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THE EVOLUTION OF THE NURSING PROFESSION IN ITALY: FROM CARE TO CURE OR A DIFFERENT FORM OF CARE?

BARBARA SENA*, ALESSANDRO STIEVANO^
*Unitelma Sapienza University, Rome, I
^Centre of Excellence for Nursing Scholarship, Ipasvi, Rome, I

SUMMARY

The nursing profession in Italy has undergone significant changes over the past 20 years, especially after a series of reforms that have transformed work in the health field. In this framework, the basic principle of nursing, which is to "care", tends to integrate with forms of "cure" in the medical sense and to develop new forms of care in specialized fields. Starting from this premise, this paper aims to analyze the evolution of the nursing profession in Italy towards new models of nursing care, in particular by using some data collected in the Second National Survey on Nursing by the Centre of Excellence for Nursing Scholarship Ipasvi in 2013. The aim of this work is to demonstrate how the new professionalized nurses developed new forms of care, and new nurses' roles for Italy such as the family nurse or the specialist nurse. However, the practical application of these new models of nursing care in Italy seems to be delayed by an ingrained medical dominance that, sometimes, tends to replace itself in mutant forms.

Introduction

Throughout the 21st Century, the transformation of national health care systems was a global mandate in accountability to quality, affordable and sustainable healthcare. For example, patient safety[1] improvements and the adoption of evidence-based practice[2] sparked changes that transformed the "culture" of how and by whom health

Key words: Nursing profession - Care - Cure - Medical dominance

care was delivered. Underscoring these cultural shifts were the disciplinary reformations, particularly evident in nursing in the United States and in other advanced countries such as Italy fueling changes in health care environments globally.

In Italy, in the 1990s, the Decree of the Ministry of Health 739/1994 (called Professional Profile)[3] provided the first recognition of a level of professional autonomy of nurses in Italy. Other laws followed that officially ratified nursing professional autonomy[4] and established key competencies. A significant outcome was the introduction of a single training/educational pathway for nurses via a 3-year university degree instituted in 2001[5]. In 2004, the first Masters' degrees in nursing science were realized and in 2006-2007, the first doctoral programs in nursing were offered at four universities in Italy with support from the National Regulatory Board of Nursing (Ipasvi)[6]. Nursing's transformation in Italy is most evident by the broadened scope of practice and higher status of the nursing profession nationwide, prompted by the Regulatory Board of Nursing Ipasvi.

As we stated before, the nursing profession in Italy has undergone significant changes over the past 20 years, especially after a series of reforms that have transformed work in the health field. A work characterized by tasks exclusively devoted to the care of a patient, to a health profession in the wide sense, with skills, autonomy and specific responsibilities. In this evolutionary framework, the basic principle of nursing, which is to "take care" or "to care" of people in sickness and in health, seems to be integrated by forms of "cure" in the medical sense or better to embed some forms of cure (forms of advanced care, drug therapy) in the responsibilities and competences of nurses. This fact goes in a direction of crossing old cultural models linked to the dominance of a single profession (medicine) and is favoured by the increase of technical and diagnostic capabilities, acquired either through new paths of university education, started in

Italy with the reforms of 1990s, or with new programs of social and health integration, following the crisis of the welfare state systems[7]. Starting from this premise, this paper aims to analyze the evolution of the nursing profession in Italy towards new models of nursing care, in particular by using some of the data collected in the Second National Survey on Nursing by Ipasvi in 2013. We will try to demonstrate how the new fuzzy professional nurses[8] integrate particular forms of cure to forms of care, also more specific than ever before. However, at the same time, the practical application of this new model of nursing care in Italy, with less rigid medical boundaries, still seems to be hampered and delayed by strong cultural, but also organizational and institutional factors.

While considerable progress has been made by the nursing profession in Italy, any unknown and possibly destabilizing effects have not been identified in a systematic way at this juncture. Additionally, the impact of changes relative to the dimensions and characteristics of nurses' cultural experiences, within the evolutionary process of their discipline, has yet to be explored. Therefore, this study was conceptualized to capture nurses' experiences after a first period of relevant changes of Italian nursing. In this framework, the aim of the study was to explore nurses' perceptions of their own professional cultural reformation in terms of dimensions, characteristics, features, issues and possibilities within the current Italian National Health System.

