



# Report

## Ratio of Nurses to Doctors in Italy and in other European countries

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## Ratio of Nurses to Doctors in Italy and in other European countries

In Italy, more than 63,000 nurses are currently missing (1). In Italy, the average number of nurses per 1,000 inhabitants (2) stands at 5.7 compared to the European average number of 8.2. This average is even higher in Northern European countries where there are 10 nurses per 1,000 inhabitants.

Practically, while in the EU countries there are about 1,000 nurses every 100,000 inhabitants, in Italy there are less than 600.

Considering the Study Centre of the National Federation of Nursing Professions' data (FNOPI), the nursing shortage exists in all Italian regions. Among the most significant, there is Lombardy, where there is an estimated shortage of nurses of over 9,000 units, Lazio (about 7,000 units), Campania (about 6,300 units), Sicily (about 5,700 units), Puglia (about 4,800 units), Veneto (about 4,500 units), Piedmont (about 4,000 units) and Tuscany (about 3,700 units).

With the pandemic, the data on the nursing shortage has worsened and, additionally, alarming data are found in the ratio of nurse to doctor reported by the OECD shared document (2).

In 2018, in all EU's countries there was an average presence of more than two nurses per doctor. In Finland, Luxembourg, Ireland, Switzerland, Iceland and Norway, this ratio stood at four (or more nurses) per doctor; in Germany, France, Belgium, the Netherlands and Slovenia, it stood at three nursing units per doctor. In Italy, according to the new OECD data, this ratio has dropped from 1.5 to 1.4, and in the EU, our country is doing better, only compared to Portugal, Cyprus, Latvia (where, however, the ratio is 1:3) and Bulgaria.

Hence, the nurse/doctor ratio in Italy, differently from the countries listed above, turns out to be slightly higher than 1:1 (one nurse for each doctor).

In Italy, due to the approaching retirement age of Italian nurses and the blockage of turnover, there is a risk that the national average will continue to drop further than the OECD average.

However, although Italy has the lowest nurse/doctor ratio, the number of places banned for access to courses in Medicine and Surgery continues to increase (Figure 1). For the year 2021-2022, there is an increase of 7.3% compared to last year, bringing the number of places for Medicine and Surgery from 13,072 to 14,020 (3).

Italian regions have declared a need of +22% compared to last year, equal to 14,332. This need is also much higher than the +10.6%, indicated by the FNOMCEO (Federation of Doctors) and therefore of 11,000 students who may enrol.

Moreover, if the number of places reserved for non-EU citizens (1,077 units) is not covered, the places can be earmarked to Italian and EU citizens, and this further increases the number of applicants bringing it this year to over 15,000 units.

The range between the availability of enrolment to the courses of Medicine and Surgery and to the Bachelor of Nursing Care has narrowed more and more over the years, as can be clearly seen from the chart attached.

For the academic year 2021-2022, the training offer for the Degree Course in Nursing Care is of 17,934 places, which turns out to be 6,000 places less than the ones requested by the professional associations and 3,000 less than the ones requested by the regions themselves.

This is almost 7,000 fewer places than those assumed in amendments to laws under discussion in Parliament that, for nurses, would like to set the bar at least at 24 thousand, after having experienced firsthand the heavy shortage of staff in organic during the pandemic.

The programmed number reflects the training potential expressed and therefore currently sustainable by Universities. This could mean that also in the next few years, if economic resources are not made available to sustain the seats of the degree courses, it will be difficult to respond to requests from the regions and the professional association, since the training potential can only be implemented slightly.

The risk, therefore, is that over time the Universities and the health facilities that are the seats of the degree course in Nursing Care will reduce more and more the number of the possible trainees. This is why it would be necessary to encourage and support – also economically - the training centers, considering that especially the seats external to Universities invest their own resources by making their staff available as teachers and their own training structures accessible.

