Archives of
Medical Research and Health Sciences

Arch Med Res Health Sci. 2024;6(1):01-15.
https://doi.org/10.5281/2994-6379.601
ISSN: 2994-6379

Research Article

First Civic Survey on Health Personnel in Italy. On the Front Line but in the Shadows: Behind the Scenes of the National Health Service

Mariano Votta[1*], Maria Vitale[2], Maria Eugenia Morreale[3], Bianca Ferraiolo[4]

[1]Director, Active Citizenship Network, c/o Cittadinanzattiva APS, Via Imera, 2 - 00183 Rome, Italy.

[2]Senior Project Manager - Civic Evaluation Agency at Cittadinanzattiva APS, Via Imera, 2 - 00183 Rome, Italy.

[3]Project Manager - Civic Evaluation Agency at Cittadinanzattiva APS, Via Imera, 2 - 00183 Rome, Italy.

[4]Head of the Representative Office to the EU, Senior Manager EU Affairs - Active Citizenship Network, Rue Philippe Le Bon 46, 1000 Brussels, Belgium.

***Correspondence:** Mariano Votta, Director, Active Citizenship Network, c/o Cittadinanzattiva APS, Via Imera, 2 - 00183 Rome, Italy. E-mail: m.votta@cittadinanzattiva.it

Received: February 08, 2024; **Accepted:** March 11, 2024; **Published:** April 30, 2024

Citation: Votta M, Vitale M, Morreale ME, Ferraiolo B. First Civic Survey on Health Personnel in Italy. On the Front Line but in the Shadows: Behind the Scenes of the National Health Service. Arch Med Res Health Sci. 2024;6(1):01-15.

ABSTRACT

The health personnel, a fundamental pillar of the Italian care system, is going through a season of crisis with considerable concern on the part of all stakeholders, institutional and non-institutional. This publication highlights the main findings of the first civic survey on health personnel in Italy, carried out by the Italian NGO Cittadinanzattiva in collaboration with the FNOPI, FNO TSRM, and PSTRP Federations. A study that provides insight into how 10,000 workers, representing 20 different health professions live their professional condition.

Starting from the main institutional data, a civic reading of the phenomena and criticalities concerning the health workforce in Italy was produced, probing the reasons why health professionals stay or flee from the National Health Service in Italy, but also representing the attention to the issue in a dimension that is not only national but also European, since the phenomenon does not only concern Italy. Given the European elections, what steps should be taken as a priority to address this urgent problem? Neglecting the health workforce crisis jeopardizes current and future preventive and care options for citizens. Doctors, nurses, and pharmacists are essential within healthcare systems, ensuring the well-being of citizens and fostering trust in the system. Their support - from a public policy perspective - is paramount.

Keywords: Healthcare professionals (HCPs); European Commission; Health Workforce Emergency; European Elections; National Health Service; European Patients' Rights Day; European Health Union.

INTRODUCTION

In Italy, the personnel of the National Health Service (SSN) according to official data published by the National Agency for Regional Healthcare Services (AGENAS) [1] amounts to 670,566 units of which 68.7% are women and 31.3% men (data for 2021). According to OECD data referring to 2020, Italy dominates the European rankings for the number of doctors actively practicing the profession. In 2020, Italy had 4 doctors per 1,000 inhabitants, compared to 3.17 in France

and 3.03 in the United Kingdom. Spain had a similar figure to Italy (4.58), while Germany had 4.47 doctors per 1,000 inhabitants.

The situation for nurses is different. In fact, on the contrary, Italy has a much lower rate than the European average. In 2020, there were 6.2 nurses per 1,000 inhabitants in Italy, compared to 18 in Switzerland and Norway, 11 in France, 13 in Germany, and 8.2 in the United Kingdom.

In addition, there is a shortage of general practitioners, especially in areas with low population density or poor geographical conditions. The shortage of general practitioners (GPs) is a concern in many European countries, especially in rural and remote areas. Although the overall number of doctors has increased, the proportion of GPs has decreased in most countries. Several EU states have increased the number of training places in general practice, but it is difficult to attract graduates for this role due to low pay and perceived low prestige [2].

METHODOLOGY

For the survey, Cittadinanzattiva [3] has devised a single online survey instrument, consisting of 23 mainly closed-ended questions, aimed at and distributed exclusively to the healthcare personnel of the 20 professional orders represented. To get a picture of the climate perceived by public and private healthcare workers, to highlight the critical aspects of the various working areas, and to sound out the main motivations for satisfaction and dissatisfaction, that drive or restrain health personnel from working in the National Health Service, the following aspects were investigated in the survey:

- Workplace well-being
- Political and social recognition
- Professional empowerment and growth
- Working conditions and equipment
- Gratification and job satisfaction
- Communication and participation
- Principles and values of the care system in Italy
- Attractiveness of the National Health Service: reasons to stay and to leave

Values and Limits of this Work

The data collected do not claim to represent a scientifically representative statistical sample; however, this does not reduce the value of the monitoring and civic analysis work carried out as a contribution to institutional and organizational decision-makers to improve the well-being of health professionals. The survey can be considered indicative of the most important issues among those being investigated, and sufficient to contribute to the elaboration of proposals aimed at improving the criticalities and problems that concern the health personnel in their ability to better respond to the social and health needs of citizens, also with a view to the reorganization of territorial care.

RESULTS AND DISCUSSION

8% of the professionals involved in the survey are nurses belonging to the FNOPI, and 92% are members of the FNO TSRM and PSTRP Federations: behind these acronyms, there are 19 different health professions. Amongst these, those that contributed most to the survey are Professional Educators (15.4%), Medical Radiology Technicians (13.7%), Biomedical Laboratory Technicians (12.8%), Logopedists (9.6%), Prevention Technicians in the Environment and Workplace (6.2%), Dental Hygienists (4.6%), Dietitians (4.2%), Health Care Assistants (4.1%) (Figure 1).

In most cases, we are talking about employees (81.5%), mostly classified as professional collaborators (66.6%), working full-time (81.7%) and permanently (94.3%), with more than 20 years of seniority (40.4% of the total number of respondents) and solid professional training: 69.3% of the survey respondents had done postgraduate training. In practice, the pulsating core of the National Health Service was addressed.

The survey [4] was carried out by Cittadinanzattiva's Civic Evaluation Agency [5] in collaboration with the Federazione Nazionale Ordini Professioni Infermieristiche (FNOPI) [6] and the Federazione Nazionale Ordini dei Tecnici sanitari di radiologia medica e delle Professioni sanitarie tecniche, della riabilitazione e della prevenzione (FNO TSRM e PSTRP) [7] with the aim of sounding out the main motivations that drive or hold back health personnel from working in the National Health Service.

As many as 10,045 health professionals responded from 6 to 25 April 2023. A massive response demonstrating how felt was the need, on the part of so many professionals, to be heard, and exposed in their daily relations with citizens but not sufficiently visible to public opinion and political decision-makers. Never in Italy, a civic survey had gone so deep into analyzing the working environment and climate in the National Health Service.

Survey respondents work mainly at a Local Health Authority/ASL (29.2%) rather than at a Hospital (17.7%), in some cases at a University Hospital (8.4%). The share of personnel working at an accredited private hospital facility is significant (9%).

