



Issues for debate

Perceived barriers to the professional development of modern nursing in Italy – A discussion paper



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ABSTRACT

The aim of this paper is to discuss the development of modern nursing in Italy. Specifically, the paper aims to draw attention to the fact that while nursing in Italy has mirrored developments in Europe, in many respects the advancement of the profession is much less accelerated. The paper considers the reasons for this and the contributing factors and explores possible solutions.

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Modern nursing in Italy

Internationally, nursing has a long and informal heritage that is closely linked to the growth and development of religion in society (Fealy, 2006). However, the formalization of nurse education internationally has many contributing factors. Hospitals founded in the USA, Britain and Germany for example, in the 18th and 19th century, led to a move from a largely untrained nursing workforce towards formalised education for nurses (Fealy, 2006). The UK Nightingale model was primarily influential, and notably senior figures in nursing lobbied intensely for standardised education and also for the keeping of a register for nurses, the fruition of which occurred (in the UK and Ireland) in 1919 (Fealy, 2006). Continued and ongoing changes have occurred within European nursing since this time, including some developments towards mandatory continued professional education (CPE) for nurses to keep up to date. While the latter is inconsistently applied across Europe, both graduate requirements for entry to the profession and mandatory CPE have grown at a much faster pace in the United States of America (USA) primarily because graduate education started there in the early part of the 20th Century in some places.

The professional culture of nursing

Of course nursing in Europe is increasingly becoming an all-graduate profession. Legislative, European Union (EU) and other requirements paved the way for this development over the past 20 years. At the same time, in keeping with international trends in science and medicine, and the graduate status of nurses in many countries, nursing has increasingly become a research-based profession. As such, nurses were increasingly involved in the development and use of nursing research. However, it is widely acknowledged that developing a research culture in nursing requires attainment of PhDs by substantive numbers of nurses, financial incentives, support at a national level along with leadership and foresight at the university level (Begley et al., 2014). In essence, low numbers of nurses with advanced research training (PhD) generally reflects a professional culture that is less well developed, both in terms of research generation, use and development but also of knowledge of the discipline (Treacy and Hyde, 1999). It follows then that graduate education for nurses, and the shift of nurse education in many countries internationally into third level institutes in recent decades fosters and develops nursing research through the ultimate attainment of higher degrees including PhD. However it must be noted that, while Italian nursing is university-based, numbers of nurses with PhDs in Italy is low, even among those working within universities.

In keeping with the passion of our nursing forefathers (Fealy, 2006), there are key nursing figures in Italian universities actively working to redress this imbalance (Bagnasco et al., 2014). At the

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same time, there are deficits in research awareness in clinical practice settings. Like many other countries, nurses in Italy work in a variety of diverse clinical settings that are responsive to current health care needs, however the extent to which nurses are research aware or provide health care based upon best available evidence and research is not known. While it is accepted that the practicing nurse may not require advanced research training, and that research training provided in Italian undergraduate programmes may suffice for research awareness, critique and utilisation purposes, clear leadership within the discipline is clearly lacking.

Initiatives to increase capacity, such as those successful initiatives outlined by [Begley et al. \(2014\)](#) are obvious, although to a lesser extent, and with minimal resources. For example, in 2001 a seminar was held in Rome by 'La Sapienza' University School of Nursing to explore the possibilities of setting up a nursing research strategy and the priorities ([Sansoni, 2001](#)). However, at the same time, funding for national nursing research appears very limited ([Bagnasco et al., 2014](#)), and unlike [Begley et al. \(2014\)](#) consistent financial support for PhD studentships is not in place. Certainly, the number of nurses with and registered as PhDs is growing. It is estimated that 10% of the nursing workforce has advanced degrees. However, there are financial, organisational, and support barriers that hinder this development. There are also a limited number of university departments that provide education for nurses at a PhD level. Those who do get the opportunity to receive advanced education and training often feel lucky and privileged, and are proud of their ability to fund for themselves. Nevertheless, those nurses who have advanced their clinical training to masters degree level, often find that their advanced competences are unrecognized by their employers.

