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The Italian Health Care Reform Experience: Which Role for Nursing?

Emidia Vagnoni, PhD, CPA

THE '90s REGULATION

Before the 1992 reform law, the Italian National Health Care System (NHS) was mainly based on a centralized public model whose funding mechanism was based on covering the entire amount of expenses at the end of the year. Personnel were linked to the health care organization through a public contract, and there was no correlation between salary and the level of performance achieved. Furthermore, public competition allowed hospitals and local health authorities (LHA) to recruit nursing, medical, technical, and administrative personnel according to workload needs. There were no managerial tools to assess community health care needs and to plan the quantity of services required. Because the information system used was based on cash accounting, little attention was paid to the managerial process, to the decision-making process, to efficiency, or to defining of strategy.

This scenario characterized the NHS for many years. The lack of mission, organization, planning, and performance measurement mechanisms contributed to the rise of a wide gap between two professions essential to health care: physicians and nurses (Holkelman, 1975). As a matter of fact, nursing has long been considered as a support to

During the 1990s, several reforms were initiated in the Italian Health Care System that were aimed at introducing a managerial culture into the health services environment, similar to what the United States, Great Britain, and other European countries had already done. Thus, health care delivery experienced several changes yielding a higher quality of care, more services for the elderly, and the availability of new technologies. To face the new sociological values and the new demand for health care services, the role of the nursing staff has become crucial. In consideration, therefore, of the principles of personalization, efficiency, quality, and humanization stemming from the reforms of the National Health Care System, the role of the nursing staff must be strengthened. This article, in light of the theories of public sector management and case analysis, aims at describing Italian nursing in the evolutionary sense, pointing out key factors for a successful collaboration with other health care actors.



TABLE 1: Nursing Education Model

<i>Before 1992 Reform</i>	<i>After the 1992 Reform</i>
Comprehensive school	Comprehensive school
Any secondary school (2 years)	5 years secondary school
Hospital nursing school (3 years); general nursing diploma	University undergraduate program (2 or 3 years); general nursing undergraduate diploma
Hospital specialization course (2 years); specialized nursing diploma	University master's program (1 or 2 years); nursing graduate diploma Specialization university program (at least 2 years); specialized nursing degree Doctoral program (3 years); PhD

the medical staff and deprived of its own organizational autonomy.

The 1992 law decree changed the NHS model. The creation of a quasi-market situation—similar to the earlier British experience—and the movement to regionalization and decentralization could be considered the major revisions on the macro-system side of the reform equation (Abernethy & Vagnoni, 2000). Despite the Italian human resource culture in health care, the 1992 reform law never made reference to a nursing role. The regulation analysis, as well as the empirical analysis, demonstrates that many reform aspects indirectly affect the nursing role: hospital mergers and organizational changes, patients' mobility, bed reduction, and the introduction of new technologies. Consequently, nurses continue to work in an environment characterized by rapid change but with little involvement in decision making. This is a critical deficiency if one considers that the law itself defines humanization, personalization, quality, and efficiency among the health care management system values. Nurses are clearly implicated and involved in their achievement.

Furthermore, the new regulation gives strength to an alternative organizational model. The day hospital and the day surgery services, as well as other ambulatory services, are gaining a greater share of the market because this model is conducive to bed reduction. Hospitals and LHA are also involved in augmenting specialist services, considering the low level of overhead costs they absorb, and nursing staff now work more in outpatient services. On the other hand, domiciliary and elderly care are rapidly increasing as a consequence of demographic changes. Domiciliary care integration could guarantee flexibility and efficacy for the NHS, as well as contribute to im-

proved outcomes (Ministry of Health, 1998). These issues have become priorities for the Italian public system, and nurses must develop special skills to assist a new type of patient who is particularly demanding and who will require pedagogical rather than technical skills.

This NHS evolution cannot be completed without a renewal of the nursing profession. This renewal must be based on a revision of educational and training programs and on a redesign of nursing's organizational autonomy and responsibility. As a matter of fact, the diagnosis related group (DRG) financing system and the shift to performance measurement procedures are making nurses more and more committed to cost containment, quality of services, and resource management.