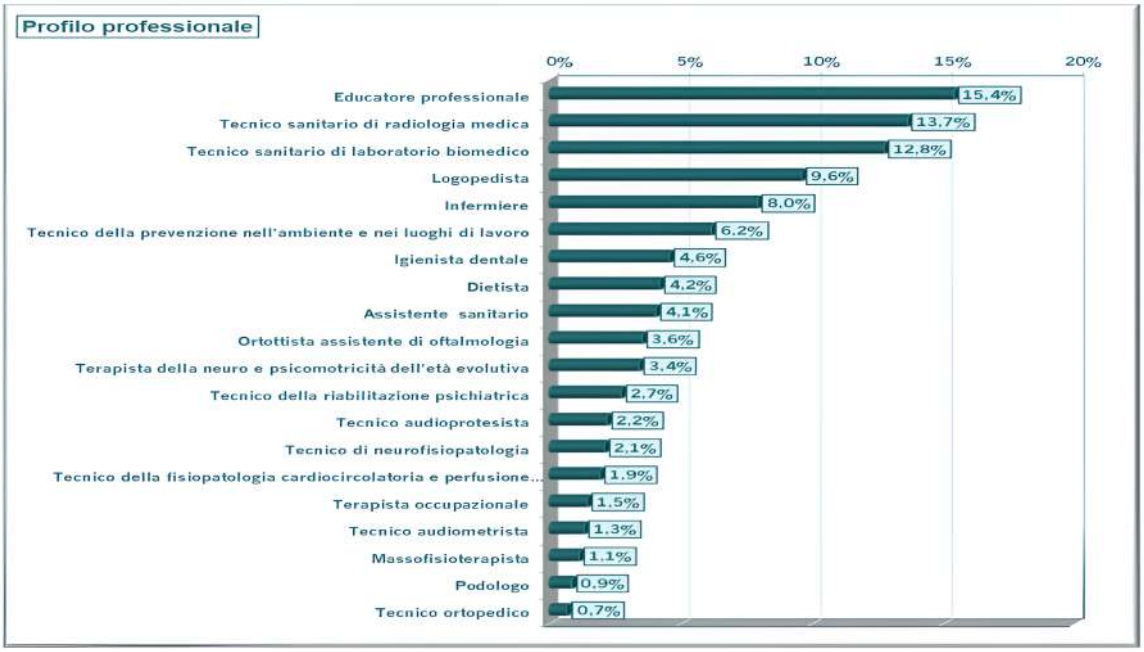

Figure 1: Professional profile. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

Well-Being at Work

One in three professionals (33%) cannot balance work time with private life or have flexible working hours at all (35.3%). 41.2% state that workloads are completely inadequate and work rhythms not at all sustainable (36.3%), yet almost one in two (48.8%) can avoid having their private life negatively influenced.

36.2 percent of professionals feel very supported by their work colleagues, while 42.2% feel little or no support from their superiors.

One in four feels little/no protection when carrying out their work (25.7%) and considers the security measures implemented to be inadequate (24.8%).

The health professionals surveyed feel exposed to physical and verbal aggression (especially from users/patients), not knowing - in 46.5% of the cases - whether a system to prevent these acts of violence against operators exists in their workplace. In short, victims of the pandemic twice: not only because of the demanding workload but also because they are the privileged targets of collective exasperation: 31.6% claim to have been victims, in the last three years of aggression (verbal or physical) by users, 20.7% by their superiors and 18.4% by colleagues. And the absence - in the workplace - of a psychological counseling point is complained about by 65.9% of the respondents.

The percentage of those who stated that they had to be absent frequently due to illness/accident (3.1%), that they had difficulty in staying focused in carrying out their duties (7%), and that they had suffered from burn-out in the last three years (13.3%) was low (Figures 2-4).

Recognition and Appreciation

Both recognizability, meaning being identified as distinct from other professionals working in healthcare, and recognition, meaning the level of appreciation for one's professional profile and role, are two sore points for the representatives of the 20 categories surveyed.

Regarding recognizability, 75.4% of professionals feel little or no recognition from politics, and institutions (63.7%) and from business organizations themselves (57.6%). On average, they feel more recognized by citizens/carers (44.7%) and by other professionals (46.6%).

They only feel appreciated by citizens and their patients (57.9% of those interviewed expressed this); very little or not at all - on the other hand - in terms of the appreciation they perceive coming from politics (73.5%), institutions (64.6 percent) as well as corporate organizations (according to 60.8% of those interviewed) (Figures 5 and 6).

Professional Empowerment and Growth

53.7% state that the work they do is consistent with their professional profile and that they feel satisfied with their professional career to date (46.6%). A negative note emerges about their working environment, which stimulates little or

Reasons for leaving the NHS		Reasons for staying in the NHS
Remuneration, contractual protections and allowances, exclusivity obligation	1	Stability, secure salary and contractual protections
Lack of meritocracy/recognition/respect and legitimate desire for professional growth	2	Health as a public good and protection of the NHS
Staff shortages and workloads	3	Contributing to the improvement of the system through their professionalism
Unhealthy working environment, rudeness, professional bullying; relations with colleagues, superiors and users	4	Loving/believing in one's profession
Management/organisational aspects, quality of equipment, resistance to innovation/change	5	Sense of responsibility, sense of duty
Current trends: privatisation, excessive bureaucracy, politicisation of public health, depersonalisation	6	Good relationship with work colleagues, positive environment
Lack of involvement/participation, non-sharing of company policy and decisions taken within the NHS	7	Professional growth and career
Departure from the founding values of the NHS: patient/citizen no longer at the centre	8	Realisation, gratification, job satisfaction
Negative thinking, distrust, dislike for the profession	9	Appropriate workloads and hours, work-life balance, proximity to home
Openness to change, desire to find new motivation, logistical/family needs	10	Quality of service provided

Table 1: Reasons for staying/leaving the SSN.
Source: Civic Health Report 2023 - Elaboration by the Civic Evaluation Agency - Cittadinanzattiva

nothing in terms of personal fulfillment (42.6%) and professional growth (48.5%).

On the positive side, they feel esteemed and treated with respect by colleagues (50%) and superiors (38.1%), and they have a firm belief - of themselves (74.9%), their loved ones (58.9%) and users (48.7%) - that the work they do is useful and important for the community.

The professionals surveyed declared that the basic training received was considered adequate (42%), confirming that they had received the necessary skills to perform their work effectively and autonomously, that they had received good preparation in both theory (45.5%) and practice (41.9%), as well as good preparation on so-called soft skills (36.9%).

48.3% declared themselves to be scarcely/not at all satisfied with the continuing education opportunities (and the related number of CME- Continuing Medical Education credits: 53.1%) made available by the structure in which they work, nor did they participate in continuing education courses in line with their professional needs (34.4%). When they do participate, on average one in two (50.8%) say they are satisfied with the quality of the continuing education courses they have taken part in. (Figures 7-11)

Working Conditions and Equipment

There is no shortage of reasons for daily dissatisfaction with the performance of their work, mainly due to insufficient equity in the distribution of both workloads (42.3%) and responsibilities (44.1%).

36.3% of healthcare professionals consider that the characteristics of the workplace are poor/unsatisfactory about space, workstations, lighting, noise, etc. Similarly, only 30% of them believe that they have the resources and tools necessary to perform their work properly. Finally, only a minority (21.6%) believe that they can improve themselves and have their skills recognized (Figure 12).

