Evolution of the role of the nursing educational infrastructure in the new scenarios of the Italian healthcare system

34° IHF Congress Nice 2005
The frame of reference for the health professions

The Italian context of the “non medical” health professions is especially complex and wide-ranging.

This is a period of transition.

In particular, we are now witnessing profound changes that affect both the very scope of the nursing profession and the scope of nursing education.
The nursing profession according to current legislation

• Since 2000, 4 professional “categories” have been formally recognized encompassing 22 “roles”

• Each role is defined by its own “profile” that broadly describes its scope of action

### Nursing health professions and midwifery
- Nurse
- Midwife
- Pediatric nurse

### Rehabilitation health professions
- Podiatrist
- Physical therapist
- Speech and language therapist
- Orthoptist
- Developmental age neuro-psycho-functional therapist
- Psychiatric rehabilitation technician
- Occupational therapist
- Educator

### Technical health professions
- Audiometry technician
- Biomedical laboratory technician
- Medical radiology technician
- Neurophysiopathology technician
- Orthopedic technician
- Hearing aid technician
- Cardiocirculatory physiopathology technician and cardiovascular perfusionist
- Dental hygienist
- Dietitian

### Technical health & safety professions
- Occupational health & safety technician
- Public health nurse
The nursing profession according to current legislation (2)

• To complete the framework, 2 other types of roles must be taken into consideration:
  
  • Those who practice the **auxiliary art of the health professions** (opticians and dental technicians)
  
  • Support staff
Considerations

• The system of professional roles is actually even more variegated than has been described so far, due to:
  • Existence of a higher number of roles
  • Coexistence of different educational experiences for the same role

The case of nursing:

• different roles:
  • nurse, pediatric nurse and public health nurse
  • children’s nurse (now replaced by pediatric nurses)
  • licensed practical nurse, psychiatric nurse and baby nurse practising the auxiliary art of the health professions
Considerations (2)

- different educational experiences for the same role:
  - nurse holding a University Degree
  - nurse holding a University Diploma
  - nurse holding a Nursing School Diploma (accredited with Regional Governments)
  - nurse with a two-year training program before the ratification of the Strasbourg Agreement
  - re-qualified licensed practical nurse

Why is all this possible??

- increase in the retirement age
- 3 major reforms of the educational system
<table>
<thead>
<tr>
<th>The 70s</th>
<th>1990-95</th>
<th>1996</th>
<th>Since 1999</th>
<th>2004</th>
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</thead>
<tbody>
<tr>
<td>- the <strong>duration</strong> of the educational program is extended from 2 to 3 years</td>
<td>- introduction of the <strong>University Diploma in Nursing Science (DUSI)</strong></td>
<td>- removal of the twofold educational channel</td>
<td>- introduction of a new educational path: the first level degree (<strong>Laurea</strong>), the second level degree (<strong>Laurea magistrale</strong>), the <strong>Master</strong> degree (1st and 2nd level) and the <strong>Doctoral Degree</strong></td>
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<td>- the entry-level requirement is the achievement of a <strong>lower secondary school diploma</strong> plus two years of upper secondary education</td>
<td>- the course of study (curriculum) is defined by the Ministry of Education</td>
<td></td>
<td>- each profile has its own degree program</td>
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<td>- nursing program delivery (and the award of diplomas) is run by Nursing <strong>Schools</strong> which are accredited with <strong>Regional Governments</strong></td>
<td>- the entry-level requirement is the achievement of an <strong>upper secondary school diploma (5 year program)</strong></td>
<td></td>
<td>- the very first degree programs were started in 2000-2001</td>
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<td>- proliferation of <strong>vocational nursing schools</strong></td>
<td>- coexistence of two educational channels: Regional Schools and Universities</td>
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<td>- <strong>Second level degree program</strong> was introduced</td>
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Some specifications

• **First level degree** (Laurea):
  - a three-year degree program
  - it is the qualification **licensing** the practice of the nursing profession

• **Second level degree** (Laurea magistrale):
  - it is a two-year program
  - aims to offer advanced education
Some specifications (2)

**Master Degree:**
- First level masters (following the First Level Degree) and Second Level masters (following the Second Level Degree)
- The curricula can draw on the contents of the nursing discipline (critical care, psychiatry, geriatrics..) or from other areas requiring specific complementary education (for instance Patient care unit management)

**Doctoral Degree:**
- Provides the competences needed to carry out research activities
Some specifications (3)

Formal roles

- NURSE
- PEDIATRIC NURSE
- PUBLIC HEALTH NURSE

Required education

- First level Degree
- In perspectives First level Master in management
- Second level Degree

Professional roles

Managerial roles

- HEAD NURSE
- CHIEF NURSING OFFICER
Some figures about the First Level Degree

**Numerus clausus for new intakes**

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<tbody>
<tr>
<td>7,205</td>
<td>10,135</td>
<td>10,745</td>
<td>11,793</td>
<td>12,126</td>
<td>12,708</td>
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**Actual intakes**

