

NURSING IN PORTUGAL

1. Brief history of nursing

As is common to the history of nursing, in Europe in general, in Portugal, the first references to the “work” of nurses appear in the 13th century, on documentary records associated with religious orders [1].

Throughout the Middle Ages, the “care” was in convents, monasteries or attached hospital institutions, being universal basic care, in which the help was directed to all, regardless of their origin or socio-economic level. This, was the origin and the seed for the emergence of a social and welfare-based network, consolidated the path for the construction of a welfare network in Portugal.

In Portugal this path has been slow, though regular, between times of stagnation followed by decades of significant progress [2].

In the 11th century, the Order of Hospitallers or Order of Military Nurses (military personnel who in times of peace took care of the sick and when necessary helped the crusaders to fight against several diseases [4]. The Hospitallers were established in Portugal at the beginning of the 12th century, between 1120 and 1132 [5].

The difficulty in controlling contagious diseases and a moving population were factors that influenced the construction of hospitals in the XV century all over the world, demanding more and more people to attend the patients.

In Portugal, the need arose in 1485 to create large hospitals such as the Hospital Termal das Caldas da Rainha in 1485 or the Hospital Real de Todos os Santos in Lisbon in 1501 [4].

Nursing continued to be the responsibility of orders of male and female nuns until 1834. During this period, nursing schools appeared all over Europe, recognizing that the patients could not be subject to care without the minimum of training and quality.

In mid-1860, nursing was considered an undifferentiated group and this situation continued until 1870.

During 1862 there was an ideological conflict between the secular anticlerical mentality and the religious mentality, a conflict that originated in the question of the sisters of charity. This French religious group belonging to the Congregation of St. Vincent de Paul came to Portugal during the epidemics of cholera and yellow fever, taking care of charitable practices and teaching orphans.

At the beginning of the 20th century the reality of nursing was quite dramatic. Nursing services left a lot to be desired and the recruitment of its staff was carried out in terrible conditions of training, miserably rewarded, despite the heavy burden and exhausting mission of this class.

It was urgent to put an end to such a situation, absolutely unavoidable. The complete remodeling of the nursing services, of the Professional School of Nursing, and the establishment of the criteria of competence, moral aptitude and aptitude for access to the profession, in the recruitment of personnel, constituted a concern of this organization.

These points were central to the orientation of the hospital departments, if they wanted to create for the whole country a Nursing service and not a group of healers or clinical nurses, as the hospitals had produced by almost exclusive fault of the doctors [4].

When a professional qualification for Nursing was required, about 80% of the nurses practicing in the country were unable to work.

In the 1901 reform, the emergence of a medical role in the training of nurses is well known. Doctors were the ones who exclusively occupied the positions of managerial staff or exercised the functions of technical direction of the services.

In the early 1930s, the nursing shifts were twelve to fourteen hours in a row for three to four consecutive days, with a break between them, which is considered ridiculous because the nurses worked consecutively from eight to twenty hours and did not rest in the night shifts.

In mid-1941, the nurse was expected to remain at the bedside of the sick, with a charitable posture, to be able to perform tasks prescribed by doctors and to take care of the domestic (now administrative or bureaucratic) aspects of the service. They were expected to fulfill the historical tradition of providing small daily care to the sick, thus giving more importance to the human, charitable part [6].

In 1942, in Portugal, a ban on marriage was imposed on nurses, a clearly sexist measure inspired by the Italian fascist model.

In 1947, the nurses were required to have primary education, with a one-year (ordinary course) or two-year (full course) training. It was then that the figure of the Nursing auxiliary was created, as a way of making up for the lack of nursing staff that was already being felt in Portugal, despite the slow evolution of the hospital system.

According to Nunes (2003), at the beginning of the 50's, the role of Nursing changed, with the nurse going from consoling the patient to helping the doctor.

