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(CONTORNOS DA) FORMAÇÃO ESPECIALIZADA EM ENFERMAGEM DE REABILITAÇÃO (1965 - 1987) EM PORTUGAL

*(CONTOURS OF) SPECIALIZED TRAINING IN REHABILITATION NURSING
(1965 - 1987) IN PORTUGAL*

*(CONTORNOS DE) LA FORMACIÓN ESPECIALIZADA EN ENFERMERÍA DE REHABILITACIÓN
(1965 - 1987) EN PORTUGAL*

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RESUMO

Introdução: O surgimento da formação especializada em enfermagem de reabilitação foi um marco importante na História da Enfermagem em Portugal e na década de 60 do século XX surgiram medidas pioneiras que prepararam a sua programação. O primeiro plano de estudos surgiu em 1965 e foi reformulado quatro vezes até 1987.

Metodologia: Recurso ao método histórico, com análise documental narrativa e descritiva de fontes primárias constantes dos planos de estudos dos cursos de especialização em enfermagem de reabilitação de 1965 a 1987. As principais variáveis de interesse foram: motivo da criação dos cursos, conhecimento científico nos planos de estudo, relação com contexto nacional, carga letiva, e relação com as funções desempenhadas pelos enfermeiros em resposta aos cuidados de saúde.

Resultados: Os sete planos de estudos analisados revelaram a constante evolução da especialidade, sobretudo pela alteração da carga horária, progressivamente mais intensa, e com maior interligação entre teoria e prática. A introdução de novos conteúdos mais especializados, foi fruto da complexidade de cuidados e da influência de revisões por grupos de trabalho constituídos por enfermeiros e médicos. A introdução de áreas transversais como pedagogia e investigação permitiram enriquecer e afirmar a Enfermagem de Reabilitação no seio da disciplina e da área da saúde em Portugal.

Discussão: A criação do primeiro curso de especialização, segundo o modelo norte-americano, foi pressionada pelo elevado número de vítimas da Guerra colonial, iniciada em 1961. Com o avanço do conhecimento científico e atendendo ao contexto do país, os planos de estudos foram reestruturados, sendo reconhecida a especialidade através do Decreto-Lei n.º 265/83, levando ao surgimento de escolas Pós-Básicas em Lisboa, Porto e Coimbra. Neste processo houve sempre aumento progressivo da carga letiva dos diferentes planos de estudos associada a um aumento da complexidade das funções desempenhadas pelo enfermeiro especialista.

Conclusão: A formação especializada em enfermagem de reabilitação desenvolveu-se através de diferentes influências, primeiramente norte-americanas e inglesas associadas ao contexto do país, que possuía diferentes carências relacionadas com o processo reabilitativo. Houve um acompanhamento da evolução dos conhecimentos técnico-científicos e das alterações sociodemográficas que se consolidavam no país.

Descritores: Educação em enfermagem, enfermagem de reabilitação, história da enfermagem, plano de estudos, reabilitação

ABSTRACT

Introduction: The emergence of specialized training in rehabilitation nursing was an important milestone in the History of Nursing in Portugal and in the 1960s of the 20th century pioneering measures emerged that prepared its programming. The first study plan appeared in 1965 and was reformulated four times until 1987.

Methodology: The historical method was used, with narrative and descriptive documentary analysis of primary sources contained in the syllabuses of specialized courses in rehabilitation nursing from 1965 to 1987. The main variables of interest were the reason for creating the

courses, scientific knowledge in the study plans, relationship with the national context, teaching load, and relationship with the functions nurses perform in response to health care demands.

Results: The seven study plans analyzed revealed the constant evolution of the specialty, mainly due to the change in the workload, progressively more intense and with greater interconnection between theory and practice. Introducing new, more specialized content resulted from the complexity of care and the influence of reviews by working groups of nurses and doctors. The introduction of transversal areas such as pedagogy and research made it possible to enrich and affirm Rehabilitation Nursing within the discipline and the area of health in Portugal.

Discussion: According to the North American model, the creation of the first specialization course was pressured by the high number of victims of the colonial war, which began in 1961. With the advancement of scientific knowledge and given the context of the country, the study plans were restructured, being recognized as the specialty through Decree-Law No. 265/83, leading to the emergence of post-basic schools in Lisbon, Porto and Coimbra. In this process, there was always a progressive increase in the teaching load of the different study plans associated with an increase in the complexity of the functions performed by the specialist nurse.

Conclusion: Specialized training in rehabilitation nursing developed through different influences, firstly with North American and English associated with the context of the country that had different shortcomings related to the rehabilitative process, and there was a follow-up of the evolution of technical-scientific knowledge and the socio-demographic changes that were being consolidated in the country.

Descriptors: nursing education, rehabilitation nursing, history of nursing, study plan, rehabilitation

RESUMEN

Introducción: El surgimiento de la formación especializada en Enfermería de Rehabilitación fue un hito importante en la Historia de la Enfermería en Portugal y en los años 60 del siglo XX surgieron medidas pioneras que prepararon su programación. El primer plan de estudios apareció en 1965 y se reformuló cuatro veces hasta 1987.

