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Mesa do Colégio da Especialidade de  
Enfermagem de Saúde Infantil e Pediátrica

# REUNIÃO ANUAL DA PAEDIATRIC NURSING ASSOCIATIONS OF EUROPE (PNAE)

**13 e 14 de novembro**  
Escola Superior de Enfermagem do Porto

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## Portuguese Nursing Order (Law 104/1998, after revisited Law 111/2009)

1998 - Decree-law establishing the Order of Nurses as the Association of Public in which the State delegates powers to regulate and supervise the professional practice of nursing in Portugal.

2010 - First Meeting of the College of Nursing Specialty in Pediatric and Child Health.



## College of Specialties (Law 111/2009)

- Constituted by nurses who hold the title of the pediatric specialized nurses.
- College Board - three effective members elected every four years. There are three substitutes to suppress impediments of effective members.



## Competencies of the college of nursing specialty in child health and pediatric.

- Promote the development of scientific and professional relations among the members of the specialty;
- Conduct studies on specific subjects of the specialty;
- Define the specific skills, to propose to the Directive Council of Nursing Order.
- Develop training programs in the respective specialty to propose to the Directive Council of Nursing Order.



## Competencies of the college of nursing specialty in child health and pediatric (continued).

- Monitoring the specialized professional practice;
- Establish standards of pediatrics specialized nursing care and ensure the use of the same in the practice;
- Develop and adopt internal rules.



## Competencies of the College of Specialty Board

- a) Direct the work of the college;
- b) Implement and follow up the deliberations of the college;
- c) Issue opinions in accordance with the rules and de best scientific evidence
- d) Support the Jurisdictional and the Executive Councils in professional matters in the areas of skilled nursing care.
- e) Prepare a biennial report on the state of development of the specialty and recommendations to is development



## Regulation of specific competences of the specialist nurse in child and youth health nursing.

(Proposal submitted by the Board of Directors, after adoption by the Meeting of the College of Child and Youth Health Nursing Specialty on 18/09/2010)

This Nurses uses a conceptual model focused on the child, and family, and addresses this combination as the beneficiary of its care.

Its area of operation is around a crucial stage of the life cycle, which includes the periods from birth to 18 years of age. In special cases, such as chronic illness, disability and impairment, it can go beyond the age of 18 and even up to the age of 21, or more, until the appropriate transition to adulthood is achieved successfully.



## Regulation of specific competences of the specialist nurse in child and youth health nursing.

The specialist nurse works in partnership with the child and family /significant person, in any context in which it finds itself in (hospitals, long-term care, health centers, school, community, at home, ...), to promote the highest attainable standard of health, providing care for the healthy or sick child, and provides health education and identifies and mobilizes resources to support the family/significant person.





## Regulation of specific competences of the specialist nurse in child and youth health nursing.

Particular areas of activity include the evaluation and promotion of growth and development of the children and youth, with anticipatory guidance to the families in order to maximise the potential of child development; management of the child's well-being; early detection and referral of situations that might adversely affect the life or life quality, namely of risk, suicide, violence and pregnancy; and the promotion of self-esteem of adolescents and their progressive accountability for the choices regarding health.



## Regulation of specific competences of the specialist nurse in child and youth health nursing.

The specific competences of the Specialist Nurse in Child and Youth Health Nursing are as follows:

- a) Assists the child/youth and the family in maximising their health;
- b) Cares for the child/youth and family in particularly complex situations;
- c) Provides specific care needs in response to the needs of the life cycle and development of the child and youth.

Each competence provided in the previous paragraph is presented with a description, units of competence and evaluation criteria.



## Registered Pediatrics Nurses – 1991 registered members

- Female – 1870
- Male – 121

The southern region of Portugal is where there are more pediatric nurse specialists. However Porto and Coimbra are well equipped with this resources.

We found a negative asymmetric distribution in The Autonomous Region of the Azores.

Lisbon and Porto have 450 PSN. Almost 23% of the total.



Table 1 - Distribution of registered RPSN by age group

Age group (years)	Nº PSN
21 - 25	1
26- 30	58
31- 35	343
36 - 40	243
41 - 45	262
46 - 50	391
51 - 55	352
56 - 60	245
61 - 65	63
66-70	22
> 70	11
<b>Total</b>	<b>1991</b>

Font: Ordem dos Enfermeiros, 2014



Table 2 - Distribution of registered RPSN by workplace

Workplace	Nº PSN
Public hospitals	1383
Public primary care centers	321
Private hospitals	53
Nursing Schools	108
On their own agency	2
Retired	42
Unknown	82
<b>Total</b>	<b>1991</b>

Font: Ordem dos Enfermeiros, 2014



Table 3 - Distribution of registered RPSN by Activity

Activity	Nº PSN
Healthg care	976
Consultancy	0
Teaching	82
Management	187
Investigation	1
Other	13
Unknown	690
Total	1949

Font: Ordem dos Enfermeiros, 2014



## Major problems of the Pediatric Nurse

The reduction of the number of nurses in the NHS causes that the PN can't have opportunity to develop specialized skills because there are required to restrict its activities to practice general cares. This major problem is obstacle to investigation practice and others activities, like community contact.

Safe Staffing - there are not specific ratios, to ensure safe staffing to pediatric nursing care in different specific contexts.  
(Transplantation, burn child, oncology, child with special needs hospital care for long periods of time).



