Editorial

Advanced Nursing Education in Italy and Master's Degrees: Thirty Years of Progress in Light and Shade

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Over the past thirty years, nursing education in Italy has undergone a profound and irreversible transformation. In 1996, nurse education moved into the university system. This shift did more than relocate teaching: it aimed to foster high-level critical thinking and academic standards, consolidating nursing as an autonomous profession rather than as an auxiliary occupation. Nurses came to be regarded as accountable practitioners expected to exercise professional judgement within a defined scope of practice. However, this model had a significant limitation: the assumption that a three-year university qualification was sufficient to fully prepare a nurse for independent practice across all clinical contexts and levels of complexity. This assumption effectively hampered the development of post-registration clinical education, entrenching a divergence from other disciplinary and professional fields, where education continues beyond the bachelor's degree through recognised specializations and doctoral study.

A major opportunity to align with a standard higher-education framework—similar to those traditionally followed by other professions in Italy—arose in 1999 with the creation of the European Higher Education Area, through an intergovernmental agreement among forty-eight European countries aimed at harmonising higher education systems. As one of the promoters of the Bologna Process, Italy introduced a three-cycle higher education system: bachelor's degree (*Laurea Triennale*), master's degree (*Laurea Specialistica/Magistrale*), and doctoral degree (*Dottorato di Ricerca*). The inclusion of healthcare professions in this framework offered the opportunity to fit within the standard higher-education structure rather than leaving them confined to sector- or university-specific diplomas. Nursing thus had the opportunity to take a significant leap forward in scientific, academic, and professional terms.

With the introduction of master's degrees (*Laurea Specialistica/Magistrale*) for all healthcare professions, a second-cycle programme was created to develop advanced competencies. These programmes were designed to prepare professionals for roles in management, education, and research, including leadership and executive positions, thereby strengthening the profession's recognition within the healthcare system. From the outset, however, a major issue emerged: the absence of advanced clinical education linked to formally recognised professional

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roles within the Italian National Health Service, and the lack of a clear definition of levels of responsibility and professional decision-making autonomy. In practice, these programmes left advanced clinical practice outside master's-level education, thereby deepening the divide between clinical and managerial nursing—a divide that is less pronounced across other allied health professions in Italy and in many other European countries, and that is also less evident in non-health fields.

In an attempt to fill this gap, post-registration diplomas (*Master di I° livello*) (usually lasting one year) helped to develop advanced clinical competencies, often representing the only formal educational opportunity for advancing clinical practice. However, they did not guarantee genuine professional advancement, as Italian post-registration diplomas do not carry the same legal status as a master's degree. A related issue concerns access to doctoral programmes. While the development of PhD programmes strengthened the scientific foundations of the discipline, nursing doctoral candidates typically enter with a master's degree focused on managerial, educational, and methodological content (*Laurea Specialistica/Magistrale in Scienze Infermieristiche e Ostetriche*), rather than on advanced clinical competencies—creating a discontinuity between doctoral preparation and the development of higher-level clinical expertise.

Compared with professions such as medicine, psychology, biology, architecture, and engineering—where master's-level education is strongly practice-based and supports clearly defined clinical or technical career progression—nursing in Italy has channelled advanced education chiefly into organisational, educational, and partly research roles, leaving clinically focused career pathways relatively underdeveloped. Accordingly, the introduction of clinically oriented master's degrees (*Lauree magistrali a indirizzo clinico*) represents an opportunity to correct an unbalanced trajectory. These programmes finally recognise advanced clinical practice as a necessary educational requirement for assuming full clinical responsibility, including legal authorisation to prescribe nursing treatments and devices, thereby bringing the Italian model closer to advanced practice frameworks in other countries.

Although the master's qualification may open access to senior management roles, a formally recognised clinical leadership role for nurses is still lacking, as the system has historically prioritised organisational governance over clinical leadership. Recognising the clinical leadership developed through such programmes would require a redefinition of roles and responsibilities within nursing and across other professions, particularly medicine. The earlier decision to develop master's degrees focused primarily on management, education, and research reflected political choices that, at the time, facilitated nurses' access to senior management roles. In practice, it created distinct career routes into management. Today, however, it is time to revisit this approach by adding master's programs designed to develop advanced clinical expertise. In this light, it is reasonable to question whether managerial and educational competencies might be better developed through postgraduate diplomas undertaken after clinically oriented master's degrees.

To ensure that clinically oriented master's degrees do not become yet another unfulfilled promise, coordinated action among universities, policymakers, and healthcare organisations is essential. Their impact will depend on the system's ability to define advanced clinical roles, set clear levels of responsibility, secure contractual and legal recognition (including legal authorisation to prescribe nursing treatments), and integrate these roles into care delivery models.