In 1952 the reform of nursing education began. This reform finally contributed to discipline and organized the teaching of nursing in official schools. The schools are still dependent on the Hospitals. This reform is considered to be the first rupture that will lead to the real reform of the teaching of Nursing. From this reform on, there will be three distinct courses: General Course (minimum qualifications: 1st cycle of high school; duration of three years); Auxiliary Course (minimum qualifications: primary education; duration of one year plus six months of internship); Complementary Course (minimum qualifications: 2nd cycle of high school, General Nursing and professional practice; duration of one year) [7].

The 1952 reform was limited by the persistence/aggression of deficiencies that were already behind it, namely: lack of definition of teaching/learning objectives;

merely selective nature of the exams; lack of monitors in quantity and quality; utilization by hospitals of the work of trainees, with serious damage to their training; with a hospitalocentric approach and medical-hospital guardianship of Nursing [6].

In 1953, the Hospital de Santa Maria in Lisbon was opened to the public and with the 1952 reform, it became necessary to have a diploma to practice nursing.

In 1954, two important events linked Portugal to international movements of nursing. One of them was Portugal's participation in the International Nursing Meeting held in Turkey; the other was the appointment of Fernanda Alves Dinis, director of the Technical School of Nurses, as Regional Consultant Nurse of the World Health Organization of Europe.

In Portugal, the 2nd National Meeting of Nursing Professionals was held under the theme "The Militant Nurse of Health".

Still in 1954, the Dr. Assis Vaz Nursing School was created in Porto, which later became the S. João Hospital Nursing School [7].

After the creation of the Ministry of Health, in 1961, the General Direction of Hospitals was created.

In 1962, the first Directorate of the Hospital Nursing Service of the General Directorate of Hospitals was created, and it is in this year that the concern of the elaboration of a Nursing statute project arises [7].

In 1963, the Health and Assistance Statute was published, categorizing the three types of assistance into: public health activities; curative recovery medicine activities; and assistance activities [7].

In the 1970s, most nursing care providers were ancillary, but without the necessary counterparts: formal recognition of their skills; level or status of remuneration; opportunities for professional training; which eventually led to a vindication movement and is regulated the Health and Care Services Reform whose guidelines are to promote the implementation of care beyond the strictly curative [7].

The need for an Order of Nurses was beginning to be addressed.

The democratic revolution of April 25, 1974 and the 1976 Constitution profoundly changed Portugal, and new social policies emerged. The new Constitution established that everyone had the right to health, and this would be accomplished through the creation of a universal, general and free National Health System [7].

The structure and curriculum content of the Nursing course underwent new and profound changes on August 9, 1976, as a result of a working group where representatives of schools and the newly created nursing unions as well as the Portuguese Nursing Association [8], played an active role.

In 1981 the Nursing Career Diploma was published, in the official form of a decree law [9].

This document contains: Consecration of a single career for all nurses, regardless of area or place of work; Defines that nurses can only be assessed by nurses; Defines the functional content of careers, including the skills of chief nurses; Defines the various categories of nurses: Nurse (grade I); Graduated and monitor (grade

II); Specialist, chief and assistant (grade III); Supervisor and teacher (grade IV); Nursing Technician (grade V) [7].

In 1994, the Specialized Higher Education Courses in Community Nursing, Maternal and Obstetrics Health, Mental and Psychiatric Health, Medical-Surgical, Rehabilitation and Nursing Services Administration were created, regulated by Ordinance 239/94 of April 16, art. 2 [7].

In 1998 the Order of Nurses was created and its statute was approved in Decree-Law 104/98 of April 21 [10]. With its creation, conditions were established for the consolidation of the responsible autonomy of the Nursing profession. Among its attributions are: to promote the quality of Nursing care, to regulate and control the exercise of the Nursing profession and to assure the length of the rules of ethics and professional deontology.

The Deontological Code enunciates a set of duties and responsibilities of Nursing professionals (attached to the Statutes of the Order) [11].

