

Navigating Change Between Proximity and Specialization: Insights from Neuroscience

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Citation: Mercurio G.. “Navigating Change Between Proximity and Specialization: Insights from Neuroscience” (2026) *NEU* 50(2): 49-50. DOI: <https://doi.org/10.82051/neu-2026-499>

The National Health Service is undergoing an unprecedented transformation. As professionals in the field of neuroscience, we are accustomed to engaging with complexity and uncertainty on a daily basis. However, currently challenges promoted by the Italian Ministerial Decree 77 and the introduction of the Nursing Assistant induce us to put important reflections beyond all the organizational considerations, touching instead upon the very essence of our nursing professional mission.

The Italian Ministerial Decree 77 has put the basis to the expansion of Community Care Centers and Regional Operations Centers, representing themselves a critical challenge for us, as nurses. We are fully aware that the management of neurodegenerative diseases and the sequelae of acute events—such as stroke or severe traumatic brain injury—cannot, and must not, be confined within hospital settings alone. Neurological chronicity requires continuity of care that only a robust community-based network can ensure.

However, as President of the Nursing Association of Neuroscience, in Italian as “ANIN” – “Associazione Nazionale Infermieri Neuroscienze”, I consider it as essential to emphasize “proximity” that should not be thought as the expense of the quality of specialized care.

Community nurses should have advanced competencies to identify early signs in cognitive

or functional decline, acting as active case managers within the care pathway. In this regard, our Association is at the final phase to develop our Position Statement for Neuroscience Nurses, as a document intended to clearly define both standards and competencies required to ensure excellence in care across all care settings in neuroscience.

The introduction of the Nursing Assistant role understandably generated considerable debate. In a field as sensitive as neuroscience—where even the smallest care intervention may have significant repercussions for a patient’s neurological stability and safety—the integration of this role should be discussed with the utmost precision.

In the elaboration of its position statement, ANIN suggests that this new figure cannot compromise nursing professional competence. Thus, the Nursing Assistant do not represent a substitute to the nurse, but rather a supporting figure in which the decision-making framework remains the exclusively responsibility of the nurse.

Leadership and supervision in neurology, neurosurgery, and neurorehabilitation require a carefully calibrated skill mix. Nurses should be enabled to exercise authentic clinical leadership, delegating low-complexity tasks in order to fully devote themselves to clinical assessment, the monitoring of neurological parameters, and

Funding: This research received no external funding. **Conflict of Interest:** The author(s) declare no conflict of interest.

the essential educational support provided to caregivers.

“The safety of the neurological patient is non-negotiable. Every new support role should be integrated within a model in which the nurse’s clinical judgment remains the indispensable cornerstone.”

As an Association, we will not remain passive observers of this process. ANIN is committed, with immediate effect, to ensuring that the training of these new roles is rigorous and that their introduction into specialized settings never becomes a pretext for reducing nursing staff.

The complexity inherent in neuroscience demands highly specialized professionals. We are called upon to lead this transformation proactively, ensuring that organizational innovation never compromises the fundamental imperative of delivering excellence in patient care.

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