Definition and evolution of care and cure in the health professions

Before examining some data of the Second National Survey on Nursing presented here, it is useful to specify the differences between care and cure highlighted in the literature[9] and, particularly, to focus on the way they apply to nursing practice.

The task of curing the sick derives from the set of medical and scientific knowledge and is therefore based on the principles of universality,

rationality, emotional neutrality, while the activity of caring comes from much more uncertain and varied knowledge, largely based on interpersonal, relational, psychological, emotional and aesthetic skills[10]. An important aspect to consider is that the nursing profession, since it has among its basic principles the "care" or "take care" of people in health and disease, more than the "cure" in the medical sense, can be seen as a profession of "service" to the person, like others in the same orientation in other fields; for example, the teacher or the social worker[11]. This makes nursing different from other health professions and therefore perhaps more difficult to place in a specific area[12]. A specific characteristic of the nursing profession, even compared to other health professions, consists, therefore, in putting on the field, in the relationship with the patients and their families, not only technical skills, but also human and social skills. This is probably an opportunity, but sometimes an impediment to the full recognition of the social role and professionalism of nurses in the medical dominated world.

Today the activities of a nurse vary from performances that require high technical skills (as in the case of nurses working in surgery or intensive care or operating rooms) to activities where are required few technical skills but much more human and relational abilities (such as in geriatric or palliative care). Such duplicity and, in a sense, deep paradoxical nature of the nursing profession, has meant that historically nursing has been placed in an intermediate position between the medical profession and the role of the support worker[13]. For this reason, in Italy, as in many other advanced countries, it has been tried to raise the level of education of nurses, through specific legislative reforms, leaving the less qualified tasks to occupations with a lower professional profile.

Another problem that involves the transformations of the traditional nursing care concerns the reforms of the Italian health system. Since the '90s the process of managerialism led to manage the public sector

by adopting forms of business administration, creating the so-called *new management*[14]. The implementation of managerialism over the years has also affected the autonomy of certain categories (particularly doctors), breaking their professional identity and limiting the medical dominance[15] through the reallocation of tasks based on a logic of efficiency[16]. Moreover, patients in recent years have gained increased awareness and decision-making power in their own care processes, contributing to the enhancement of more "relational" forms of assistance and personalized care[17].

Following this reorganization of the Italian health system, the activities of the nurse have incorporated many organizational and administrative skills, as well as some competencies of the medical profession, with growing responsibilities. It has been demonstrated that the caring activities of nurses are very important for the health outcomes, and in some cases they are more significant than curing[18].

From care to cure or the reverse?

The survey, on which we present here only some of the results, was conducted by an interdisciplinary team of research with the support of the Centre of Excellence for Nursing Scholarship of Ipasvi Rome, who coordinated the research with the collaboration of the National Ipasvi Regulatory Board.

The survey involved approximately 3900 nurses from all over Italy and was carried out through a structured questionnaire, divided into seven sections, each containing questions about a topic considered relevant to understand and deepen the various problems faced by the nursing profession nowadays:

The sections of the questionnaire were (totally 58 questions):

- Section 1: Profession and working environment;
- Section 2: Transculturality and health;

- Section 3: Working conditions;
- Section 4: Nursing and e-Health;
- Section 5: Pathways of assistance and of social-health integration;
- Section 6: Education;
- Section 7: Sociodemographic data.

Due to reasons of cost and organization, the research team decided to adopt a method of non-probability sampling; in this case a sample of convenience, based on available and more accessible respondents[19].

General data

The 74% of the sample were female nurses, while the 26% were male nurses. This confirms the distribution of nurses at a national level.

Tab. 1 – Gender and age of the sample (freq. %).

Gender	
Male	26,2
Female	73,8
Ages	
Up to 34	20,6
35-44	34,2
45-54	36,4
Over 55	8,8

The 37.7% of respondents possessed the nursing diploma, that was no more available since 1996 with the introduction of a university diploma and later on, in 2001, with the introduction of the degree in nursing. This percentage, in fact, is greatly reduced with the decreasing age of nurses surveyed.

The nurses who owned a post bachelor degree were about 25% of the sample.

Tab.2 – Educational qualification for ages (freq. %).

