CURRENT PRACTICE AND FUTURE DIRECTIONS IN DIABETES NURSING IN ITALY: A NATIONAL SURVEY

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Background

Italy has one of the highest rates of diabetes in Europe, affecting around five million people, where nurses routinely work in diabetes care. Yet, there is limited evidence describing their current scope or aspirations for extended roles. Regional variation in care provision, combined with the absence of a clearly defined professional framework, suggest potential heterogeneity in practice.

Aim

To characterise the scope of practice of nurses working in diabetes services across Italy and explore future directions.

Methods

A cross-sectional mixed-methods questionnaire was developed based on the TREND Diabetes competency framework[1]. The survey was distributed anonymously to members of the *Operatori Sanitari di Diabetologia Italiani* (OSDI) and the *Associazione Nazionale Infermieri di Endocrinologia e Diabetologia* (ANIED), providing access to a national network of nurses working in diabetes. A total of 103 responses were analysed, with participation from multiple regions, although some areas were not represented.

Results: The workforce was weighted towards a late career stage, with 48% aged 55–64 years. Less than half reported having received diabetes training (47%), and one-fifth held formal postgraduate qualifications (20%). Most respondents were involved in direct patient care (92%), with many contributing to nurse-led care, although fewer held their own caseload. Patient education was central to practice, particularly insulin management, blood glucose monitoring, and continuous glucose monitoring, whilst involvement in insulin pump training was limited (17%). While none reported prescribing medications, 67% supported insulin titration routinely as part of education. Regression analyses showed no significant predictors of nurses' confidence across outcomes (all $p > .05$), with low explanatory power.

Qualitative findings highlighted limited role recognition or access to specialist education, and a culture of working within medically led models of care with limited nursing autonomy, despite aspirations for role extension.

Conclusion: Italian diabetes nurses play a central role in care delivery but lack access to specialist education, a national framework, and the recognition of diabetes nursing as a speciality. Addressing these factors is essential in forward planning high-quality care that responds to the increasing prevalence of diabetes in Italy.