NURSING LEADERSHIP DURING ITALY'S ECONOMIC MIRACLE (1950–1970)

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Abstract

Between the 1950s and 1970s, Italy experienced far-reaching social reforms, following economic improvements to living conditions and the country's industrial structure. The reforms were driven by the youth protests that swept across the entire Western world (May 1968 in France) and by the workers' struggles in Italy ("Hot Autumn"). In the nursing world, these changes foreshadowed significant transformations on three levels: a) Professional: the growth of leadership roles and positions that helped make the profession increasingly active and visible within Italian society; b) Unions: nurses played a key role in struggles to obtain better working conditions (wages, shifts, staffing levels) and supported the establishment of a universal public health system; c) Scientific: nurses became involved in experiments aimed at developing innovative care methods, particularly in psychiatric hospitals. These three levels often overlapped. The objective of this study is to elucidate the evolutionary trajectory of the transformations that occurred in the nursing profession during the aforementioned period.

Keywords: hospital, nurses, struggles, strikes, profession, Italy

1 INTRODUCTION

This paper examines the nursing profession during a particular moment in Italian history: the "boom" period of 1958–1963, known as the Italian economic miracle. It was the era of Fellini's *La Dolce Vita*, the Rome Olympics, the legendary Fiat 500, and the advent of television in every household. The refrigerator became the first status symbol desired by Italians, one of the many symbols of progress accompanying the country's journey out of the devastation of World War II, during which, once again, thousands of its citizens sought opportunities in wealthier economies through emigration. Many sectors of society were still in need of modernization, as they were tied both to the structure of the past fascist dictatorship and to the preceding liberal monarchic state. However, from the late 1950s onwards, various changes began to take shape. In the realm of healthcare services, a Ministry of Health was established for the first time in 1958. It took on issues that had previously fallen within the remit of the Ministry of the Interior and had often been dealt with institutionally as matters of public order.

The 1960s was a decade of events that significantly influenced and changed the face of the country. On the healthcare front, these years concluded with Law 132 of 1968, which aimed to reform the Italian healthcare system but actually only brought about some minor, yet significant, changes. These changes paved the way for the reform embodied in Law 833 of 1978.[1]

The period under investigation marks a turning point in Italy's history. Historian Paul Ginsborg[2] asserts that Italians were able to enjoy unprecedented widespread prosperity. The nursing profession played a significant role in this historiography at the professional, labor policy, and care levels. On a professional

[1] Among the main interventions of the law, the following are notable: a) Extension of hospital care to all citizens, both Italian and foreign. b) Transformation of hospitals into public entities. c) Obligation for the state to finance hospital debts. d) Regulation of medical management. e) Opening up the possibility of establishing training schools for personnel, including those for professional nurses and general nurses, starting with the provincial hospitals.

[2] Ginsborg 2006, p. 78.

level, we will consider the key figures involved in structuring a managerial class through the evolution of professional associations (Colleges of Professional Nurses, Health Care Assistants and Childminders)[3] and training (boarding schools). Many nurses began to contribute their knowledge in an institutional context and in scientific meetings. At the political and union level, there was a significant presence of nurses (both male and female) in job actions linked to contractual demands during this period, which was marked by prolonged strikes, demonstrations, protest marches, and, in some cases, the occupation of hospital wards or buildings. Finally, in a continuously evolving healthcare and work environment, changes also took place within the nursing profession itself on a purely scientific level. These changes were linked to technical and scientific progress and new models of care and assistance, with notable advances in the field of modern psychiatry.

Objectives

This study aims to elucidate the evolutionary trajectory of the transformations that occurred in the nursing profession in Italy between 1950 and 1970. In particular, it seeks to ascertain whether and to what extent the nursing profession began to assume a more prominent role during this period as a political, union, welfare, and professional resource within Italian society.