EDUCATION, TRAINING, AND RECRUITMENT

According to the 1992 reform, the training of nurses takes place in hospitals, in other organizations belonging to the NHS, and in accredited private organizations (art. 6, c. 3, Law Decree No. 502/1992). The teaching program is dictated by the Ministry of Health and by the Ministry of Education. Furthermore, the regulations redesigned nursing education, giving it university status (art. 1, c. 6, Decree July 24th, 1996). Until the beginning of the 1990s, special hospital schools outside of universities provided most nursing education (see Table 1).

The introduction of the new education regulation clashed with a health care environment poorly suited to accepting change and meeting challenges. Program contents were radically revised to meet the new territorial services needs.

More attention is now being paid to sociological, economic, and managerial aspects of care, and specialization has become important in educational reform.

Because nursing must meet changing community needs, continuous training programs have become another fundamental aspect of the education of the nursing professional (AA.VV., 1991b). Rapid technological and scientific advances, as well as sociological changes, require a continuous updating of nursing knowledge. According to the World Health Organization guidelines, continuing education for nurses should meet the following requirements:

- address all nursing staff,
- base education on the health needs of the community, and
- continue to achieve a high degree of coordination, especially when managed by a few actors.

The new education and training programs should meet the needs of nurses who are contributing to the cultural change of the NHS.

The search for a more flexible NHS, with an enhanced ability to adapt to epidemiological and demographic changes, also brought alterations to the personnel recruitment system. For more than 50 years, in the Italian public sector, the only way to recruit personnel was through national competition, a procedure often considered very expensive and slow to respond to a health care organization's need for personnel. Now, thanks to a higher level of managerial, administrative, and organizational autonomy, independent hospitals and local health authorities are required to review their organizational chart every 3 years and to reduce personnel expenditures. Internal transfers of personnel are encouraged, and local competition for available personnel serves as an incentive for health personnel to be highly mobile (Decree Law No. 80/1998).

The National Nurses Contract, established in February 1999, addresses career progression and allows health care organizations to link special position responsibilities to salary (CCNL, 1999). Moreover, a reward system has been introduced. Finally, human resource management is required to contribute to flexibility, to increase personnel motivation and career progression, to define new

reward mechanisms related to responsibility and professional skills, and to guarantee adherence to the budget cap.

NURSING INFORMATION SYSTEM

The new health care environment has caused nursing to evolve. Unique aspects of nursing care have been identified, as well as levels of accountability and professional standards.¹ To achieve minimal health care standards, to interact with patients, and to participate in organizational improvement, certain tools have become available to nurses, such as the following.

The working plan. The working plan helps to manage time consumed by both standardized and nonstandardized activities. The plan describes the actions to be implemented, requires an effective coordination of those activities, and could be considered a first step to measurement of efficiency. Every clinical unit defines its own working plan, and the fundamental contents of the plans are the following: the definition of general objectives, planned results, actions to be implemented to achieve planned objectives, available resources and organizational considerations, and the control system in place.

The protocol. The protocol is conceived as a chain of physical, mental, and verbal activities through which nurses reach a special objective. The Nurses Association (first, the Italian Nursing Association [AIDI]) defines procedures and sets standards for some services. This approach allows for many advantages in terms of human resources integrative behaviors, cooperation and collaboration within the professional group and among different professionals, protection of the nurse's role, quality improvement of care, and training of new personnel.

The nursing card. The nursing card is the report model that supports the nursing plan according to the objectives defined (Camani et al., 1996, p. 55). The document reports each patient's health status, care delivered, preventive actions taken, health education, and psychosocial aspects of care. The nursing card is an innovative tool for nurses in the Italian health arena.² Development of the nursing

card requires the medical director's approval and a big commitment by the nursing manager during the implementation phase. Nursing staff must be motivated, and the organizational model must be reviewed and educational needs evaluated before and during implementation (AA.VV. 1991a, p. 13).