The creation of the Order allows[7], to assume in their hands the destiny of what Nursing should be as a profession is to be simultaneously addressees and holders of a legal instrument in the process of building the professional identity. This Order responds to an imperative of the Portuguese society to see the establishment of a professional association of public law, which, in Portugal, promotes the regulation and discipline of the practice of nurses, in terms of ensuring compliance with the ethical standards that should guide the profession, ensuring the pursuit of the inherent public interest and the dignity of the exercise of Nursing. [10]

In 1999, a new reformulation of the nursing career was made, defining the following levels and categories of Nursing: level 1, which includes the categories of nurse and graduate nurse; level 2, which includes the categories of specialist nurse and head nurse; level 3, which includes the categories of nurse-supervisor and regional technical advisor of Nursing; and level 4, which includes the category of technical advisor of Nursing [12].

In 2000, an assessment was made to the baccalaureate courses having identified a set of shortcomings in training. As a result, it was necessary to implement a four-year Bachelor's degree, which is the time needed to acquire the cognitive, instrumental and socio-relational competencies required by the *Ordem dos Enfermeiros*.

This was essential to raise the level of qualification for access to professional practice and indispensable for the beginning of autonomous professional activity.

The qualification of Portuguese nurses in Europe is guaranteed, thus concreting the Bologna Process [7].

In 2001 the implementation of new information and documentation systems in Nursing in organizations and services at the national level began.

In 2003 the Order of Nurses defined the competencies of the general care nurse according to the competencies integrated in the International Council of Nurses. These competencies should be developed in the areas of action of the nurse: care practice, management, training, teaching, research and advice [7].

In 2005, the Order of Nurses defined the competencies of nurses responsible for general and specialized care and strategies to ensure quality in the provision of care to citizens.

In November 2006, a revision in the Nursing career was again proposed due to the introduction of new legislative mechanisms in the regulation of the National Health Service and also due to the reform of the nursing training system [7].

In 2009, the Nursing career was structured in the categories of Nurse and Principal Nurse, defining that the functional content of the Nursing category is inherent to the respective qualifications and competencies in Nursing, comprising full technical-scientific autonomy.

In 2019, a new career review added two categories: specialist nurse and nurse manager, maintaining the category of nurse and extinguishing that of principal nurse [13].

2. System of education for nurses

The formalization of nursing education in Portugal occurred between 1881/1886.

The Dr. Ângelo da Fonseca Nursing School was the first Nursing School in the country, founded on October 17th 1881, by the Hospital Administrator of the University of Coimbra, Professor António Augusto Costa Simões, being called the Coimbra Nursing School [14].

In 1901 the first Professional School of Nursing was created.

Based in the Hospital de S. José in Lisbon, with temporary facilities, its mission was to provide the doctrinal, technical and practical instruction that had to be demanded of all those who, in the hospital, had to comply with medical or surgical prescriptions and provide nursing care to patients.

In 1918, the Civil Hospitals Nursing Professional School was created (operating at Hospital de S. Lázaro), also establishing the General Course and the Complementary Nursing Course - Head of Nursing [15].

In 1919, the Nursing School of the Hospitals of the University of Coimbra was created [16].

In the 1930's (1939), the Professional School of Nursing was transformed into the Artur Ravara School of Nursing, changing to the facilities of the Hospital dos Capuchos.

Despite the Estado Novo institution, during the dictatorship in Portugal, the union movement started with the foundation of the South Region Nurses Professional Union and, later, the North Region Nurses Professional Union. One of the first claims focused on the risks to the physical integrity of nurses due to lack of protection. Later, it was suggested the elaboration of a Nursing Professional Code integrated in a Health Code.

The “90 candles” regime was established, that is, a quarterly period of night work. The first schools of Nursing appeared aggregated to religious congregations,

such as the Nursing School of *Casa de Saúde da Boavista*. The course of the Nursing School of São Vicente de Paulo was three years long and was the first religious course to train lay nurses.

In the following decade (1940-1949), the Lisbon Technical School was founded (in the premises of the current Francisco Gentil Portuguese Oncology Institute in Lisbon), integrating a semester of pre-learning. Some improvement courses were created in areas of Nursing such as Psychiatry, Child Care and Public Health, understood as continuous training activities.