Metodología: Recurso al método histórico, con análisis documental narrativo y descriptivo de fuentes primarias contenidas en los planes de estudios de cursos especializados en enfermería de rehabilitación de 1965 a 1987. Las principales variables de interés fueron: motivo de creación de los cursos, conocimiento científico en los planes de estudio, relación con el contexto nacional, carga docente y relación con las funciones desempeñadas por el enfermero en respuesta al cuidado de la salud.

Resultados: Los siete planes de estudio analizados revelan la constante evolución de la especialidad, debido principalmente al cambio en la carga horaria, progresivamente más intensa y con mayor interconexión entre teoría y práctica. La introducción de nuevos contenidos más especializados fue resultado de la complejidad de la atención y de la influencia de las revisiones por parte de grupos de trabajo compuestos por enfermeras

y médicos. La introducción de áreas transversales como la pedagogía y la investigación permitió enriquecer y afirmar la Enfermería de Rehabilitación dentro de la disciplina y el área de la salud en Portugal.

Discusión: La creación del primer curso de especialización, según el modelo norteamericano, se vio presionada por el elevado número de víctimas de la guerra colonial, iniciada en 1961. Con el avance del conocimiento científico y dado el contexto del país, los planes de estudio fueron reestructurados, siendo reconocida la especialidad a través del Decreto-Ley nº 265/83, dando lugar a la aparición de escuelas post-básicas en Lisboa, Oporto y Coimbra. En este proceso siempre se produjo un aumento progresivo de la carga docente de los diferentes planes de estudio asociado a un aumento de la complejidad de las funciones desempeñadas por el enfermero especialista.

Conclusión: La formación especializada en enfermería de rehabilitación se desarrolló a través de diferentes influencias, en primer lugar norteamericanas e inglesas asociadas al contexto del país, que presentaba diferentes carencias relacionadas con el proceso rehabilitador, y hubo un seguimiento de la evolución del conocimiento técnico-científico y de los cambios socio-demográficos que se iban consolidando en el país.

Descriptor: educación en enfermería, enfermería de rehabilitación, historia de la enfermería, plan de estudios, rehabilitación

INTRODUCTION

History is “a fundamental element for looking at the present and the future”⁽¹⁾ (p.3).

In Ribeirão Preto’s declaration on Education in the History of Nursing⁽²⁾, it is stated that understanding the History of nursing broadens the knowledge base and promotes an understanding of the social and intellectual beginnings of the profession, helping “to understand the context, meaning of profession of nursing and health care, and is a valuable tool for understanding and addressing the complex cultural, anthropological, social and political struggles that have taken place in the past” (p.3).

On the other hand, it is considered that “nursing today occupies an unquestionable and indispensable place in the national health system, at the level of hospital care and primary health care, in individual health, in the health of groups and the community” ⁽¹⁾ (p.4).

Rehabilitation care and Rehabilitation Nursing (RN) cannot be dissociated from this conjecture. Both at the level of primary health care and at the level of differentiated health care, they have assumed an increasingly preponderant and differentiated role in the health care response in Portugal to the individual, family and community.

In this sense, the emergence of specialized training in RN was an important milestone in the History of Nursing, but also in public health in general. Thus, measures emerged in the 1960s that were approved by the Government and paved the way for the programming of specialization courses in RN.

The Alcoitão Rehabilitation Medicine Center (*Centro de Medicina de Reabilitação de Alcoitão-CMRA*), whose construction began in 1956, was inaugurated in 1966 under the authority of Santa Casa da Misericórdia de Lisboa⁽³⁾, and established the first location in the country

(Alcoitão Rehabilitation School) to offer specialized training in RN, exclusively accepting as candidates nurses with a general nursing course and presenting “unique conditions for the courses to be taught and the internships required for the training of technical personnel specialized in rehabilitation to be carried out” ⁽³⁾ (p.1064) .

Training in RN began at the Alcoitão Rehabilitation School⁽³⁻⁵⁾, considering foreign influences, and the context that brought new pressing health needs to the country.

The first RN study plan appeared in 1965(3-5). Considering different influencing factors, it was progressively reformulated until the emergence of the so-called post-basic school in Lisbon in 1987, which was created after Decree-Law (DL) n°265/83(4-10). Following this DL, Post-Basic schools in Porto and Coimbra were also created, where the specialization course in RN is also taught⁽¹⁰⁾.

The chronological period between 1965 and 1987 was significant in the affirmation, edification and progressive consolidation of specialized training in RN in Portugal, with this training path also being accompanied by the development and increasing complexity of functions inherent to the performance of the profession in daily practice in the various institutions.

In this way, the construction of a progressive path began in which, associated with the development of training and more complex functions, it also awakened, and increasingly, a feeling of professional identity and belonging. In this sense, RN has become more recognized within the scope of national health policies in favor of the person, family and community⁽⁶⁻¹⁰⁾.

