

The State of the Art of Clinical Master's Degrees in Nursing and Health Professions in Italy: A Systematic Narrative Review

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ABSTRACT

Background: The evolution of healthcare needs in Italy, including population ageing, chronic disease burden, technological innovation, workforce shortages and the transition from hospital-centred to community-based care, has renewed the debate on advanced clinical education for nurses and other health professionals. Traditionally, Italian Master's degrees in the health professions have been mainly oriented toward management, education and research. In 2026, the reform of the LM/SNT1 class introduced a new clinical direction for nursing, creating specialist Master's degree pathways in primary care and family and community nursing, neonatal and paediatric care, and intensive and emergency care.

Aim: This systematic narrative review aims to synthesize the state of the art of clinical Master's degrees in nursing and health professions in Italy, analysing regulatory evolution, educational models, clinical competencies, implementation challenges and future perspectives.

Methods: A systematic narrative search was conducted in June 2026 using PubMed/MEDLINE, Google Scholar, official Italian legislative sources, Ministry of University and Research documents, professional federation documents and international policy sources. Search terms included "clinical Master's degree", "advanced practice nursing", "health professions", "Italy", "LM/SNT", "nursing specialist", "advanced clinical competencies", "professional development", "healthcare professions reform", and "clinical specialization". Sources included peer-reviewed articles, reviews, international guidelines, Italian legal acts and institutional policy documents. Due to the heterogeneity of evidence and the predominance of regulatory and policy sources, findings were synthesized narratively.

Results: The review identified five major themes: (1) the historical structure of Italian Master's degrees in the health professions; (2) the emergence of clinical specialization in nursing through the 2026 reform of LM/SNT1; (3) the relationship between clinical Master's degrees and international advanced practice nursing frameworks; (4) the still incomplete development of equivalent clinical Master's pathways for rehabilitation, technical and prevention professions; and (5) implementation barriers related to regulation, workforce planning, academic capacity, interprofessional governance, contractual recognition and outcome evaluation.

Conclusions: Italy is entering a transitional phase in which advanced clinical education is becoming formally recognized, especially in nursing. The 2026 reform represents a turning point because it moves part of postgraduate nursing education from a mainly managerial and educational orientation toward advanced clinical practice. However, the model remains incomplete unless similar pathways are developed for other health professions and unless clinical competencies are translated into regulated roles, organizational positions, appropriate remuneration and measurable outcomes.

INTRODUCTION

In recent decades, the Italian healthcare system has undergone profound demographic, epidemiological and organizational changes. Population ageing, chronic diseases, multimorbidity, disability, technological complexity, emergency care pressures and the increasing need for territorial and home-based services require health professionals with advanced clinical competencies, not only managerial or educational skills. This transformation has strengthened the debate on postgraduate education for nurses and other health professionals and, specifically, on the need for Master's degrees with a clear clinical orientation.

The Italian university system for the health professions is organized around first-cycle qualifying degrees and second-cycle Master's degrees. The regulatory framework established by Ministerial Decree 8 January 2009 defined four Master's degree classes for the health professions: LM/SNT1 for nursing and midwifery sciences, LM/SNT2 for rehabilitation sciences, LM/SNT3 for technical health professions, and LM/SNT4 for prevention sciences [1]. These degrees were historically designed to prepare professionals for advanced roles in management, education, research and organizational coordination rather than for formally recognized advanced clinical practice.



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Law 43/2006 had already distinguished different professional levels within the health professions, including graduate professionals, coordinating professionals, specialist professionals and managerial professionals [2]. However, this structure did not generate a fully implemented national model of advanced clinical practice comparable to international advanced practice nursing or advanced clinical practice frameworks. In practice, postgraduate development in Italy remained fragmented among first-level professional Master's programmes, second-level academic Master's degrees, local organizational appointments and doctoral education.

