



# The evolution of nursing research in Portugal

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## The evolution of nursing research in Portugal

4 analysis dimensions:

referring to Nursing Education,

the context of Nursing Care Practices,

Epistemological understanding and

Nursing and Health scientific policies.



## Nursing research: context of Nursing Education

nursing research is **systematic inquiry designed to develop knowledge** about issues of importance to nurses, including nursing practice, nursing education, and nursing administration.

*Polit & Beck, 2006, p. 4*

“Nursing research **is needed to** generate new knowledge and advance nursing science, evaluate existing practice and services, and provide evidence that will inform nursing education, practice, research and management”  
*International Council of Nurses (2007)*

## Nursing research: context of Nursing Education

Historically, nursing “slowly evolved from the traditional role of women, apprenticeship, humanitarian aims, religious ideals, intuition, common sense, trial and error, theories, and research as well as the multiples influences of medicine, technology, politics, war, economics and feminism” (Maureen Shaw, 1993)

Despite several reforms on education, including specialization courses and a recommendation for Nursing Schools could be converted into Nursing Higher Schools, Nursing stands outside national education system until.

**1988** - Nursing schools were integrated in Higher Education, in Polytechnic subsystem, bachelor degree.

**1999** – Licenciatura

**2002** - PhD degree in Nursing connecting education, clinical practices and scientific development



# Nursing research: context of Clinical Nursing

## REGULAMENTO DO PERFIL DE COMPETÊNCIAS DO ENFERMEIRO DE CUIDADOS GERAIS

### PREÂMBULO

(II) A tomada de decisão do enfermeiro, que orienta o exercício profissional, implica uma abordagem sistémica e sistemática – na tomada de decisão, o enfermeiro identifica as necessidades de cuidados de Enfermagem da pessoa individual ou do grupo (família e comunidade); após efectuada a correcta identificação da problemática do cliente, as intervenções de Enfermagem são prescritas de forma a evitar riscos, detectar precocemente problemas potenciais e resolver ou minimizar os problemas reais identificados. No processo da tomada de decisões em Enfermagem e na fase de implementação das intervenções, o enfermeiro incorpora os resultados da investigação na sua prática;

### C - DOMÍNIO:

Desenvolvimento Profissional.

### Competência

**C1.** Contribui para a valorização profissional.

### Critérios de competência

- (83) - Promove e mantém a imagem profissional da Enfermagem.
- (84) - Defende o direito de participar no desenvolvimento das políticas de saúde e no planeamento dos programas.
- (85) - Contribui para o desenvolvimento da prática de Enfermagem.
- (86) - Valoriza a investigação como contributo para o desenvolvimento da Enfermagem e como meio para o aperfeiçoamento dos padrões de qualidade dos cuidados.
- (87) - Actua como um modelo efectivo.
- (88) - Assume responsabilidades de liderança quando for relevante para a prática dos cuidados de Enfermagem e dos cuidados de saúde.

### Competência

**C2.** Contribui para a melhoria contínua da qualidade dos cuidados de Enfermagem.

### Descritivo

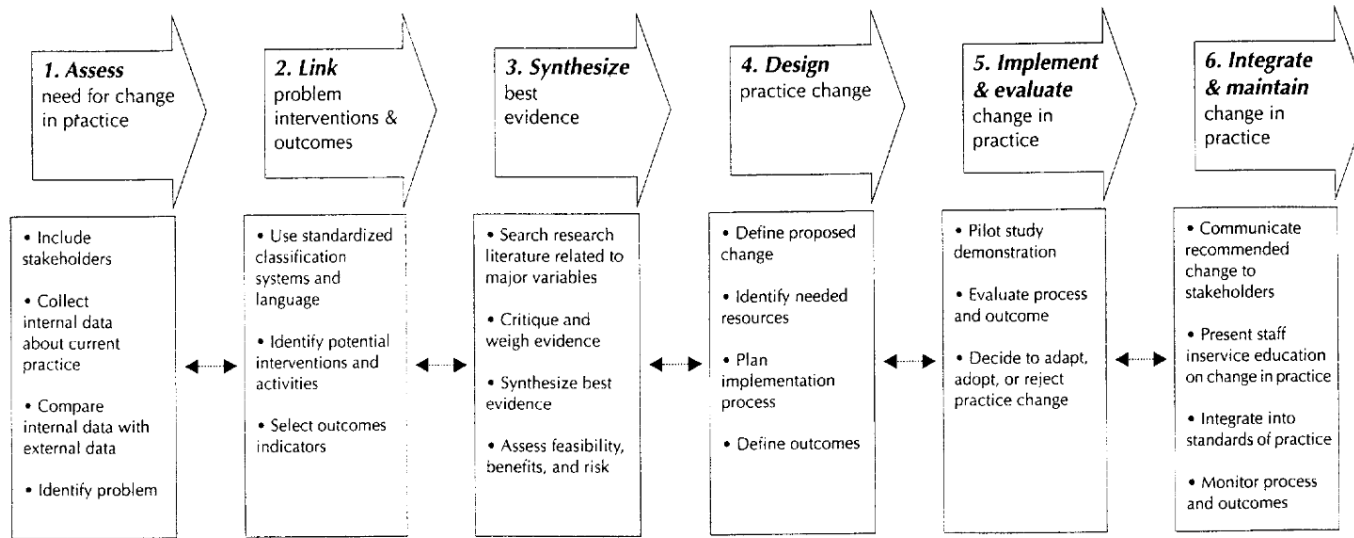
O enfermeiro participa em programas de melhoria da qualidade, actuando simultaneamente como promotor e executor dos processos, mobilizando e divulgando continuamente novos conhecimentos sobre boas práticas.