Thus, the aims of this study were: to identify the variables of interest in the documentary corpus specific to the study plans of specialization courses in RN between 1965 and 1987 in Portugal; to describe and analyze specialized training in RN from 1965 to 1987, taking into account the political and social context in the country during that period; to analyze the study plans of specialization courses, contained in the files of the Escola Superior Enfermagem de Lisboa⁽⁵⁻⁹⁾, the Escola Superior de Saúde de Alcoitão⁽⁴⁾, the Escola Superior de Enfermagem de Coimbra⁽¹¹⁾ and the Escola Superior of Porto Nursing⁽¹²⁾.

The following research questions were asked: “how is training in RN characterized, between 1965 and 1987, taking into account the study plans of specialization courses in RN in the different training institutions in Portugal?” and “what factors influenced RN training in Portugal between 1965 and 1987?”.

METHODOLOGY

Torgal⁽¹³⁾ reflects on the meaning of History, mentioning that “History as a science” should not be confused with “a mere narrative of curiosities (...) that can be easily disseminated” (p.20). The aim is to “reflect interrogatively”⁽¹³⁾ to analyze and describe specialized training in RN in Portugal from 1965 to 1987, considering the study plans.

This study was carried out using the historical method, with narrative and descriptive documentary analysis of primary sources inherent to the study plans of specialization courses in RN, following the assumptions of Rüsen⁽¹⁴⁾, taking into account that “the scientificity of modern science of history would no longer be situated in what it narrates, but rather in describing, analyzing, explaining” (p. 119).

The assumptions of Nunes⁽¹⁵⁾ were also followed, in which the historiographical construction is disseminated in the present with Method, starting from the correlation of subjects and key terms to construct the singularities of the research.

The following “key terms”⁽¹⁵⁾ were used: “nursing education”, “rehabilitation nursing”, “history of nursing”, “study plan” and “rehabilitation”.

The first phase of the study consisted of the documentary collection of the different study plans of the specialization courses in RN in archival sources constituted in the archives of the Escola Superior de Saúde de Alcoitão⁽⁴⁾, the Escola Superior de Enfermagem de Lisboa⁽⁵⁻⁹⁾, from the Escola Superior de Enfermagem de Coimbra⁽¹¹⁾, and from the Escola de Enfermagem do Porto⁽¹²⁾, running from July 2022 to January 2023.

As inclusion criteria for documentary sources for analysis, documents that referred to study plans regarding specialized training in RN from different training institutions in Portugal between 1965 and 1987 were considered, with the documents being analyzed by two independent researchers in accordance with the research objectives. The free reading and documentation method was used to record the main variables of interest, which were: reason for creating the courses, scientific knowledge in the study plans, relationship with the national context, teaching load, and relationship with the functions performed by nurses in response to health care.

Some primary and secondary documents were also included in the analysis, which despite not being primary documents about the study plans in the research carried out, refer to relevant aspects to complement it^(16,17,18,19,20,21,22, 23).

The reason for establishing the chronological frieze starting in 1965 is related to the fact that in that year specialized training in RN began in Portugal^(3-5,16,17), due to the essential needs of the country in the midst of the War Colonial and without responsiveness considering the recovery of the “diminished individual”⁽⁴⁾.

The year 1987 was chosen to end the research, as it was the year in which the three Post-Basic nursing schools in Lisbon, Porto and Coimbra already had, following DL no. 265/83⁽¹⁰⁾, study plans for specialization in RN to be implemented.

The second phase of the study included the description, analysis and explanation of the historical narrative taking into account the main results based on the hermeneutic analysis of documentary sources and their dissemination in the present with “Method”⁽¹⁵⁾.

RESULTS

Documents corresponding to seven study plans contained in the archives of the Escola Superior de Saúde de Alcoitão⁽⁴⁾, the Escola Superior de Enfermagem de Lisboa⁽⁵⁻⁹⁾, the Escola Superior de Enfermagem de Coimbra⁽¹¹⁾ and from the Porto Nursing School⁽¹²⁾ were selected.

The programmatic contents of the first specialization course in RN (Figure 1) in 1965 were not limited to “existing programs in similar institutions (...) abroad, given the characteristics of our country”⁽⁵⁾ and constituted a provisional course “because the rehabilitation is in continuous development”⁽⁵⁾.

Figure 1: Syllabus of the 14 theoretical weeks of the 1st RN course

1º MÊS		2º MÊS	
HORAS		HORAS	
2	ORIENTAÇÃO	8	ANATOMIA FUNCIONAL
2	INTRODUÇÃO	8	CINESIOLOGIA
12	ANAT. FUNCIONAL	8	ANATOMO FIS. SIST. NEPV.
12	CINESIOLOGIA	4	EXERCÍCIOS TERAPÊUTICOS
12	ANAT. SISTEMA NERVOSO	12	NEUROLOGIA
12	PSICOLOGIA	12	PSICOLOGIA
12	AP. LOCOMOTOR	12	AP. LOCOMOTOR
12	AP. RESPIRATÓRIO	8	AP. RESPIRATÓRIO
10	ESTUDO ORIENTADO	10	ESTUDO ORIENTADO
3	SERVIÇO SOCIAL	16	ACTIV. FUNCIONAIS E EQUIP.
6	ORIENTAÇÃO VOCACIONAL	12	ACTIV. DA VIDA DIÁRIA
3	ATIVIDADES RECREATIVAS	10	ENFERMAGEM DE REABILITAÇÃO
22	ENFERM. DE REABILITAÇÃO		
3º MÊS		4º MÊS (2 SEMANAS)	
HORAS			
18	NEUROLOGIA	<u>ENFERMAGEM DE REABILITAÇÃO</u>	
12	PSICOLOGIA	CENTRO DE MEDICINA DE REABILITAÇÃO	
24	ACT. FUNCIONAIS E EQUIP.	SUA ORGANIZAÇÃO E ADMINISTRAÇÃO	
24	ACT. DA VIDA DIÁRIA	<u>ESTÁGIOS</u> - 19 SEMANAS - 8 h/DIA	
4	HIDROTERAPIA	EXAMES DE ESTADO - 1º Mês	
3	ELECTROTERAPIA	ESTÁGIO DE OPÇÃO - 11 Mês	
8	TERAPÊUTICA DA FALA		
23	ENF. DE REABILITAÇÃO		
4	TESTE MUSCULAR		