Nursing research in Italy

Some time ago, [Zanotti \(1999\)](#) drew attention to the impetus towards nursing research in Italy by highlighting some 240 studies that appeared in Italian peer reviewed journals. However, much of this research was conducted on a small scale, had methodological flaws and was carried out by nurses with 'little or no research training' ([Zanotti, 1999](#)), and only very rarely was the Principal Investigator (PI) a nurse ([Pecile and Zanotti, 2002](#)). These facts were confirmed in one further study ([Pecile and Zanotti, 2002](#)), but the extent of the development and publication of research since then is not clear. Certainly, key figures in the field are leading on this by carrying out and publishing more robust research initiatives ([Bagnasco et al., 2014](#)). In fact, it should be underlined that in the last few years there has been an increase in the number of scientific nursing publications in the Italian context, focusing mainly on clinical practice and less on nursing research and theory ([Marucci et al., 2013](#)). There are an increasing number of studies conducted solely by nurses or in collaboration with other health professionals, as well as a wider range of types of papers with different designs, use of qualitative methods, and instrument validation papers ([Messina and Saiani, 2012](#)). However, although many years have passed since the considerations made by [Zanotti](#), with regard to the limits of Italian research, there are still considerable issues around the methodological rigour of the studies conducted ([Marucci et al., 2013](#)).

At the same time, many nurses who were educated prior to the introduction of compulsory graduate entry level to the nursing profession in 1995, are still without graduate level qualifications, whereas in other countries their further development was supported and encouraged, including financially ([Evans et al., 2007](#); [Timmins and Nichol, 2005](#)). Compounding this is the fact that many of these Italian nurses had expected to retire in their early 40's, as Italy used to have a surprisingly low retirement age for

nurses, similarly to police forces of many countries. This incentive ceased about 12 years ago, and as a consequence many nurses were unprepared for a long-working career and many have also returned to practice. This adds anecdotal challenges to adapting to changes in health care, new technologies, and to using evidence based nursing. Another considerable barrier, which adds extra burden to this context, is that these nurses often do not have as good a level of English as their younger counterparts, thus reading and using research becomes even more difficult ([Sasso et al., 2013](#)).

Use of research in clinical practice

Mirroring international literature on the topic ([Timmins et al., 2012](#); [Gerrish and Clayton, 2004](#)) there are many other barriers to nurses' use of research in clinical practice in Italy including lack of resources, confidence, knowledge, and the lack of a strategic leadership ([Sasso et al., 2013](#)); all of which are aspects stemming from the widespread lack of specific education and from the limited amount of time available for an activity that would simply be considered as an additional item to the list of things nurses need to do every day. It is also very likely that nurses without a degree feel a particularly vulnerable in this regard ([Timmins et al., 2012](#); [Sasso et al., 2013](#)). In some Italian health care settings, there are reports of a culture that is not attuned to the use of research use, and in some cases there is no managerial support. This generates and further compounds the aforementioned barriers. [Parahoo \(2006\)](#) and [Fain \(2004\)](#) found that some of the main factors identified as barriers to the use of research in clinical practice are the lack of time, organizational obstacles, and nurse colleagues' resistance to change. Other issues highlighted by the above authors are the lack of autonomy, difficulty accessing databases, and a poor culture of critical investigation, along with inappropriate research and development strategies. Access to libraries and Information Technology (IT) resources is surprisingly low, and unlike other countries internationally where both resources are a common place ([Timmins, 2008](#)) some clinical areas have no access to IT or scientific databases, and library resources are scarce. Sometimes, it is possible to share a computer only because it is housed in a doctor's room or nurse manager's office, but since it is frequently used it is not easy to have access to it. Moreover, some healthcare facilities discourage or limit access to the Internet due to some people's inappropriate use of social media while at work.

Access to research resources

Most hospitals have a small library. Universities have libraries that are sometimes linked to these. However, some important universities do not offer access to the popular CINAHL™ or equivalent database. On the other hand, the costs for subscription to nursing journals are monitored, so if these are not regularly accessed and used by nurses, libraries decide that it is not worthwhile spending money to renew their subscription to nursing journals. This makes financial sense, but creates a 'chicken and egg' situation: if the journals are not read, they are provided; but they are not provided, they cannot be read. Without reading scientific journals, there cannot be any research based nursing interventions. Access to journals is important for nurses, and this is another issue that needs to be addressed. Linked to this, is the language barrier ([Sasso et al., 2016](#)). English is considered the 'language of health science' ([da Silva et al., 2009](#)). Most medical and nursing journals are published in English, and are therefore usually difficult for Italians to understand. However, as many Italian research publications can be found in Italian journals ([Zanotti, 1999](#)), more reading and publications in high-quality international scientific journals in English should be encouraged.

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