such visionaries as Alice Morrissey, author of the first textbook in the field, aptly titled *Rehabilitation Nursing*; Harriet Lane, the first nurse hired by Liberty Mutual Insurance Company to coordinate rehabilitation programs; and Mary A. Mikulic, one of the first clinical specialists employed by the Veterans Administration [6].

PRACTICE OF REHABILITATION NURSING

The rehabilitation nurse employs education and supportive strategies based on rehabilitation philosophy, goals, and concepts. Rehabilitation is a meritorious process of functional improvement that involves client, family, community, and health care provider. Optimal function is achieved when the uniqueness and wholeness of the individual is recognized. Goals of rehabilitation nursing include maximizing:

- potential
- learning
- ability
- quality of life
- family-centered care
- wellness

Table 1
Cited format types by source journal and frequency of citations

Cited format type	Source journal	Citations
	RN	Frequency %
Journal articles	1,626	73.88%
Books	416	18.90%
Government documents	28	1.27%
Internet resources	6	5.68%
Miscellaneous	125	0.27%
Total	2,201	100.00%

RN = *Rehabilitation Nursing*.

- culturally competent care
 - community reintegration [7]
- Finally, rehabilitation nurses fulfill a wide variety of roles, including the following specializations advocated by the Association of Rehabilitation Nurses [8]:
- home care rehabilitation nursing
 - gerontological rehabilitation nursing
 - rehabilitation nurse manager
 - advanced practice rehabilitation nursing
 - rehabilitation nurse case manager
 - rehabilitation nurse educator
 - rehabilitation nurse researcher

METHODOLOGY

This common methodology used throughout the mapping project is described in detail by Allen et al. [1]. The foundational step is to identify source journals for the field of rehabilitation nursing. The Association of Rehabilitation Nurses produces a high-quality, peer-reviewed journal, *Rehabilitation Nursing*. Two authoritative lists were consulted: The Brandon/Hill selected list for nursing includes this journal, the only in-scope journal listed [9], and Allen's list of Key Nursing and Electronic Journals: Characteristics and Database Coverage also lists *Rehabilitation Nursing* [10]. In it, Allen notes that *Rehabilitation Nursing* is listed by the Canadian Nursing Association and is reviewed by Murphy in her analysis of nursing research journals [11, 12]. Moreover, the journal ranks well in terms of the evidence-based nature and research orientation of its content, reputation, and citedness. Accordingly, for the purposes of mapping the literature of rehabilitation nursing, this journal was chosen as the sole source journal.

RESULTS

The number of cited references from books, journals, government documents, miscellaneous items, and Internet sources is summarized in Table 1. Of the 2,201 citations in the source journal, *Rehabilitation Nursing*, close to 74% citations are to the journal literature. The bulk of the remainder of the citations is to books. Miscellaneous publications contribute a trivial number of citations. Government documents and Websites are cited very few times.

The currency of the cited literature is summarized

Table 2
Cited format types by publication year periods

Publication year	Books		Government documents		Internet		Journal articles		Miscellaneous		Total citations	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1998–2000	11	2.64%	0	0	1	16.67%	64	3.94%	5	4.00%	81	3.68%
1992–1997	136	32.69%	15	53.57%	4	66.67%	813	50.00%	69	55.20%	1,037	47.11%
1982–1991	180	43.27%	10	35.71%	1	16.67%	587	36.10%	44	35.20%	822	37.35%
1972–1981	56	13.46%	3	10.71%	0	0	122	7.50%	7	5.60%	188	8.54%
1962–1971	26	6.25%	0	0	0	0	23	1.41%	0	0	49	2.23%
Pre-1962	7	1.68%	0	0	0	0	17	1.05%	0	0	24	1.09%
Not available	0	0	0	0	0	0	0	0	0	0	0	0
	416	100.00%	28	100.00%	6	100.00%	1,626	100.00%	125	100.00%	2,201	100.00%

in Table 2, which shows the age of the cited literature for books, journals, government documents, Internet, and miscellaneous categories based on year ranges. For all format types except books, the 1992-to-1997 year range contributes the majority of citations in the source journal, *Rehabilitation Nursing*, collectively contributing more than 47% of the total number of citations. Citations to articles in an important Zone 1 journal, *Rehabilitation Nursing Research*, which ceased publication in 1996, could account for the high number of references during this age range. The number of citations to books is highest in the 1982-to-1991 year range, contributing more than 42% of the total number of references to books across all year ranges combined.

Table 3 shows the dispersal of journal literature in rehabilitation nursing according to Bradford's Law of Scattering [13].

