Professional and Organizational Function Appointments in the Italian Health Sector: A Systematic Review on Their Distribution and Limited Availability

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ABSTRACT

Professional and organizational function appointments represent one of the main contractual instruments introduced in the Italian public health sector to recognize advanced responsibilities, professional expertise, coordination duties and organizational complexity among non-managerial healthcare personnel. Within the National Collective Labour Agreement for the Health Sector, these appointments are intended to strengthen professional development, support middle management, improve clinical governance and provide a structured career pathway for health professionals belonging to the "Comparto Sanità". However, their practical implementation across Italian Local Health Authorities and public hospitals appears uneven and quantitatively limited, particularly when compared with the size of the healthcare workforce, the increasing complexity of care processes and the need for formal recognition of advanced professional roles. This systematic narrative review examines the regulatory framework, distribution mechanisms and organizational implications of professional and organizational function appointments in the Italian health sector. Official collective bargaining sources, ARAN interpretative documents, public company regulations and scientific literature on healthcare workforce development, leadership, job satisfaction and retention were reviewed. The findings indicate that the system of function appointments is theoretically coherent with modern models of professional development and distributed leadership, but its impact is constrained by limited financial resources, fragmented local implementation, heterogeneous selection criteria, insufficient national monitoring and a relatively small number of medium- and high-complexity appointments. The review concludes that function appointments should be considered a strategic workforce governance tool rather than a merely accessory salary mechanism. Their expansion, transparent mapping and workload-based distribution may contribute to professional motivation, organizational accountability and retention of skilled healthcare workers within the Italian National Health Service.

INTRODUCTION

The Italian National Health Service is currently facing profound organizational and workforce challenges. Population ageing, chronic disease burden, technological innovation, hospital overcrowding, territorial care reform and workforce shortages have increased the complexity of healthcare delivery. In this context, the role of non-managerial healthcare professionals has expanded significantly. Nurses, radiographers, laboratory technicians, rehabilitation professionals, midwives, healthcare assistants, administrative staff and technical personnel are increasingly required to perform activities involving autonomy, coordination, risk management, clinical governance, digital systems, quality improvement and interprofessional integration [1].

Despite this evolution, the formal career progression of healthcare professionals in the Italian public sector has historically remained limited. For many years, professional advancement was mainly based on seniority, economic progression within categories, or access to managerial positions reserved for a relatively small number of professionals. This created a gap between the increasing complexity of daily professional practice and the limited availability of structured recognition mechanisms [2].

The National Collective Labour Agreement for the Health Sector attempted to address this gap through the system of "incarichi di funzione", translated here as professional and organizational function appointments. These appointments are contractual assignments attributed to personnel of the health sector compartment for the performance of additional or more complex functions within the employee's professional profile, with specific responsibilities and additional remuneration [3].

The distinction between professional function appointments and organizational function appointment

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is conceptually important. Professional function appointments recognize advanced technical-professional skills, specialist expertise, training responsibilities, quality improvement roles, methodological competences or high-level professional autonomy. Organizational function appointments, instead, are linked to coordination, management of human resources, organization of care processes, supervision of activities, operational planning and responsibility for specific organizational units or processes [3].

The 2019–2021 National Collective Labour Agreement for the Health Sector introduced a more structured framework for these appointments within the new professional classification system. The agreement defined different types of appointments, their complexity levels, requirements, duration, renewal, revocation, evaluation and economic treatment [3]. The subsequent 2022–2024 contract further updated and partially replaced some provisions, maintaining the central role of function appointments as instruments of professional and organizational development [4].

However, implementation remains problematic. In many Local Health Authorities and public hospitals, the number of available appointments is limited compared with the number of eligible professionals. Public calls frequently refer to a small number of organizational or professional function appointments, sometimes only a few units for large departments or complex organizations. This scarcity may generate competition, perceived inequity, frustration among professionals and limited capacity to recognize widespread advanced competences [5].

The issue is not merely economic. Function appointments are directly related to professional identity, motivation, leadership development, organizational effectiveness and staff retention. Scientific literature consistently shows that career opportunities, recognition, leadership, autonomy and participation in decision-making are associated with job satisfaction and workforce stability in healthcare settings [6,7]. Conversely, lack of recognition and limited career development may contribute to dissatisfaction, turnover intention and professional disengagement [8].