	Up to 34 years	***35-44***	***45-54***	***over 55***
Regional Diploma	1,5	40,1	51,3	58,4
University Diploma	8,7	11,8	7,5	9,4
Bachelor Degree	70,0	23,4	10,7	6,0
Post Bachelor Degree	19,8	24,7	30,5	26,2

Using the data of this survey we tried to focus on the following general hypothesis:
Although in the nursing profession is evident the blurring and hybridization of care and cure, this fact does not seem yet to be fully perceived and experienced by Italian nurses because of organizational and institutional delays of the Italian health system, but also due to a kind of cultural lag of the Italian nursing profession.
From this sample we will analyze some of the findings of the survey, which will focus on the following assumptions:

1. The new skills and areas of employment of nursing highlight a crossing of the traditional distinction between the activities of care and the activities of cure.
2. This crossing seems not yet be fully perceived by Italian nurses for different reasons: due to the organization of the Italian health system and to a general cultural backwardness of the nursing profession.

New competences of Italian nurses

Thirty years ago the nursing profession had an homogeneous identity, also in the general public perception. The nurse was

perceived as a figure in charge of performing manual tasks specifically addressed to the assistance of sick people. Although this corresponded only partially to the true activities, in the eyes of patients, nurses professional identity consisted essentially in this[20]. Our survey showed a different picture and an evolution in a relational way of the epistemological core of the caring activities and of this identity.

Tab. 3 – In the performance of your profession, how much importance you assign to the following aspects (1= not important; 5= very important) (freq.%).

		1	*2*	*3*	*4*	*5*	
a. Technical and scientific	*Not important*	1,3	2,7	12,1	27,3	56,6	*Very important*
b. Management	*Not important*	1,1	2,6	11,0	28,0	57,3	*Very important*
c. Relational	*Not important*	0,7	1,4	6,5	16,9	74,4	*Very important*
d. Educational	*Not important*	0,7	1,5	8,8	21,4	67,6	*Very important*

From the Tab. 3, it can be noticed that the most of respondents believes that the relational aspects are very important (74,4%) as well as the educational ones (67,6%). Trying to explaining this data, we can consider a nurse who has adopted the principles defined in the professional profile of 1994 and the code of ethics of nursing in 2009, in which is described the deep nature of nursing. The relational dimension, which consist of interpretational, emotional and communicative skills with patients and caregivers, has become a prominent feature in the nursing field. Through this relationship, in fact, the nurses are able to pursue humanistic and emphatic objectives, while conveying their professional values[21].

Despite the good result of the above mentioned question, if we look at Table 4, we can see that the management aspect of the nursing profession is still poorly evaluated in the health system.

Tab. 4 – In your view, in which measure the nurse has tools for: (%).

	None	***Few***	***Enough***	***Many***	***Many more***
a. To guide policies and the development of the workplace	23,0	46,5	18,7	8,8	3,0
b. To ensure the respect for the rights of the assisted patient	3,9	19,9	32,5	28,5	15,3
c. To enhance his professional role	6,1	26,3	27,1	23,0	17,5
d. To manage the available economic resources	23,0	36,8	20,6	13,5	6,1
e. To manage the available human resources	14,3	33,3	24,7	18,0	9,7

The majority of respondents felt that they had few tools to guide policies and the development of their own workplace environments (46,5%), as well as to manage the available economic resources (36,8%) and human ones (33,3%). The nurses were aware, however, to have enough instruments to ensure respect for the rights of the persons (32,5%) and to enhance their professional role (27,1%). These results may suggest a situation where nurses are not able to make decisions on the reorganization of services and health structures. The awareness of having enough tools to enhance their role, however, could be considered an element of strength and empowerment of nursing profession.

The tools that can be used today by nurses are different and based on increasing skills, which, put into practice, can be exploited for many activities of prevention, diagnosis and cure. We can consider, as an example, all nursing activities that may reduce the occurrence of hospital infections, medication errors, incorrect living habits.

In our survey, the perception to have these instruments for such activities is more relevant in younger nurses, as well as in those with higher level of education. This reveal an important trend of major involvement for the future generation of nurses.