Methodology

Historical sources were examined in line with the teachings of the Italian historian Chabod.[4] This also included analyzing archival materials from the period (primary sources) and studying secondary sources derived from the available bibliography, especially conference and congress proceedings and the online archive of a contemporary newspaper, *L'Unità*.[5] The choice of reference material was made according to certain documentary priorities. This facilitated the historical reconstruction of events along a chronological axis, evaluated without considering specific political viewpoints. The source materials included articles on health policy, union struggles in hospitals, and writings related to events (e.g., conferences) concerning the nursing professions. The keywords used with the truncation technique were: *inferm** (nurses), *sanit** (healthcare), *ospedal** (hospital).

2 QUANTITATIVE RESULTS

Our analysis of the sources has enabled us to outline a picture of the events of the period and to highlight various forms of professional leadership along the three analytical axes. In the healthcare sector, this period saw the emergence of the professional nurse, although this role was not yet sufficiently representative in a care context dominated by general nurses, both male and female. This picture also reflects a limited male representation, since men were excluded by Law 1832/1925[6] from the boarding schools set up for the higher education of professional nurses – a form of gender segregation that contributed to a significant increase in the number of male general nurses, who often played leading roles in the struggles of the period. The chronicles of those years reveal the ongoing changes in healthcare, particularly in the field of psychiatry, where many past care practices were swept away by reformative actions led by both doctors and nurses.

[3] The National Professional Nurses, Health Care Assistants and Childminders College (Collegio Nazionale degli Infermieri Professionali, Assistenti Sanitari e Vigilatrici d'Infanzia – IPASVI) was the national body, encompassing the IPASVI provincial nursing colleges. For more than half a century, it united professionals and performed the functions that would subsequently become the remit of the professional association. Subsequently, from 2018 onwards, the provincial colleges underwent a transformation, becoming the Provincial Professional Orders, and are now collectively represented by the National Federation of Orders for Nursing Professions (Federazione Nazionale degli Ordini delle Professioni Infermieristiche – FNOPI).

[4] Chabod 1992, pp. 82–127.

[5] Despite *L'Unità* being a party publication – of the Italian Communist Party – this source was useful for gathering information on the movements of struggle, since it was also linked to the activities of the three most important trade union confederations of the time, particularly the Italian General Confederation of Labor (CGIL).

[6] The Royal Decree 1832 of 1925 was the first law in Italy to regulate the training of professional nurses by establishing boarding schools.

An analysis of the sources paints a comprehensive picture of the number of available hospital beds, the number of doctors, the number of professional nurses registered with the National Professional Nurses, Health Care Assistants and Childminders College (*Collegio Nazionale degli Infermieri Professionali, Assistenti Sanitari e Vigilatrici d'Infanzia* – IPASVI), and the number of general nurses over the course of the 1950s and 1960s. This overview aims to provide a comprehensive picture of the evolution of healthcare provision in Italy, both in organizational terms (hospital beds) and professional terms (healthcare personnel). Some minor quantitative discrepancies in the personnel numbers of the time were found while examining the sources, particularly between data collected by the Italian National Institute of Statistics (*Istituto Nazionale di Statistica* – ISTAT) and those presented at conferences and congresses and recorded in conference proceedings. However, these discrepancies do not significantly alter the overall historiographical representation.

Tables 1 and 2 below, derived from the ISTAT data,[7] along with the IPASVI[8] registration data, provide reference data for the healthcare landscape of the time:

Table 1: Availability of hospital beds, doctors and nursing staff 1956–1970 (our elaboration)

