Creating Opportunities and Occasions to Promote a European Results-based Action for Training and Education – COOPERATE

Study of the National Situation in Terms of Qualification Frameworks in Italy

The coronavirus disease 2019 (COVID-19) pandemic has caused increasing challenges for healthcare professionals globally. The virus has spread rapidly between and in countries, offering little opportunity for healthcare services to prepare appropriately. As the need and demand for healthcare has risen due to the pandemic, the pressures placed on those providing care have grown markedly. Healthcare workers have faced: increased workloads and responsibility; redeployment away from their specialisms; a changing work environment associated with infection control (e.g. protective clothing); emotional consequences of caring for those people with, and dying from, Covid-19 and for their families; the likelihood that they are at increased risk of acquiring the infection themselves from close contact with those already infected; and, personal impact of their own family becoming infected or dying. It is almost inevitable that the situation faced by healthcare workers puts them at risk of suffering from stress and associated psychological problems, both in the short and long term. These may include trauma/emotional events, sleep deprivation, fatigue, anxiety disorders and depression. Recognizing the nature and extent of the effects of pandemics on the mental health of healthcare workers is important, not only for the individual themselves, but also for the continued delivery of services. It allows service providers to develop plans to prevent and/or manage mental health conditions among staff during and following pandemics.

The scientific literature on work-related stress has largely confirmed the presence of psychosocial risk factors in the healthcare sector that are closely linked to staff's working conditions, safety and health: shifts, availability, emergency management, staff shortages, dealing with situations of extreme suffering on a daily basis, potential risk of verbal and/or physical abuse. The current emergency is amplifying these factors, especially those related to workers' safety, namely preventive and protective measures. The World Health Organization (WHO) points out that the first step in protecting the health of healthcare workers in an epidemic is taking all necessary measures to ensure their occupational safety. Employers and healthcare facility managers must ensure that all necessary preventive and protective measures are taken, providing adequate supplies of personal protective equipment in sufficient quantity to healthcare or other staff caring for suspected or confirmed patients. They must also consult with healthcare workers on occupational safety and health aspects of their work. However, it is important to remember that in an epidemic, even when suitable preventive and protective measures are available, healthcare workers remain exposed to high levels of psychological and physical stress: fear of becoming infected and infecting their families, high mortality rates, grieving the loss of patients and colleagues, separation from families (often for long periods of time), changes to working practices and procedures, the need to provide patients in isolation with essential emotional support, physical strain from wearing personal protective equipment. Some studies seem to confirm that in an epidemic (compared to other health emergency situations, like natural disasters), psychological and physical stress among healthcare

workers can be increased by social isolation, due to social distancing and quarantine measures or even discrimination, and the lack of family support due to fear of infection. The fear of becoming infected or infecting their families, especially young children, sometimes forces healthcare workers into self-imposed isolation. The increased workload also reduces interaction with their colleagues, and their relationship with patients is radically changed. As a result, they can often feel angry, hostile, frustrated or helpless, experience symptoms of depression and anxiety accompanied by physical complaints, suffer from insomnia, and increase their consumption of caffeine and tobacco.

