



Royal College
of Nursing



CENTRO DI ECCELLENZA
PER LA CULTURA
E LA RICERCA INFERMIERISTICA



RCN International Nursing Research Conference 2017

**Family and
community
nursing in Italy.
Organizational
proposals for a
new welfare**



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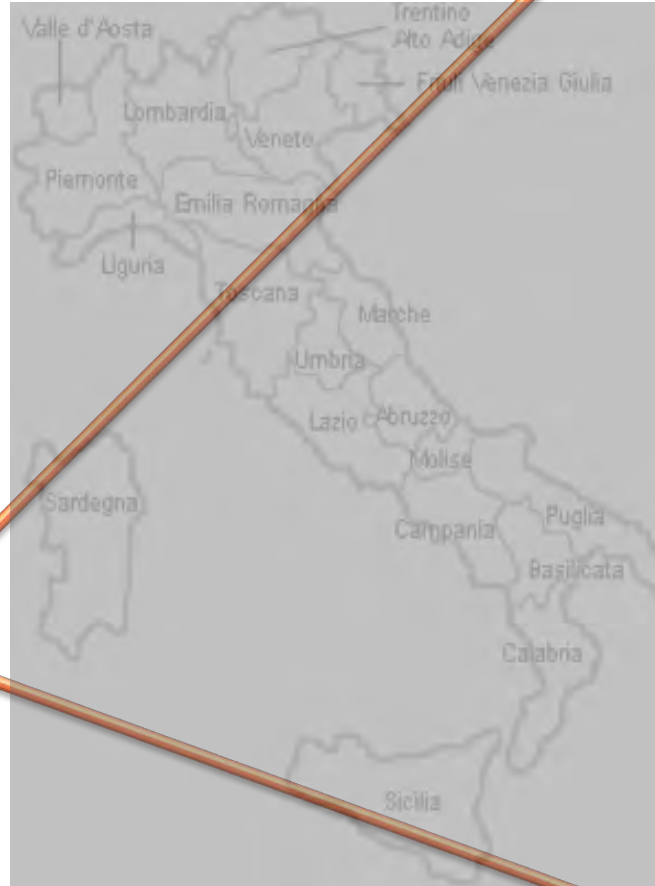
Gennaro Rocco (Executive Manager of the Center of Excellence for Nursing Scholarship, Rome)

Family and community nursing in Italy. Organizational proposals for a new welfare

An investigation to identify the organizational models for family and community nursing all over Italy was conducted.

METHOD

A mixed method research was accomplished via a parallel concurrent model



QUANTITATIVE PART

A web survey through the National Federation of Ispasvi Colleges website was carried out