At that time, Nursing could only be exercised by single women or widows and without children [17].

The public exercise of Nursing was forbidden to those who did not have a diploma.

New schools were created, restructuring of others and permission to institute courses of Pre-Nursing and Auxiliary Nursing [18].

The Technical School of Nurses at the Portuguese Institute of Oncology in Lisbon (1940) emerges as a new training model, influenced by the American system [19].

In the 1947 reform, the nursing auxiliaries course, the internship regimen and the preference in the admission to the female sex emerges.

Between 1950-1959, a new restructuring of the Nursing teaching was carried out, with the approval of the Nursing Schools Regulation.

The General Nursing Course became three years and the schools started to have technical and administrative autonomy.

The International Health Regulations, a document signed by the World Health Organization, was introduced in the Portuguese legislation [20].

March 8th, the anniversary of the birth and death of St. John of God, patron of nurses (March 8th 1495 in Montemor - Portugal / March 8th 1550 in Granada - Spain), is marked as the day of Portuguese Nursing.

With the reorganization of 1952, the Study Plans were standardized in the official schools, the General Course became 3 years and the Auxiliary Course 18 months.

The Lisbon School Hospital grew, with a new hierarchy of nurses: nurse superintendent; general, chiefs, deputy chiefs and first and second class nurses, instrumental nurses and anesthesiologists, trainees and nursing auxiliaries.

In 1955, a study commission was created to develop a program to promote Nursing.

In 1957, the Hospital de Santa Maria school in Lisbon was inaugurated and in 1968 it was renamed Calouste Gulbenkian Nursing School, in Lisbon.

The school wards emerged as training places for nurses.

The end of the prohibition of marriage for nurses and reform of the care practice [21].

Due to the Colonial War, organization of the 1st Specialization Course in Rehabilitation Nursing.

In the 1965 reform, the “center” of training became the nursing curricular unit [22]. The duration of the general course was 3 years, requiring the 2nd cycle of high school. For the auxiliary course of 18 months, 6 years of schooling. In the post basic training, the complementary nursing course worked until 1967 in Lisbon, Porto and Coimbra.

The specialized training for positions of leadership and teaching of nursing started to be done in the School of Education and Administration in Nursing.

The year of 67 is relevant for nursing, starting the “systematization of knowledge in nursing, “by the use of research and identification of an intellectual dimension of nursing care ... the discipline began to delineate itself as an academic and scientific discipline” [23].

The 70’s consecrated the technical and administrative autonomy with the direction of the schools given to nurses.

In 1973, the 1st National Congress of Nursing was held with precursor themes that anticipated the future of nursing, such as, the need to elaborate the professional statute, discussion around the discipline and profession and the integration in the National Educational System.

At this time, the Nursing Auxiliary course was extinct and there was a financial and social valorization of nursing professionals.

The creation of the National Health Service (SNS), enshrined the right to health as universal and free (1979) [24].

In this decade (1980-1989), the first equivalence courses to specialists were initiated and three Post Basic Schools were created, teaching specialization courses in Lisbon, Porto and Coimbra.

Integration of the Higher Schools of Nursing in Higher Education, arrived in the decade of 90.

The integration of nursing education (taught in higher schools of nursing), in the national educational system, ensuring academic recognition of its various levels of training, took place in 1988 [23].

The first masters in Nursing Science, began in 1992. In 1999, the Bologna Declaration was signed, and the restructuring of Higher Education began. The Nursing course becomes a Bachelor’s Degree [12]:

- ensuring scientific, technical, human and cultural training for: the provision and management of general Nursing care throughout the life cycle, to the family, groups and community, at different levels of prevention;
- to ensure the necessary training for: participation in the management of health services, units or establishments;
- participation in the training of nurses and other health professionals; the development of research practice in their field.