The health risk for essential workers was very high especially in the first period of the pandemic when safety procedures were still not clear and protective equipment was not sufficient. However, workers also stressed that fulfilling all the safety procedures required for personal sanitation was not always compatible with the time available for them to be able to perform the work, and this often resulted in them disregarding the procedures. There was also the total absence of specialised workers and actions for the cleaning and sanitation of the workplace, which are the employer's responsibility. Therefore, the store staff also had to deal with the cleaning in this situation of emergency, which increased their fear and perception of being exposed to high health risks and especially exposing their relatives to the same risks as well. The health emergency due to the COVID-19 epidemic has highlighted not only the strengths but also the weaknesses of the Servizio Sanitario Nazionale (SSN – the Italian national health service), especially with reference to labour shortages. In the first six months of the pandemic, hospitals and residential nursing care facilities were understaffed and shifts were almost doubled to cope with the emergency. In particular, employees of private cooperatives providing cleaning services to hospitals and those in residential nursing care facilities faced worse working conditions than workers covered by a public employment contract. In addition, unlike public sector workers, they risked losing their jobs if employed in cooperatives of services whose activities were closed due to the pandemic. However, specific agreements signed by social partners allowed many of these cooperatives to move their workers to other cooperatives which needed additional staff. For example, workers were moved from cooperatives that managed school canteens to cooperatives that managed hospital canteens, or from cooperatives of general cleaning to cooperatives of hospital cleaning. During the pandemic, essential frontline workers in the health sector complained about the stigmatisation of their occupation. Initially celebrated as 'heroes', in the most advanced stage of the epidemic they were often harassed and unfairly blamed for exaggerating the effects of the disease by causing unnecessary restrictions on people's freedom. The recognition of the social value of the work performed by frontline essential workers is fundamental. The perception of being useful and the

recognition by the public of the importance of her work for the community (in the case of the major retail sector it was certainly the first time) was considered rewarding and highly motivational.

The infection's increase in the pandemic linked to the Omicron variant, highlighted a problem that has already been known for years, but which the cutting policies carried out until recently have completely ignored: the structures are there but there is a lack of staff . There is a lack of health professionals, doctors and nurses in the lead, but also all the others in the care supply chain. The alarm raised by the medical unions about the future of the workforce in the profession is that in a few years about 25 thousand white coats will be missing, especially specialists and general practitioners who decrease at the rate of over 6 thousand a year for the insufficient turnover and the absence of standards that indicate the necessary numerical consistency.

Even the situation of nurses is very heavy, with the estimates of the Federation of Orders that speak of shortages equal to 63 thousand units. The recent pandemic has confirmed the decisive role of nurses but the difficulty in finding them is preventing them from guaranteeing the safety and adequate levels of assistance that citizens deserve.

This is not a new phenomenon, it is in fact a global problem that will increase in relation to the aging of the population and the increase in demand for health care.

The current situation is so complex that it requires long-term innovative strategies. Nowadays, studies confirm that among the main causes leading to the shortage of nurses we can find the aging of the nursing population, the change in working conditions, the low number of places available in degree courses. The increase in infections, which shows no signs of stopping, causes a further shortage in the structures of at least 20% of health care personnel, forced to stop for quarantines. The critical issues related to the current working conditions of health professionals also weigh further. Nursing practice has become very complex in recent years: the population is aging, patients have increasingly complex pathologies and diagnoses with more associated pathologies. In this context, hospitals have turned towards the care of acute patients with very limited hospital stays. On one hand, the need to entrust the nurse with a crucial role for the success of the plan is made clear but, at the same time, training continues to be penalized by keeping the number limited to the faculty unchanged and thus limiting the number of graduates. In many cases the answers given appear inadequate and in others they are wrong: some regions have pushed hard on the specialized OSS figure to replace nurses, in others they have requested additional hours from professionals already exhausted by two years of the pandemic.

In our country there are 690.000 health professionals in service who belong to different profiles, classified in 4-5 areas and three-year degree classes. For all health professions in Italian universities in recent years, about 25,000 places have been made available per academic year for access to the various profiles. In 2021, following the health emergency, there was a significant increase in university access to health professions with 30,451 places available. For the first time in 21 years, in 2021 a series of delays by the Ministry of Health and the State Regions Conference led the Ministry of University to decree - unilaterally - first on July 13th and finally on August 17th, the assignable places in degree courses and this exclusively on the basis of one's own training offer and without any consideration of the training needs approved on 4th August by the State-Regions Conference. All this has led to heavy repercussions on the training system with a significant misalignment between the demand expressed by the regions, in terms of the need for operators, and the number of available places announced by the universities.

The Italian State currently recognizes 30 health professions for the exercise of which the registration with the respective professional associations is mandatory.