All in all, this nursing information system is more supportive of the NHS mission, which focuses on the achievement of desirable patient outcomes and the personalization and humanization of care. The relationship between the efficiency objective—as stated in the reform law—and the nursing staff is not directly defined. Nursing managers are accountable to the general director for hiring, for education and training, and for the turnover and flexibility of their staff. Empirical analyses, in the past, confirm that nursing managers did not have budgetary responsibility beyond personnel costs for staffing. To be accountable for planning, organization, coordination, and control of nursing is a new role for nursing managers in the reformed system.

Nursing performance is chiefly based on medical and clinical objectives that support the achievement of the patient outcomes. Because nursing management can still be considered a puzzle where many black boxes should be cleared, few managers are using a performance evaluation model. Italy has been slow to set performance standards relative to other countries, such as the United States where nursing practice and standards guidelines have been well developed and models of shared governance have been implemented (Popovich, 1998). The Italian national nurses association provides some indicators to assess the quality of nursing activities (see Tables 2 and 3), but none of them is directly related to evaluation of the costs of care.

THE NURSING SERVICE: EVIDENCE FROM THE FERRARA TEACHING HOSPITAL

To implement the NHS reform and renew the organizational model of LHAs and hospitals, special managerial projects are allowed by Law Decree No. 502/1992. Within this environment, in 1995, Ferrara Teaching Hospital started a nursing project aimed at implementing a nursing service characterized by a certain level of autonomy and a

TABLE 2: Outcome Indicators for Nursing

Number of patient falls
Number of patients with decubitus ulcers
Number of dehydrated patients
Number of patients rehospitalized after discharge
Number of medication errors
Number of urinary tract infections
Number of postsurgical complications
Number of hospital-acquired infections
Number of successful resuscitations

SOURCE: Adapted from Federazione IPASVI (1999).

TABLE 3: Nursing Process Indicators

Completeness of data collection in the nursing chart
Communication with patients (way to keep them informed)
Fall prevention
CPR certification

SOURCE: Adapted from Federazione IPASVI (1999).

NOTE: CPR = cardiopulmonary resuscitation.

special organizational structure. This kind of model represents an alternative to the traditional, functional one. The nursing service rests on three main principles:

1. a nursing professional staff that participates in the hospital's strategic plan;³
2. a departmental nursing directive that connects the nursing administrative plan to the nursing staff; and
3. a departmental committee delegation dedicated to improving the collaboration among the clinical units grouped in a department.

This approach serves as a prototype for the type of care coordination and collaboration the health care reform of the 1990s mandates. It avoids the old functional and fragmented organization and groups together all the functions links to nursing management. From the human resources point of view, nurses are clearly recognized at the organizational level. The nursing manager is responsible for planning and developing a human resources budget and for nursing's relationship to other organizational entities. The nursing manager is accountable to the medical director (see Figure 1). Controlling and monitoring assistance and outcomes of care are assigned to the individual designated the "Nursing Department Responsible,"