Year	Available hospital beds (ahb)	Doctors	Nurses	Registered IPASVI	Ratio ahb/ doctors	Ratio ahb/ nurses	Ratio nurses/ doctors
1956	393,720	23,237	45,102	23,720	16.9	8.7	1.9
1957	413,331	23,995	46,083	23,758	17.2	9.0	1.9
1958	425,706	24,975	48,484	23,509	17.0	8.8	1.9
1959	439,893	25,883	51,501	24,586	17.0	8.5	2.0
1960	450,539	27,034	54,939	25,408	16.7	8.2	2.0
1961	459,950	28,602	57,866	26,352	16.1	7.9	2.0
1962	472,314	30,082	61,322	27,393	15.7	7.7	2.0
1963	485,336	31,308	65,833	27,635	15.5	7.4	2.1
1964	493,563	32,840	69,132	28,159	15.0	7.1	2.1
1965	503,110	34,301	73,130	29,487	14.7	6.9	2.1
1966	515,607	35,730	77,131	30,207	14.4	6.7	2.2
1967	528,276	36,980	83,641	31,711	14.3	6.3	2.3
1968	542,834	38,281	90,423	33,045	14.2	6.0	2.4
1969	560,336	40,507	100,310	34,530	13.8	5.6	2.5
1970	568,459	43,414	114,608	37,259	13.1	5.0	2.6

[7] Istituto Nazionale di Statistica – ISTAT 1976, pp. 42–43.
[8] List of professionals enrolled in the National Federation of Nursing Professions (FNOPI) register. https://web.archive.org/web/20150402143659/http://www.ipasvi.it/chi-siamo/iscritti/gli-iscritti-dal-1956-ad-oggi.htm, accessed February 01, 2020.

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Table 2: Availability of hospital beds by hospital type and decadal average number of available beds and nursing staff for the period 1951–1970 (our elaboration)

Years	General hospitals (available beds)	Nurses	Nurses/beds	Psych. hospitals (available beds)	Nurses	Nurses/beds	Sanatorium hospitals (available beds)	Nurses	Nurses/beds	Private hospitals (available beds)	Nurses	Nurses/beds
1951–60	216,173	24,938	8.6	91,718	16,511	5.5	48,029	2,802	17.1	61,379	5,725	10.7
1961–70	289,949	47,195	6.1	94,814	21,123	4.4	40,652	2,768	14.6	87,564	8,254	10.6

The two tables illustrate the progressive growth in numbers of hospital beds and nursing staff over the years, highlighting differences between general hospitals and neuropsychiatric hospitals, sanatoriums, and private institutions. The rate of growth is closely linked to the type of patients treated and the economic policies followed. In facilities where patients require more attention due to acute clinical conditions or manifest psychological distress, the number of staff per bed is higher than in institutions specializing in chronic care, such as sanatoriums, or those influenced by different economic policies pursued by private institutions in the name of the market.

Compared to the European average, staffing levels in Italy are significantly lower overall. The availability of hospital beds varies from around 60% in private institutions to 90% in neuropsychiatric institutions. The calculation is then related to the total number of registered nurses, including both registered nurses and licensed practical nurses enrolled in the IPASVI Colleges, and shows that, before the reform of the boarding schools *(scuole convitto)* in 1971, nursing care was still largely supported by general nurses (or psychiatric nurses). As the number of staff increased, the ratio of general to registered nurses would reach nearly 2:1. This data suggests that the level and quality of care provided was minimal and performance-based, essentially focused on meeting the basic needs of patients. The quantitative data suggests that the quality of care was in need of radical transformation, starting with the professional identity of nurses, which would be affirmed primarily by registered nurses and the emerging professional frameworks.

3 CONFERENCES AND CONGRESSES: TESTING GROUNDS FOR A NEW PROFESSIONAL LEADERSHIP CLASS

After the pause imposed by World War II, the 1950s saw a resumption of the professionalization process for Italian nurses. The IPASVI Colleges and professional registers were established in 1954.[9] In 1956, the following numbers were recorded for schools associated with the IPASVI College: schools for professional nurses (48), for visiting health assistants (22), for child welfare supervisors (5), a higher education course for nursing school directors, two national courses for psychiatric specialization, two national courses for specialization in dietetics (for health assistants), and a national course for head nurses in teaching. Additionally, it was possible to set up various local courses for different healthcare specializations within this general framework.[10] The first draft of the Italian Code of Ethics for Nurses was drawn up in 1959 and came into effect the following year.