### Critérios de competência

- (89) - Utiliza indicadores válidos na avaliação da qualidade de Enfermagem.
- (90) - Participa em programas de melhoria contínua da qualidade e procedimentos de garantia da qualidade.



## June Larrabee – model for evidence-based practice



**Figure 1. A model for evidence-based practice.**

able to develop in clinical environment and academic context

Requires clinical care environment

## Nursing research: nursing epistemology

nursing knowledge production involves abstract thought and generation or refinement of nursing theory

- reason why some authors are defending a «**practice turn**» on **nursing epistemology**.

"nursing research is systematic inquiry designed to develop knowledge about issues of importance to nurses, including nursing practice, nursing education, and nursing administration."  
(ICN)



# Nursing research: nursing epistemology

## knowledge sources

- Research
- Tradition
- Experience
- Experience sharing
- Intuition or intuitive perception



## intellectual operations

- reflection,
- imagination and
- heuristic thinking

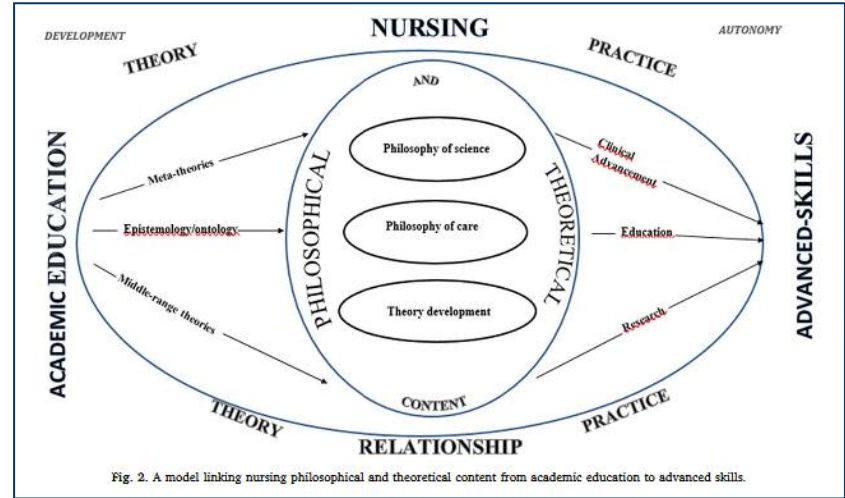


Fig. 2. A model linking nursing philosophical and theoretical content from academic education to advanced skills.

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Review

Philosophical and theoretical content of the nursing discipline in academic education: A critical interpretive synthesis





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## Nursing research: science policy

### 4 Priority axes for research

- a) **Adequacy** of general and specialized nursing care to citizen needs  studies that promote clarification of the needs and benefits resulting from concrete responses
- b) Health education in **capacities development**  studies that promote intervention programs in priority areas (dependence for self-care, need for continued care, lifestyles, quality of life and environment)
- c) Innovative **management / leadership strategies**  studies with particular focus on curriculum development and clinical supervision strategies
- d) Nursing education in **competencies development**  studies that address strategies that promote and facilitate the quality of care

# Nursing research: science policy

## Resolução do Conselho de Ministros n.º 32/2016 «Compromisso com o Conhecimento e a Ciência: O Compromisso com o Futuro»

Uma agenda para o período 2016-2020

### Shaping science policy in Europe

Julio E. Celis<sup>a,\*,1</sup>, José Mariano Gago<sup>b,c,d,2</sup>

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[Journal of the Knowledge Economy](#)

