

Highlights from 2013 *Consociazione Nazionale Associazioni Infermieri (CNAI)* Conference: reflections and addresses for Italian nursing

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ABSTRACT:

This conference intends to boost the reflection on the state of nursing in Italy, which began with the XV National Congress of National Consociation of Nurses Associations and Other Health Social Workers (CNAIOSS) held in Naples in 1996. Today the name of the association is National Consociation of Italian Nurses (CNAI) (Desimio et al, 1998). After 17 years, it seems urgent to re-read the stretch of progress made in nursing science and identify future directions for the Italian nursing, in this period of rationalization of resources and economic crisis. The congress activities intend to deepen Italian debate within the profession on the state of the art and discipline, starting from the changing of many elements such as: healthcare setting, diffusion information technology, contents of education and especially the care needs of the population. The conference is designed to answer to some stated aims:

- to set the nursing science within the wide context of the health sciences with particular reference to Italy;
- to reflect on the state of the art and culture of nursing in Italy;
- to acquire theoretical and methodological elements useful to strengthen and redefine their identity as nurse practitioners;
- to identify the reasons why it is urgent to choose and use a common language in nursing clinical education, training and organization;
- to learn from the sharing of the care planning experience and from the knowledge of different languages acquired by Italian realities.

The conference follows the tradition of CNAI and intends to continue its contribution to the evolution of the theoretical and methodological aspects that found nursing practice in Italy

Keywords: conference report, Italian nursing, 2013 CNAI, nursing profession

OPENING SESSION

The first session at the 2013 National Consociation of Italian Nurses (CNAI) congress was an open discussion, chaired by S. Bonardi, with the purpose of speak about the objectives of the event declared by the President Cecilia Sironi. Ivan Cavicchi, Professor of Sociology of the Health Organization and Philosophy of Medicine, University of Tor Vergata, Rome, emphasized the complexity of the dynamic concepts of health and the needs of appropriate theoretical paradigms of reference. Cavicchi proposed the paradigm of disciplinary interactions and integrations as successful, he also recommend to give the correct meaning to the difference between the concepts of complexity and complicated. This would have an impact on the way we think about the health care organizations and the assessments of complexity in nursing care. He believes that the ontological and epistemological roots of nursing represent a challenge under several aspects, from the basic education to the delivery of care. He also described the professional act as a concept that is more close to the professional commitment rather than technical matter and he wished to overcome the simple concept of humanizing toward the concepts of personalization of care. He invited the audience to consider the patient's opinion and balance information arising from the evidence-based approach with those arising from the opinions and stances of ours patients.

Prof. Julita Sansoni, from Sapienza University of Rome, has presented the importance of integration between theory, research and practical implications, pointing out that the quality of nursing is proportional to the quality of knowledge, so it is essential to re-launch Italian nursing debate about the definition of what is the field of nursing in Italy, considering its metaparadigm and domain. The narrative method as an integral factor

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between the paradigms of simultaneity and totality was proposed by G. Artioli, she highlighted how the biomedical model centered on the disease is still prevalent than the narrative or phenomenological model. A proposal of an elaborated paradigm was presented by S. Marcadelli. Her experience comes from the clinical practice in a pediatric ward and she shared her experience of using a negotiating approach, according to her paradigm, instead of a dominance approach. She has described the negotiating approach as two-way relationship which gives rise to a space of empathic understanding and relationship. She expressed the need to enrich the clinical case with the history of the person, namely, the narrative information could allow us to enrich the assessment and identify nursing diagnoses. In her opinion the standardization of diagnosis sometimes does not help personalization. Prof. Cristina Arrigoni, from University of Pavia, offered to the audience two main reflections: one concerning status inside the Italian nursing academic environment about the Nursing discipline (identified by the acronym MED/45), the other concerning to the relationship between Italian Society of Nursing Sciences (SISI) and Italian Universities. The first consideration has helped us to reflect on the paradox that we live if we consider the large amount of students in the Nursing Degree courses and the small number of employed lectures of Nursing, which are currently 35 throughout Italy. This means that much of the education takes place thanks to many lectures who are provisionally appointed for the many needs of the educational requirements. The second reflection was focused on the possibility of cohesion that SISI and Italian Universities have to make stronger the disciplinary field, clearly describing as unfortunately we are not in line with the parameters required by Italian law for the academic scientific sector of Nursing and Midwifery (MED/45) in terms of number of professors, so that has made necessary the placement of MED/45 in a macro-area, identified as 06/M1 area, which includes other health disciplines.