The 2026 reform represents a major turning point. Ministerial Decree 159/2026 revised the LM/SNT1 class and introduced a distinction between "Nursing and Midwifery Sciences" and "Specialist Nursing Sciences" [3]. Within this second area, the decree established three clinical Master's degree pathways: primary care and family and community nursing, neonatal and paediatric care, and intensive and emergency care [3]. The decree also states that universities must adapt their academic regulations to activate the new courses from the 2026/2027 academic year [3]. Ministerial Decree 177/2026, concerning the undergraduate nursing class, introduced transitional provisions for students enrolled in paediatric nursing programmes, confirming the broader redesign of the nursing educational pathway [4].

This reform is relevant not only for nursing but also for the whole system of health professions. The Federation of Orders of Medical Radiology Technicians and Technical, Rehabilitation and Prevention Health Professions has explicitly welcomed the creation of clinical Master's degrees for nurses while also requesting equivalent development for technical, rehabilitation and prevention professions [5,6]. Therefore, the current Italian scenario is characterized by asymmetrical progress: clinical specialization is now formally structured in nursing, while similar second-cycle clinical pathways for other health professions remain a policy objective rather than an established national framework.

At the international level, advanced clinical education is commonly associated with expanded clinical competencies, complex decision-making, leadership, interprofessional collaboration, research use and direct patient care. The International Council of Nurses defines advanced practice nursing as a field requiring expert knowledge, complex decision-making skills and expanded clinical competencies, generally supported by education at least at Master's level [7]. The World Health Organization has also emphasized the need to invest in nursing education, jobs and leadership to strengthen health systems [8]. OECD analysis confirms that advanced practice nurses and similar roles are increasingly considered a response to primary care needs, ageing, chronic conditions and pressures on physicians and hospitals [9]. Against this background, this review aims to analyse the state of the art of clinical Master's degrees in nursing and health professions in Italy. The specific objectives are: (1) to describe the regulatory evolution of Italian second-cycle education in the health professions; (2) to analyse the content and implications of the 2026 nursing reform; (3) to

discuss implementation priorities.

METHODS AND RESULTS

This paper was developed as a systematic narrative review, informed by the PRISMA 2020 principles for transparent reporting of evidence synthesis [10]. A narrative approach was selected because the topic combines legal, educational, professional and organizational dimensions and because the available evidence includes heterogeneous sources such as laws, ministerial decrees, federation documents, policy papers, systematic reviews and conceptual studies.

The review was not registered in PROSPERO. No meta-analysis was performed because the included sources did not report homogeneous quantitative outcomes related to clinical Master's degrees in Italy. Instead, the findings were synthesized thematically.

Search strategy

A structured search was conducted in June 2026. The following sources were consulted: PubMed/MEDLINE, Google Scholar, Cochrane Library summaries, official Italian legislative repositories, Ministry of University and Research documents, Gazzetta Ufficiale, professional federation websites, OECD publications, WHO documents and International Council of Nurses guidance.

Search terms were combined using Boolean operators and included: "clinical Master's degree" OR "clinical Master degree" OR "advanced practice nursing" OR "advanced clinical practice" OR "specialist nursing" AND "Italy"; "LM/SNT1" OR "LM/SNT2" OR "LM/SNT3" OR "LM/SNT4"; "health professions" AND "clinical specialization"; "nursing specialist" AND "primary care" OR "paediatric" OR "emergency"; "lauree magistrali cliniche" AND "professioni sanitarie".

Eligibility criteria

Sources were included if they: (1) addressed Italian Master's degrees in nursing or health professions; (2) described clinical specialization, advanced practice, professional reform or postgraduate competencies; (3) were official legislative or institutional documents; (4) were peer-reviewed articles or systematic reviews on advanced practice nursing or advanced clinical roles; or (5) provided international frameworks relevant to comparison with the Italian model.

Sources were excluded if they focused exclusively on undergraduate education without relevance to clinical specialization, described non-healthcare academic degrees, or provided opinion without institutional or scientific relevance.





Results: regulatory evolution of Italian Master's degrees in health professions

The first major theme concerns the historical structure of second-cycle education in the Italian health professions. Ministerial Decree 8 January 2009 organized Master's degrees into four classes: LM/SNT1, LM/SNT2, LM/SNT3 and LM/SNT4 [1]. These classes reflected the four main areas of the health professions: nursing and midwifery, rehabilitation, technical health professions and prevention.