June 2018, Volume 9, [Issue 2](#), pp 329–358 | [Cite as](#)

### Science Policy, R&D and Knowledge in Portugal: an Application of Social Network Analysis

Authors [Authors and affiliations](#)

Rui Gama , Cristina Barros, Ricardo Fernandes

Step4EU: A Policy Brief

### Why Science Policy matters?...Looking at flows of doctorates in Portugal, 1970-2010<sup>1</sup>

Manuel Heitor, Hugo Horta, Joana Mendonça

Center for Innovation, Technology and Policy Research, IN+  
 Instituto Superior Técnico, Technical University of Lisbon

[\(http://in3.dem.ist.utl.pt/\)](http://in3.dem.ist.utl.pt/)

Public Policy Portuguese Journal  
 2016, Volume 1, Number 1, pp. 94-106  
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### Science, technology and innovation and public policy in Portugal: Trajectories towards 2020

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Research Policy

Volume 43, Issue 7, September 2014, Pages 1204-1216

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### Beyond breakthrough research: Epistemic properties of research and their consequences for research funding

Grit Laudel<sup>a</sup>, Jochen Gläser<sup>b</sup>

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<https://doi.org/10.1016/j.respol.2014.02.006>

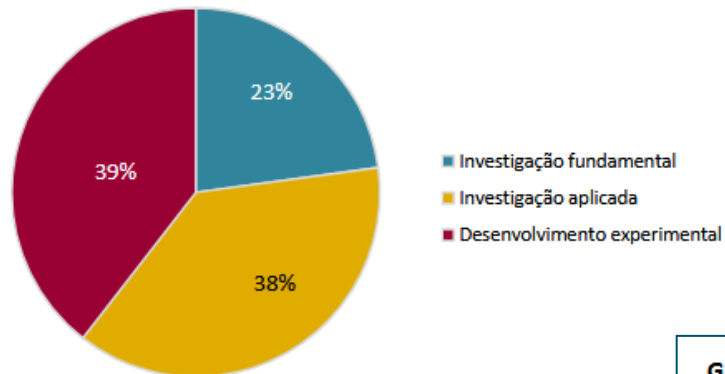
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### Science Policy and the Internationalisation of Research in Portugal

Maria Teresa Patricio

First Published June 22, 2009 | Research Article

**Gráfico 4: Despesa em I&D por tipo de investigação (%)**



*distribuição da despesa por tipo de investigação, verificaram-se valores muito próximos para a investigação aplicada (38 %) e o desenvolvimento experimental (39%), contribuindo para a primeira, sobretudo o setor Ensino Superior e, para a segunda, as Empresas*

DGEEC

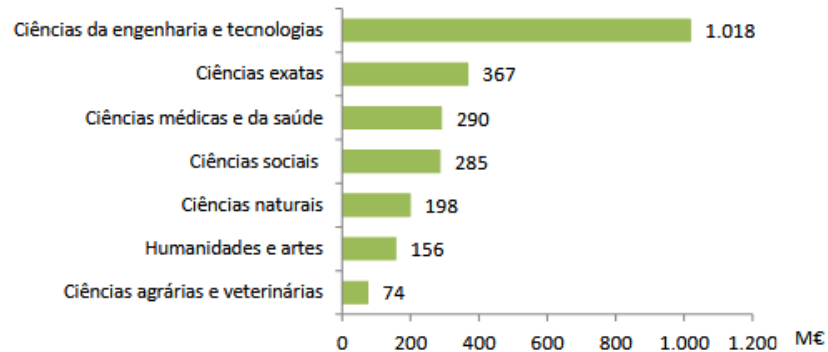
DIREÇÃO-GERAL DE ESTATÍSTICAS DA EDUCAÇÃO E CIÊNCIA

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PRINCIPAIS INDICADORES DE I&D NACIONAIS

Abril 2018

**Gráfico 6: Despesa em I&D por domínio científico e tecnológico (milhões de euros)**



The ERA evolves around six priorities:

- More effective national research systems;
- Optimal transnational co-operation and competition, including 'optimal transnational cooperation and competition' and 'Research Infrastructures';
- An open labour market for researchers;
- Gender equality and gender mainstreaming in research;
- Optimal circulation, access to and transfer of scientific knowledge, including 'Knowledge circulation' and 'Open Access';
- International cooperation.

#### 5. Optimal circulation, access to and transfer of scientific knowledge including via digital ERA

Despite notably lower performance in Sub-priority 5a, Portugal's score on the priority composite indicator places them in Cluster 2 and shows the country exceeding the EU-28 average by 31 %.

