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Editorial – International Nursing Review

Title: Does education in Italy produce nurses fit for future healthcare needs?

Roger Watson

In Italy, there is currently a policy level debate on the future of nursing practice and its ability to address the healthcare needs of the public. Naturally, Italy must develop a policy to suit its particular needs. However, a contribution to this debate could be drawn from other countries, to see what they have done to address similar issues, and then see if the actions they have adopted could be appropriate for Italy. Given the demographic changes in the Italian population which – in common with the rest of Europe – is ageing (Eurostat 2016) and that Italian health budgets are limited (Sasso et al 2016), new ways of delivering care will need to be developed. Whatever policy is adopted regarding nursing practice it is likely to have implications for nursing education. But is the present educational framework for nursing education in Italy fit for the purpose of producing nurses fit for future health needs?

In theory, across Europe we have the Bologna process (European Commission 2016a) which has been ratified by all European countries and which matches different levels of education at eight levels within the European Qualifications Framework (European Commission 2016b). This provides for bachelor (level 6) and masters level (level 7) education and, largely, nursing education fits within this model. In most European countries, entry to the nursing register is at the level of bachelor's degree or progress is being made towards that and master's level education is available, but the content and purpose of master's level education differs across Europe. Level 7 education for nurses in the UK is far from uniform, but models exist which deliver education at level 7, develop advanced competencies, and are closely linked to practice. Students can exit with specific advanced qualifications and competence only, but have the possibility of adding a year and completing their level 7 education with a master's degree. Clinical skills delivered at master's level prepare nurses for higher levels of practice which may be specialised or advanced and which include nurse

prescribing. The boundaries between specialised and advanced practice are blurred, but specialist roles may include a focus on specific aspects of clinical practice where nursing skills are especially needed as in chronic conditions such as diabetes care and rheumatology where nurses lead clinics in these specialities. Advanced practice encompasses areas such as emergency and critical care and endoscopy where nurses can assume many of the diagnostic and decision-making functions previously the preserve of the physician and provide extended care to patients from admission to discharge. Nurse prescribing, which was initially proposed in 1986 (DHSS), was initially limited to very few medications (DoH 1999), is now virtually unrestricted (PSNC 2016) provided nurses work and prescribe within their area of competence.

There is evidence to support the work of nurses in these areas and reviews have shown that there is little difference between nurses-led and physician-led clinics in terms of clinical outcomes but that patients are always more satisfied with nurse-led clinics (APPG 2016) – often because nurses can take more time with each patient. Randomised controlled trials of advanced nurse practice show similar outcomes, for example, in nurse versus physician performed endoscopy (Williams 2009). With regard to nurse prescribing, these are very early days in terms of evaluation, but so far the evidence of safety and efficacy is good and one thing is clear – in common with all of the above – it is more cost effective than physician prescribing (Kroezen et al. 2012; APPG, 2016) (NHSNENW 2015).

In Italy, masters degrees in nursing totally lack subjects that could enable postgraduate students to gain higher levels of clinical skills and, thereby, gain a more ‘advanced’ knowledge and competence related to the clinical skills they learned during their bachelors programme. Instead, in Italy, masters degrees in nursing focus only on providing additional methodological, managerial, and didactic competencies.

There has long been an international (including Europe) debate around the definition of 'competence', (Watson et al 2002) but there seems to be some agreement with regard to the definition of Advanced Nursing Practice, which includes the following core competencies: direct clinical practice, expert coaching and advice, consultation, research skills, clinical and professional leadership, collaboration, and ethical decision-making (Spross & Larson, 2005). It is recommended that nurses earn these advanced competencies at the level of a master's degree (ICN, 2001).

Conclusions

Advanced education and competencies entail higher levels of professional autonomy and responsibility. In Italy, thanks to masters degrees, nurses have achieved autonomy in nursing management and education. But now nursing master's degrees should also include clinical modules to prepare nurses for advanced practice roles. In this way, there will be advanced practice nurses who will be prepared autonomously to manage various areas of clinical practice, such as the management of non-communicable diseases, patient and family centred care, support for family members and informal carers in the community, which are instrumental to meet an ageing population's healthcare needs.

In addition, the Italian RN4CAST study (Sasso et al. 2016) showed that patient care activities mostly left undone included comfort and dialogue with patients, patient and family education, developing or updating care plans, appropriate patient surveillance, and planning care. Moreover, in Italy, there are still many barriers to the implementation of evidence-based practice (Bressan et al. 2016). Probably, the most significant barrier is the absence of advanced practice Registered Nurses, who can play a key role in implementing evidence-based practice (Gurzick & Kesten 2010). Instead, the provision of nursing master's degrees with a major focus on clinical practice could offer nurses the opportunity to win back what they are obliged to miss out during their daily practice, and consequently reinforce their professional identity. A stronger professional could

contribute to reducing burnout and job dissatisfaction, and enhances nurses' autonomy, decision-making, accountability, and leadership (Sandström et al. 2011).

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