

Original Research Article

Management of Organizational Function Managers of the Director of Healthcare Professions at the ASP Crotona: A Qualitative Investigation

Fortunato Durante^{1*}, Salvatore Fuina²

¹ASP Crotona, Nurse, Master's Graduate in Nursing and Midwifery Sciences, Unified Corporate District

²ASP Crotona, Health Professions Executive, Holder of a Master's Degree in Nursing and Midwifery Sciences

Article History

Received: 16.05.2026

Accepted: 04.07.2026

Published: 07.07.2026

Journal homepage:

<https://www.easpublisher.com>

Quick Response Code



Abstract: Introduction: The key milestones in the development of nursing are Ministerial Decree 739/1994, which established the professional profile of the nurse; Law 42/99, which abolished the job description, recognizing nurse; autonomy and responsibility; and Law 251/2000, known as the management law. **Objective:** To analyze how the head of healthcare professions, since taking office, has managed the organizational function managers, assessing the impact on organizational efficiency. **Methods:** A self-constructed questionnaire, preceded by a cover letter, was conducted with the head of healthcare professions at the Crotona Local Health Authority. The following questions were asked:

Question 1: When you took office, the organizational function managers for the local and hospital nursing areas were already present. How did you interact with them?

Question 2: How did you demonstrate your leadership towards them?

Question 3: Regarding the hospital area, without referring to individuals, were any critical issues identified in the management of nurses? YES NO

If yes, which ones?

Question 4: Regarding the local area, without referring to individuals, were any critical issues identified in the management of nurses? YES NO

If yes, which ones?

Question 5: In general, how would you describe the situation you encountered when you took office? And what is the current situation?

Question 6: Regarding professional growth, what areas should be addressed?

Results: When I took office as director of healthcare professions, the organizational leaders of the community and hospital nursing areas were already present. I requested a meeting with them to draft new service regulations and define each person's roles. I immediately sought to ensure compliance with Italian regulations, such as Ministerial Decree 739/94 and Laws 42/99 and 251/2000, which provide autonomy and direct responsibility for nurses. I tried to involve them as much as possible in achieving company objectives and made them understand that my growth is directly linked to theirs. Together, we identified the existing critical issues and sought solutions to resolve them. **Conclusions:** Managing healthcare personnel requires a combination of leadership and leadership skills to manage resources, care processes, and the team, focusing on overseeing clinical activities and strategic planning. It is important for management to maintain constant contact with staff to understand the challenges and real needs of the workplace. To be effective, nurse managers must acquire specific skills through training, such as master's degrees and doctorates, to drive change and improve the quality of services, while meeting the needs of the organization, healthcare professionals, and the public. Future developments depend heavily on the professional advancement of nurses, both as managers and healthcare professionals, which relies on new skills and specializations. This improves the continuity between the hospital and the community, as well as developing care models that take into account the intensity of care and the complexity of care work. A new intermediate leadership class is needed, composed of coordinators, organizational positions, and nursing directors, capable of strengthening the connection between theory and practice. This new generation must possess the strength of an innovative culture to become the driving force of real change.

Keywords: Healthcare Leadership & Management, Nursing Autonomy, Organizational Efficiency, Intermediate Leadership Class, Professional Growth & Specialization.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

BACKGROUND

The key milestones in the development of nursing are Ministerial Decree 739/1994, which established the professional profile of the nurse; Law 42/99, which abolished the job description, recognizing nurses' autonomy and responsibility; and Law 251/2000, known as the management law.

After Ministerial Decree 739/94, nurses were considered healthcare professionals and, consequently, assumed legal responsibility for their actions, which may involve criminal, civil, or disciplinary matters. Ministerial Decree 739/94 recognized the role of nursing care: Article 1, paragraph 2, states that "preventive, curative, palliative, and rehabilitative nursing care is technical, relational, and educational in nature." Its main functions include disease prevention, assistance to sick or disabled people of all ages, and teaching them how to maintain good health. Reading the second paragraph, it can be noted that the relational aspect of nurses' work is now more emphasized than in the past [1].

Nurses participate in identifying the health needs of both individuals and the community. This recognizes the importance of teamwork, in which nursing plays a key role. Indeed, nurses are the professionals who first interact with patients when they visit a healthcare facility [2].