The constant ageing of the population in European countries, and especially in those countries where the elderly population is greater, such as Italy, should direct health policies not only to provide a significant increase in the number of nurses but also to an organizational redesign of the NHS and, above all, to a reshaping of the healthcare offer.

A reshaping and reformulation of the training offer should also be envisaged, as well as a review of the didactic systems, especially of the post-base courses, such as first and second level masters, bachelor degree and doctorate, to guarantee to the system operators able to respond adequately to the demand for health of the population.

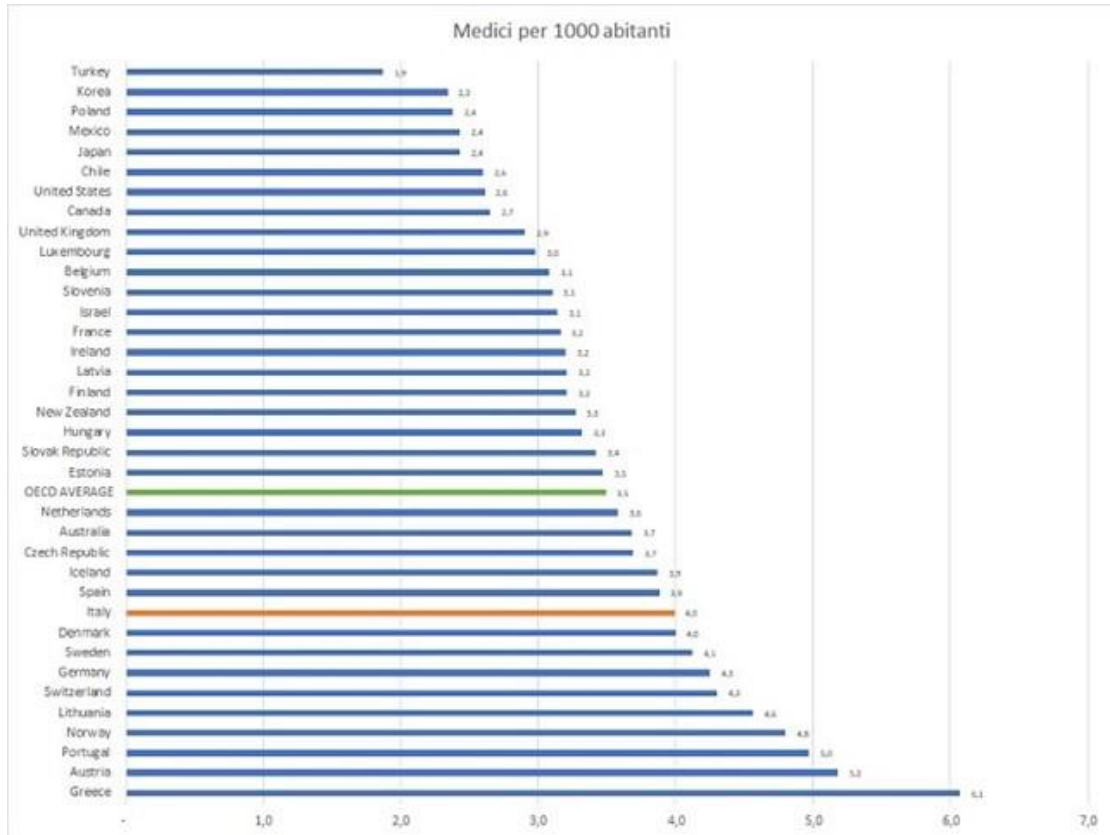
In Europe, several countries have begun to valorise nurses' roles and functions in hospitals and primary care, especially after the publication of the results of the study RN4CAST of Aiken. These studies (6, 7) have shown that as the number of patients assisted increases, the latter are more exposed to mortality, especially if those who take care of them are non-graduated personnel (such as support figures for nurses). In countries such as Finland, the United Kingdom and Ireland it has been observed how the use of specialized nurses with advanced skills improves access to services and reduces waiting times without affecting the quality perceived by the user and the safety of services, especially in those patients with chronic diseases and/or who require routine check-ups. A recent article published by Aiken (8) has demonstrated that in hospitals with specialised nurses there is a reduction in the duration of the hospitalization, a decrease in re-hospitalization 7 days after discharge and an increase in the safety and quality of the treatment. In addition, in these hospitals the burnout syndrome of nurses is significantly reduced; nurses state that they are more satisfied with their work and show a greater willingness to continue working,