Source: Archive of Escola Superior de Enfermagem de Lisboa⁽⁵⁾

The course, in addition to being innovative, was “accelerated”⁽⁵⁾ and took place over 14 weeks of “theoretical classes”, 20 weeks of “internship” and two weeks of “vacation”⁽⁵⁾ (p.4). It included “subjects” in the “scientific and practical preparation” classes⁽⁵⁾, such as introduction to rehabilitation, functional anatomy, kinesiology, notion of muscle testing, anatomy and physiology of the central nervous and respiratory system, neurology, diseases of the locomotor system, psychogenesis, notions of electrotherapy, hydrotherapy, activities of daily living, speech therapy, social work, vocational guidance and RN (p.5).

The internships, after the theoretical component, were carried out in the neurological, locomotor and respiratory areas, although “it could not be within the ideal teaching structures – supporting theory and practice as an internship – it should however make teaching as

functional and objective as possible”⁽⁵⁾ (p.4). They were carried out in the “primitive facilities of the Cerebral Palsy Center, Sant’Ana Hospital and Red Cross Pavilion”⁽¹⁶⁾.

14 specialists were trained exclusively for the CMRA. The Red Cross Pavilion was located on the outskirts of the Hospital de Sant’Ana na Parede and received military personnel, mainly those injured from the Overseas War⁽²²⁾.

A second course was also held before the restructuring of the study plan, with 11 specialists being trained⁽¹⁶⁾.

In 1966, the second specialized training study plan in RN appeared (Figure 2), in which there was a greater interest in “physical education”, continuing to give relevance to aspects such as “team spirit” and the gradual “enrichment of theoretical knowledge”, either through motivation for “teaching subjects”, or through “discussion of cases, works and tasks”⁽⁶⁾(p.3).

Figure 2: Syllabus of the 20 theoretical weeks and 22 internship weeks of the 2nd RN study plan

<u>DISCIPLINAS</u>		<u>ESTÁGIOS</u>	
Ciências Médicas Básicas	133 h	Pediatria (incap. motoras)	6 sen.
Medicina Física e Reabilitação	72 h	Adultos (incap. motoras)	10 sen.
Enfermagem de Reabilitação	142 h	Adultos (incap. respiratórias)	4 sen.
Técnicas Terapêuticas Esp.	106 h	Consulta externa	1 sen.
Próteses e Ajudas Mec.	22 h	Visitas domiciliares	1 sen.
Estudos Psicosociais e de Orientação Vocacional	<u>74 h</u>		
	549 h		<u>22 sen.</u>
<u>TOTAL DE SEMANAS</u>			
Teoria	_____	20 sen.	
Estágio	_____	22 sen.	
Exames	_____	2 sen.	
Férias	_____	4 sen.	
		<u>48 sen.</u>	

Source: Archive of Escola Superior de Enfermagem de Lisboa⁽⁶⁾

The first course along these lines took place in 1967/1968 at CMRA and was organized over 11 months divided into 42 weeks, 20 of which were theoretical and 22 were internships^(4,16).

Internships increased from 19 to 22 weeks “to ensure a conscious application of techniques” and “theoretical teaching” enriched by the use of “audiovisual methods and presentation of concrete clinical cases”⁽⁶⁾(p.5).


In 1973, the CMRA Board of Directors appointed a “working group for a new review of the study plan made up of Nurses Stillwell, Monteiro de Barros and Sales Luís and physiatrists Dr. Rocha and Dr. Fonseca”⁽¹⁶⁾, taking into account the idea explained in the initial program that provided for “the necessary update in terms of internship classes, in order to accompany the continuous development of Rehabilitation”⁽⁷⁾(p.3) and the desire of Santa Casa da Misericórdia de Lisboa and the Management General Hospitals in “maintaining the level of the Course, giving special emphasis to practical training”⁽⁷⁾(p.3).

In this way, the third and fourth study plans emerged in 1974 and 1975, organized in a modular scheme in didactic units (DU)^(7,8). The subjects were developed in phases, to which hours were allocated, constituting a DU, with a line of continuity throughout the course, with the subject being able to begin in the first, second or third phase, depending on the same. The disciplines showed connection, dependence and integration. In the third study plan, four DUs were established (Figure 3): 1st DU was called “Scope of Rehabilitation – Nurse Integration”; 2nd DU was called “Scientific Bases to support RE techniques”; the 3rd DU was called “Physically disabled – their rehabilitation”; and the 4th DU consisted of “Practical application of acquired knowledge”⁽⁷⁾(p.6).