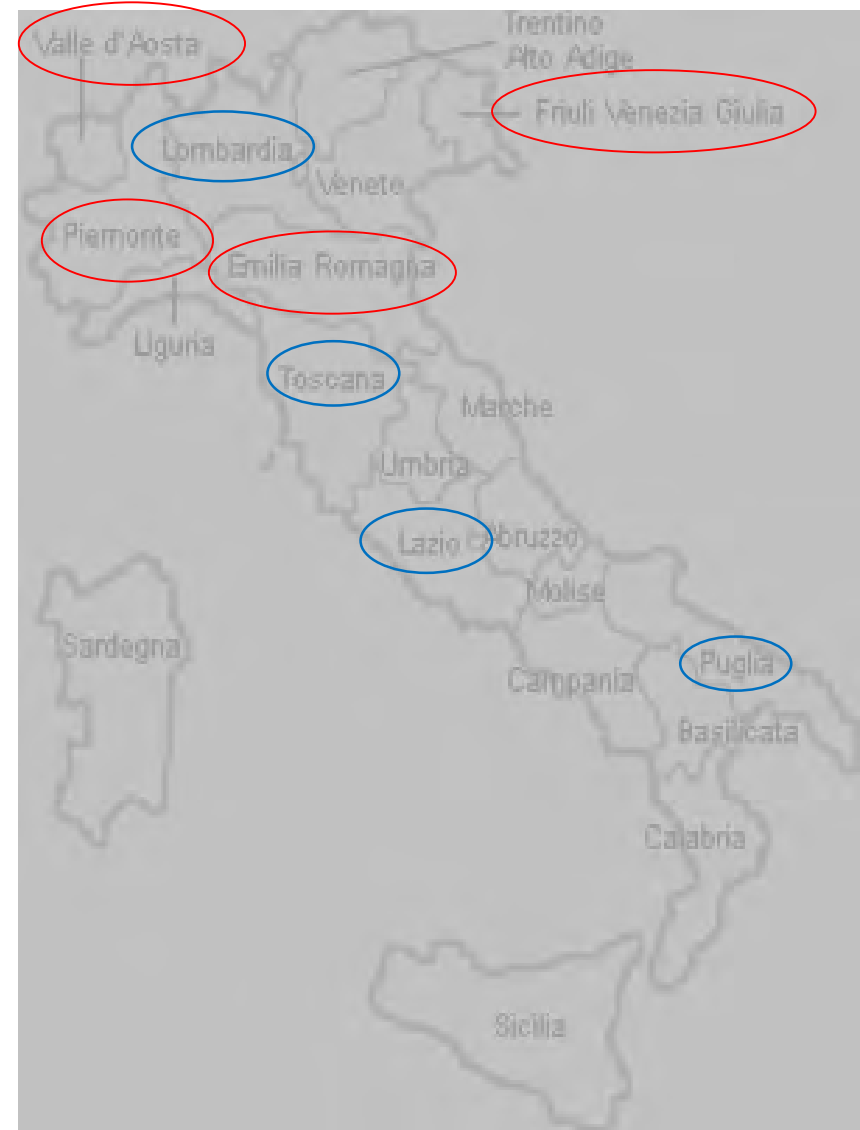
while

relevant stakeholders (140), with different backgrounds (GPs, nurses, nurse managers, informal caregivers), using semi-structured questions, were interviewed

QUALITATIVE PART

In Italy the **Family and Community Nurse** is only experimental in some Regions (e.g. Piemonte, Friuli Venezia Giulia, Emilia Romagna and Valle D'Aosta).

At present, formal recognition **is lacking**. Our research has shown the functions and competencies required.



Overview

PROVIDER OF SPECIALIZED AND ADVANCED SKILLS

Organized by intensity of care: the patient is put on pathways
Cures patients with acute health problems: provides specialized or hyper-specialized care

LINKED FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IF NECESSARY

HOSPITAL

SERVICE CONTRACT:
- Self-employed
- Accredited by NHS
- NHS worker

FORMAL RECOGNITION

They work alongside the GP

- 1) They deal with general nursing problems, work along with specialist nurses and collaborate with other clinicians
- 2) They provide autonomous and collaborative care
- 3) They plan and provide direct nursing care or consulting
- 4) They deliver patient-centred care although the DNs are involved
- 5) They contribute to research and to collecting epidemiological data

The family and community nurse is responsible for general nursing; their competence are the ability:

- 1) To understand and to interpret patients' needs and to anticipate them
- 2) To enable resources (inside or outside the family)
- 3) To find solutions
- 4) To address and interconnect systems
- 5) To earn the family's trust and become a reference for them

THEY MUSTN'T ACT, BUT MUST KNOW WHEN TO ACT AND WHEN TO HAVE SOMEONE ELSE ACT AND TO WHOM

Ability to make patients' rights understood
Ability to identify the relevant services and assess their performance

Orientation
Ability to activate services
Ability to mediate and connect

Ability to understand health goals both individual and collective
To understand and interpret a need
Ability to foster social inclusion

It is related to advanced expertise and follows a clinical training path

Connect ed with

GP 1
GP 2
GP 3
PED 1? *
PED 2? *
PED 3? *
* A dedicated paediatric service is available in Italy

Family and community nurse

It belongs to district agencies

DISTRICT AGENCIES

This includes:
- District surgeries
- Health homes
- Institutions similar to nursing homes and rest homes
-

Ostomy care
Wound care
Vascular access management
Continence care
...