Remuneration and Career Advancement

Another sore point concerns pay, as many as 60% believe that the ratio between the commitment required and the salary

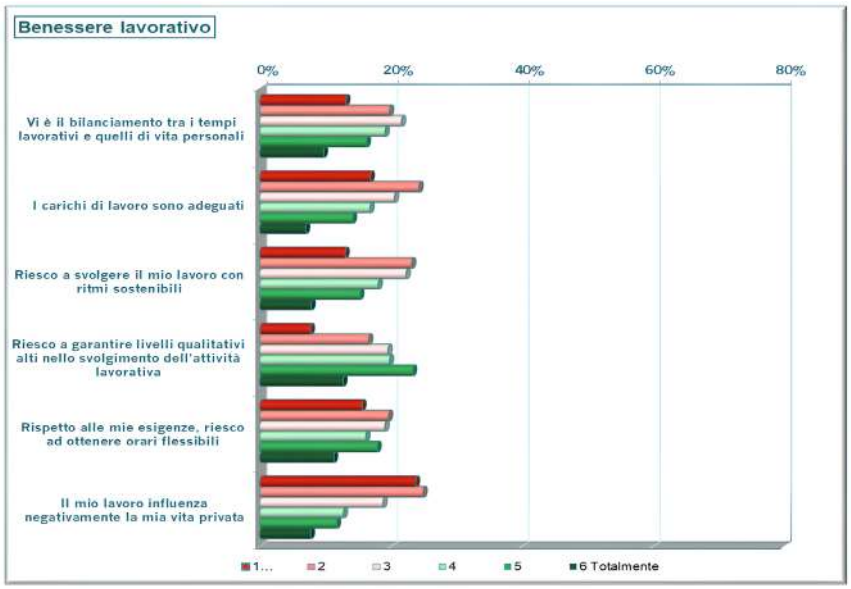

Figure 2: Well-being at work. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

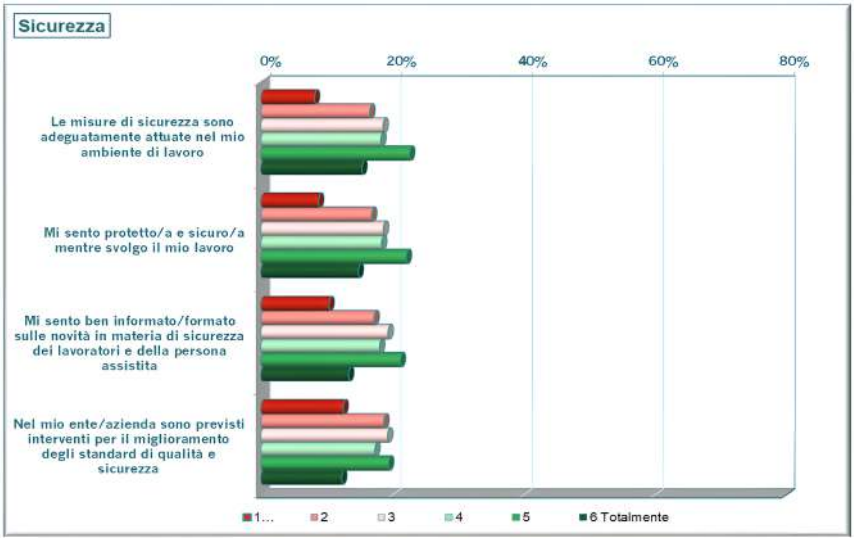

Figure 3: Safety. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

received is not adequate, nor it is balanced responsibilities (65%). Still, according to the majority (67.6%), the institution/company where they work does not offer real opportunities for career advancement and, in any case, these would not be linked to purely merit-related issues (69.3%).

The only positive aspect is that gender equality and respect for cultural diversity are promoted in the working environment (54.6% of respondents to the survey affirmed this).

More than one in three of the respondents feel a sense of personal fulfillment (35.5%) and gratification (37.1%) that comes from doing their job, a feeling that leads them to admit that they tend to like working (56.6%) and that, above all, if they could go back, they would certainly do the same job (41.8%), but probably by changing their work environment (52.4%), if not even company and country (35.8%) (Figures 13 and 14).

Involvement and Participation

A massive representation of respondents (equal to 60.4%) does not consider themselves involved at all in the definition of the objectives and strategies of their company/institution, feeling that they cannot express their opinion on decisions concerning the organization of work (47.3%), nor do they feel that their opinion can be considered in the definition of company policies

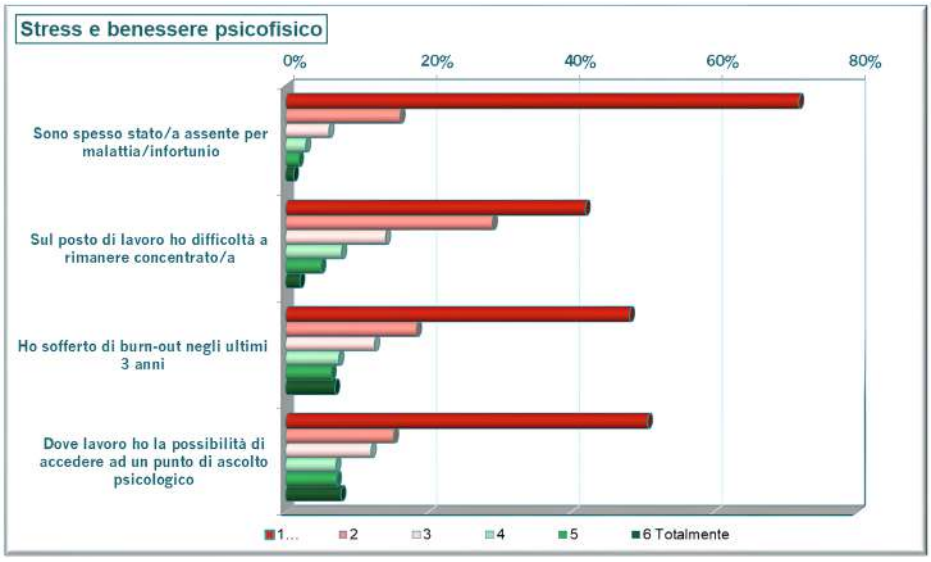

Figure 4: Stress and psychophysical well-being. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

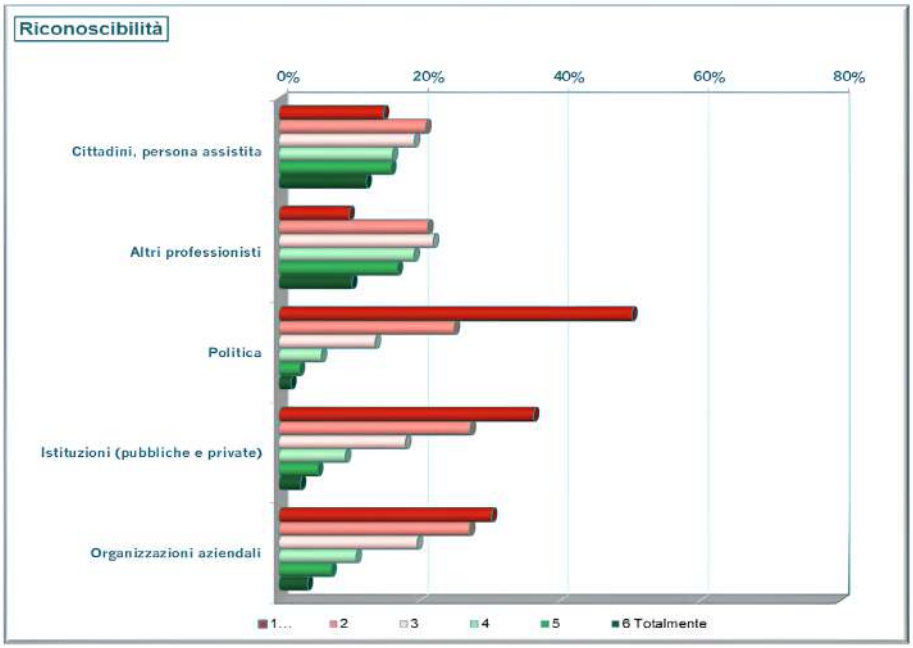

Figure 5: Recognition. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

(68%). The percentage of those who feel little/not at all involved in the definition of training and continuing education plans for health personnel is also substantial (65.4%). Perhaps also because of this lack of involvement, the majority do not feel that their opinion is reflected in the health policies in place in the reality in which they practice (77.5%) rather than at a regional (81.5%) and national (81.7%) level (Figure 15).