We can say that, despite the rise in education, the advancements of skills and the recognition of nursing as a profession, the role of responsibility of nurses is still not enough considered, even if it is becoming increasingly central to support different health structures for patients and family members. Faced with these problems, it seems, however, that (perhaps a bit paradoxically) nurses today have strengthened even more than before their intrinsic motivation, because they believe in their work and have a very clear professional mission, based on the principle of taking care of people assisted[22].

Toward new forms of nursing assistance

Another issue of great importance is the role of the nurse in contexts outside the hospital, where the decision-making, the autonomy and the skills of nurses can be put in practice more easily.

In the early 2000s, the outpatient care required more experienced nurses, especially in the case of home care, which represented one of the strategies for the change of the Italian health system. Today nurses are much more aware that their actions are not only based on professional care activities inside hospitals, but also outside the traditional nosocomial setting. In this sense, in recent years there has been a continuous reorganization and rationalization of the health system: many hospitals were reduced, many Health Centres and Houses of Health were opened for a better follow-up of people and continuity of care and alternative structures for the diagnosis and treatment such as day services or day surgeries or wards led by nurses were promoted and encouraged[23].

These innovative structures, more functional to the needs of the population and to the rationalization of health expenditure, would seem to suggest also a change of the nurses' work.

To tell the truth, if we observe the data of our survey, the expected change is just at the beginning. The data show that the majority of nurses still work in hospitals or local health authorities, though,

more than in the past, there seems to be a greater awareness of the importance of developing district nursing care, at least for the three main areas of the social-health integration:

1. family health nursing;
2. nursing homes;
3. nursing home care.

The general interest for these kind of social-health integration paths consists in the fact that these new pathways are able both to reduce the cost of treatment, and to increase the acceptability of care for many chronic patients.

Tab. 5 – Compared to non-hospital nursing care, which of the following activities would be important to develop? (1= not important; 5= very important) (freq.%).

	1 = Not important	2	3	4	*5 =Very important*
To spread the family nurse on the territory	0,9	2,4	7,5	19,3	69,9
To increase Nursing Health Centres	0,7	1,7	7,8	21,0	68,8
To develop Integrated Home Care	0,6	1,2	5,9	19,7	72,7
To strengthen the role of the nurse as a case manager (nurse who provides and coordinates care for individualized clinical management from admission to discharge)	0,8	2,7	9,1	22,2	65,2
To develop multidisciplinary team working	0,3	1,2	7,0	21,3	70,2

In particular, one of the areas that seems more innovative is the primary care and family nursing, already widely used in many countries. In Italy, this area is still to be fully developed, because the family nurse, for example, is still seen as a mysterious object and hindered by old hierarchical logic of rigid boundaries among health disciplines[24]. Instead, the main aim of this figure is the development of alternative methods of care, consistent with the new health needs of the population (e.g. the increase of chronic degenerative diseases, related to population aging)[25].

Nurses are becoming more aware of the role of the family nurses in order to guarantee the continuity of care. Not surprisingly, about 90% of the nurses surveyed believed that it was very important to spread the figure of the family nurse in Italy.

Among other pathways of social-health integration, the Health Centres have increased the interest of both the health system and health care organizations, but still have not fully developed throughout the country. While there are several of these Centres on a regional level, this path does not have a defined pattern so far, more or less for similar causes to the implementation role of the family nurse, that is, a strong desire not to change well established realities. For these reasons, these Health Centres are spreading very slowly and with different and often underestimated outcomes from place to place. Also in this case, however, the nurses are conscious of their potential relevance, having never been able to apply their professional skills in this type of service.

Finally, the home care is not a novelty in the Italian context. In fact, it was already applied, even if in a fragmented way, in the late '90s. Today, however, we speak of Integrated Home Care in a new sense[26], because in this new model the nurse is able to offer benefits and services, including those highly technical and specialized, directly at patient's home. In this area, is becoming strategic and of particular importance the integration and collaboration among

different members of the healthcare team (doctors, nurses, social workers, etc.) who take care of the patient through a more collaborative and shared work. For this reason, in our survey the sample of respondents identified Integrated Home Care as important in the 92% of cases.

Compared to fifteen years ago, the pathways of social-health integration have become most topical and relevant. However, the reality that emerges is not yet comforting. The practice of these pathways, unfortunately, is still very limited and does not follow defined and shared nationwide models.