In order to give an adequate response to the health needs of the population in terms of sustainability and safety, in the medium and long term, an increasing presence of nurses in possession of specific and targeted basic and post-basic training should be foreseen, which can guarantee the taking on of care. The interventions to be made are urgent and require the commitment and availability of all the operators called to give a clear and concrete answer to citizens, consistent with current and future health needs.

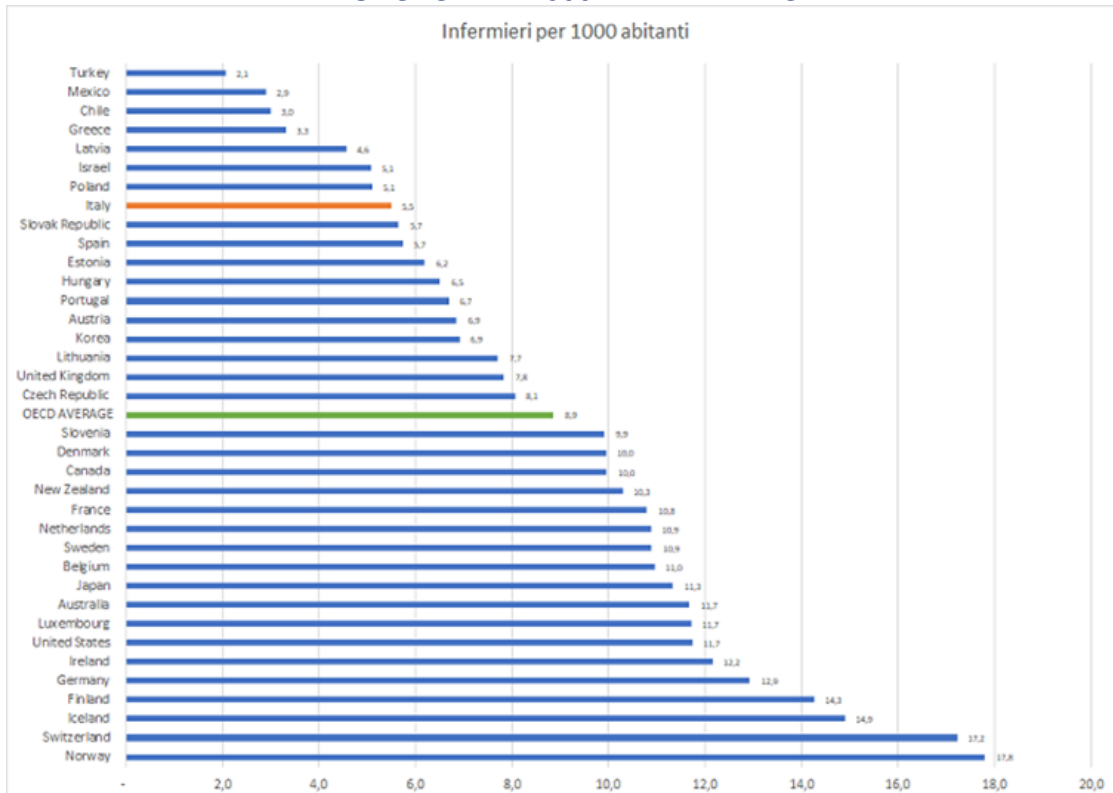
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### DOCTORS PER 1000 INHABITANTS



### NURSES PER 1000 INHABITANTS



## Availability of enrollment to Degree Courses - Annual Trend