Principles and Values of the Care System in Italy

The majority feel proud to personally contribute to the social and health needs of citizens (66.9%) and thus to contribute to the well-being of the community (71.6%). Above all, the majority (83.5%) believe that every person should be entitled to the care they need regardless of the severity of their illness or the cost of treatment. That said, respondents are divided between those who feel that they are part of a system that guarantees health care to all citizens regardless of their economic and social status (46.9%) and those who do not believe this (53.1%), and practically only one in two feels part of an organization that protects the public interest (52.1%) and social equity (47.9%).

Furthermore, they are firmly convinced that - unfortunately -

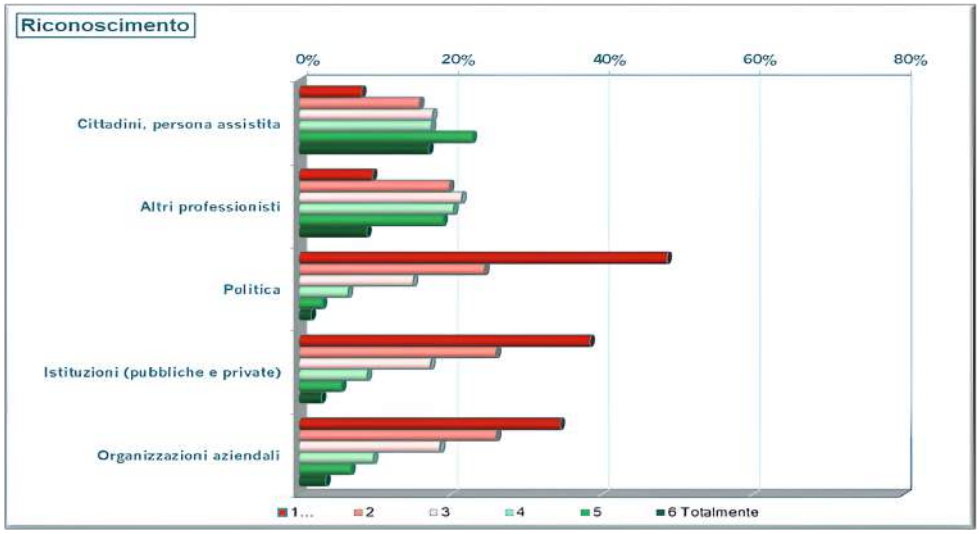

Figure 6: Recognition. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

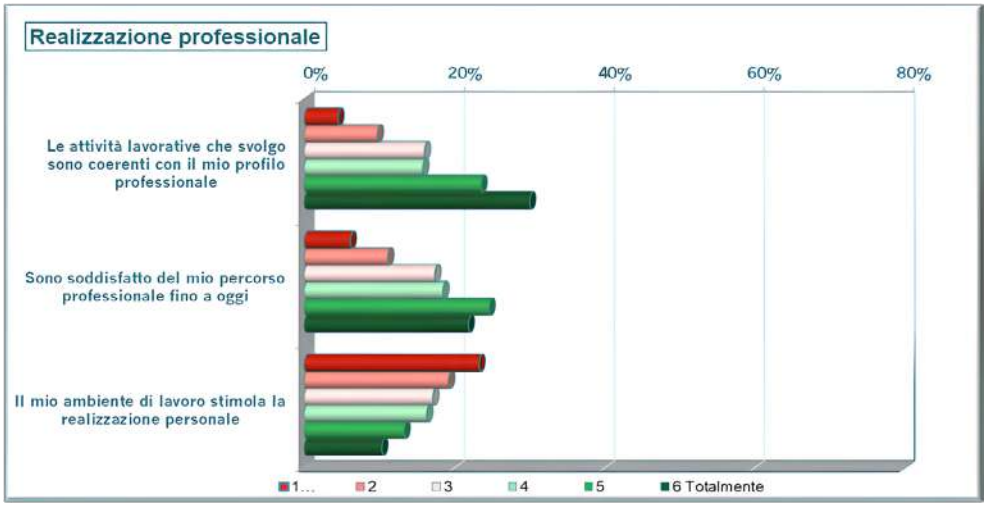

Figure 7: Professional fulfilment. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

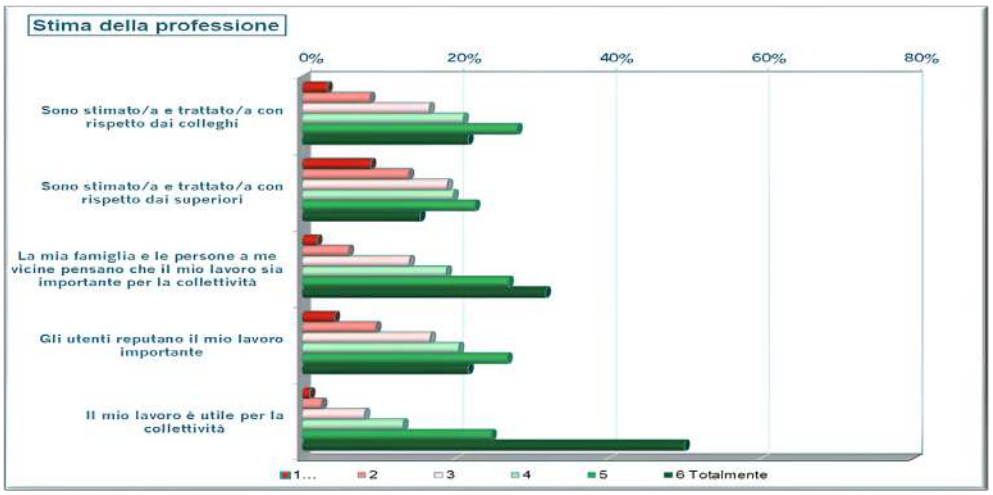

Figure 8: Estimate of the profession. Source: Civic Health Report 2023 - Elaboration by the Civic Evaluation Agency - Cittadinanzattiva