The aim of this systematic narrative review is to analyse professional and organizational function appointments in the Italian health sector, focusing on their regulatory framework, distribution mechanisms, limited availability and implications for healthcare workforce governance. The review addresses three research questions: first, how are function appointments regulated within the Italian collective bargaining framework? Second, what evidence exists regarding their distribution and quantitative scarcity? Third, what are the organizational consequences of maintaining a limited number of such appointments in a healthcare system characterized by increasing professional complexity?

METHODS AND RESULTS

A systematic narrative review was conducted to integrate contractual, organizational and scientific sources. The review adopted a structured approach inspired by PRISMA principles, although a quantitative meta-analysis was not feasible because the available evidence consists mainly of collective bargaining documents, interpretative guidance, company-level regulations, public administrative acts and heterogeneous scientific studies on healthcare workforce development.

The review was designed to examine function appointments as both a legal-contractual institution and an organizational workforce policy instrument. Therefore, the analysis included both normative-contractual sources and scientific literature on professional development, leadership, job satisfaction, retention and workforce planning.

Sources and search strategy

The review considered official Italian collective bargaining documents, particularly the National Collective Labour Agreement for the Health Sector 2019–2021 and the National Collective Labour Agreement for the Health Sector 2022–2024 [3,4]. ARAN interpretative documents were included to clarify specific aspects of eligibility and implementation [9]. Publicly available regulations and calls issued by Local Health Authorities and public hospitals were considered as examples of local implementation and distribution patterns [5,10,11].

Scientific literature was searched using combinations of the following terms: “healthcare workforce professional development”, “nursing leadership Italy”, “healthcare middle management”, “job satisfaction nurses Italy”, “career progression healthcare workers”, “professional recognition healthcare”, “retention healthcare workforce”, “workload job satisfaction quality nursing care Italy”, and “health workforce planning Italy”.

Sources were included if they addressed at least one of the following areas: professional or organizational function appointments in the Italian health sector; collective bargaining regulation of healthcare personnel; healthcare workforce development; advanced roles and professional recognition; leadership and job satisfaction; staff retention and workforce shortages. Sources were excluded if they focused exclusively on medical managerial careers, private-sector labour regulation unrelated to the Italian public health sector, or purely clinical topics without workforce implications.

Regulatory framework of function appointments

The National Collective Labour Agreement for the Health Sector 2019–2021 introduced a structured system of appointments within the broader reform of the professional classification system. The agreement distinguished between areas of classification and defined a system of assignments intended to recognize different degrees of professional and organizational responsibility [3].

Function appointments are not ordinary job descriptions. They represent formal assignments

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involving additional responsibilities, greater complexity and specific objectives. They are connected to the employee's professional profile and must be established, graded and conferred according to criteria defined at company level within the framework of national collective bargaining [3].

The 2019–2021 agreement identified organizational and professional function appointments as instruments applicable mainly to personnel belonging to the Area of Health Professionals and Officials, while also regulating appointments for other areas under specific conditions. The system includes different complexity levels, generally distinguished as basic, medium and high complexity [3].

A key element of the contractual framework is the automatic or general attribution of a basic professional function appointment to personnel who are not recipients of medium- or high-complexity appointments. This provision has an inclusive function because it recognizes that all professionals perform a professional role. However, the most selective and organizationally relevant appointments are medium- and high-complexity appointments, which involve additional responsibilities and higher economic value [3].

Organizational function appointments are generally linked to coordination, management of processes, supervision of personnel, responsibility for organizational pathways or management of resources. Professional function appointments are instead linked to specialist competences, advanced clinical or technical knowledge, training, research, quality improvement, risk management, digital innovation or other highly qualified professional functions [3].

The agreement also provides that organizational function appointments are hierarchically superordinate to professional function appointments within the internal system of assignments. This does not mean that professional appointments are less relevant in terms of value; rather, it reflects the organizational responsibility connected with coordination and management functions [3].

The 2022–2024 agreement confirmed the importance of function appointments and updated several provisions, including conferment, duration, renewal, revocation and economic treatment. The updated framework reinforces the need for company-level regulation and selective procedures for medium- and high-complexity assignments [4].

Requirements, selection and duration

Function appointments are conferred through procedures regulated at company level. Eligibility criteria generally include professional experience, educational qualifications, previous assignments, skills related to the specific function, evaluation outcomes and coherence with the organizational needs of the health authority or hospital [3,9].