Public events began to follow one another in quick succession, highlighting the presence of a nursing body that, on the one hand, managed to create autonomous moments of collective debate on care issues and, on the other hand, was establishing itself as a professional reference point for public demonstrations. The Federation of IPASVI Colleges participated in the First International Health Exhibition in Rome in 1960, where it presented the newly adopted first version of the Code of Ethics. The following year, it was present at the Italia '61 exhibition in Turin to mark the centenary of national unity, and in 1963, on the occasion of National Nurses Day, a promotional campaign about the nursing profession was launched in secondary schools throughout the country.[11] A nursing presence was also noted at the 12th International Congress of Surgery (from May 15 to 18, 1960) and at the first two Congresses of Hospital History, held respectively from June 14 to 17, 1956, in Reggio Emilia, and five years later from June 7 to 9, 1961, in Turin and St. Vincent.[12]

On October 8, 1964,[13] the National Association of Professional Nurses, Visiting Health Assistants and Child Welfare Supervisors (*Consociazione Nazionale delle Infermiere Professionali e delle Assistenti Sanitarie Vigilatrici*)[14] organized a conference in Rome titled: "Our Country Needs Nurses. How to Solve the Problem?" This initiative was important for analyzing the state of healthcare, and showing the presence of one professional nurse for every 60 patients, given that there were 24,586 graduates (in 1959) for 422,000 hospital beds.[15] The conference was held in collaboration with the International Council of Nurses (ICN), thanks to the Director of the ICN's Social and Economic Division, Sheila Quinn, the Italian President Marina Caruana, the Director of the San Camillo Hospital in Rome, Mario Massani, and the President of National Maternity and Childhood Work, the Hon. Angela Gotelli. Attention was drawn to the low number of nurses graduating each year: just 1,500–1,600. To meet the country's healthcare needs, this figure would need to triple within a decade to achieve a ratio of one nurse for every 20 patients. It is also worth noting that in many Western countries, the nurse-to-doctor ratio was 4 to 1, while in Italy, there were just two nurses for every doctor.[16]

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[9] Sironi/Ceconi/Di Mauro 1996, pp. 144–145.
[10] Marin 1957, p. 78; Cantarelli 2003, p. 11.
[11] Larghi/Perevelli 2008, p. 26.
[12] Cotichelli 2022, p. 56.
[13] E.b. 1964, p. 5.
[14] This association represents a continuation of the tradition of national nursing associations that originated with the National Italian Association of Nurses, which was established in 1919 and subsequently dissolved during the fascist regime. The association was established on March 1, 1946, and re-joined the ICN during the Stockholm Congress in 1949. In 1974, it underwent a further change of name to the National Association of Nurses and other Social and Health Workers, and subsequently in 1976 to the Italian Nurses Association, which is still in use today.
[15] Sironi/Ceconi/Di Mauro 1996, p. 142.
[16] E.b. 1964, p. 5.

Serious issues also emerged during this period with regard to work shifts, which ranged from 50 to 54 hours per week – a heavier workload than was required in many factories, according to Prof. Massani. Career paths appeared ephemeral, with a salary range from 39,000 to 67,000 lire per month and pensions amounting to 20,000 lire.[17] The exodus towards other sectors was described as an endemic plague.[18]

The point at which a mature nursing world ready for managerial roles first made an appearance was the first IPASVI Congress held in Rome from May 31 to June 2, 1965. President Laura Sterbini Gaviglio opened the proceedings by recalling the many present difficulties, from contractual issues to those concerning training and professional recognition. She also emphasized the necessary evolution of post-basic specialized training to keep pace with technical and scientific progress and the differentiation of care provision, leading to the emergence of roles such as: a) residential nursing school director, b) psychiatric nurse assistant, c) operating room nurse, d) maritime nurse, e) hospital health assistant. An impassioned appeal was also made for the increasingly necessary establishment of Local Health Units, a system that would be reformed 13 years later.[19]

The principal of the school in Ivrea, Sister Emilia Lauriola,[20] speaking during the plenary session of the congress, raised the urgent need to reform the profession to meet the needs of modern healthcare and posed the following question:

What, then, keeps patients from affluent classes away from the hospital? [...] today, the functions of the professional nurse are more complex, and although for many she remains merely an order taker, she actually performs tasks of high responsibility in various fields.[21]

The principal recalled that this necessity had already been highlighted three years earlier during the National Conference of Hospital Medical Directors and Residential Nursing School Directors, held in Pietra Ligure in May 1962. She supported her words with data from a study by the International Labour Office,[22] showing the ratios of professional nurses to the population (per 10,000) as follows: 23 (Canada), 24.5 (Sweden), 25.6 (USA), 26.4 (Germany), 27.1 (New Zealand), 28.2 (Norway), 32.2 (Denmark), 31.5 (Ireland), 38.2 (Australia), 48.3 (UK). In Italy, it was 3.5.

It is worth noting that the congress took place one week after the approval of Presidential Decree no. 775 on May 24, 1965, which established the diploma for nursing care managers.[23] The first course would open that same year at the Hygiene Faculty of Sapienza University in Rome, followed by a course at the Catholic University (1969), also in Rome, and one at the University of Milan (1974). The first deputy director of the Rome school would be Italia Riccelli, who worked with Rosetta Brignone under the direction of the Director of the Institute of Hygiene. It should be noted that the Rome school was not the first training course for nursing managers in Italy. There had been similar schools in the past, but outside of direct academic control. For example, Sister Emilia Vinante[24] was instrumental in setting up courses from 1953 to 1965 at the Catholic University of Milan in collaboration with the Giuseppe Institute. A total of 56 nursing managers graduated from these courses.[25]

[17] A worker in the retail sector in 1964 in one of the major Italian industrial cities like Turin or Milan could earn 62,388 lire per month. ISTAT 1965, p. 68.
[18] With regard to the interest in nursing issues, it is pertinent to cite the report published by L'Unità on May 19, 1966, which states that the Italian radio and television broadcaster (RAI) included a segment on the 10th National Nurses Day in its television programme at 11:00 am. Programmi RAI: 11.00 X Giornata internazionale dell'Infermiere 1966, p. 12.
[19] Larghi/Peverelli 2008, pp. 24–25.
[20] Programmi RAI: 11.00 X Giornata internazionale dell'Infermiere 1966, p. 12.
[21] Lauriola 1965, pp. 32–42.
[22] International Labour Office 1960, p. 7; Vanzetta 2022 a.
[23] Dirigente assistenza infermieristica – DAI.
[24] Negri 2007, p. 29.
[25] Negri/Manzoni 2007, p. 132; Bezze/Manzoni/Di Mauro 2013, p. 80.

In the two years following the first IPASVI Congress, other significant events contributed to the profession's growth. On May 15, 1967, the official gazette announced the establishment of the Central Commission for Healthcare Professionals,[26] which included graduate nurses, specifically Sister Maria Laura De Cristoforo, Anna Platter, Giuseppina Postiglione, and Paola Zearo as full members, and Rosina Fracca and Laura Sterbini Gaviglio as deputy members designated by the National Federation of IPASVI. This was a token presence in a context dominated by doctors and male representatives.

The year 1967 is also notable for the European Agreement on the Instruction and Education of Nurses, signed in Strasbourg on October 25, which constituted a pivotal moment in the legal history of the nursing profession. Firstly, it established a uniformity of action among the participating countries regarding the selection of candidates, study programs, required internship hours, qualifications, and the minimum age required for admission. The IPASVI president at that time was Luciana Demanega Pallocchia.[27] And, secondly, the Federation's bulletin, *L'Infermiere*, began to publish more frequently on professional policy topics.[28]