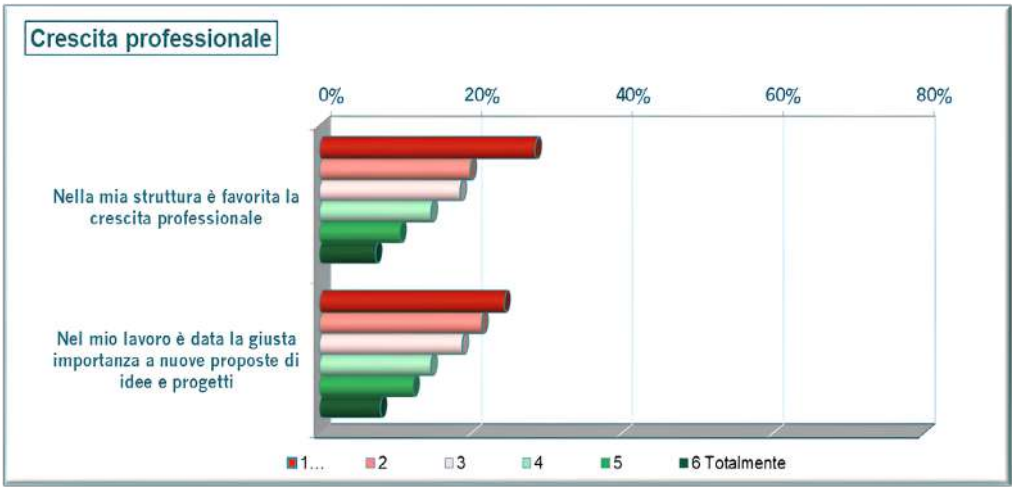

Figure 9: Professional growth. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

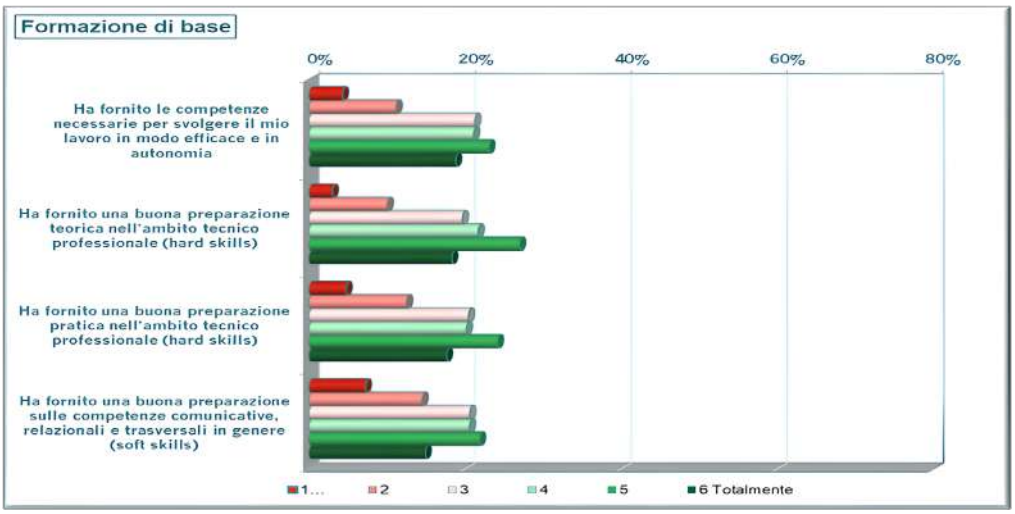

Figure 10: Basic training. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

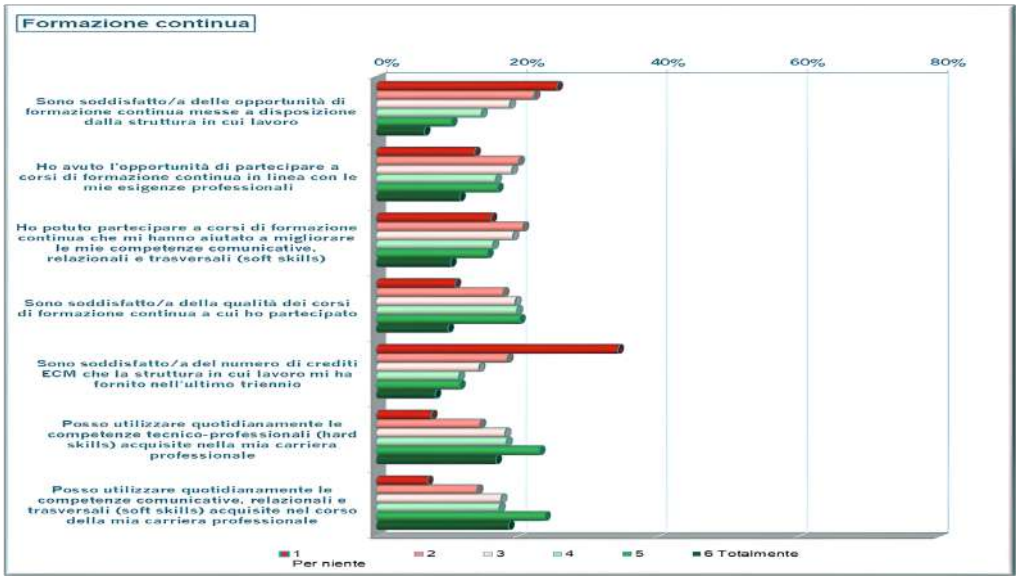

Figure 11: Continuing education. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

Figure 12: Working conditions and equipment. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

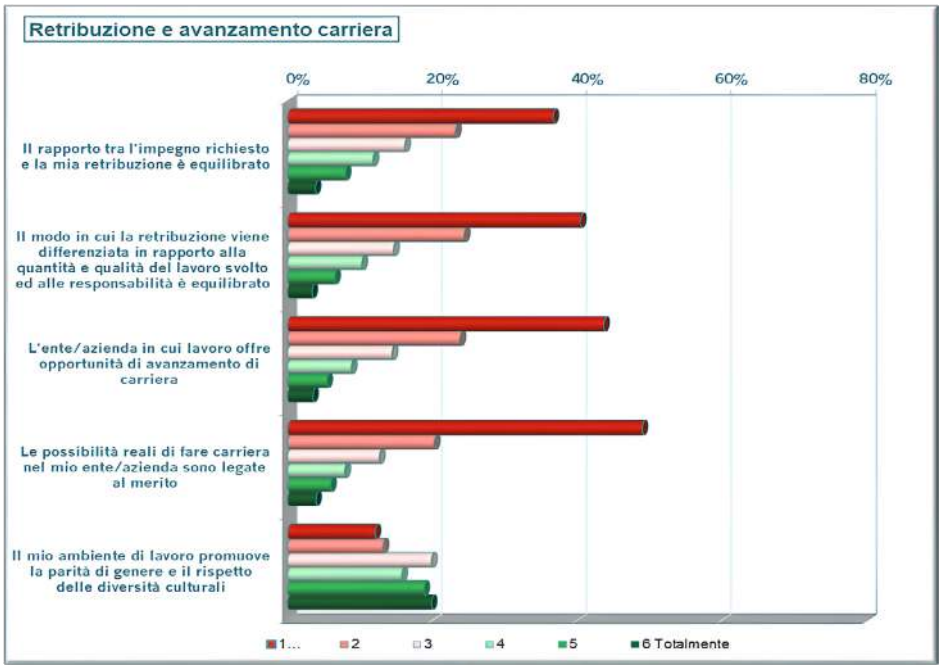

Figure 13: Remuneration and career advancement. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

the resources available to the health service are not utilized by minimizing waste: 80.1% of the respondents think so.

There is also a substantial percentage of those who feel that the organization they work for does not respond adequately either to the needs of professionals (69.4%) or - about waiting times - to those of citizens (63.8%). This gives rise to a sense of veiled dissatisfaction among many professionals regarding the results obtained in providing health care to patients (54.7%), also due to the belief that they feel part of an organization that is not always able to use resources in a manner commensurate with the needs of the population and the severity of the pathology (56.7%) (Figures 16-18).