The health professions are all those professions whose operators provide health care services by virtue of a qualification recognized by the Italian state.

- Nursing and midwifery professions (the nurse, the pediatric nurse and the obstetrician belong to the group of health care professions.)
- Rehabilitation professions (the podiatrist; the physiotherapist; the speech therapist; the orthoptist - ophthalmology assistant; the therapist of the neuro and psychomotor skills of the developmental age; the psychiatric rehabilitation technician; the occupational therapist; the professional educator.)
- Technical professions (they are carried out by: audiometrist technician; biomedical laboratory health technician; medical radiology health technician; neurophysiopathology health technician; orthopedic technician; hearing care technician; technician of cardiocirculatory pathophysiology and cardiovascular perfusion; dental hygienist; dietician.)
- Professions of prevention (the prevention technician in the environment and in the workplace; the health assistant.)

In addition to workers employed in real health professions, there are non-university level professionals who work in the health field. These workers are divided into the two categories of auxiliary arts of the health professions (for example the optician and the dental technician) and non-

health workers (for example the massage physiotherapist, the socio-health worker and the dental office assistant belong).

The training path of the degree course in Nursing has as specific training objectives, defined for each professional profile, the competence to which contributes knowledge (knowing), aptitude and practical / applicative skills (knowing how to do).

Nursing graduates are responsible for general nursing care. This nursing, preventive, curative, palliative and rehabilitative assistance is of a technical, relational, educational nature. Their main functions are the prevention of diseases, the assistance of the sick and disabled of all ages and health education. Nursing graduates participate in identifying the health needs of the person and the community; they identify the nursing care needs of the individual and the community and formulate the related objectives; they plan, manage and evaluate the nursing assistance intervention; they guarantee the correct application of diagnostic and therapeutic prescriptions; they act both individually and in collaboration with other health and social workers; they carry out their professional activity in public or private health facilities, in the area and in home care, in an employee or freelance regime.

The degree course lasts three years. The didactic forms include lectures, seminars, working groups and discussion on pertinent topics and on simulations aimed at pursuing the objectives of the training course. The teaching process uses modern teaching tools. The study plan includes a maximum of 20 exams and / or final marks, organized as integrated exam tests for multiple courses or coordinated modules. The verification of the learning is assessed through examination tests, divided not only in the traditional oral or written exam methods, but also in a sequence of in itinere tests (self-assessment tests and intermediate interviews), useful for verifying the knowledge acquired.

The traditional didactic activity is flanked by guided internships at specialized public health services and other structures of scientific importance and of value for the fulfilment of training objectives, located in Italy or abroad and linked by specific agreements. This training allows a progressive assumption of responsibility and professional autonomy, in which Nursing students acquire the ability to evaluate the various problems related to assistance in the nursing field, to plan the correct nursing assistance, to integrate into a job group by cooperating with the various figures involved in the care sector in the various contexts of public health and assistance.

The nurse professional to be trained must have adequate knowledge in basic, clinical and nursing sciences for a better understanding of the most important elements that underlie the physiological and pathological processes to which his preventive, assistance and therapeutic education intervention is

aimed; he must have the ability to face problems with a unitary vision which also includes the psychological and socio-cultural dimension of health-illness processes; he must possess adequate knowledge of the ethical, deontological and legal dimensions of his work; he must have interpersonal skills to be expressed both with the client in the helping relationship and in integration with other professional figures; he must have acquired the methodology of nursing disciplines and be able to apply it in the areas of competence; he will have to possess the bases for understanding the scientific research processes that are the basis of “nursing evidence practice”; he must use the English language for the exchange of general information and in the specific area of competence.