A total of 469 journals are cited, contributing 1,626 citations. While *Rehabilitation Nursing* is the single most important source of cited references, the profession draws heavily on a variety of other sources. Accordingly, 18 journals (19 including *Rehabilitation Nursing Research*, which ceased publication in 1996) constitute Zone 1. The 18 journals, including the source journal, *Rehabilitation Nursing*, constitute only 4.05% of the total number, yet produce a little over 33.33% of the total number of citations. These productive journals can be considered the core journal literature for rehabilitation nursing. Zone 2 is comprised of more than 4 times the number of cited journals that contribute about the same percentage of references. Finally, Zone 3 has approximately 3.5 times the combined number of cited journals in Zones 1 and 2 to yield the remaining 33.33% of the total number of citations.

The list of journals constituting Zones 1 and 2 is

Table 3
Distribution by zone of cited journals and references

Zone	Cited journals		Cited journal references		
	No.	%	No.	%	Cumulative total
Zone 1	19	4.05%	557	34.30%	557
Zone 2	86	18.34%	565	34.70%	1,122
Zone 3	364	77.61%	504	31.00%	1,626
Total	469	100.00%	1,626	100.00%	

shown in Table 4, together with the number of citations to each journal (except for OCLC ArticleFirst, which can only be counted as covering or not covering a cited journal). The nineteen journals that constitute Zone 1 include the source journal, *Rehabilitation Nursing*. Other Zone 1 journals contributing significant numbers of cited references include *Archives of Physical and Medical Rehabilitation*, *Gerontologist*, *Journal of Advanced Nursing*, *Nursing Research*, *Stroke*, *Journal of the American Geriatrics Society*, *Heart & Lung*, *Research in Nursing and Health*, *ANS: Advances in Nursing Science*, *Journal of Gerontological Nursing*, *Journal of Cardiovascular Nursing*, and *Rehabilitation Nursing Research*. Obviously, geriatrics/gerontology is an especially important specialty area of rehabilitation nursing, as are cardiovascular nursing and nursing research.

Zone 2 journals include several more general medicine titles: *The Lancet*, *Annals of Internal Medicine*, *Archives of Internal Medicine*, *New England Journal of Medicine*, *Western Journal of Medicine*, *Southern Medical Journal*, and *BMJ*. Moreover, Zone 2 contains several psychosocial journals—*Social Work*, *Health Psychology*, and *American Journal of Psychiatry*—and additional research-oriented titles.

The coverage of journals in Zones 1 and 2 by various databases is included. For both zones, CINAHL and PubMed/MEDLINE provide the strongest coverage of journals cited in *Rehabilitation Nursing*. Science Citation Index and Social Sciences Citation Index are distant seconds. While some minor differences exist between Zones 1 and 2 in their rank order, other databases that index cited journals include Health Reference Center, EMBASE, PsycINFO, and EBSCO Health Source Nursing/Academic Edition. Finally, the analysis also shows that all Zone 1 journals are covered to some degree in OCLC ArticleFirst, while 93% of cited journals from Zone 2 are covered. Accordingly, OCLC ArticleFirst covers—to some degree—more than 94% of Zone 1 and 2 journals collectively.

DISCUSSION

As seen in Table 1, the most heavily referenced literature format is journals. Books are a rather distant second. This comes as no surprise, mirroring the increasing importance of journals in all of the health sciences.