Public vs Private

The professionals surveyed are equally divided between those who say they have always worked in the public sector (33.2%), have always worked in the private sector (33.8%), and those who have had experience in both sectors. In this case, those who currently work in the public sector but have previously worked

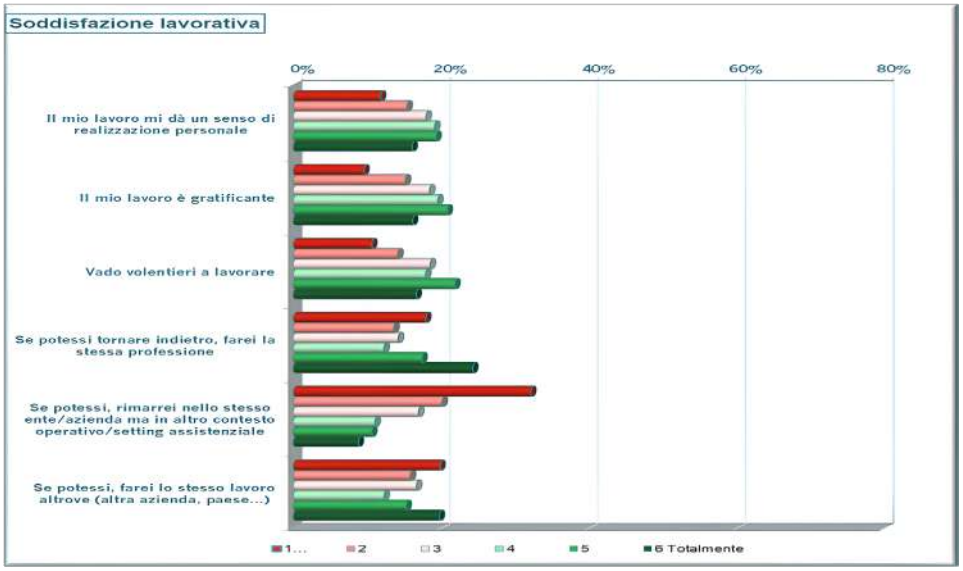

Figure 14: Job satisfaction. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

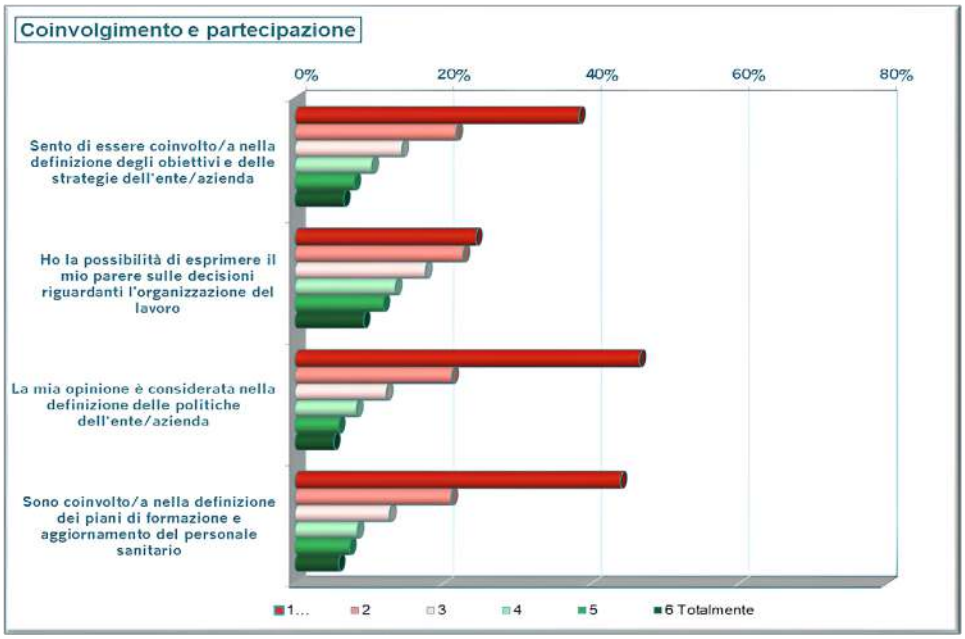

Figure 15: Involvement and participation. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

in the private sector (27.6%) prevail over those who have taken the reverse career path (5.4%). It is interesting to analyze how long ago the switch was made: the switch from the public to the private sector was made in the last three years by 31.3% of those who now work in the private sector, 'compensated' by a similar percentage (31.2%) of colleagues (but in absolute terms, there are many more) who took the reverse route in the same period.

Among the reasons that prompted several professionals to move from the public to the private sector, we find first the desire for new experiences combined with greater professional growth and autonomy (19.1%), followed by greater job stability and new job opportunities (18.8%), a better work-life balance (15.3%). In fourth place, we find better economic treatment (14.6%). The same mix of motivations can be found in those who chose to move from the private sector to public health care: greater stability and less precariousness (28%), motivational and professional growth (16.5%), and better economic conditions (12.9%) (Figure 19).

Staying vs Leaving: The Voice of Those Concerned

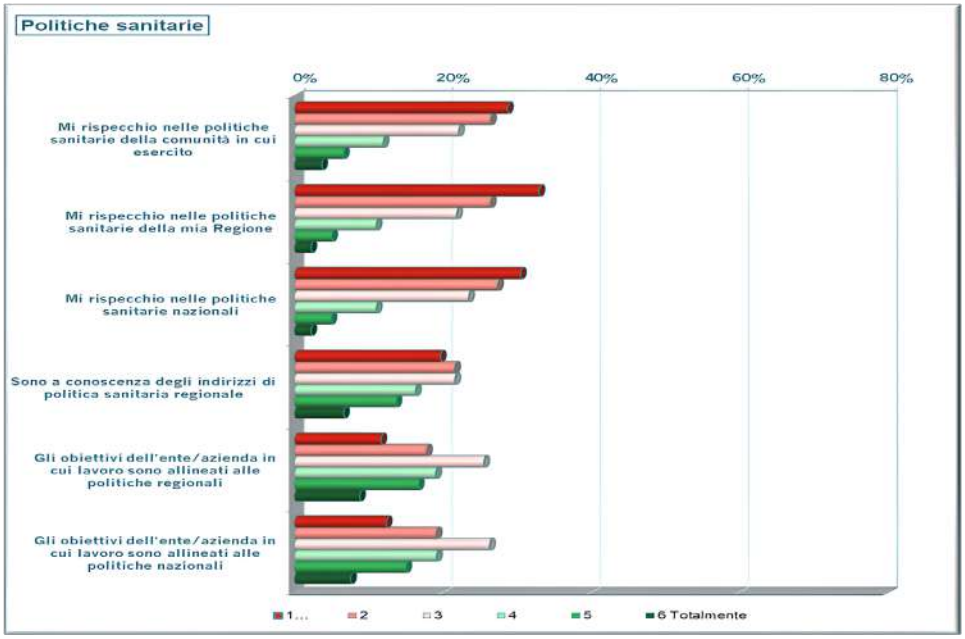

Figure 16: Health policies. Source: Civic Health Report 2023 - Elaboration by the Civic Evaluation Agency - Cittadinanzattiva