ARAN clarified that, for certain appointments, professional experience may include not only service within public health institutions but also experience acquired outside the strict perimeter of public employment.

Appointments have a defined duration, are renewable following positive evaluation and may be revoked under specific circumstances, such as organizational reconfiguration, negative evaluation, loss of requirements or changes in service needs [3,4]. This confirms that function appointments are dynamic instruments linked to performance, responsibility and organizational planning.

The selection process is crucial. If criteria are transparent, measurable and aligned with organizational needs, the system can promote merit, accountability and professional development. If criteria are unclear or perceived as discretionary, the system may generate conflict, mistrust and demotivation.

Economic treatment and financial constraints

The economic value of function appointments is determined according to the type and complexity of the assignment, within the limits of the dedicated contractual funds. The Fund for appointments, economic progressions and professional allowances represents a central constraint on the number and value of medium- and high-complexity assignments [3].

This financial limitation is one of the main reasons for the quantitative scarcity of function appointments. Even when an organization recognizes the need for a broader distribution of professional and organizational responsibilities, the number of formally remunerated appointments may remain limited because of the available fund. In other words, the demand for recognition may exceed the contractual and financial capacity to provide formal assignments.

The 2019–2021 agreement also established constraints on the maximum number of high-complexity appointments in relation to medium-complexity appointments, unless increased at company level compatibly with fund availability [3]. This rule aims to preserve internal proportionality but may also limit the expansion of higher-level appointments.

The 2022–2024 agreement updated the economic treatment of function appointments, but the structural issue remains: the number of meaningful appointments depends on financial resources, local bargaining and organizational mapping [4]. Therefore, the system is strongly influenced by local implementation.

Local implementation and heterogeneous distribution

Publicly available regulations and calls from Italian Local Health Authorities and public hospitals show substantial heterogeneity in implementation. Some

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organizations have adopted detailed regulations defining criteria for mapping, grading, selection, evaluation, renewal and revocation of appointments [10,11]. Others publish calls for a limited number of specific organizational or professional function appointments, often linked to coordination needs or specific projects [5].

The available public evidence suggests that medium- and high-complexity appointments are not distributed uniformly across the workforce. Calls may concern a very small number of positions compared with the size of the organization and the number of eligible professionals. For example, some public hospitals issue calls for only a few organizational function appointments even within complex and multi-site structures [5]. This does not necessarily indicate illegitimacy; it reflects the selective nature of the instrument and the financial constraints of the system. However, it supports the perception that such appointments are quantitatively limited.

The absence of a national open database reporting the number of function appointments by region, health authority, professional profile, complexity level and ratio to eligible personnel represents a major limitation. Without standardized monitoring, it is difficult to assess equity, adequacy and regional variation. The distribution of appointments remains largely visible only through local acts, company regulations, calls and internal mapping documents.

This lack of national monitoring is particularly problematic because the Italian health workforce is large and diversified. The National Health Service employs hundreds of thousands of professionals, including nurses, healthcare technicians, rehabilitation professionals, administrative staff and socio-health operators [12]. In such a context, a small number of medium- and high-complexity appointments may be insufficient to recognize the real distribution of responsibilities and competences.

Relationship with workforce shortage and professional development

The issue of function appointments must be interpreted within the broader workforce crisis affecting the Italian National Health Service. Italy has a lower density of nurses than the OECD average, and several analyses have highlighted imbalances in the health workforce, particularly in nursing and non-medical health professions [12,13]. Workforce shortages increase workload, reduce job satisfaction and make retention more difficult.

Scientific literature shows that job satisfaction among healthcare workers is influenced by workload, recognition, autonomy, leadership, career opportunities and organizational climate [6,7]. Serra et al. examined workload, job satisfaction and perceived quality of nursing care in Italy, highlighting the relationship between organizational conditions and professional outcomes [6]. Similar evidence indicates that leadership style and organizational support influence nurses' satisfaction and professional well-being [7].

Function appointments may therefore contribute to retention and motivation if they provide real recognition of competence, responsibility and career development. Conversely, if appointments are few or perceived as inaccessible, they may have the opposite effect, generating frustration among professionals who perform complex functions without formal recognition.

The scarcity of function appointments is particularly relevant in highly complex settings such as emergency departments, radiology units, intensive care, operating rooms, community care, digital health, risk management, clinical governance and training. In these settings, professionals often perform advanced activities that go beyond routine execution, yet formal recognition may remain limited.