Table 4
Distribution and database coverage of cited journals in Zones 1 and 2

Cited journal	Total citations	Bibliographic databases								
		CINAHL	PubMed	EBSCO NAH Comp.	EMBASE	Health Ref. Center	PsycINFO	SCI	SSCI	OCLC ArticleFirst
Zone 1										
1. Rehabil Nurs	114	5	4	0	0	0	0	0	0	X
2. Arch Phys Med Rehabil	82	5	4	0	4	0	0	5	1	X
3. Gerontologist	39	2	2	3	2	5	2	0	4	X
4. J Adv Nurs	36	2	2	3	0	0	0	0	5	X
5. Nurs Res	28	4	4	0	0	0	3	5	5	X
6. Stroke	26	1	3	0	3	0	0	5	1	X
7. J Am Geriatr Soc	25	1	2	0	2	2	1	5	5	X
8. Heart Lung	24	4	4	0	0	0	0	5	1	X
9. Res Nurs Health	22	5	4	0	0	0	3	5	5	X
10. ANS Adv Nurs Sci	20	5	4	0	0	4	3	0	5	X
11. Soc Sci Med	18	2	3	0	3	1	2	0	5	X
12. Am J Cardiol	17	1	3	0	3	0	0	5	0	X
13. J Gerontol Nurs	17	5	4	0	0	0	0	0	0	X
14. J Neurosci Nurs	17	5	3	0	0	3	0	0	0	X
15. J Cardiovasc Nurs	15	5	4	0	0	4	0	0	0	X
16. JAMA	15	1	3	3	3	5	1	4	1	X
17. J Gerontol A & B	14	3	4	5	0	5	0	0	0	X
18. Nurs Clin North Am	14	5	4	0	0	0	0	0	5	X
19. Rehabil Nurs Res	14	NA	NA	NA	NA	NA	NA	NA	NA	NA
Zone 1 average database coverage		3.39	3.39	0.78	1.11	1.61	0.83	2.17	2.39	100.00%
Zone 2										
20. Am J Phys Med Rehabil	13	5	4	0	4	0	0	5	1	X
21. Geriatr Nurs	12	3	2	0	0	0	0	0	5	X
22. J Nurs Scholarsh (2000-); continues Image J Nurs Sch	12	5	4	0	0	4	1	0	0	X
23. Oncol Nurs Forum	12	5	4	0	0	0	0	0	0	X
24. Home Healthc Nurse	11	5	4	0	0	0	0	0	0	X
25. J Consult Clin Psychol	11	0	5	0	5	1	5	0	4	X
26. J Pers Soc Psychol	11	0	3	0	0	1	5	0	4	X
27. Lancet	11	1	3	3	3	2	0	5	1	X
28. Psychosom Med	11	0	2	0	2	0	2	5	5	X
29. Annu Rev Nurs Res	10	5	4	0	0	0	0	0	0	X
30. Chest	10	1	5	0	5	4	0	5	1	X
31. Circulation	10	0	1	0	2	0	0	5	0	X
32. Diabetes Forecast	10	3	0	0	0	5	0	0	0	X
33. J Head Trauma Rehabil	10	4	4	0	4	0	2	0	5	X
34. Patient Educ Couns	10	4	4	0	4	0	3	5	5	X
35. Ann Intern Med	9	1	4	3	4	2	0	5	1	X
36. J Cardiopulm Rehabil	9	5	4	0	3	0	0	0	0	X
37. J Nurs Adm	9	5	5	0	4	0	0	0	4	X
38. Nurs Stand	9	5	3	0	0	0	0	0	0	X
39. Soc Work	9	3	2	3	0	1	3	0	5	X
40. Am J Nurs	8	5	3	4	0	3	0	0	4	X
41. Anthrozoos	8	0	0	0	0	0	0	5	5	X
42. Arch Intern Med	8	1	4	0	4	3	0	5	1	X
43. Health Psychol	8	0	5	0	5	0	5	0	5	X
44. N Engl J Med	8	1	4	2	3	3	1	5	1	X
45. Psychol Aging	8	0	5	0	0	1	5	0	4	X
46. Top Geriatr Rehabil	8	5	0	0	4	0	0	0	4	X
47. Clin Rehabil	7	3	3	3	5	0	2	3	1	X
48. Med Care	7	0	5	0	0	0	2	5	5	X
49. Neurology	7	0	2	0	2	0	1	5	1	X
50. Psychol Rev	7	0	4	0	0	5	5	5	5	X
51. Scholar Inq Nurs Pract	7	3	3	0	0	0	5	0	0	X
52. Top Stroke Rehabil	7	5	0	0	4	0	0	0	0	X
53. Age Ageing	6	2	2	4	4	3	0	5	2	X
54. Am J Occup Ther	6	4	3	0	0	0	3	0	5	X
55. Am J Psychiatry	6	0	3	0	3	3	3	5	5	X
56. Am J Public Health	6	4	4	4	4	3	1	5	5	X
57. J Behav Med	6	0	3	2	3	5	3	0	3	X
58. J Clin Nurs	6	3	3	4	0	0	0	0	5	X
59. J Neurol Neurosurg Psychiatry	6	0	5	0	4	0	1	0	1	X
60. J Psychiatr Res	6	0	5	0	5	0	4	4	4	X
61. J Psychosom Res	6	0	5	0	4	0	4	3	3	X
62. Nurs Sci Q	6	5	5	0	0	0	0	0	0	X
63. Nursing	6	5	2	3	0	2	0	0	0	X
64. Psychosomatics	6	0	3	0	3	0	3	5	5	X
65. West J Med	6	2	5	0	4	0	0	5	1	X
66. West J Nurs Res	6	3	3	3	0	3	3	0	5	X
67. Acta Psychiatr Scand	5	0	4	0	4	0	0	5	5	X
68. Arch Neurol	5	0	4	0	4	0	1	5	1	X
69. Arthritis Care Res	5	3	5	0	5	0	3	5	3	X