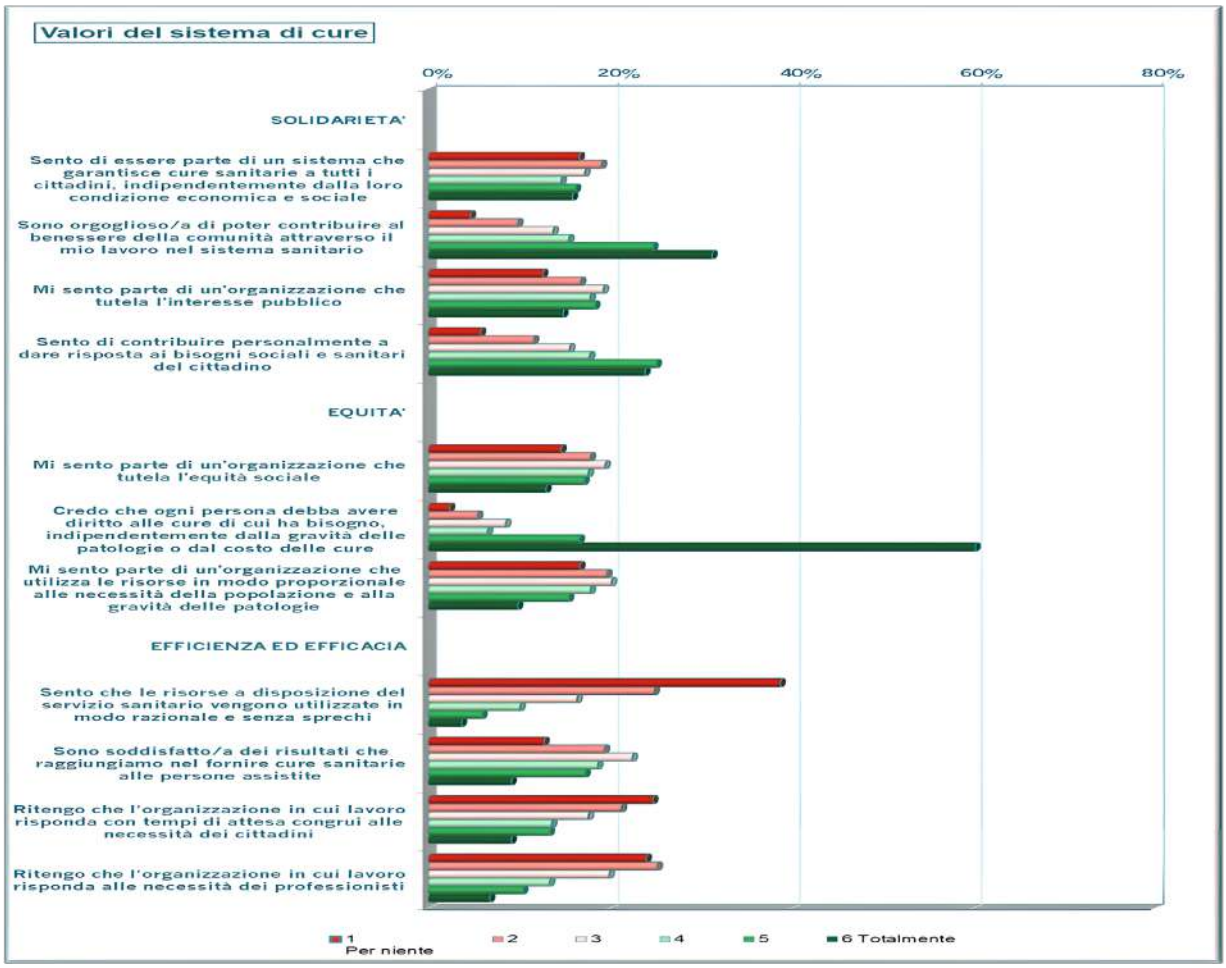

Figure 17: Values of the care system. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

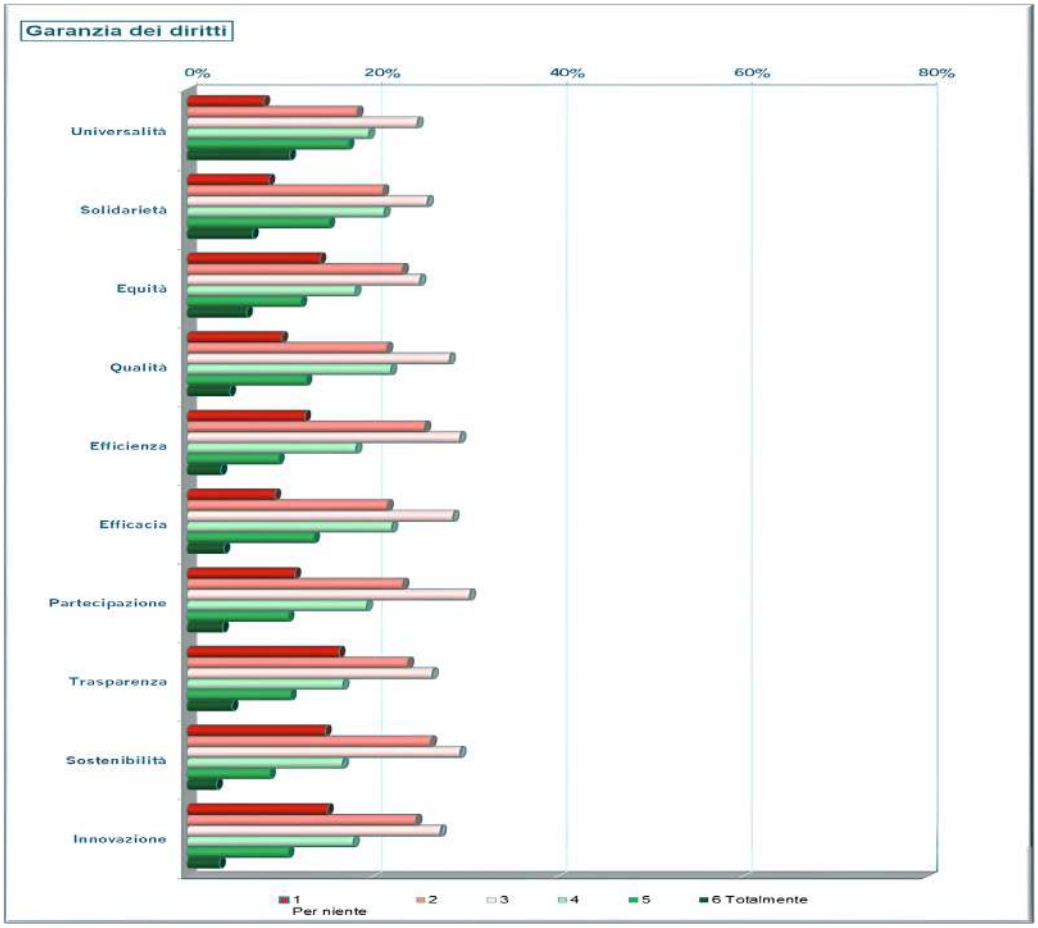

Figure 18: Guarantee of rights. Source: Civic Health Report 2023 - Processing by the Civic Evaluation Agency - Cittadinanzattiva