Professional function appointments are essential for recognizing advanced expertise. In modern healthcare systems, professional development does not necessarily coincide with hierarchical coordination. A radiographer with advanced competences in magnetic resonance imaging, a nurse expert in wound care, a laboratory technician responsible for quality control, or a rehabilitation professional involved in complex pathways may exercise high professional responsibility without managing a team.

The professional function appointment is therefore a key instrument to avoid reducing career development to organizational coordination alone. It allows the system to recognize technical excellence, methodological expertise, teaching, audit, research, evidence-based practice and innovation.

However, in practice, professional appointments may receive less visibility than organizational appointments. Coordination roles are often easier to map because they correspond to identifiable units or teams. Professional expertise, by contrast, may be more diffuse, transversal and less immediately linked to formal structures. This may contribute to the underdevelopment of professional function appointments compared with organizational ones.

A mature system should value both dimensions. Organizational appointments are necessary for coordination and management, while professional appointments are necessary for clinical and technical excellence. Excessive imbalance toward organizational appointments may weaken professional career pathways and create the perception that advancement is possible only by leaving direct professional practice.

Organizational function appointments are linked to coordination and management responsibilities. They are particularly important because healthcare organizations increasingly rely on middle-level professionals to manage shifts, resources, pathways, interprofessional communication, quality indicators and operational continuity.

The role of middle management is essential in translating strategic objectives into daily practice. Coordinators and organizational function holders

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often act as the interface between management and frontline staff. They manage conflicts, reorganize activities, supervise processes, monitor quality and support implementation of change.

Scientific literature confirms that leadership style and coordination influence job satisfaction and organizational climate [7]. Therefore, organizational function appointments should not be considered only as economic recognition for coordination. They should be integrated into leadership development, managerial training, evaluation systems and workforce planning.

However, the quantitative scarcity of organizational function appointments may create an excessive span of control. If too few professionals are formally responsible for coordination across many units or large teams, the quality of supervision may decrease. This is especially relevant in services operating 24 hours a day, where continuity requires distributed leadership across shifts.

Synthesis of findings

The review identified five main findings.

First, the contractual framework provides a coherent and structured model for professional and organizational function appointments. The CCNL defines types, complexity levels, requirements, duration, renewal, revocation and economic treatment [3,4].

Second, the number of meaningful medium- and high-complexity appointments appears limited by financial resources, fund availability and company-level mapping. The system is selective by design, but this selectivity may become excessive when compared with the size and complexity of the healthcare workforce [3,5].

Third, implementation is highly heterogeneous across Italian health organizations. Public regulations show different criteria, procedures and mapping models, while calls often involve a small number of available appointments [5,10,11].

Fourth, there is no comprehensive national database allowing systematic comparison of distribution by region, profession, gender, complexity level, organizational area or ratio to eligible personnel. This limits transparency and evidence-based workforce governance.

Fifth, function appointments have strategic potential for motivation, retention, leadership and professional development, but this potential is reduced if appointments remain quantitatively scarce, poorly distributed or perceived as discretionary.

DISCUSSION

The system of professional and organizational function appointments represents one of the most important innovations in the contractual regulation of Italian health sector personnel. It attempts to introduce a structured career pathway for non-managerial staff and to recognize that healthcare professionals may exercise different degrees of autonomy, responsibility and complexity.

The theoretical rationale of the system is strong. Modern healthcare organizations require distributed leadership and advanced professional competences. The complexity of care cannot be managed only through top-down managerial structures. It requires professionals capable of coordinating processes, supervising teams, managing risks, implementing evidence-based practice, supporting digital innovation and ensuring continuity of care.

Function appointments respond precisely to this need. They can transform implicit responsibilities into formal assignments, making organizational roles visible, measurable and accountable. They can also strengthen professional motivation by recognizing expertise without forcing professionals to abandon their technical or clinical identity.

However, the implementation gap is evident. The number of available appointments often appears too limited to reflect the real distribution of responsibilities within health organizations. Many professionals perform advanced or coordinating activities without receiving a formal appointment. This produces a discrepancy between actual work and contractual recognition.

The scarcity of appointments has several consequences. First, it may reduce motivation among experienced professionals who perceive limited career opportunities. Second, it may increase competition and conflict among colleagues. Third, it may concentrate recognition in a small group of professionals, leaving widespread competences invisible. Fourth, it may weaken organizational accountability because responsibilities are not always formally mapped. Fifth, it may reduce the attractiveness of the public health sector in a labour market already affected by workforce shortages.