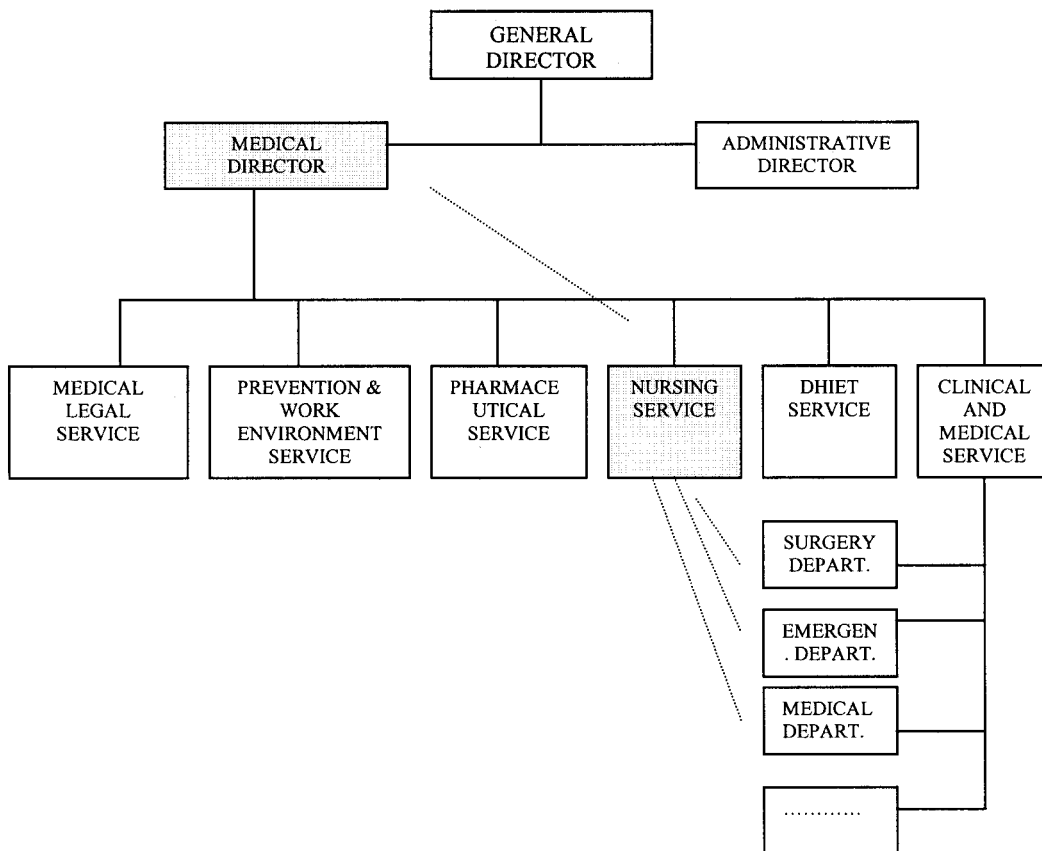


Figure 1: Nursing Service Organizational Links

who is charged with defining the needs of nursing professionals and assuring quality of nursing care. The departmental manager assesses nursing performance according to contractual regulation and monitors the nurses' needs for training and continuing education. He or she is accountable to the nursing service director.

FINAL REMARKS

Modern health care systems must meet sophisticated management objectives while meeting the complex and increasing demand for health services. The health care environment is constantly changing and public money is finite. Thus, a new governance model must be implemented at the LHA and hospital levels. Health care organizations face challenges in reconfiguring structures, roles, and practices in an effort to deliver high-quality services that are compatible with financial resources, responsive to consumer

needs, and satisfying for health care providers (Havens, 1998).

To achieve successful performance, as measured through care outcomes, efficiency, and quality perspectives, the NHS initiated a redesign of its own health care delivery organization, as well as a dramatic restructuring of programs that develop health care professionals. Successful human resources management is a critical aspect of any health care system today and nursing is an important human resource. The new challenge will involve working in multidisciplinary teams and implementing network models that can eliminate the problems created by the functional models of the past (Beyers et al., 1996).

Unfortunately, in the Italian experience, nursing was long neglected. Thanks to the 1992 regulation aimed at introducing a new model of health care delivery, and to the experience of other countries such as the United States, Great Britain, and France, the nursing profession has enhanced its

value and contribution in health care. The Ferrara experience supports the delineation of a new nursing role within the Italian NHS. The increased autonomy and the commitment of nursing managers is changing the traditional dichotomy between physicians and nurses. Nursing is becoming more aware and proud of its role, and organizational leaders are beginning to draw on nursing expertise.

In view of the accreditation process that the NHS introduced, an enhanced nursing role will lend support to achieving quality outcomes in all NHS programs. Furthermore, strengthening the role of nurses in planning, directing, and providing health care services, while improving access to care for underserved populations, promises to generate many new professional opportunities and possibilities for career development for Italian nurses.

NOTES

1. Standards and clinical practice guidelines are important tools for enhancing the quality of health care delivery and for documenting care (see Yoos et al., 1997).

2. The nursing report card has been implemented by the American Nurses Association to identify quality indicators and measure the changes and shifts in patient care and the outcomes of those changes. Therefore, see Rowell (1995) and Lowe and Baker (1997).

3. The nursing staff participation in the health care organization's strategy definition is particularly important when the national health care system emphasizes implementing high-quality services. Thus, management is patient focused and social aspects of care are taken into consideration (see Havens, 1998, p. 6).

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