SESSION 2 - EVOLUTION OF NURSING IN ITALY

D. Ausili and C. Sironi opened the session, chaired by G. Tampone, proposing an interpretation of the evolution of nursing knowledge in Italy where are present some peculiarities and it is difficult to drop entirely the North American literature in the Italian case. So they shared a structured reflection, through an analysis of Italian primary sources from the 50s to today, considering also acts of conferences, educational plans and thesis dissertations. The proposed review is not systematic, but it still face to open the debate on the characteristics of nursing knowledge evolution in Italy. The process of professional evolution does not appear linear and there were identified seven stages of development: the caring stage; the nursing stage; the stage of technique; the return to caring; the stage of discipline and the one of nursing science. The stages identified correspond with the culture and the historical period of reference. Sironi identified the nursing stage as the beginning of the professionalization process. The phase of the nursing science is the current one, that is characterized by multidisciplinary and interdisciplinary. The reading of reality requires a pluralistic approach of thought, in fact, the history can be read in a longitudinal or a transverse way. Prof. M. Lusignani, from University of Milan, underlined how the aim of the clinical nursing is to realize the theories and apply those to the individual case, so it is essential to define the characteristics of clinical nursing, planning a common language within the nursing documentation. Italian nurses are often faced with theories produced in other contexts, so they have to well understand how to use and apply them in the clinical practice. Nurses are often accustomed to try to use opposed theories, moreover, the debate is scarce at a clinical level. Lusignani emphasized how each term must carry a clear meaning, with characteristics of measurability and applicability, often many terms are neither applicable nor measurable. The latest version of NANDA (North American Nursing Diagnosis Association) supports the concepts of interdisciplinarity and there is often a need to expand the definitions of Nursing Diagnosis and, doing that, the risk is that some Countries may be excluded from the applicability due to issues related to professional competencies. In practice it is often underestimated the emotional and relational aspects, she launched a provocation inviting Italian nurses to keep clearly in mind the purpose of caring and she affirmed that language and taxonomies cannot solve the unsolved problems in nursing practice. In addition, she invited Italian nurses to don't fall into the error that the language and taxonomies could fully express the characteristics of ours patients. Other interesting reflections on the use of language in nursing practice have been proposed by I. Adamini. She coordinates four Intensive Care Units in which were used different kinds of languages. In her presentation she reported her experience in trying to standardize the language. The use of different languages leads to problems under various aspects: from documentation to nursing practice. The project was developed in

several stages in order to have a common use of language. She have described the phases of her project which was supported by the use of the clinical data recording by an ad-hoc software.

SESSION 3 - THEORIES, METHODS AND TOOLS FOR NURSING PRACTICE

The session started with a compelling presentation which had dr. L.A. Rigon as speaker and chaired by A. Lolli. Rigon emphatically focused that nursing exists between theory and practice, supported by a method and each of these components is vital for nursing. She stressed how important is the theoretical framework of reference, both for the delivery of care and its data registration in the clinical documentation. She did a focus on nursing core disciplinary and argued that healthcare organizations should have some main priorities: the person, the social organization and attention to the professionals. Nurses interface with the organization at various levels and the use of a method to decline the nursing process has a paramount importance. She has also presented her experience in using the Gordon model, the six phase process and the NANDA, NIC (Nursing Interventions Classification) and NOC (Nursing Outcomes Classification) taxonomies. She affirmed that taxonomies must be known thoroughly to be used and their use facilitates the personalization of care. The experience of a project to improve the help-relationship with the person with dementia, by applying an experimental nursing care plan, was presented by A. Mosele and A. Lorenzini presented another experience of use the Gordon model and the NANDA, NIC and NOC taxonomies. She pointed out that the use of an informatized clinical recording system offers huge advantages in logistic and clinical aspects. An interesting experience sharing was made by M. Casati and N. T. Colombo. They work at Pope John Hospital in Bergamo and collaborate with Bicocca University in Milan. They use Henderson theory and NANDA, NIC and NOC taxonomies in the clinical practice and in the education. They have described the evolution of their clinical documentation in the last twenty years and the phases that led them to achieve improvements in clinical documentation in both clinical and educational fields. They have affirmed that the decision making cannot transcend by a nursing diagnostic reasoning, that is also indispensable for personalized care. The experience of the San Camillo and Forlanini Hospital in the use of ICNP (International Classification for Nursing Practice) was presented by A.R. Marucci. Her experience originates from the review of nursing documentation in San Camillo Hospital and some critical issues have emerged, including the use of different instruments for the recording clinical data, loss of information and differences models of the reference. Each ward started to use integrated clinical records with particular attention to the various realities of every department, using the ICNP language in the Gordon theoretical framework of reference. That project is still in progress and opens up interesting scenarios for the future. Another interesting experience concerning ICNP language in the Marisa Cantarelli theoretical framework was presented by prof. S. Di Mauro, from Bicocca University in Milan. She stressed the importance of structuring the students training in line with the models and languages chosen, underlining how the theory must always be questioned and stimulated by the practice. Nurses must be consider that the healthcare settings are changing and that will certainly influence the language, so it is necessary the evolution and adaptation of concepts and languages. Di Mauro has presented some interesting studies on the prevalence of the nursing care needs and the use of ICNP in their identification at different moments of hospitalization, including hospital discharge.

CONCLUSIONS

The conference was opened with the question: “Does nursing profession promote a constant reflection on what nursing is and how is evolving nursing care?”

We rarely feel close and relevant the words of Florence Nightingale as on this occasion of confrontation within the Italian nursing world: “Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living body - the temple of God's spirit? It is one of the Fine Arts; I had almost said the finest of the Fine Arts.” It seems obvious and predictable, but it is not so obvious considering the difficult of an uncertain social, cultural, economic and political contexts. Italian nursing has the need to rediscover the roots of nursing and contextualize them in this particular

period, developing scientific knowledge based on clear evidence in order to define a modern nursing that could be able to best respond to the challenges rising up by our changing society and welfare system. In this context, research and education play a strategic role in the future developments of Italian nursing. Those are the common characteristics of all the thoughts rising up during the debates in 2013 CNAI congress.

REFERENCE

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