Today studying Medicine does not only mean studying diseases, but knowing, evaluating and acting with systemic knowledge on man in his entirety and complexity at the psycho-somatic level, in the correct socio-cultural and environmental context. The knowledge of basic subjects such as mathematics, chemistry, physics or biology (also important for passing the course access test) is accompanied by great ethical attention to sensitivity and transversal skills necessary for the exercise of professions in which you will come into contact with delicate and complex aspects. Great importance is given to the experiences in the ward and to the professionalizing practical activity: in fact, from the earliest years, students become familiar with the laboratory tools and begin to attend hospital wards. Graduates in master's degree courses in Medicine and Surgery must have the scientific basis and theoretical-practical preparation required under Directive 75/363 / EEC for the exercise of the medical profession and the methodology and culture necessary for the practice of permanent training, as well as a level of professional, decision-making and operational autonomy deriving from a training course characterized by a holistic approach to health problems, of healthy or sick people, also in relation to the chemical-physical, biological and social environment that surrounds. They carry out their profession covering numerous roles in various clinical, health, research and bio-medical fields. The main objective of the Degree Course "A" in Medicine and Surgery is to train doctors who are not only educated, but also suitable, on the basis of a solid scientific preparation and adequate professional training, to "take care" of the man in conditions of well-being and illness. Maintain the unity of knowledge, combining scientific competence with humanistic knowledge; the ability to manage complex and expensive health systems, with the commitment to protect man and his dignity and psycho-physical integrity.

The Master's Degree Courses in Medicine and Surgery (CLMMC in italian) are divided into six years and are established within the Faculty of Medicine and Surgery. In order to achieve the educational objectives, the single-cycle master's degree course includes a total of 360 CFU (ECTS), articulated over six course years, of which at least 60 to be acquired in training activities aimed at developing

specific professional skills. The course is organized in 12 semesters and 36 integrated courses; these are assigned specific credits by the Council of the teaching structure in compliance with the provisions of the table of indispensable training activities. Each CFU corresponds to a student commitment of 25 hours, of which normally no more than 12 hours of frontal lessons, or 20 hours of assisted study within the teaching structure. Each professionalising CFU corresponds to 25 hours of work per student, of which 20 hours of professionalising activity with teacher guidance on small groups within the teaching structure and the territory and 5 hours of individual re-elaboration of the activities learned.

The access to the profession of surgeon requires a master's degree in medicine and surgery, passing the state exam and enrolment in the professional register of the Order of Surgeons and Dentists. The professional profile of the surgeon to be trained and the biomedical-psychosocial profile. This profile is aimed at developing professional competence and the values of professionalism. It is based on the importance of integrating the biomedical paradigm of curing the disease with the psycho-social paradigm of caring for the human being. The profile, which identifies the specific mission of the degree course, and that of a doctor, at an initial professional level, who possesses:

- a multidisciplinary, interprofessional and integrated vision of the most common problems of health and disease;
- an education aimed at disease prevention, rehabilitation and health promotion within the community and the territory, with special attention to the principles of precision medicine and with a humanistic culture in its implications of medical interest;
- a deep knowledge of the new needs of care and health, focused not only on the disease, but, above all, on the centrality of the sick person, considered in his totality of soma and psyche and inserted in a specific social, cultural and economic context.

THE HEALTH AND SOCIAL CARE FIGURE

The Health and Social Care (in italian “Operatore Socio Sanitario – OSS”) is the person who carries out his / her activity in both the social and health sectors, in social welfare and social health services, residential or semi-residential, in a hospital setting and at the home of the following users:

• Baby

• Elderly person

• Person with psychiatric problems

• Person with handicap

• Terminally ill or dying

The OSS works in collaboration with other professional operators in charge of health and social care, according to the criterion of multi-professional work. He can work as an employee of private structures such as: reception, assistance and hospitality centers, retirement homes, recovery communities, family homes, educational centers, etc.

Course objectives

The course is aimed at providing specific theoretical and technical-practical training for a multi-purpose care profile, referring to an operator able to act in situations characterized by the patient's lack of psychophysical autonomy with an approach that focuses on attention to person, to his needs and residual potential. The course aims to provide the acquisition and deepening of a professionalism consistent with the professional profile.