Nurses are the only professionals capable of recognizing specific nursing care needs. This ability leads to the identification of objectives, which must be defined through appropriate care planning. This planning must lead to results, using protocols and procedures that guide care.

The results of nurses' work can be reconsidered or modified if necessary, as indicated in the third paragraph of Ministerial Decree 739/94, which specifies that nurses are responsible for planning, managing, and evaluating the care provided [3].

Nurses are also recognized as the professionals who ensure the correct implementation of diagnostic and therapeutic prescriptions. This underlines the importance of collaboration between the nursing and medical professions, and once again confirms the role of the nurse within the multidisciplinary team.

Private practice did not exist before Ministerial Decree 739/94 was passed: further proof that this decree was truly revolutionary for nurses. Another important innovation is that nurses help train support staff and participate directly in their continuing education, both regarding their role and research.

For the first time, the role of the nurse, which until now had been considered a support to the medical profession, was recognized as a figure suited to training

others and as an essential part of the healthcare research process, previously considered external to the profession.

After the promulgation of Ministerial Decree 739/94, nursing was recognized as an intellectual profession, and Italian nurses were legally granted professional autonomy, skills, and responsibilities. These elements became fundamental pillars of the profession and also marked the path of Italian nursing towards continuous development.

Before Law 42/99 was passed, nurses in Italy were still governed by Presidential Decree 225 of 1974, known as the "Nurse Job Description List."

This regulation limited the nursing profession to technical and support tasks, reducing their autonomy and the recognition they enjoyed as professionals. Even after Ministerial Decree 739/94, the 1974 "Job Description List" continued to coexist with the new nursing profile, creating a strange and contradictory legal situation.

The introduction of Law 42 of 1999 represented a significant change for the nursing profession in Italy. This law repealed the job description list, and the term "auxiliary healthcare profession" was replaced with "healthcare profession." This change officially recognized the independence and competence of nurses, shifting the focus from practical work to mental and professional work. This change helped officially recognize the work of nurses and make them seen as professionals, not just as people who assist doctors. This gave nurses more freedom in their work, allowing them to do things beyond those established in 1974. The scope of work and responsibilities of healthcare professions is defined by the ministerial decrees establishing the various professional roles, by the regulations of university diploma and post-basic training courses, and by codes of ethics. This clearly clarified the skills and responsibilities of nurses, respecting those of other healthcare and medical professions. Law 42/99 introduced a system of guiding criteria explaining what nurses can do [4].

The guiding criteria include:

- The professional profile (Ministerial Decree 739/1994);
- Code of Ethics: Ethical and behavioral rules of the profession;
- Basic and Further Education: Includes undergraduate and graduate courses.

These criteria clearly defined the responsibilities and skills of nurses, fostering collaboration between different professionals and respecting the specific skills of their work. Thus, a crucial shift occurred from job descriptions to professions. Law 42/99 was a significant moment in the history of nursing in Italy. By eliminating the old "Job Description" system and officially recognizing nurses as

autonomous healthcare professionals, the law created the conditions for continuous advancement of the profession, strengthening the identity of nurses and improving the level of healthcare services provided to citizens. Thus, the role of mere executor, once the prerogative of the medical profession, was replaced between 1994 and 1999 by the emergence of the healthcare professional who, with a university education, is solely responsible for nursing care.

Another key step for the nursing profession was Law 251/2000. This law identifies 22 healthcare professions and places them in the following areas: [5]

- Nursing professions;
- Midwifery;
- Rehabilitation healthcare professions;
- Technical professions;
- Prevention professions;

Healthcare professionals in the nursing and midwifery fields perform professionally autonomous activities aimed at preventing, treating, and safeguarding individual and community health, performing the functions identified by the regulations establishing the respective professional profiles as well as by specific codes of ethics and using planning methodologies for healthcare objectives [6].

The cornerstones of Law 251/2000 are:

- Autonomy;
- Responsibility;

This law is known as the management law and establishes a master's degree for practicing in fields such as research, training, and management [7].

Purpose

To analyze how the head of healthcare professions, since taking office, has managed the organizational function managers, assessing the impact on organizational efficiency.