The first Doctorate Course in nursing, occurred in 2004, in the Institute of Biomedical Sciences Abel Salazar - University of Porto.

Currently there are 38 Schools where the teaching of Nursing at a higher level is given.

3. The legal status of nursing

Nursing is taught in polytechnic higher education, in specialized higher schools (240 credits / 4 years): higher schools of nursing (nursing domain; higher schools of health (health domain).

The teaching of Nursing is assured through the cycle of undergraduate studies in Nursing;

The teaching of Nursing is supervised by the ministry with the supervision of higher education, and there is an articulation with the ministry with the supervision of health:

- The strategic planning of training
- The definition of curricular structures
- The establishment of annual vacancies
- The monitoring of evaluations and audits
- The cycle of studies of nursing degree has the duration of four curricular years

Ensures a scientific, technical, human and cultural training for the provision and management of general nursing care to the person throughout the life cycle, the family, groups and community, at different levels of prevention;

It also aims at ensuring the necessary training:

The participation in the management of services, units or health establishments;

Participation in the training of nurses and other health professionals;

The development of research practice within its scope.

The training of nurses in charge of general care is also regulated at European level, with a view to the recognition of their professional qualification among the Member States.

The formulation of the general care nurse skills profile was the result of a consensus-building process based on the “ICN Framework of Competencies for the Generalist Nurse”, which was published and widely disseminated in 2003 [25]. The presentation in domains of the 96 competencies was reorganized, keeping all the competencies defined and regrouping in a structure that aims, mainly, to be adequate for the certification process.

Bearing in mind that:

(i) The professional exercise of Nursing focuses on the interpersonal relationship between a nurse and a person, or between a nurse and a group of people (family or communities). Both the nurse person and the people who are clients of nursing care have pictures of values, beliefs and desires of individual nature - fruits of the different environmental conditions in which they live and develop. Thus, the therapeutic relationship promoted within the professional exercise of Nursing is characterized by the partnership established with the client, with respect for their capabilities;

(ii) The nurse’s decision making, which guides the professional exercise, implies a systemic and systematic approach - in the decision making, the nurse identifies

the Nursing care needs of the individual person or group (family and community); after the correct identification of the client's problem, the Nursing interventions are prescribed in order to avoid risks, detect potential problems early and solve or minimize the real problems identified. In the decision-making process in Nursing and in the implementation phase of the interventions, the nurse incorporates the results of the investigation into his practice;

(iii) from the point of view of the attitudes that characterize the professional exercise of nurses, they emphasize the humanist principles of respect for human freedom and dignity and for the values of people and groups.

In their performance, the nurses respect the duties foreseen in the Deontological Code and the regulations of the exercise of the profession, which shape the good practice of Nursing. These best practices are defined in a set of competencies:

– General Care Nurses Competencies

A - Domain: Professional, ethical and legal responsibility.

A1. Develops a professional practice with responsibility.

A2. Exercises his professional practice according to the ethical, deontological and legal frameworks.

B - Domain: Care provision and management.

B1. Acts according to the fundamentals of care provision and management.

B2. Contributes to the promotion of health.

B3. Uses the Nursing Process.

B4. Establishes effective communication and interpersonal relationships.

B5. Promotes a safe environment.

B6. Promotes inter-professional health care.

B7. Delegate and supervise tasks.

C - Domain: Professional Development.

C1. Contributes to professional development.

C2. Contributes to the continuous improvement of the quality of nursing care.

C3. Develops continuous training processes [26].

– General competencies of specialist nurses are outlined as follows:

A - Professional, ethical and legal responsibility domain

A1 - Develops an ethical and legal professional practice, in the area of specialty, acting in accordance with the legal standards, ethical principles and professional ethics

A2 - Ensures care practices that respect human rights and professional responsibilities.