Figure 3: Syllabus of the 3rd RN course divided into four UD

PLANO DE ESTUDOS

DISCIPLINAS	FASES DO CURSO				
	1ª U.D.	2ª U.D.	3ª U.D.	4ª U.D.	
INTRODUÇÃO À REABILITAÇÃO	17 horas				19 semanas de estágio no total de 760 horas
PSICOLOGIA { I II III	10 horas	30 horas	20 horas		
ENFERMAGEM DE REABILITAÇÃO { I II III IV	57 horas	45 horas	63 horas		
ACTIVIDADES DA VIDA DIÁRIA E DOMÉSTICA			40 horas		
NEUROLOGIA { I II		20 horas	20 horas		
APARELHO LOCOMOTOR { I II		35 horas	29 horas		
APARELHO RESPIRATÓRIO { I II		14 horas	11 horas		
MEDICINA DE REABILITAÇÃO			38 horas		
TÉCNICAS TERAPÉUTICAS ESPECIALIZADAS E AJUDAS MECÂNICAS			35 horas		
EDUCAÇÃO FÍSICA { I II III	6 horas	6 horas	14 horas		



Source: Archive of Escola Superior de Enfermagem de Lisboa⁽⁷⁾

The third and fourth study plans included content similar to the previous ones. However, new contents were introduced, such as organization of RN services, ventilatory prostheses, assessment of physical condition and organic education on effort and fatigue^(7,8).

The only difference between the third study plan and the fourth is that in the latter the second and third DU were combined, thus making the study plan organized into three DUs, with the third DU being designated “Practical application of acquired knowledge ”⁽⁸⁾.

These new study plans lasted 10 months and provided for two openings per year depending on budget availability, level of candidates and teaching conditions regarding teaching staff and facilities^(7,8,16). The internships, initially only in the neurological, locomotor and respiratory areas, began in 1974 to include training in activities of daily living and the contexts of external consultations and home visits as mandatory components.

DL nº 265/83^(10,17) of the Ministries of Finance and Planning, Social Affairs and Administrative Reform, created in 1983, Post-Basic nursing schools in Lisbon, Porto and Coimbra to “reduce costs and increase response capacity”⁽¹⁰⁾, because they concentrate on the post-basic training already existing in the region and put into practice new study plans for other areas of specialization. The post-basic school in Lisbon was part of the CMRA’s RN specialization course (Figure 4), thus recognizing the “need for nurses to provide increasingly complex care that requires in-depth knowledge of the general nursing course”⁽¹⁰⁾(p.2134).

Figure 4: Syllabus of the 5th RN course

7. PLANO GERAL DO CURSO 13

1º SEMESTRE			2º SEMESTRE			3º SEMESTRE		
DISCIPLINAS E ESTÁGIOS	H	S	DISCIPLINAS E ESTÁGIOS	H	S	DISCIPLINAS E ESTÁGIOS	H	S
1. DISCIPLINAS COMUNS			1. DISCIPLINAS COMUNS					
. Administração	40		. Administração	40				
. Pedagogia	40		. Pedagogia	40				
. Investigação	25		. Investigação	25				
. Antropologia e Sociologia	40							
. Estatística	50							
. Epidemiologia	30							
2. DISCIPLINAS ESPECÍFICAS			2. DISCIPLINAS ESPECÍFICAS			2. DISCIPLINAS ESPECÍFICAS		
. Anatomia, Fisiologia e Patologia do Aparelho Locomotor	60		. Anatomia, Fisiologia, Semiologia e Patologia do Sistema Nervoso	70		. Enfermagem de Reabilitação III	150	
. Anatomia, Fisiologia e Patologia do Aparelho Respiratório	30		. Psicologia de Grupo	30				
. Enfermagem de Reabilitação I	75		. Enfermagem de Reabilitação II	125				
. Educação Física*	*		. Educação Física	*				
Total	350	13	Total	330	11	Total	150	5
3. ESTÁGIOS			3. ESTÁGIOS			3. ESTÁGIOS		
. Enfermagem de Reabilitação em Cinesioterapia Respiratória	5		. Enfermagem de Reabilitação em doentes com afecções do foro neurológico, cu	12		. Enfermagem de Reabilitação em doentes com afecções do foro neurológico	18	
. Enfermagem de Reabilitação em Ortotraumatologia	4		. Pedagogia **	6				
. Experiência de observação em Serviços na Comunidade para Deficientes	1		. Administração **	6				
Total	10		Total	12		Total	18	
(*) - 2 horas por semana fora da carga horária normal								
(**) - Qualquer destes estágios pode ser realizado no 2º ou 3º semestre alternando com outros estágios.								