## Major problems of Pediatric Nurse in Portugal

- No recognition by the government of the value of the PN in the nurse career.
- The exclusively schooling model of PN formation, paid for themselves, allied to an extensive number of hours to work in health care services (majority of nurses do 40 hours minimum per Week), are one of the many influencing factors of the decrease in the number of new specialists.
- The other problem is a career structure with the non-existence of the category of specialist nurse, connected with the economic crisis, results in an effective decrease in real wages and the lack of prospects for professional development in public and private sector .





## Major social problems of Portuguese children and young people

- Elevated decreases of birth rates – in 2013 only 82.787 births;
- The increase of poverty, deprivation and lack of affection, the increase of child sexual abuse, neglect and maltreatment, the difficulty of entering the school environment for children and young people from minority ethnic groups, the abandonment school, and the difficulties of access to health care for economic incapacity of the parents are the most important issues in this area;
- Lack of recognition of the child rights by the Portuguese society;
- Inconsistent defending the best interests of the child by the judicial system.



## Major health problems of Portuguese children and young people

Chronic diseases and or / disabling;

Unhealthy lifestyles of which stand out: sedentary, eating disorders and obesity and the early adoption of addictive behaviors (substances, media, videogames);

Traffic accidents, falls, child suicide, children with depressive disorders, bullying;

Incapacity to early identification of child abuse and mistreatment, compromised parenting role;

Reduced number of nurses for school health (One nurse for every 2,500 children).



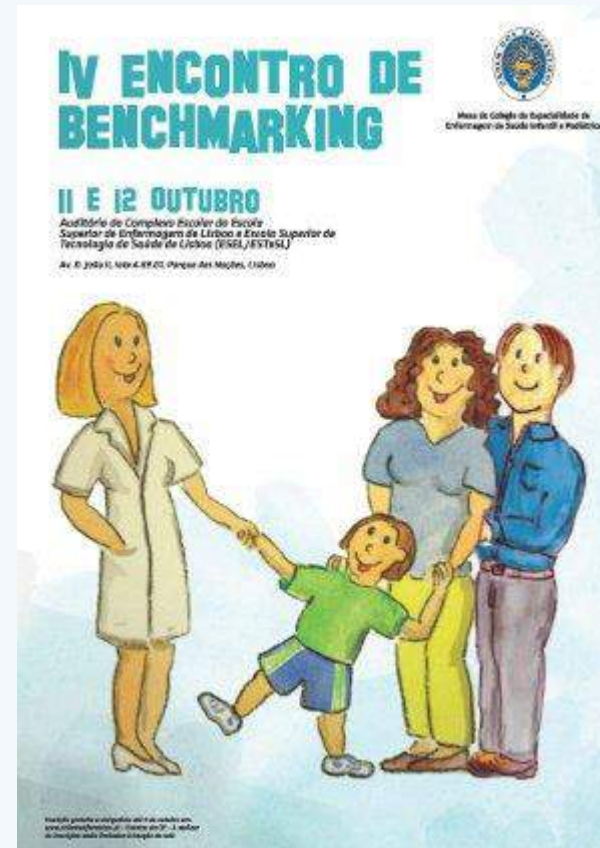
## Some examples of Activities conducted by the college board

- Issue opinions requested by colleagues and citizens in accordance with the rules and de best scientific evidence. Eg. “Recommendation concerning the need for more nurses in the school health” (1 nurse for every 1,500 children).
- Commemoration of World Children's Day with a theme of health promotion. Ex. 2013 healthy eating; 2014 reduce the child's fear about the surgery with conducting activities in schools, hospitals; publication of brochures.
- Celebration of special days for children. Eg. Premature day, children's rights..... with a public letter from de college board to the nurses.



## Some examples of Activities conducted by the college board

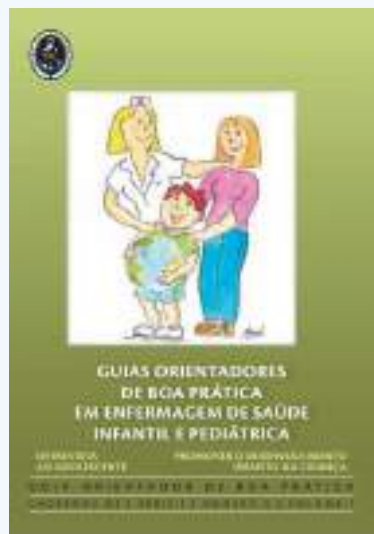
- Monitoring the specialized professional practice with visits to workplaces
- Collaboration with the General Directorate of Health for developing technical guidance for practice and health policies.



The aim is to share knowledge and experiences to better Nursing Care of Pediatric and Child Health.



The production and dissemination of systematic recommendations (Good Practice) allows nurses to have access to reliable and updated information on procedures relating to:



Symptoms (eg. pain relief), assistance to diseases (eg. caring the Child and Family with Diabetes Mellitus I) or intervention under the care of a specific age group (eg. interview with the adolescent), or in another domain healthcare where necessary intervene to solve a problem.



REGULAMENTO DOS  
PADRÕES DE QUALIDADE  
DOS CUIDADOS ESPECIALIZADOS  
EM ENFERMAGEM DE SAÚDE  
DA CRIANÇA E DO JOVEM



## Regulation of quality standards of specialist care

This regulation is an instrument that defines the quality of specialist care, which serves as a reference for specialized practice, encourages continuous reflection on the quality of professional practice and supports the processes of continuous quality improvement.







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**THANK YOU**