B - Mastery of Continuous Quality Improvement

B1 - Ensures a proactive role in the development and support of strategic institutional initiatives in the area of clinical governance

B2 - Develops quality practices, managing and collaborating in continuous improvement programmes

- B3 - Ensures a therapeutic and safe environment.
- C - Mastery of care management
 - C1 - Manages nursing care, optimizing the response of your team and the articulation in the health team.
 - C2 - Adapts the leadership and management of resources to the situations and context, aiming at ensuring the quality of care
- D - Mastery of professional learning development
 - D1 - Develops self-knowledge and assertiveness.
 - D2 - Bases its clinical praxis on scientific evidence [27].

4. Nursing in numbers

Portugal has a resident population of approximately 10,200,000 inhabitants, about 21.7% of the population over 65, which translates into an Ageing Index of 157.4.

Male life expectancy is 78 years and female life expectancy is 83.5 years.

In the two largest health professional groups, in 2019, 73650 were nurses and 53600 medical doctors.

Table 1. Number of inhabitants per nurse (1960-2019)

Year	1960	1970	1980	1990	2001	2010	2019
Inhabitants/Nurses	929.1	629.2	441.0	354.6	262.2	169.4	135.8

Data Sources: INE - Health Personnel Statistics Statistics Portugal - Annual estimates of the resident population

Source: PORDATA - Last update: 2020-07-30

Table 2. Number of active nurses and specialist nurses (2000-2018)

	2000	2005	2010	2015	2018
Number of active nurses	37 623	48 296	62 566	67 893	73 912
Number of specialist nurses	6 740	6 856	10 670	14 833	18 682

Source: Ordem dos Enfermeiros - Balcão Único (31-12-2018)

Table 3. Distribution of nurses by Region/Sex (2018)

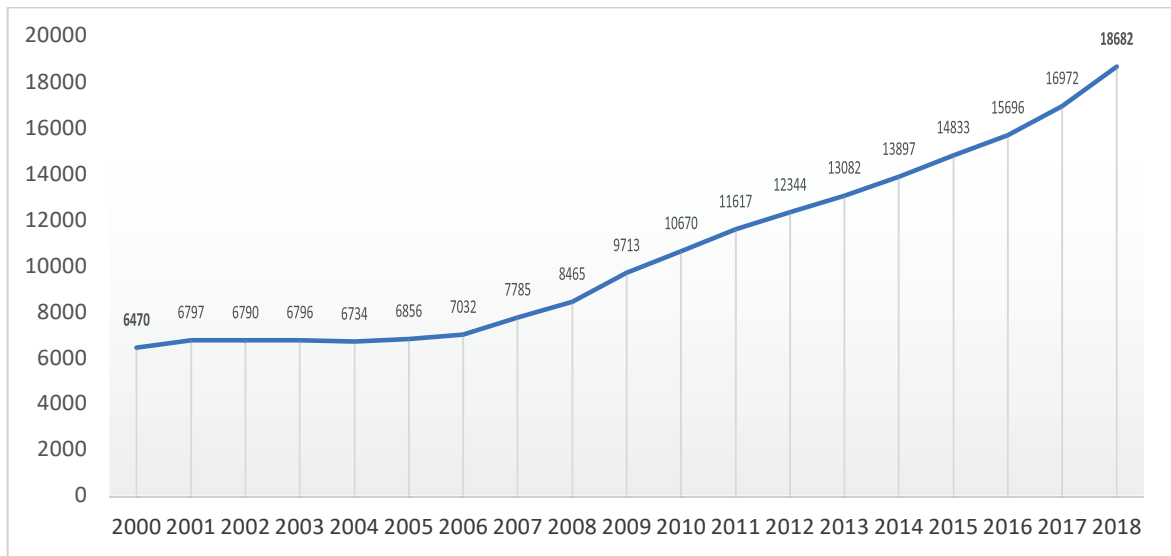
	Women	Men	TOTAL
Madeira	1 880	388	2 268
Açores	1 718	392	2 110
Centro	12 730	3 088	15 818
Norte	20 179	4 115	24 294
Sul	24 230	5 192	29 422
Total	60 737	13 175	73 912

Source: Ordem dos Enfermeiros - Balcão Único (31-12-2018)