Source: Archive of Escola Superior de Enfermagem de Lisboa⁽⁹⁾

The fifth specialization study plan in RN of the Post-basic School in 1987, covered themes such as pedagogy, statistics, research and administration and now lasted 18 months⁽⁹⁾. Internships, in addition to the areas previously included, started, from 1983⁽¹⁰⁾, to include internships in the areas of pedagogy and administration as mandatory.

The study plans of the specialization courses in RN at the Lisbon Post-Basic School⁽⁹⁾, the Coimbra Post-Basic School in 1987⁽¹¹⁾ and the Porto Post-Basic School⁽¹²⁾ had a similar organization, such as recommended by DL nº 265/83⁽¹⁰⁾, taking place in three phases: “theoretical learning”, “internship activities” and “theoretical and practical activities”^(9,11,12,18).

The study plans reflected the demanding and intensive course load. Taking as an example the programming of the Porto Post-Basic School^(12,18), which reflected the national reality, the internships, in addition to the “hospital context” that took place over 32 weeks (corresponding to 1152 hours and 36 hours per week), It also included an internship “in a pedagogy context” and in an “administration context” (6 weeks for each).

Thus, from 1983 onwards, study plans began to include training areas such as pedagogy, statistics, anthropology and sociology, body mechanics, research, epidemiology and administration, with the teaching load being increased for the RN discipline and internships reserved specific to administration and pedagogy^(9-12,16,17,18).

DISCUSSION

RN began in Portugal, in the 50s and 60s, gaining visibility especially after the construction of the CMRA in 1964⁽¹⁷⁾. It was here that, in 1965, the first specialization training course in rehabilitation nursing was created, led by nurse Sales Luís^(3,4,5,16,17).

The creation of the first specialization course in RN was something bold and entrepreneurial. According to Luís⁽¹⁶⁾, shortly before training in RN, there was a set of circumstances such as the period after “the Second World War, the increase in chronic and degenerative diseases, the development of the automobile fleet” (p.1), which contributed for the formalization of specialized training in RN. As a consequence, there was an increase in the “number of disabled people” worldwide with consequent financial and economic difficulties and difficulties in the assistance response by health services. This global scenario was also reflected in Portugal, with several gaps in “efficient therapy” and “social integration of the disabled”⁽¹⁶⁾/ “reintegration of the disabled into Society”^(5,6).

At the same time, there was an increasing development of technical-scientific knowledge in the health area, mainly in medicine, with the emergence of a new response: the “rehabilitative function”⁽¹⁶⁾. Nursing also began to abandon the practice of “mere execution of medical prescriptions” to adopt “autonomous participation” complementary to the “medical act”⁽¹⁶⁾ (p.1).

Considering the aspects mentioned, at the time (1950s of the 20th century), SCML played an important role in developing conditions for rehabilitation assistance. Its provider, Dr. Mello e Castro, based on the North American model (created in the decade between 1940 and 1950), promoted the implementation of a “rehabilitation system” and its sustainability, materializing through measures such as the construction of CMRA, the creation of “economic support” such as *totobola* and investment in training professionals in an “appropriate, methodical and timely manner with different solutions for different areas”⁽¹⁶⁾.

To complement their training, some “graduates were then sent abroad”⁽¹⁶⁾, mainly to the United States of America (USA) and England, starting to collaborate in teaching at the CMRA Rehabilitation School from 1962 onwards.

Therefore, strong American influences can be seen in the training, which began to be implemented in Portugal in a generic way in 1940 due to the influence of the Rockefeller Institute at the Escola Técnica de Enfermeiros^(23,24), having been consolidated by professionals who, in the 60s of the 20th century, they traveled abroad to complement their learning in a more specific way to specialize in RN. In this sense, it is worth highlighting the experience in the USA of the nurses who contributed to the implementation of the first course (highlighting Sales Luís and Maria Eduarda Carmona).

For teaching, at the time the North American model was followed in this way, and due to the high number of victims of the Colonial War, which began in 1961, intensive training for the rehabilitation of the “diminished individual” was rushed^(3,4,5,16), since there were not enough institutions or professionals in the country to provide an effective response to the assistance and recovery needs of injured soldiers.

It was in 1965 that the Rehabilitation School was transferred to the CMRA facilities (since 1957 it had operated in facilities provided by the Sisters of Saint Vincent de Paul with only Speech Therapy and Occupational Therapy and Physiotherapy courses)^(4, 16,20). Precisely in October of that year, the first specialization course in RN began at the Alcoitão Rehabilitation School. Its syllabus focused on “acquisition of in-depth scientific knowledge in the anatomy-physio-pathological and related clinical areas, in the psychosocial, vocational and RN areas”^(4,5,16). There was concern for the “entirety of the user”^(3,4) in order to reduce the risks of complications related to the clinical situation, simultaneously enhancing the remaining capabilities, valuing activity and early emergence^(4,5,16), associated a reduction in material costs and a reduction in hospitalization time, aiming at professional and social reintegration.