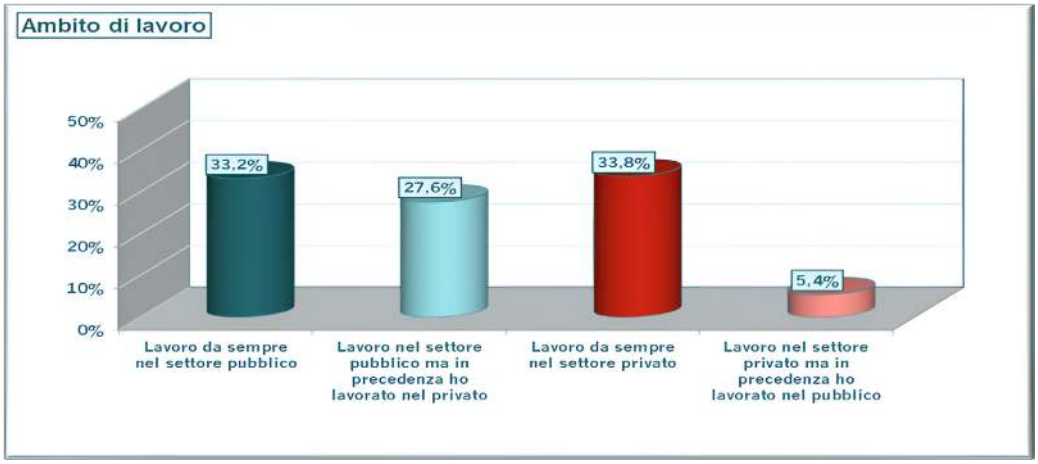

Figure 19: Scope of work. Source: Civic Health Report 2023 - Elaboration by the Civic Evaluation Agency - Cittadinanzattiva

The (Table 1) summarizes the top 10 reasons for leaving the NHS and the top 10 reasons for staying: often the same argument is given as the reason for change or continuity.

CONCLUSION

15 million people work in health occupations, representing over 7% of the EU workforce and almost 4% of the EU

Figure 20: Logo of the 2024 celebration of the European Patients' Rights Day - Active Citizenship Network

population [8]. The role of healthcare professionals (HCPs) is undeniably pivotal. However, their significance seems to be inadequately emphasized in the political sphere: whether in the National Recovery and Resilience Plans (NRRPs), the conclusions of the Conference for the Future of Europe, or pre-election debates. Remarkably, considering also what was experienced during this mandate, the European Commission President Ursula von der Leyen did not even mention health or its professionals in her 2023 State of the Union speech [9], despite their foundational roles.

As part of the European Year of Skills [10], the Commission's Employment and Social Developments in Europe (ESDE) Report 2023 [11] puts a special focus on the analysis of labor shortages and skills gaps also in the health sector [12].

Projects funded under the EU4Health Work Program (among others, the Joint Action "HEROES" [13] and the "AHEAD" [14] project) have addressed the persistent labor shortage in the health sector, while a widespread civic survey on health workers conducted in Italy by Cittadinanzattiva-investigated how 10,000 workers belonging to 20 health professions experience their condition, outlining the contours of what is a real "health workforce emergency" [15].

Neglecting the health workforce crisis jeopardizes current and future preventive and care options for citizens. Doctors, nurses, and pharmacists are essential within healthcare systems, ensuring the well-being of citizens and fostering trust in the system. Their support is paramount. Ahead of the European elections, which steps should we prioritize to address this pressing concern? What actions must be urgently taken? After the June 2024 elections, how can we ensure a patient-centered approach at the European level that also pays heed to healthcare professionals? How to improve the work environment within the National Health Service of member states? How to ensure the empowerment of healthcare professionals for everyone's protection?

While trust isn't in doubt, there's a pronounced call for investments in training, support, proximity, new communication tools, and more. These calls come from European citizens, patients, and all stakeholders, including health professionals and those who invest in innovation.

This issue - addressed from a public policy perspective - will be the focus of the 18th edition of the European Patients' Rights Day [16], organized in its traditional multi-stakeholder format to embrace the voices of public institutions as well as those of professionals, the private sector, civil society, and patients, who see in their daily lives the concrete possibility of relating directly with healthcare professionals dangerously reduced. The 18th celebration of the European Patients' Rights Day will be held on 20 March 2024, from 16:30 to 18:30, at the European Parliament in Brussels. The conference

is, as always, organized by Active Citizenship Network [17] - the European branch of the Italian NGO Cittadinanzattiva - and hosted by the MEPs' Interest Group "European Patients' Rights & Cross-Border Healthcare", just before the European elections scheduled for June 2024 (Figure 20).

For this reason and for the awareness that this urgency/emergency undermines the chances of protection and care for European citizens and patients, the discussion will not only be about the shortage of health professionals but also about the need to keep them always well-informed, trained, updated and ready for forthcoming challenges.

The debate will also delve into the work environment of healthcare workers, analyzing their work conditions, whether they feel valued, what motivates them to stay in the NHS rather than go to work in private facilities, or, in extreme cases, to leave the practice of their profession for good.

A local but common factor almost everywhere in Europe that deserves the attention of the political class, starting with the same European institutions that have declared their commitment to a 'European Health Union' [18].

DECLARATIONS

Each of the authors confirms that this manuscript has not been previously published by another international peer-review journal and is not under consideration by any other journal. Additionally, all the authors have approved the contents of this paper and have agreed to the journal's submission policies.

AUTHORS' CONTRIBUTION AND CONFLICT OF INTEREST

Each named author has substantially contributed to conducting the underlying research and drafting this manuscript. Additionally, to the best of our knowledge, the authors listed on the first page declare that they do not have any conflict of interest, financial or otherwise.

ACKNOWLEDGMENT

The civic survey was carried out by Cittadinanzattiva in collaboration with the FNOPI FNO TSRM and PSTRP Federations, which represent 20 professional orders. In this regard, Cittadinanzattiva would like to thank the president of FNOPI Barbara Mangiacavalli, and the president of FNO TSRM and PSTRP Teresa Calandra for having welcomed the ultimate meaning of the civic survey by supporting it among their members. For their valuable contribution to the working group, engaged from the definition of the survey instrument to the valorization of the results, we thank Mariacristina Magnocavallo, FNOPI Central Committee Councillor, and OPI Campobasso-Isernia President; Nicola Draoli, FNOPI Central Committee Councillor, and OPI Grosseto President; Alessandro Beux, FNO TSRM, and PSTRP Central Committee Member - SAPIS Study Centre President; Antonio Cerchiaro, FNO TSRM, and PSTRP Central Committee Member; Antonella Paccone, FNO TSRM and PSTRP Collaborator; Daniele Di Feo, FNO TSRM and PSTRP Collaborator.

The entire survey is hosted in the chapter "The Health Workforce in Italy" of the "Civic Report on Health 2023" published in Italy by Cittadinanzattiva in May 2023 entitled "Urgent Health Care" [19]. The "Civic Report on Health 2023" was realized by Cittadinanzattiva with the unconditional support of FOFI, FNOPI, FNOMCeO, FNO TSRM, and PSTRP; and with the unconditional contribution of Alexion, Chiesi, and Sanofi.

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16. Since 2007, to reinforce the principles stated in the European Charter of Patients' Rights, Cittadinanzattiva-Active Citizenship Network took the initiative to launch the European Patients' Rights Day, annual appointment to be celebrated each year across Europe as a common occasion to inform, discuss and take commitments to improve patients' rights in Europe and in each member State. www.activecitizenship.net/european-patients-rights-day.html

17. Established in 2001, Active Citizenship Network is part of the Cittadinanzattiva APS legal entity and is one of the most widespread and flexible European networks which - in the recent years - has been able to involve in its initiatives hundreds of civic, patient and users' organisations coming from European and extra-European countries. www.activecitizenship.net

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