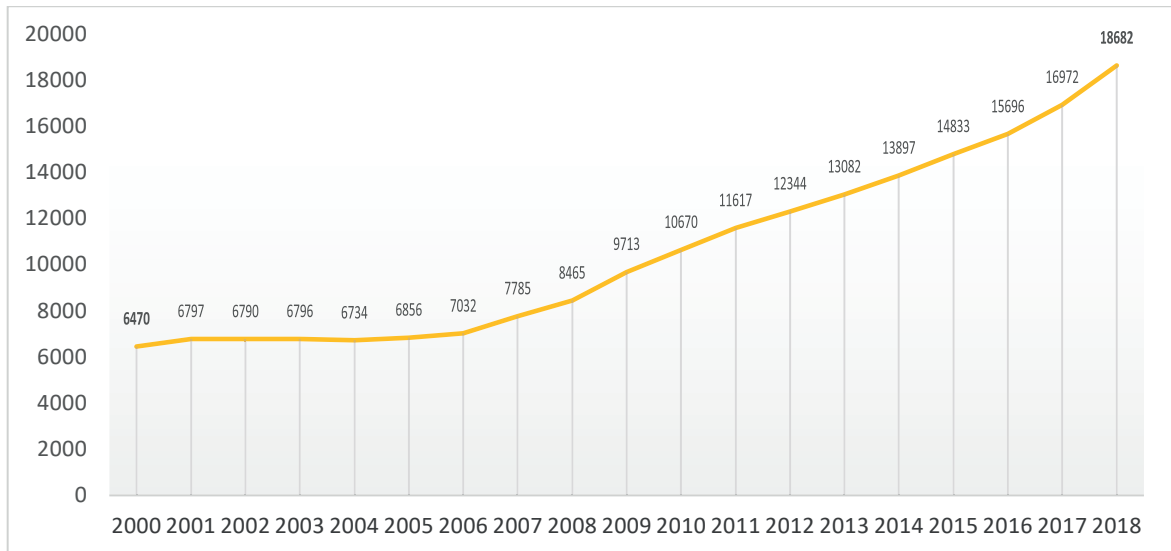
Table 4. Distribution of General Care Nurses and Specialist Nurses/Sex (2018)

	Women	Men	TOTAL
General care nurses	45 489	9784	55 273
Specialist nurses	15 283	3399	18 682
Total	60 772	13 183	73 955

Source: Ordem dos Enfermeiros - Balcão Único (31-12-2018)



Graph 1. Evolution of Nurses (2000-2018). Source: Ordem dos Enfermeiros - Balcão Único (31-12-2018)



Graph 2. Evolution of specialist nurses (2000-2018). Source: Ordem dos Enfermeiros – Balcão Único (31-12-2018)

5. Challenges and prospects

The challenges faced by Portuguese nurses in this new era in which health professionals have become a precious asset to any country are similar to those that are collected globally.

Nurses have always had to know twice as much, know more and better, and be more competent so that their knowledge could be transformed into power in the health systems.

Unfortunately, it took a pandemic for nurses to become even more significant as an essential workforce in health systems, to gain greater social recognition and to enhance their management and health care skills.

Portuguese nurses are affirmed on the international scene participating in the activities of the International Council of Nurses or the European Federation of Nurses Association sharing their principles and values.

At the level of care provision, perhaps the greatest challenge is the search for safe endowments for nursing care. This objective poses renewed challenges to the training of new nurses as well as to their ability to enter the labour market. It should be noted that at the moment the employability of nursing in Portugal is 100%.

In terms of training, nursing in Portugal, spent about 40 years from baccalaureate to full insertion in higher education at PhD level, with nurses and nursing teachers increasingly qualified.

The integration in higher education is complete. In Portugal, due to the dual system: teaching at the university and teaching at the polytechnic, nursing seeks its insertion in university education.

This integration will bring more solidity to the scientific knowledge of nursing but also more responsibility in the national and international scientific panorama.

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