Table 4
Continued

Cited journal	Total citations	Bibliographic databases								
		CINAHL	PubMed	EBSCO NAH Comp.	EMBASE	Health Ref. Center	PsycINFO	SCI	SSCI	OCLC ArticleFirst
70. Behav Ther	5	0	0	0	5	0	0	0	5	X
71. Br J Nurs	5	5	4	0	0	0	0	0	0	X
72. Cancer Nurs	5	5	5	0	5	0	0	5	5	X
73. Eur J Pediatr Surg	5	0	4	0	4	0	0	5	0	X
74. J Am Coll Cardiol	5	0	1	0	1	0	0	5	0	X
75. J Clin Epidemiol	5	0	4	0	3	0	0	5	2	X
76. J Fam Nurs	5	5	0	0	0	0	0	0	0	
77. Nurs Manage	5	5	4	4	0	3	0	0	0	X
78. Nurs Times	5	5	4	0	0	3	0	0	0	
79. Pain	5	1	5	0	5	0	3	5	1	X
80. Phys Ther	5	2	1	5	1	2	0	2	1	X
81. Public Health Rep	5	3	4	5	3	3	0	2	2	X
82. Semin Oncol Nurs	5	5	4	0	0	0	0	0	0	X
83. South Med J	5	0	2	5	2	0	0	2	1	X
84. Spinal Cord (1997-); formerly Paraplegia	5	2	4	0	4	0	0	5	1	X
85. Am J Epidemiol	4	1	2	0	2	1	0	5	1	X
86. Am J Orthopsychiatry	4	0	4	0	3	1	4	5	5	X
87. Arch Gen Psychiatry	4	0	4	0	4	0	4	5	5	X
88. Behavioral Interventions; formerly Behavioral Residential Treatment	4	0	0	0	5	0	5	0	0	
89. BMJ	4	0	4	3	2	2	0	5	1	X
90. Brain	4	1	4	0	4	1	0	5	1	X
91. Diabetes Care	4	2	4	0	4	0	0	5	1	X
92. Dimens Crit Care Nurs	4	5	4	0	0	0	0	0	0	X
93. Fam Relat	4	0	0	0	0	5	2	0	3	X
94. Geriatrics	4	2	2	4	3	5	0	2	1	X
95. Holist Nurs Pract	4	5	4	0	0	4	0	0	0	X
96. J Appl Physiol	4	0	0	0	5	0	0	5	0	
97. J Clin Exp Neuropsychol	4	0	4	0	4	0	0	5	2	X
98. J Nerv Ment Dis	4	0	3	0	3	0	1	5	5	X
99. Nephrol Nurs J	4	5	4	0	0	5	0	0	0	X
100. Orthop Nurs	4	5	3	0	0	3	0	0	0	X
101. Phys Med Rehabil Clin N Am	4	5	4	0	4	0	0	0	0	X
102. Prog Cardiovasc Nurs	4	5	4	0	0	0	0	0	0	X
103. Public Health Nurs	4	5	5	5	0	0	3	0	5	X
104. Scand J Caring Sci	4	4	4	5	4	0	2	0	5	X
105. SCI Nurs	4	5	1	0	0	0	0	0	0	
Zone 2 average database coverage		2.35	3.24	0.86	2.26	1.07	1.16	2.30	2.13	93.00%
Average Zones 1 and 2		2.54	3.27	0.85	2.05	1.17	1.10	2.28	2.18	94.20%

Based on database coverage score: 5 (95%–100%); 4 (75%–94%); 3 (50%–74%); 2 (25%–49%); 1 (1%–24%); 0 (< 1%).

EBSCO NAH Comp. = EBSCO Nursing & Allied Health Collection Comprehensive Edition.

SCI = Science Citation Index.

SSCI = Social Sciences Citation Index.

Perhaps surprisingly, citations to Internet sources are extremely low, given the importance of the Web to researchers in most fields.

While the age distribution of the cited references is current, the bulk fall in the 1992-to-1997 range. While the most current literature is important, great value is placed on slightly older research.

This study shows that, in the United States, the rehabilitation nursing specialty depends on *Rehabilitation Nursing* for high-quality, peer-reviewed information and for cited references. *Rehabilitation Nursing* comes with membership in the Association of Rehabilitation Nurses, the only organization whose sole mission is support for and advancement of rehabilitation nurses. However, a close second is *Archives of Physical Medicine and Rehabilitation*, which together with *Rehabilitation Nursing* contribute 35% of the cited references in Zone 1.