ADVANCED NURSING CLINICS

Blended (Hospital/District) and available for:
- People requiring nursing care referred by the GP/Family Nurse
- Consulting and training at home provided to the Family Nurse

Logistics:
Nurses' own office
GP's surgery
Multi-nursing practice
Health home
...

INCLUSION

In our model Family and Community nurses are instrument for **social innovation**. They can foster health as well as social results, both at the micro-level (i.e. individual and family) and the macro-level (i.e. community).

Raising awareness when environmental problems are detected

Campaigns providing information and education on healthy lifestyle

Socialization interventions on issues of health, wellbeing and prevention

Facilitating solidarity networks for mutual aid by regard to fragility, health and wellbeing

Identifying and implementing measures that individuals benefit from within a community perspective

Identifying training needs concerning health issues

Collaboration in epidemiological studies and involvement in research

Profile for the community

Family and community nursing

Profile for the family

Act upon the individual, within the family setting

The care-giving becomes collective in two situations:

1) If what concerns the individual requires actions involving family members

2) If some or all the family request or need the Family Nurse's intervention

Ability to make patients' right understood

Ability to identify relevant services and assess their performance

Ability to understand health goal

Ability to understand and interpret a need

Ability to forge a special relationship of proximity, aimed at fostering the person's and the family's domestic safety

Ability to earn the family trust and become a reference for them

Orientation

Ability to activate services

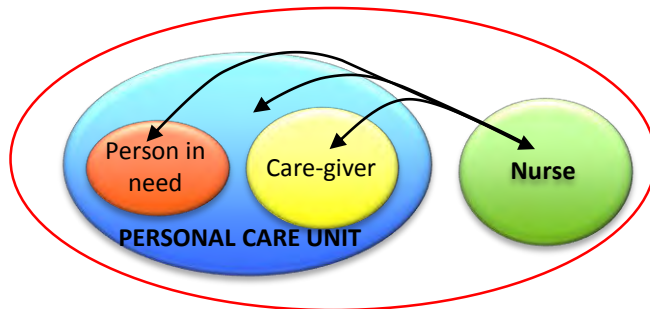
Ability to mediate and connect

Ability to organize, plan and create routes

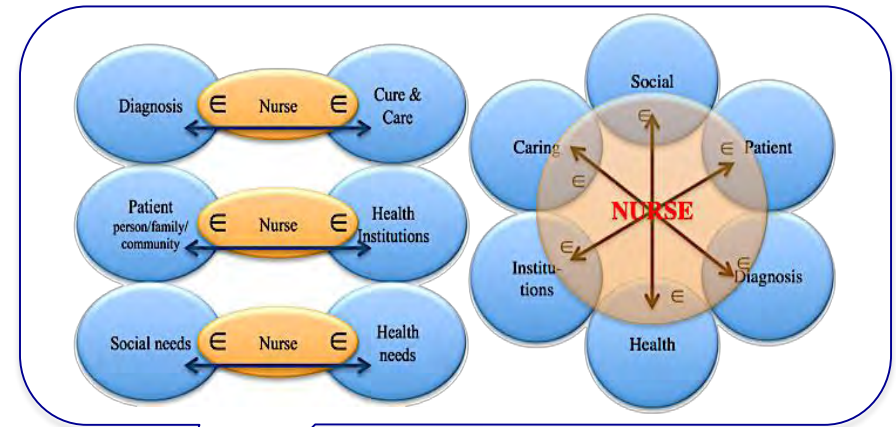
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To be credible

Social innovations is the result of the ability to connect systems because it **links people, ideas and services together**. It contributes to social and personal improvement.



A two-way nursing relationship model



Systemic connection

Prevention of institutionalization

Participation in fostering inclusion and social capital

Early prompt detection of the risk of non-self-sufficiency and fragility

Chronic care

Collaboration in epidemiological study and involvement in research

EXPECTED
OUTCOMES



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Family and Community Nursing promotes the **nurses' professional image**, because it provides grater visibility and proximity to the citizens.



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Thank you!
Any questions?

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