METHODS

A self-constructed questionnaire, preceded by a cover letter, was conducted with the head of healthcare professions at the Crotona Local Health Authority. The following questions were asked:

Question 1: When you took office, the organizational function managers for the local and hospital nursing areas were already present. How did you interact with them?

Question 2: How did you demonstrate your leadership towards them?

Question 3: Regarding the hospital area, without referring to individuals, were any critical issues identified in the management of nurses? YES NO

If yes, which ones?

Question 4: Regarding the local area, without referring to individuals, were any critical issues identified in the management of nurses? YES NO

If yes, which ones?

Question 5: In general, how would you describe the situation you encountered when you took office? And what is the current situation?

Question 6: Regarding professional growth, what areas should be addressed?

RESULTS

When I took office as director of healthcare professions, the organizational leaders of the community and hospital nursing areas were already present. I requested a meeting with them to draft new service regulations and define each person's roles. I immediately sought to ensure compliance with Italian regulations, such as Ministerial Decree 739/94 and Laws 42/99 and 251/2000, which provide autonomy and direct responsibility for nurses. I tried to involve them as much as possible in achieving company objectives and made them understand that my growth is directly linked to theirs. Together, we identified the existing critical issues and sought solutions to resolve them.

I found critical issues in the following categories:

1. Determination of staffing needs: we jointly analyzed staffing needs, as many services were understaffed;
2. Administrative transparency: all our actions are documented in writing;
3. Unregulated internal mobility: We accommodated countless requests for internal mobility, as many employees wanted to change departments for broader reasons. We achieved our goal of meeting all the needs of the various employees involved;
4. Subordination to medical management: I tried to convey that nurses are not subordinate to physicians, but healthcare professionals, who, with a bachelor's degree, are solely responsible for providing care. I tried to overcome certain situations in which nurses were seen as dependent on a physician's opinion for all rights (vacation, leave, mobility, leave, etc.).
5. Relation to the health district: all those services operated independently;
6. Role confusion: organizational function managers performed the duties of professional function managers. I tried to ensure everyone fulfilled their roles and assumed their responsibilities;

In general, when I took office, I found the situation very confusing; we are still working to steer it in the right direction. It's currently significantly improved, but it absolutely needs to be optimized. I'm working with other employees on staff recruitment; we're establishing and designing new competitive exams. Although recruiting staff is challenging these days, we will do our best to improve our services. We're constantly working on specific training for our staff, aiming to improve the quality of services offered to the public.

We're constantly committed to managing our staff from every perspective.

DISCUSSIONS

The appointment of the director of healthcare professions represented a crucial moment in the initiation of a process of reorganization of the community and hospital nursing area, initially characterized by fragmented management, poorly defined roles, and numerous operational and administrative issues.

From the outset, the involvement of existing organizational representatives proved crucial to building a shared organizational overhaul. Convening dedicated meetings allowed for the development of new service regulations, aimed at redefining responsibilities, clarifying competencies, and structuring a system more compliant with the current regulatory framework.

The application of the relevant Italian regulations, particularly Ministerial Decree 739/94, Law 42/99, and Law 251/2000, constituted the cornerstone of the management intervention, reaffirming the principle of professional autonomy and direct responsibility of the nurse, overcoming organizational models still influenced by a vision subordinate to medical management [8].

The Main Areas of Intervention Included: Determination of Staffing Needs

The joint analysis of staffing shortages allowed us to identify the real needs of the services and plan recruitment strategies that better meet the needs of the healthcare system.

Administrative Transparency

The formalization of organizational procedures and decisions in documents fostered greater management clarity, reducing discretion and increasing administrative efficiency.

Internal Mobility Regulation

The structured management of mobility requests represented a concrete response to employee needs, improving job satisfaction and the allocation of human resources.

Overcoming Cultural Subordination to Medical Management

Management action promoted the recognition of nurses as independent professionals, responsible for their own area of care, fostering a more modern organizational culture that complies with regulatory requirements.

Integration of Services in the Healthcare District

The standardization of previously autonomous services has allowed for greater management consistency and more effective territorial governance.