In the same year, the Perugia Conference took place over three days, from June 16 to 18, 1967, with the participation of 256 people from various professional categories.[29] More than half of the attendees (137) were non-medical health professionals, in a general context where participants can be grouped into the following macro areas: nursing and midwifery professionals with 121 attendees (47%), medical professionals (doctors) with 97 attendees (38%), other health professionals with 16 attendees (6%), and another 22 attendees from various other professions and qualification backgrounds (9%). The majority of the nursing profession attendees were health visitor assistants (81).[30] Among the nurses, the presence of seven boarding school headmistresses (including one nun) and one deputy headmistress[31] is noteworthy. There were 87 boarding schools in operation at the time.[32] There were also five presidents of Provincial IPASVI Colleges among the delegates, out of 93 provinces. Two nurses from the Careggi Hospital boarding school in Florence were present, in addition to nine professional nurses and 12 male nurses, of whom six were general nurses, one was a psychiatric nurse, and three were union representatives.

The numbers essentially reveal very limited participation by the nursing profession, both in terms of professional nurses and general (or psychiatric) nurses. The conference proceedings, however, provide an overview of the topics discussed: the different nursing roles in services, their respective roles and functions, training issues, and healthcare challenges. The proceedings highlight the predominance of medical professionals, which a few years later would be referred to by the American sociologist Eliot Freidson[33] as medical dominance.

The contributions by non-medical health professionals in the conference proceedings are reduced to testimonies in the final communications section. Among these is the proposal put forward by Dr. Maria Antonia Modolo and Deputy Director Italia Riccelli regarding the education system, advocating for a reform plan starting from high school, with the creation of a technical institute with a biological focus. Nursing is also the focus of a report titled "Non-medical Health Personnel in Hospital Services", which is divided into two parts: a) "Functions and Training of Personnel" by Luigi Nuzzolillo, Director General of the Ministry of Health; and b) "Professional Nurses and General Nurses in Hospital Services", cura-

[26] Provided for by Article 17 of Legislative Decree No. 233 of September 13, 1946.
[27] A position he held until 1982. Vanzetta 2022 b.
[28] Vanzetta 2022 a.
[29] Seppilli 1968, p. 10.
[30] It should be noted that many of the health visitor assistants likely came from a nursing education background.
[31] Anna Maria Antici was the deputy headmistress in question. She worked at the boarding school in Perugia, while the others were: Maria Caruana from Naples, Andreina De Andreis from Turin, Rosa Dell'Antoglietta from Rome, Sister Angela Iacopini from Perugia, Giuseppina Menchini from Florence, Maria Rita Preite from Ferrara, and Italia Riccitelli from the Special School for Nursing Leadership in Rome.
[32] Modolo/Riccelli 1968, p. 215. In another account (Vianello 1973, p. 58), the total number rises to 96.
[33] Freidson 2002, p. 56.

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ted by Stelio Ferolla, National Secretary of the National Association of Hospital Assistants (*Associazione Nazionale Aiuti Assistenti Ospedalieri* – ANAAO) of Ferrara, and Mario Massani, Medical Director of San Camillo Hospital in Rome. Finally, Luigi Nuzzolillo's report[34] presents an interesting general overview of non-medical health personnel in service in Italy at May 31, 1967, showing 45,363 active personnel, including 41,491 nurses (professional and general), 2,000 midwives, 1,003 health visitors and child health inspectors, and 869 technicians, auxiliary professionals, and non-medical health personnel.

The simplicity of the numbers is striking. The table compiled by the ministry groups professionals into larger categories to provide a system-wide overview. The first group of 155 individuals consists of non-medical health personnel: biologists (74), chemists (54), physicists and nuclear physicists (15), sanitary engineers (5), and biostatisticians (7). The second group comprises 198 individuals: auxiliary professions, including psychologists (29), social workers (168), and health educators (1). The third group, referred to as the "technical" group, includes 516 rehabilitation professions: physiotherapists (210), occupational therapists (61), speech therapists (51), dietitians (134), and orthoptists (60). The group that includes health visitor assistants and child health inspectors, represented professionally along with nurses by IPASVI Colleges, totals 1,003 individuals, with 223 health visitor assistants and 780 child health inspectors. The number of midwives, with 2,000 employed in public hospitals, is almost double. The last group comprises nurses (41,491) and the table shows their secular or religious affiliation,[35] with the following breakdown: professional nurses 11,410 (secular 7,214 and religious 4,196) and general nurses 30,081 (secular 26,122 and religious 3,959). Table 3 shows how the numbers of non-medical personnel, including those in private institutions, grew from 1963 to 1967.[36]