The 2009 model responded to the need to consolidate university-based advanced education after the professional and academic reforms of the previous decades. However, its objectives were mainly transversal and organizational. Graduates were expected to acquire advanced cultural, scientific and professional competencies in care processes, management, education and research. In practical terms, these degrees became important for access to teaching, coordination, organizational development, research and management functions, but they did not always correspond to clearly regulated advanced clinical roles.

Law 43/2006 had introduced the distinction between coordinating professionals, specialist professionals and managerial professionals [2]. Nevertheless, the "specialist professional" category was often linked to first-level university Master's programmes rather than to a nationally uniform second-cycle clinical degree. This created a structural ambiguity: on one hand, the legal system recognized the need for specialist professionals; on the other hand, the academic and contractual systems did not fully translate specialist clinical education into stable roles, scopes of practice and career pathways.

Results: the 2026 reform of nursing Master's degrees

The second major theme is the 2026 reform of the nursing Master's degree class. Ministerial Decree 159/2026 revised LM/SNT1 and introduced a new structure distinguishing between two areas: LM/SNT1-A, Nursing and Midwifery Sciences, and LM/SNT1-B, Specialist Nursing Sciences [3]. The first area maintains the traditional advanced profile in management, education, research and high-level care planning. The second area creates explicit clinical specialist pathways.

The three new clinical pathways are: (1) primary care and family and community nursing; (2) neonatal and paediatric care; and (3) intensive and emergency care [3]. These pathways are not generic curricular options but correspond to specific fields of clinical specialization. This is the most innovative element of the reform because it establishes, at national level, a second-cycle university route for nurses whose purpose is advanced clinical practice.

In the primary care and family and community nursing pathway, the specialist nurse is defined as responsible for nursing processes addressed to individuals, families and communities across different phases of care. The role includes proactive management of expressed and latent health needs, leadership in primary care process

prevention, rehabilitation, palliative care, chronic disease management, family support, community resource mapping, digital health, telemonitoring and interprofessional integration [3].

In the neonatal and paediatric pathway, the specialist nurse is oriented toward care for newborns, children, adolescents and young adults in health, illness, chronicity, disability and social vulnerability. The competencies include assessment, clinical leadership, management of acute and critical situations, paediatric pain management, palliative care, transition to adult services, family empowerment, educational interventions, ethical decision-making and research [3].

In the intensive and emergency care pathway, the specialist nurse is oriented toward complex and unstable clinical conditions, emergency-urgency systems, intensive care, advanced monitoring, support of vital functions, clinical risk management, continuity of care and interdisciplinary emergency pathways [3]. Across all three pathways, the decree introduces the possibility of prescribing nursing care treatments such as medical devices, aids and specific technologies necessary to ensure continuity and safety of care [3]. This does not correspond to medical drug prescribing but represents a relevant expansion of specialist nursing responsibility.

The reform also provides a transitional mechanism. Universities are required to adapt their academic regulations for the start of the new courses in the 2026/2027 academic year, while students already enrolled in existing courses must be allowed to complete their programme under previous regulations or opt for the new framework according to university rules [3]. Decree 177/2026 further regulates the transition concerning paediatric nursing programmes [4].

Results: relationship with international advanced clinical practice

The third major theme concerns the relationship between Italian clinical Master's degrees and international advanced practice frameworks. Internationally, advanced practice nursing is not defined only by postgraduate education but by the combination of advanced education, clinical autonomy, complex decision-making, direct care, leadership, research use, interprofessional collaboration and an expanded scope of practice [7]. Master's-level education is generally considered a minimum requirement, but education alone is insufficient if not linked to regulation, credentialing and role implementation.

The Italian reform aligns with several international features of advanced practice nursing: specialist clinical domains, Master's-level preparation, complex clinical decision-making, leadership, evidence-based





consultation, supervision, education and outcome evaluation. It also reflects health system priorities such as primary care strengthening, continuity of care, paediatric specialization and emergency-intensity care.