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<tr>
<td>8,920</td>
<td>9,930</td>
<td>10,200</td>
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</table>

**Graduates**

<table>
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<tr>
<th>2002</th>
<th>2003</th>
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<td>5,700</td>
<td>6,250</td>
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</table>
Some figures about the Second Level Degree

- A scheduled numerus clausus of 1,523 plus direct enrolment and without entry examination for Degree Program Coordinators or Chief Nursing Officers
- Universities made a 1,122 numerus clausus actually available
- About 11,376 applications were filed
- 1,800 total intakes
- 17 out of 39 Universities involved

Ratio of 1 to 10 approx.
Attention, please!!!

Number of nurses registered with the Italian Nurses Federation

<table>
<thead>
<tr>
<th>Year</th>
<th>Members</th>
<th>△</th>
<th>Year</th>
<th>Members</th>
<th>△</th>
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<tbody>
<tr>
<td>1985</td>
<td>137,449</td>
<td>-</td>
<td>1995</td>
<td>286,386</td>
<td>23,140</td>
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<tr>
<td>1986</td>
<td>148,155</td>
<td>10,706</td>
<td>1996</td>
<td>303,740</td>
<td>17,354</td>
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<tr>
<td>1987</td>
<td>158,887</td>
<td>10,732</td>
<td>1997</td>
<td>311,775</td>
<td>-8,035</td>
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<tr>
<td>1988</td>
<td>170,118</td>
<td>11,231</td>
<td>1998</td>
<td>318,263</td>
<td>6,488</td>
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<tr>
<td>1989</td>
<td>166,204</td>
<td>3,914</td>
<td>1999</td>
<td>319,277</td>
<td>1,014</td>
</tr>
<tr>
<td>1990</td>
<td>183,734</td>
<td>17,530</td>
<td>2000</td>
<td>319,123</td>
<td>-154</td>
</tr>
<tr>
<td>1991</td>
<td>196,569</td>
<td>12,835</td>
<td>2001</td>
<td>322,074</td>
<td>2,951</td>
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<tr>
<td>1992</td>
<td>215,054</td>
<td>18,485</td>
<td>2002</td>
<td>326,140</td>
<td>4,066</td>
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<tr>
<td>1993</td>
<td>240,280</td>
<td>25,226</td>
<td>2003</td>
<td>331,699</td>
<td>5,559</td>
</tr>
<tr>
<td>1994</td>
<td>263,246</td>
<td>22,966</td>
<td>2004</td>
<td>338,245</td>
<td>6,546</td>
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</table>
• The Continuing Medical Education Program includes the organized and controlled set of all educational activities, geared towards keeping the professional standards of Healthcare providers always high and up-to-date.

• The participation in Continuing Medical Education-accredited educational events grants a given number of educational credits.

• The credits to be earned in the first five years are 150 altogether, with a progressive requirement of earning 10 credits in the first year up to 50 credits in the fifth year (10-20-30-40-50).

• Once the system is in full swing, these 150 credits will have to be earned over three years.
The critical issues of the system

• Chronic nursing shortage

• Availability of an “advanced” educational supply that currently finds it hard to be absorbed by the work setting through the formal recognition of new roles:
  • the law describes the profile of the specialist nursing graduate but does not recognize its status
  • the law states that master programs create experts but it does not recognize their status

Manage the discrepancy between the role expectations of those attending post-basic educational programs and the work setting

• Warning!!! It is not only a question of recognizing new roles, but also a question of materially differentiating between their spans of autonomy, responsibility and, therefore, their compensation differentials!!!
The critical issues of the educational system

• The shift to the university setting has:

  • **reduced the number of educational venues**
    
    there used to be approx. 550 regional schools, now there are approx. 200 academic centers

  • **created confusion about the equivalence of the qualifications**: in order to gain access to post-basic courses every university can establish the actual educational debit to be covered, thanks to the autonomy it enjoy

    some universities accept the equivalence and do not require any extra activities, others require the attendance of supplementary classes, others require a dissertation to be written…….

• Unfortunately, the Continuing Medical Education program has so far been limited to mostly recognizing “theoretical” education, without accrediting the “hands-on” training programs delivered within organizations
The critical issues of the educational system

• The presence of a low number of nurse teachers

• Doctoral programs open the doors to an academic career even though today very few faculty positions are formally held by nurses

• Doctoral programs should help to enhance research activities which today are still very limited
The critical issues of the organizations

• Difficulty in having 22 professional “tribes” coexisting whose role boundaries are not always clear

• Difficulty in having “different” nurses coexisting

• Difficulty in assessing the competences of in-house professionals and in recognizing their differences.
Conclusions

• Each of the three actors now has to improve its own domain of activities

BUT

• The real challenge is to create moments and tools of coordination and integration among them