The number of journals contained in Zone 1 is rather large, reflecting both the wide scope of the field of

rehabilitation nursing as well as such important specialty areas as geriatrics/gerontology, cardiovascular nursing, and nursing research. However, the source journal, *Rehabilitation Nursing*, accounts for approximately 21% of the total citations in Zone 1, and *Rehabilitation Nursing* together with *Archives of Physical Medicine and Rehabilitation* account for 35% of Zone 1 citations.

From the list of Zones 1 and 2 journals, it is clear that the literature of rehabilitation nursing draws from a selection of the scholarly nursing literature, together with selected general medicine titles. Zone 1 titles include a cross-section of nursing titles, in addition to the source journal, *Rehabilitation Nursing*, and the general medicine title, *JAMA*. Because Zone 1 includes both specialty area journals and general nursing journals, these journals serve both the generalist and specialist rehabilitation nurse.

When examining the journals contained in Zones 1

and 2 collectively, the multidisciplinary nature of the knowledgebase of rehabilitation clearly emerges. The subjects represented by journals in Zone 1 are reinforced and expanded by the journals in Zone 2. Specifically, psychology/psychiatry, social sciences, geriatric/gerontology, and research journals are well represented in Zone 2. Together with Zone 1, Zone 2 contains a much wider range of subjects, represented by such journals as *Geriatric Nursing*, *Journal of Nursing Scholarship*, *Oncology Nursing Forum*, *Home Healthcare Nurse*, *Journal of Consulting and Clinical Psychology*, and *Journal of Personality and Social Psychology*. Journals that are cited less often but are still of interest include *Psychology of Aging*, *Journal of Behavioral Medicine*, *Journal of the American College of Cardiology*, *Journal of Family Nursing*, *Family Relations*, *Nephrology Nursing*, and *Orthopedic Nursing*. Accordingly, when attempting to conceptualize rehabilitation nursing, it is vitally important to remember the diverse bodies of knowledge on which it draws and in which its principles are rooted.

When examining coverage of the rehabilitation nursing literature by indexing databases, it is clear that some databases fill valuable niches and that collectively they comprehensively cover the field. In terms of database coverage, the top journals, *Archives of Physical Medicine and Rehabilitation* and *Rehabilitation Nursing*, are well indexed by CINAHL and PubMed/MEDLINE and are at least indexed in OCLC ArticleFirst. Otherwise, indexing by EBSCO Health Source Nursing/Academic Edition, EMBASE, Health Reference Center, PsycINFO, Science Citation Index, and Social Sciences Citation Index is virtually nonexistent for *Rehabilitation Nursing*. EMBASE and Science Citation Index do provide reasonably good coverage of, and access to, *Archives of Physical Medicine and Rehabilitation*.

CONCLUSION

As the journals that constitute Zones 1 and 2 show, the field of rehabilitation nursing draws on a large and diverse field of information and borrows from several other fields and subject areas. In addition to nursing journals, social sciences, research, general medicine, and gerontological/geriatric journals appear prominently. Also, journals from such fields as cardiovascular and cerebrovascular disease and neurology are included. That these disease areas are represented by journals is reasonable given the chronicity of their courses and their obvious relevance and causal connectedness to rehabilitation.

The coverage of journals important to rehabilitation nursing by various databases reveals that three—PubMed/MEDLINE, CINAHL, and ArticleFirst—provide good coverage of Zone 1 journals. Not surprisingly, both Science Citation Index and Social Sciences Citation Index provide *relatively* better coverage of Zone 2 titles, on a par with PubMed/MEDLINE. However, CINAHL's coverage of Zone 2 journals is significantly weaker, less than PubMed/MEDLINE and only marginally better than the citation indexes. This change in database coverage results from the wider

diversity of Zone 2 journals, which include more medicine and psychosocial journals, in general, journals outside the purview of nursing. Finally, as in Zone 1, ArticleFirst provides comprehensive coverage, undoubtedly reflecting the diverse sources on which it draws.

Perhaps another implication of the variety of sources on which rehabilitation nursing draws is that rehabilitation nursing is necessarily transdisciplinary. Not only do rehabilitation nurses generally work on multidisciplinary teams, but enacting their philosophical principles—maximizing of potential, learning, ability, quality of life, family-centered care, wellness, culturally competent care, and community reintegration—requires knowledge that crosses and integrates knowledge from nursing, medicine, allied health disciplines such as occupational and physical therapy, psychosocial sciences, and cultural beliefs and traditions. Finally, dealing successfully with disease-organ impairment, personal-functional disability, and societal handicap requires more than common goals—rehabilitative success requires interaction among the disciplines where their boundaries are regularly crossed in service to client care.

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