At the same time, it can be seen from the structuring of the study plans that there is a greater appreciation of multidisciplinary teamwork, firstly in theoretical and later theoretical-practical training, as the “nurse’s performance merges with that of other specialists, through a continuity of work 24 hours a day”^(5,6) (p.3). The training, in addition to being based on foreign “experiences”, was also strategically based on “meetings held with rehabilitation specialists”⁽⁶⁾(p.2), with the participation of different professionals with an emphasis on nursing (coordination by nurse Sales Luís), including other health professionals such as doctors, occupational therapists, sociologists, psychologists, speech therapists and social workers^(4,5,6). The audacity and innovation of this thought at the time was challenging and led to the centrality of care becoming the person and not the doctor or the disease, contributing to greater horizontalization in interprofessional relationships, with consequent greater autonomy of the nursing professional in clinical practice.

It is interesting to note that, at that time, very important aspects were already covered in initial training from the point of view of integrating technical-scientific knowledge into the program contents and were also considered very important aspects in the rehabilitative process such as “vocational guidance”^(4,5,6), work in a “multidisciplinary team”^(5,6), continuity of treatment in an “outpatient clinic in the community”⁽¹⁶⁾, taking into account the person’s professional and social reintegration, as well as their personal

satisfaction, their well-being and the promotion of social inclusion (aspects still advocated today by the Order of Nurses)⁽¹⁹⁾.

Topics such as “vocational training center, employment, sheltered work workshop”^(5,6) were covered in the introduction to rehabilitation course, which denotes the importance given to the person’s professional reintegration in Portugal (note that there was a lack of labor due to the Colonial War).

It should also be noted that, at the time, another of the influencing aspects of specialized training in RN was inherent to the “standards established for the reform and teaching of nursing in Portugal”⁽⁶⁾, mainly due to the approval of Decree nº 46448^(21,24) of the Ministry of Health and Assistance that regulated nursing education. This Decree included some international guidelines from the World Health Organization and “already put into practice in other countries” (p. 1023), having transferred the organization and coordination of nursing education to nurses. The articulation between theory and practice was valued in this Decree, especially clinical practices in the work environment, something very important in formal training on RN care, as over the years training began to include more time for training practice and even the obligation to carry it out in some specific contexts.

Concomitantly with the legislative reform implemented, there was also a concern to introduce “basic introductory notions of a rehabilitation mentality in general nursing practice”⁽¹⁶⁾ (p.4) such as “early rising”. This aspect was fundamental to model initial training without neglecting the vision of the rehabilitative process and even to be able to view the nurse with general training as a fundamental partner for the continuity of care.

The second study plan appeared in 1966, being approved in 1967 and there was a greater interest in “not only physical” but also “psychological” disabilities (psychological dimension) and their reintegration into society⁽⁶⁾.

For the first time, the term “psychically disabled” is being mentioned⁽⁶⁾, although there was previously content already introduced in the first plan of studies related to this area, but there was no objective reference to the problem in order to view it as a disability. In Portugal, at that time, through the efforts of the Santa Casa da Misericórdia of Lisbon, the country was awakened to the problem of “reintegration of the disabled into society”⁽⁶⁾ in a very objective way. It was mentioned that this “fact should be welcomed, as it marks an important step forward in promoting health”⁽⁶⁾ (p.1).

This second study plan mentioned that one of the purposes was to prepare “nurses capable of working in Physical Medicine Services in general or specialized hospitals and also in Rehabilitation Centers for physically disabled people”⁽⁶⁾ (p.3). In this way, not only would professionals be trained for the CMRA, but also for other institutions in the country that needed them so much, namely hospitals in large cities.

It is interesting to note that among the various objectives established in the study plan, one of them was focused on the trainee, in the sense of “developing interest in physical education, which is so necessary for the balance of health and more efficient performance of their functions”⁽⁶⁾ (p.4), which in a way constituted a first step towards what is currently included in the training plan in aspects inherent to physical exercise⁽¹⁹⁾.

Another interesting aspect to analyze is the return to the community, something quite evident in the expression “the appearance of the disease or accident until the individual returns to the community”⁽⁶⁾(p.4).

The stages maintained their impact on the neurological, locomotor and respiratory fields. It is interesting to analyze that six weeks of internship in pediatrics (motor disabilities) were already included, with the pediatric area being discriminated for the first time as an area of care provision, in line with what is currently recommended in Notice No. 3915/2021 ⁽¹⁹⁾, where it is mentioned that the nurse specializing in rehabilitation nursing “takes care of people with special needs throughout the life cycle” (p.223).

The third and fourth study plan in 1974 and 1975 emerged following a questionnaire “addressed” to all rehabilitation nurses “to obtain data on the changes to be introduced”⁽¹⁶⁾, to accommodate the greatest advances in “scientific, technological knowledge and pedagogical”^(7,8,16) and reflect the experience obtained in previous years^(7,8).