In our survey the importance of this kind of services does not seem to be related to the work of nurses who responded. In fact, crossing the data, we do not notice any significant difference between the opinion of nurses working in district areas, and nurses working inside hospitals.

But how many of our respondents who recognized the importance of the development of social-health integration paths, in practice know and use the specific tools for this integration?

In a specific question we asked about the use of social-health integration instruments in the workplace.

Tab. 6 – In your work environment, do you normally use the following tools of the professional integration between health and social area? (1=never, 5=always).

	1=never	*2*	*3*	*4*	*5=always*
Multidimensional evaluation unit	39,8	17,7	19,7	13,4	9,5
Unified management of documentation	32,1	20,0	21,1	14,4	12,4
Case management	49,8	17,8	15,4	9,8	7,0
Individual plans integrated	43,6	19,2	17,5	11,8	7,9

More than 50% (57,4%) of respondents did not use or used very little one of these instruments (Multidimensional evaluation unit) and only 22,9% of respondents often or always used them. This probably is inconsistent with the previous question, where the importance of the pathways of social-health integration was highly considered.
Finally, we could see that Italian nurses, despite have to adhere to life-long learning and have raised their level of education, still feel the need for more specialized training, especially in areas regarding highest health needs in the third millenium, such as geriatrics and aging diseases (87,8%), home care (93,2%), palliative and cancer care (90,8%), chronic diseases (89,4%).

Tab. 7 – Compared to the current health needs of the Italian population, in which areas do you believe that there is more need for specialized training?.

	Sì	*No*
Geriatrics and aging diseases	87,8	12,2
Critical area	80,9	19,1
Home care	93,2	6,8
Psichiatry	75,2	24,8
Diseases related to marginality (eg. Drug, alcohol)	75,1	24,9
Palliative care and/or cancer care	90,8	9,2
Transcultural nursing	78,0	22,0
Family and community nursing	86,4	13,6
Surgery and transplantation	65,5	34,5
Ethics and bioethics	69,0	31,0
Chronic diseases (SLA, Alzheimer's, diabetes, etc.)	89,4	10,6
Pediatrics and / or gynecology and / or obstetrics	63,8	36,2
Specialist area (dermatology, ophthalmology, otolaryngology, neurology, rheumatology, metabolic diseases, etc.)	57,5	42,5

Conclusions

From these synthetic and preliminary analysis of our survey we can draw some concluding remarks.

First of all, it seems that nurses are more aware than before of the specific nature of their profession, especially of the relational characteristics that distinguish it. This is also confirmed by the need for more training in those areas where the relational aspects have more and more importance as in the case of geriatric care, chronic degenerative care, and palliative care. In this sense, the aspect of the care and cure is mingled, outlining a new model of "care" that is placed side by side to the competences and abilities of all health professionals.

Nurses perceive the importance of having greater autonomy and responsibilities. However, Italian nurses do not feel not enough empowered in these competences, not only because of the lack of knowledge and a general low use related to these models, but probably because these nurses do not know enough these new forms of care and they feel that they still need specialised education in order to operate in full autonomy.

The nursing profession has a clearer structure about the change of the society health needs and is much more aware of the fact that a professional care activity is very important for excellent outcomes of care. More and more the nursing profession has the ethical duty to deal with many problems related to the quality of life, managing innovative services (such as social-health integration services) in order to have more appropriated and specific responses to the new health needs of the general public[27].

In conclusion, we can say that the evolution of the nursing profession in Italy seems to tend towards new forms of care, and it is also characterized by greater autonomy and decision-making activities regarding nursing diagnosis, and health promotion, especially in areas of home and territorial care. Anyway, this trend is not yet enough

perceived by Italian nurses, maybe because of the characteristics of the Italian Health System, that is, until now, too much focused on hospital and less on other innovative forms of health care where the nursing profession could develop all its potential capabilities. Anyway, in the current context the distinction between cure and care has not, perhaps, the same significance of some years ago. At that time, nurses demanded strongly the specificity of their care activities. Now, it is clearer that cure cannot exist without care and there are not so specific and strongly distinctions anymore. This new and wide form of "care" is itself "cure" and vice versa.

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Correspondence should be addressed to:
Barbara Sena, University of Unitelma Sapienza in Rome
e-mail: barbara.sena@unitelma.it