Clarity of Organizational and Professional Roles

The distinction between organizational and professional functions has helped reduce operational overlap, holding each person accountable for their mandate.

Overall, the initial context was highly disorganized; however, thanks to leadership focused on participation, staff development, and continuous improvement, significant progress has been made towards more efficient and structured models.

There is still room for optimization, especially in relation to the recruitment of new resources and the increasing difficulty in finding healthcare personnel, a phenomenon common to the current historical context. From this perspective, the following are strategic:

- The establishment of new competitive exams;
- The strengthening of specialized training;
- The enhancement of internal skills;
- The creation of transparent professional growth paths.

The experience described highlights how competent, normative, and participatory nursing management can be a key factor in improving the organizational, care, and professional quality of healthcare services, significantly contributing to the overall effectiveness of the corporate healthcare system.

CONCLUSIONS

Managing healthcare personnel requires a combination of leadership and leadership skills to manage resources, care processes, and the team, focusing on overseeing clinical activities and strategic planning. It is important for management to maintain constant contact with staff to understand the challenges and real needs of the workplace. To be effective, nurse managers must acquire specific skills through training, such as master's degrees and doctorates, to drive change and improve the quality of services, while meeting the needs of the organization, healthcare professionals, and the public. Future developments depend heavily on the professional advancement of nurses, both as managers and healthcare professionals, which relies on new skills and specializations. This improves the continuity between the hospital and the community, as well as developing care models that take into account the intensity of care and the complexity of care work. A new intermediate leadership class is needed, composed of coordinators, organizational positions, and nursing directors, capable of strengthening the connection between theory and practice. This new generation must possess the strength of an innovative culture to become the driving force of real change. The nurse of the future must:

- Use a common scientific language across the country;
- Plan care based on a single conceptual model;

- Prescribe low-complexity, low-discretion, yet highly standardized care interventions to support staff;
- Evaluate the results of their work;

First, it is necessary to recover and reevaluate the regulatory, disciplinary, and methodological foundations of our field of professional activity and responsibility, in order to recontextualize the role of the profession, drawing it from the population's new health needs, as well as from Ministerial Decree 739/94 and Law 42/99. There is a risk of developing an advanced clinical culture thanks to a generation of increasingly competent and specialized nurses, but on weak regulatory, disciplinary, and methodological foundations. Over the years, nurse managers are gradually gaining a better understanding of their role, and in the future, nursing will be increasingly involved in decision-making and planning processes within healthcare systems.

Abbreviations

DPS: Health Professions Manager.

IFO: Organizational Function Officer.

ASP: Provincial Health Authority

Conflicts of Interest: The author declares that he has no conflicts of interest.

REFERENCES

- Ministerial decree number 739 of 1994.
- Di Giaimo, A. (2025). Infermieri e riconoscimento sociale. I passaggi chiave di un percorso storico complesso. *Rivista Cura*. <https://www.rivistacura.it/infermieri-e-riconoscimento-sociale/>
- Di Nardo, V., Borghi, L., Dimonte, V. (2018). La figura dell'infermiere nell'Italia preunitaria attraverso l'analisi comparata di regolamenti ospedalieri. Un protocollo di ricerca. *L'Infermiere* n. 5 - 2018.
- Law number 42 of 1999.
- Leandi, C. (2020). Come e perchè è nata la legge 251/2000. *Nurse24+it*. <https://www.nurse24.it/infermiere/professione/com-e-e-perche-e-nata-la-legge-251-2000.html>
- Tobruk, D. (2016). Legge 251 del 2000: istituzione del SITRA e autonomia professionale. <https://www.dimensioneinfermiere.it/251-2000-dirigenza-infermieristica-sitra/>
- Law number 251 of 2000.
- De Caro, W. (2022). L'onda del futuro e le competenze infermieristiche avanzate. *Quotidianosanità.it*. <https://www.quotidianosanita.it/lettere-al-direttore/l-onda-del-futuro-e-le-competenze-infermieristiche-avanzate/>

Cite This Article: Fortunato Durante & Salvatore Fuina (2026). Management of Organizational Function Managers of the Director of Healthcare Professions at the ASP Crotone: a Qualitative Investigation. *EAS J Nurs Midwifery*, 8(4), 100-104.