The DU organization allowed a “certain amount of availability in inter-subject adjustments, without causing total crises”⁽⁷⁾(p.4). The first DU was called “Scope of Rehabilitation – Nurse Integration” and allowed the acquisition and understanding of knowledge in the “rehabilitation universe”, the second DU was called “Scientific Bases to support RN techniques” and allowed to equip the nurse of “fundamentals for a methodology for practicing the specialty”. The third DU was “The physically disabled – their rehabilitation” and intended to offer nurses a global view of the physically disabled as well as integrating them into “specific therapeutic methods”⁽⁷⁾(p.6). Finally, the fourth DU consisted of the “Practical application of acquired knowledge” and its objective was “to apply the knowledge acquired in carrying out the practice of the Specialty, with supervision oriented towards progressive responsible autonomy”⁽⁷⁾(p.6). This type of organization favored complementarity between the different contents (some of them new), allowing, at the same time, an adjustment between them in accordance with the established objectives and allowing “to understand 3 periods: acute illness, convalescence phase and preparation for high”⁽⁷⁾(p.14). Regarding preparation for discharge, the emphasis given to it is notable in the third and fourth study plans, focusing on “rehabilitation techniques that are processed until the individual’s integration into the community”⁽⁷⁾(p.16).

Subsequently, in Lisbon, Porto and Coimbra, three Post-Basic nursing schools emerged, recognizing specialization, considering the “level of effectiveness of services and raising the level of care that, through them, aims at well-being of the person, family and community”⁽¹⁰⁾(p.2134).

The course lasts 18 months, “qualifying nurses to provide direct care and to perform functions in the areas of teaching and administration”⁽¹⁶⁾(p.5), also allowing for better “articulation and interconnection theoretical-practical, with the relationship between these two realities being forty percent for theoretical activities and sixty percent for practical activities, with great emphasis being placed on the RN discipline”⁽¹⁸⁾(p.24). It is interesting to note that clinical practice in the community was already included, namely a week of “observation experience in Community Services”^(9,11,12,18), which despite the short amount of time allocated compared to that currently recommended in the training plan ⁽¹⁹⁾, was an important first step in RN training.

It is interesting to note that for the internship of rehabilitation specialist nurses, it was already recommended that they: participate in the management of a care unit (not only those specialized in rehabilitation as previously); evaluate the quality of nursing care; guide, supervise and evaluate nursing staff; carry out and/or participate in studies within the scope of nursing care or management, collaborate in the planning of nursing education, collaborate or carry out ongoing training actions and carry out research projects^(9,11,12,18).

The so-called “common disciplines” (for example administration, pedagogy, research, statistics) and “specific” ones (anatomy, physiology and pathology of the locomotor system, respiratory system, RN and physical education) were already included in training^(9,11,12,18), seeking that the contents taught were “immediately consolidated in the respective stage”⁽¹¹⁾(p.2).

Another important aspect stipulated in the initial study plans of Post-Basic schools is that “current pedagogy increasingly calls for students’ self-responsibility for learning, not underestimating the role of the teacher, but making him a true guide, facilitator of learning”⁽¹¹⁾ (p.1). It was envisaged that the “teacher/student” relationship would allow “adjustments in the teaching-learning strategy”, that the “nursing process” would be used and that according to “the students” learning objectives and “the school’s possibilities” there would be “areas options integrated into the Rehabilitation Nursing III discipline, taking into account the professional practice and the needs of the institution”⁽¹¹⁾(p.10). The option areas included cardiac rehabilitation nursing care; rehabilitation nursing care for children; rehabilitation nursing care in gerontology and rehabilitation nursing care in neurology⁽¹¹⁾.

The aspects mentioned constituted an avant-garde innovation at the time and are currently tacitly assumed in different courses in Portugal and occurred at a stage in the 20th century when there was a greater increase in average life expectancy. On the other hand, there was already beginning to be a decrease in infant mortality and there was also a greater survival of people after neurological and cardiac events, as a result of the improvement in the quality of care, creating an increasing need for the reintegration of these people into society.

The study plans that emerged following DL 265/83⁽⁹⁻¹²⁾ were already very similar to the specialized training in RN that is currently recommended⁽¹⁹⁾, from that time onwards, increasing importance was given to the innovation of techniques, instruments, methods and content taught and areas such as research and management, as integral parts of the training process. On the other hand, a progressive tendency to increase the so-called “practical activities” applied to “all age groups”^(9,11,12) remained.

CONCLUSION

Specialized training in RN benefited from several influencing factors, primarily North American and English influences. These, associated with the context of the country, which had different deficiencies and needs inherent to the rehabilitative process, mainly with regard to the need to recover soldiers injured in the Colonial War, made it possible to promote this type of training.

These needs at the time of the Estado Novo supported the creation of the first training course in RN, but also led to the creation of important legislation that legally framed specialized training in RN.

During the period under analysis, the evolution of technical-scientific knowledge and sociodemographic changes that were progressively consolidated in the country were monitored, aspects that led to the recognition of the specialty with DL no. 265/83⁽¹⁰⁾. On the other hand, there was also a progressive increase in study plans^(4-9,11,12), in the teaching load of “theoretical and practical activities” and “internship activities” and the introduction of content increasingly more innovative, which are still current⁽¹⁹⁾.

Thus, professionals were progressively trained capable of responding to situations of increased complexity, including, in addition to specific disciplines, those related to management and research. With regard to more specific subjects, there was a certain diversity between the different study plans with general learning designations to subjects with a greater degree of specificity.

The documentary sources were mainly based on the study plans of specialized training in RN, a fact that could constitute a limitation. Therefore, in this sense, it will be important to include more specific aspects such as legislation, social and political context and the role of RN overseas in the exploration of this theme.

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