Examination and methods of carrying out

The final exam for obtaining the qualification certificate of Health and Social Care consists of an oral test on the subjects covered by the theoretical training and a practical test consisting in the simulation of a competent care process.

Didactic articulation

The didactic structure of the course is organized in two modules:

1. a basic module of theoretical training

- elements of health legislation and organization of services (specific legislation of the O.S.S.)
- elements of national and regional legislation with a social welfare and social security content
- elements of ethics and deontology
- elements of labor law and dependency relationship
- provisions on the protection of the health and safety of workers (Legislative Decree 81/08)
- first aid
- elements of hygiene
- methodology of social and health work

2. a professionalizing module as follows:

- part of theoretical training
  - Elements of psychology
  - Elements of sociology
  - Environmental hygiene
  - Personal assistance interventions in particular life situations and type of users
  - Social assistance
  - Psycho-relational aspects and assistance interventions in relation to the specificity of the user
- part of the tutorial
  - Apply the acquired knowledge to maintain an adequate therapeutic environment
  - personal care
  - maintenance of residual capacities
  - functional recovery
- part of the internship in the services provided in the training curriculum
  - Health services
  - Social services } know and apply the different operating methods
  - Social and health services

The modules are homogeneous aggregations of similar training objectives that contribute to learn the areas of expertise necessary to respond to the health needs of citizens and / or the problems of services.

Didactic methodology

The teaching process will be managed in order to achieve meaningful learning. Each lesson will constitute the framework on which to build the next lesson also in interdisciplinary terms and students will be provided with handouts organized for each lesson.

Literature

- ANNEX Requested by the EMPL committee "Revaluation of working conditions and wages for essential workers - Annex 3 .4 .Country study on Italy"
- *FP CGIL* Article "Carenze di infermiere e infermieri e le strategie per affrontarla" https://www.fpcgil.it/2022/02/02/servono-infermieri/

- *Il Sole 24 Ore – Sanità24* Article "SalutEquità: allarme organici e retribuzioni del personale sanitario, in 10 anni persi quasi 3mila euro. Rendere il Ssn più attrattivo con contratti all'altezza e da chiudere subito"
https://www.sanita24.ilsole24ore.com/art/lavoro-e-professione/2022-01-17/salutequita- allarme-organici-e-retribuzioni-personale-sanitario-10-anni-persi-quasi-3mila-euro-rendere- ssn-piu-attrattivo-rinnovi-contrattuali-all-altezza-e-chiudere-subito-123728.php?uuid=AEfsvV8
- *I Luoghi della Cultura online* Article "Fabbisogno, accesso all'Università e situazione occupazionale delle professioni sanitarie"
https://www.luoghicura.it/dati-e-tendenze/2022/02/fabbisogno-accesso-alluniversita-e-situazione-occupazionale-delle-professioni-sanitarie/
- "COVID-19: stress management among healthcare workers" - Istituto Superiore di Sanità, EpiCentro - Epidemiology for public health
https://www.epicentro.iss.it/en/coronavirus/sars-cov-2-stress-management-healthcare- workers
- Elenco Professioni sanitarie: quali sono e come sceglierle?
https://www.unidformazione.com/elenco-professioni-sanitarie-quali-sono-2/
- Opuscolo informativo "Corsi di Laurea Triennale e Magistrale delle professioni sanitarie – Dipartimento di Medicina Clinica e Molecolare, Facoltà di Medicina e Psicologia – Università degli Studi di Roma La Sapienza"
chrome- extension://efaidnbmnnnibpcajpcglclefindmkaj/https://web.uniroma1.it/dip_dmcm/sites/default/files/allegati/Opuscolo_2021_0.pdf
- Catalogo dei Corsi di Studio Medicina e chirurgia "A" (abilitante all'esercizio della professione di Medico Chirurgo) - Roma Azienda Policlinico Umberto I
https://corsidilaurea.uniroma1.it/it/corso/2021/30891/home
- Corso di Prepar