##### a. Knowledge transfer

Sub-priority 5a is an area in which Portugal has room to improve, with performance scores falling between Clusters 3 and 4. For example, the share of public R&D funded by private sources is low (2.0 %) relative to the EU-28 average of 8.1 % and places the country in Cluster 4. Performance in the number of papers produced per capita in collaboration between the public and private sectors was also low relative to the EU-28, trailing the average by 79 %. Collaborative publications had reached a peak level around 2011, but trailed off in more recent years, leading to a mean annual decline of 3.2 %. This indicator aside, however, mean annual growth was generally positive, particularly for the share of R&D funded through private sources. If this upward trend continues, Portugal may be able to close the performance gap relative to other European countries.



## Tendencies (or conclusions)

- Nursing have some methodologies in common with Medicine and Health Sciences - the star model of knowledge transformation, evidence-based, knowledge production, synthesis, transfer and disseminate.
- As other disciplines and professions in health, face **barriers to knowledge translation**. However, in our own reality, research is very relevant and - in one hand, we are facing new knowledge increasing production (linked to research and doctoral studies) and, on the other hand, the main purpose of research is to expand knowledge, in order to improve the quality and interventions utcomes.
- So we could be facing the **major challenge of transference and implementation processes**, because probably, we have more knowledge and evidence-based- guidelines than we have been able to put in practice.

## Barriers to more extensive nursing involvement in research

Lack of resources or resource limitation

Lack of supporting policies

Lack of knowledge and ability to develop the research process systematically and correctly

Lack of time

Lack of trust in organizations to implement change

Lack of relevance of research to support clinical practice

# 6 lacks



**The Evolution of  
Nursing Research**  
*Patricia A. Rittenmeyer*

A number of obstacles have limited more extensive nursing involvement in research. Four discussed by Fawcett (1979) that affect all nurses are: “socialization; inadequate preparation; the demand for ‘creativity;’ and lack of time.”



# We've "Come a Long Way," but What of the Direction?

Henderson Virginis

Nursing Research: May-June 1977 - Volume 26 - Issue 3 - ppg 163-164

Guest Editorial: PDF Only



### Guest Editorial

**We've "Come a Long Way," but What of the Direction?**

Virginia Henderson



**His** method of investigation and encouragement in question of aspects of nursing practice. Later I was delighted to be asked to help Miss Smith teach this course. When Miss Smith went to Boston University (where she continued to promote the investigation of nursing practice), I felt her to be the woman who taught. The particular course that interested students in what might be called nursing research (if it didn't sound too pretentious) was eventually called "Comparative Nursing Practice." All graduate nurse students who were planning to be teachers or supervisors were required to take this course. Between 1932 and 1947 I worked with hundreds of them from this country and abroad.

This reputation with graduate nurse students at Teachers College left me amazed at the firms and organizations loyalty they showed for methods they had been taught in their initial programs—methods for making beds, holding patients, irrigating body cavities, giving parenteral injections, helping patients to body care to manage their daily activities, or any other aspect of what was then considered nursing. Demonstrations of problems led to class discussions where there was far more heat than light. As a witness to these discussions, students learned to see their discipline less mechanized by Miss Stewart in 1919. She said that nurses should have a "yard stick", that nursing methods should be therapeutically effective, safe, as comfortable and as unobtrusive as possible, and economical of time, effort, and materials. The one method distinguished by small groups by word of their peers. Demonstrations and classes that came to recognize the shaky ground on which the status quo based in the discipline grew to be in a second, or inadequately assessed, question. The remainder of the course was devoted to individual or group investigations of these questions, or problems. The investigation often took the form of laboratory experiments, or for example, measuring the oxygen content of the air in a patient's room during a bed bath to see whether it dropped below a therapeutic level, or determining a person's subjective and objective responses to body "position" as an experiment in currently preselected temperature. Investigations also included quantitative studies in which patients were representative. They might, for example, be asked to describe the dimensions of a body cast. Other students might take the form of case analysis or literary investigation of pertinent content.

<sup>1</sup>Stewart, J. M. Possibilities of standardization in nursing school. *Nursing Times* (1915), pp. 199-200.

<sup>2</sup>Virginia Henderson (born Virginia Felt), was born 1897, established an Institute of Nursing Research in the Department of Nursing Education at Teachers College and I was impressed. I also saw her support a course taught by Martha Ruth Smith in which students were introduced to the science. "I could not claim that a method developed upon which I could improve my own practice in the institutions I used on the same day." "Verily."

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