However, Italy still differs from countries with mature advanced practice frameworks. OECD analysis shows that countries such as the United States, Canada, Australia, the United Kingdom and the Netherlands have developed different models of nurse practitioners, clinical nurse specialists or advanced practice nurses, although implementation varies and remains politically sensitive [9]. European evidence also shows marked heterogeneity in titles, regulation, scope of practice and educational requirements [11,12].

A review of advanced practice nurse roles in Europe found that lack of regulation can generate variability in preparation and scope of practice, with potential implications for safety, role clarity and professional recognition [11]. This is particularly relevant for Italy. The 2026 nursing reform defines educational pathways, but the full impact will depend on whether the healthcare system creates coherent positions, governance mechanisms, credentialing processes and contractual recognition.

The international evidence on advanced practice nursing is generally favourable, although context-dependent. A Cochrane review found that nurse-led primary care may produce similar or better outcomes compared with physician-led care for several patient conditions and may improve patient satisfaction, although cost effects remain uncertain [13]. A global review of systematic reviews found that advanced practice nursing, nurse practitioner and clinical nurse specialist care was equal or superior to comparator care for many indicators across multiple settings, while evidence gaps remain for some outcomes such as costs, emergency visits and service delivery [14].

These findings support the plausibility of clinical Master's degrees as a strategy to improve access, continuity and quality of care. Nevertheless, evidence from other countries cannot be transferred automatically to Italy. The Italian health system has its own regulatory, regional, contractual and professional characteristics, and therefore needs national outcome studies after implementation.

The fourth theme concerns the broader health professions. While nursing has now obtained a clear national reform for clinical Master's degrees, the other health professions remain in a less advanced position. Rehabilitation, technical and prevention professions continue to be organized within the LM/SNT2, LM/SNT3 and LM/SNT4 classes, whose objectives are still predominantly advanced professional, organizational, educational and research-oriented rather than structured around nationally defined clinical specializations.

This does not mean that these professions lack advanced clinical practice. In many areas, advanced competencies already exist in practice: specialist rehabilitation, advanced imaging, laboratory diagnostics, radiation therapy, neurophysiology, orthoptics, audiology, prevention, workplace safety, environmental health, dietetics, dental hygiene and many other fields. However, these competencies are not yet systematically translated into second-cycle clinical degree pathways equivalent to the

new nursing specialist model.

The FNO TSRM and PSTRP has explicitly stated that the creation of clinical Master's degrees for nurses is a positive step toward revising second-level university education for all health professions [5]. The Federation has also requested the activation of clinical Master's degrees for technical, rehabilitation and prevention health professions, emphasizing the need to avoid inequalities among professions and to ensure equal dignity and recognition [6].

This issue is central for interprofessional balance. If clinical Master's degrees are developed only in nursing, the system may generate asymmetry among health professions. Conversely, if the model is extended to other professional areas, Italy could build a broader advanced clinical practice framework based on the specific competencies of each profession. Such development would require careful planning because each profession has different scopes, risks, technologies, settings and patient populations.

Results: implementation barriers

The fifth theme concerns implementation. The creation of clinical Master's degrees is necessary but not sufficient. The literature on advanced practice roles repeatedly identifies role ambiguity, lack of regulation, weak governance, insufficient leadership, unclear job descriptions, limited public understanding, professional resistance and inadequate funding as barriers to implementation [11,12].

In Italy, these barriers may be amplified by regional heterogeneity. The National Health Service is decentralized, and regions have wide responsibility for service organization, workforce planning and professional deployment. Therefore, the same academic title may have different practical value depending on regional policies, local health authority models, recruitment plans and contractual frameworks.

Another barrier concerns the relationship between academic education and employment. A clinical Master's degree must correspond to recognizable clinical positions. Without dedicated posts, selection criteria, salary recognition and functional autonomy, graduates may return to the same roles without effective use of their advanced competencies. This would risk undermining the credibility of the reform. A further issue concerns university capacity. Clinical Master's degrees require specialist faculty, clinical mentors, simulation laboratories, practice placements, interprofessional teaching, assessment methods and partnerships with healthcare organizations. The quality of the reform will depend on the capacity to ensure that courses are not only



formally activated but clinically robust.