A central issue is the relationship between function appointments and financial resources. The current system is fund-dependent. This means that the number and value of appointments depend on available contractual funds and company-level bargaining. While financial sustainability is necessary, excessive dependence on limited funds may prevent the system from becoming a true workforce development strategy.

The scarcity of appointments is particularly problematic in relation to professional function appointments. Healthcare systems increasingly need advanced clinical and technical expertise, but professional careers often remain less visible than organizational coordination. If professional appointments are not adequately developed, the system risks rewarding only managerial or coordination functions, while neglecting specialist competence and advanced practice.

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This imbalance may be harmful. Not all excellent professionals should become coordinators. A mature healthcare system should allow parallel career pathways: organizational leadership for those who manage teams and processes, and professional excellence for those who develop advanced technical, clinical, educational or methodological expertise.

Another important issue is transparency. Company-level regulations are necessary, but they may produce heterogeneity. Local autonomy allows adaptation to specific organizational needs, but without national monitoring it becomes difficult to evaluate equity. Two professionals with similar responsibilities may receive different recognition depending on the health authority or region in which they work.

A national observatory or annual report on function appointments could improve governance. Such a report should include the number of appointments by region, organization, professional profile, complexity level, gender, age group, duration, renewal rate and ratio to eligible personnel. It should also monitor the relationship between appointments and organizational indicators such as turnover, absenteeism, job satisfaction, quality improvement projects and staff retention.

The review also suggests that function appointments should be linked to workforce planning. If an organization identifies critical areas such as emergency care, radiology, operating theatres, intensive care, community care or digital transformation, it should map the professional and organizational functions needed to sustain those areas. The number of appointments should derive from service complexity, workload, technological intensity, risk level and strategic objectives, not only from historical availability of funds.

Evaluation is another key dimension. Function appointments should not be permanent symbolic titles. They should be associated with objectives, indicators, periodic assessment and renewal based on performance. This does not mean creating punitive mechanisms, but ensuring that appointments remain connected to real responsibilities and organizational outcomes.

Training should also be strengthened. Professionals receiving organizational function appointments need skills in leadership, conflict management, human resources, quality improvement, data interpretation and communication. Professionals receiving professional function appointments need opportunities for advanced training, teaching, research, audit and innovation. Without training, appointments may become merely formal and fail to generate organizational improvement.

From a policy perspective, expanding the number of function appointments may be justified not only as an economic demand but as an investment in health system resilience. The Italian National Health Service is facing shortages, ageing workforce and increasing complexity. Recognition of professional competences is one of the tools available to improve retention and reduce disengagement.

However, expansion should not be indiscriminate. A larger number of appointments must be accompanied by rigorous mapping, clear criteria and measurable responsibilities. Otherwise, the instrument may lose credibility and become a generalized allowance. The challenge is to balance selectivity with adequacy: appointments should remain meaningful, but not so scarce that they become inaccessible to most professionals performing complex functions.

Limitations

This review has some limitations. First, the available evidence on the distribution of function appointments is fragmented and mainly based on public administrative acts, company regulations and calls. Second, there is no national database allowing precise quantification of appointments across all Italian health authorities. Third, scientific literature specifically addressing Italian function appointments is limited; therefore, the review integrated broader evidence on professional development, leadership, workforce planning and job satisfaction.

Despite these limitations, the review provides a coherent synthesis of the contractual framework and organizational implications of function appointments in the Italian health sector.

CONCLUSIONS

Professional and organizational function appointments are a strategic contractual instrument for recognizing advanced responsibilities among healthcare personnel in the Italian National Health Service. They support professional development, organizational accountability, leadership and retention. However, their current implementation appears limited by financial constraints, heterogeneous local regulation, lack of national monitoring and a quantitatively small number of medium- and high-complexity appointments.

The limited availability of such appointments creates a gap between the complexity of healthcare work and formal recognition. This gap may reduce motivation, weaken professional career pathways and contribute to dissatisfaction in a workforce already affected by shortages and increasing workload.

Future policy should move from a purely administrative view of function appointments to a workforce governance perspective. This requires transparent mapping, national monitoring, adequate funding, professional and organizational career pathways, objective evaluation and integration with workforce planning. Only through such an approach can function appointments become an effective tool for strengthening the Italian National Health Service and valuing the competences of its professionals.

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