Finally, outcome evaluation remains essential. The success of clinical Master's degrees should not be assessed only by the number of activated courses or enrolled students. Indicators should include patient outcomes, access to care, waiting times, continuity of care, hospital readmissions, emergency department use, appropriateness of devices and aids, patient experience, professional retention, interprofessional collaboration, safety and cost-effectiveness.

DISCUSSION

This review shows that Italy is at a decisive stage in the development of advanced clinical education for nursing and health professions. For many years, Master's degrees in the health professions provided important academic development but were mainly associated with management, education and research. The introduction of clinical specialist nursing pathways in 2026 changes this trajectory by recognizing that advanced clinical expertise requires structured university education at the second-cycle level.

The reform is particularly relevant because it responds to several health system priorities. The primary care and family and community nursing pathway is coherent with the strengthening of territorial care, chronic disease management and community-based models. The neonatal and paediatric pathway addresses the need for high-level expertise in developmental, family-centred and transitional care. The intensive and emergency care pathway responds to the complexity of critical care, emergency networks and high-intensity settings.

At the same time, the reform raises several strategic questions. First, Italy must clarify whether these new degrees are purely academic qualifications or whether they will become the educational basis for advanced clinical roles in the National Health Service. If the latter is intended, then regulation, credentialing, workforce planning and contractual recognition must follow.

Second, the new specialist nurse must not be interpreted as a substitute physician. Internationally, the safest and most effective advanced practice models are those based on interprofessional collaboration, clear scope of practice, shared governance and accountability. The Italian model should therefore avoid both professional reductionism and professional conflict. Advanced clinical nursing should be designed as a contribution to patient safety, continuity and appropriateness, not as a simple response to medical workforce shortages.

Third, the expansion of clinical Master's degrees should involve all health professions. Rehabilitation, technical and prevention professions are increasingly exposed to technological complexity, chronic care needs, population health challenges and advanced diagnostic or therapeutic processes.

A modern healthcare system cannot develop advanced clinical practice in one profession only. The nursing reform may serve as a pilot model, but equivalent pathways should be designed for other professional areas according to their specific scopes of practice.

Fourth, education must be accompanied by outcome research. The Italian literature on advanced clinical roles remains limited, especially regarding measurable effects of postgraduate clinical education. Future research should evaluate whether clinical Master's graduates improve care quality, reduce avoidable hospital use, improve chronic disease outcomes, increase patient satisfaction, support professional retention and generate economic value.

Fifth, the reform should be integrated with doctoral education and continuing professional development. Clinical Master's degrees can prepare specialist clinicians, while doctoral programmes can prepare clinical researchers, academic leaders and evidence implementation experts. A coherent career architecture should connect Bachelor's degree, professional experience, clinical Master's degree, doctoral education, continuing education and advanced professional positions.

This review has limitations. First, the topic is rapidly evolving, and implementation data are not yet available because the new courses are expected to start from the 2026/2027 academic year. Second, much of the evidence consists of legal and policy documents rather than empirical outcome studies. Third, the review was narrative and did not include formal quality appraisal of all sources. Nevertheless, the synthesis provides a timely overview of the current state of the art and identifies key policy implications.

In conclusion, the Italian reform of clinical Master's degrees in nursing represents a historic step toward advanced clinical education. Its success will depend on the ability to transform academic innovation into professional roles that are regulated, recognized, funded and evaluated. The next challenge is to extend the same logic to the other health professions, creating a balanced, interprofessional and clinically oriented postgraduate system capable of responding to the needs of citizens and the sustainability of the National Health Service.





References

- [1] Ministero dell'Istruzione, dell'Università e della Ricerca. (2009). Decreto 8 gennaio 2009: Determinazione delle classi delle lauree magistrali delle professioni sanitarie, ai sensi del decreto ministeriale 22 ottobre 2004, n. 270. Gazzetta Ufficiale della Repubblica Italiana.
- [2] Parlamento Italiano. (2006). Legge 1 febbraio 2006, n. 43: Disposizioni in materia di professioni sanitarie infermieristiche, ostetrica, riabilitative, tecnico-sanitarie e della prevenzione. Gazzetta Ufficiale della Repubblica Italiana.
- [3] Ministero dell'Università e della Ricerca. (2026). Decreto 6 febbraio 2026: Revisione della classe di laurea magistrale infermieristica e istituzione dei profili infermieristici specialistici. Gazzetta Ufficiale della Repubblica Italiana.
- [4] Ministero dell'Università e della Ricerca, & Ministero della Salute. (2026). Decreto 25 febbraio 2026: Revisione della classe di laurea infermieristica. Gazzetta Ufficiale della Repubblica Italiana.
- [5] Federazione Nazionale Ordini dei Tecnici Sanitari di Radiologia Medica e delle Professioni Sanitarie Tecniche, della Riabilitazione e della Prevenzione. (2024). Lauree magistrali infermieri: Un passo avanti nella revisione della formazione universitaria delle professioni sanitarie. FNO TSRM e PSTRP.
- [6] Federazione Nazionale Ordini dei Tecnici Sanitari di Radiologia Medica e delle Professioni Sanitarie Tecniche, della Riabilitazione e della Prevenzione. (2026). Audizione sulla riforma delle professioni sanitarie: Pari riconoscimenti per tutte le professioni. FNO TSRM e PSTRP.
- [7] International Council of Nurses. (2020). Guidelines on advanced practice nursing 2020. International Council of Nurses.
- [8] World Health Organization. (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. World Health Organization.
- [9] Brownwood, I., & Lafortune, G. (2024). Advanced practice nursing in primary care in OECD countries: Recent developments and persisting implementation challenges. OECD Health Working Papers, 165. OECD Publishing. doi:10.1787/8e10af16-en
- [10] Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. doi:10.1136/bmj.n71
- [11] Unsworth, J., Greene, K., Ali, P., Lillebø, G., & Mazilu, D. C. (2022). Advanced practice nurse roles in Europe: Implementation challenges, progress and lessons learnt. *International Nursing Review*, 69(4), 431–440. doi:10.1111/inr.12700
- [12] De Raeve, P., Davidson, P. M., Bergs, J., Patch, M., Jack, S. M., Castro-Ayala, A., Xyrichis, A., Preston, W., & Leary, A. (2024). Advanced practice nursing in Europe: Results from a pan-European survey of 35 countries. *Journal of Advanced Nursing*. doi:10.1111/jan.15775
- [13] Laurant, M., van der Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., & van Vught, A. J. A. H. (2018). Nurses as substitutes for doctors in primary care. *Cochrane Database of Systematic Reviews*, 7, CD001271. doi:10.1002/14651858.CD001271.pub3
- [14] Kilpatrick, K., Savard, I., Audet, L. A., Costanzo, G., Khan, M., Atallah, R., Jabbour, M., Zhou, W., Wheeler, K., & Ladd, E. (2024). A global perspective of advanced practice nursing research: A review of systematic reviews. *PLOS ONE*, 19(7), e0305008. doi:10.1371/journal.pone.0305008
- [15] McMenamin, A., Turi, E., Schlak, A., Poghosyan, L., & Spetz, J. (2023). A systematic review of outcomes related to nurse practitioner-delivered primary care. *Medical Care Research and Review*.
- [16] Dimonte, V., & Di Giulio, P. (2026). Advanced nursing education in Italy and Master's degrees: Thirty years of progress in light and shade. *Interdisciplinary Journal of Nursing and Health*, 5(1), 1–2. doi:10.82051/ijnh-2026-338
- [17] Ministero della Salute. (2022). Decreto 23 maggio 2022, n. 77: Regolamento recante la definizione di modelli e standard per lo sviluppo dell'assistenza territoriale nel Servizio sanitario nazionale. Gazzetta Ufficiale della Repubblica Italiana.