Table 3: Chart of nursing staff growth from 1963 to 1967 (our elaboration)

Year	Registered Nurses/Head Nurses			General Nurses			All Nurses		
	Secular	*Religious*	*Total*	*Secular*	*Religious*	*Total*	*Secular*	*Religious*	*Total*
1963	14,080	9,719	23,799	32,696	2,362	35,058	46,776	12,081	58,857
1964	14,747	9,456	24,203	35,230	2,419	37,649	49,977	11,875	61,852
1965	15,814	9,425	25,239	37,848	2,410	40,258	53,662	11,835	65,497
1966	16,950	8,965	25,915	40,494	2,741	43,235	57,444	11,706	69,150
1967	17,990	8,838	26,828	44,754	2,767	47,521	62,744	11,605	74,349

The increase in nursing staff over this period was pronounced, with an overall growth rate of 26.3% (35.5% for general nurses and 12.7% for graduates). On the eve of Law 132/68, the five-year figures provide some indications of change, but still show limited growth in the number of graduate nurses, a key reference indicator for healthcare training. At the time, healthcare provision was not only hospital-centric and doctor-centric but also very limited, as hospitalization gradually became the only care and treatment option. Preventive healthcare and rehabilitation remained negligible in a healthcare context in

[34] Nuzzolillo 1968, p. 72

[35] The religious presence in healthcare, and in many other welfare sectors, in Italy was historically significant until the early 1980s. In terms of nursing, Church management of hospitals and care centers led to a Christian imprint on professional morality which, in quite a few cases, came into conflict with the scientific – secular – dimension of care and the profession itself. The numbers shown in the table also reveal a slow change in the professional composition, which was to play a role in nursing protagonism.

[36] ISTAT 1969, p. 61.

which nursing staff accounted for the vast majority of non-medical health personnel (91.4%). The Italian healthcare system at this time appears to have been based solely on performance, with a lack of broad objectives, and was likely inadequate and not equipped to respond to the complexity of social health needs accompanying the country's modernization.

The decade ends with another significant event: the second IPASVI Federation Congress, held from October 15 to 17, 1969, again in Rome. The participants and themes do not differ much from the event held two years earlier. Attention is drawn to the persistent issues of nursing staff shortages, made more evident by the ratio between nursing and medical staff, which, contrary to the European average, was heavily skewed in favor of the latter:[37] four doctors to one nurse in Italy compared with five nurses to one doctor in Sweden. In Italy, there were 22,000 nurses, of whom 14,500 were in public hospitals, whereas there should have been 71,500. The cited article, authored by Concetto Testai, emphasizes the serious professional situation for the representatives of the three professions grouped under IPASVI: "If specific bills are not prepared within the year, after consulting the relevant professional category, the necessary job action measures will be promoted".[38] This statement underscores the complexity of the many problems – problems related to the need to develop teamwork, a modern and decentralized health service, the admission of men to boarding schools (which could no longer be postponed), and the decision to lower the minimum age from 18 to 17 years in view of the low number of nurses (about 1,800) graduating each year from the 83 schools in existence at that time.

On the current website of the National Federation of Nursing Professions (FNOPI)[39] there is a section dedicated to images from that time, featuring photographs from the first two IPASVI Congresses and the Assembly of College Presidents that was held in Rome on March 2 and 3, 1968, as an intermediate event between the two congresses. The photos reflect a world in which the male component is absent on the nursing front but well represented among the institutional and medical delegates. The participants appear elegant in their poses and attire, reflecting their middle-class background – a status still linked to what the sociologist of professions, Amitai Etzioni,[40] calls a "semi-profession". Nonetheless, the documents produced and the events attended or organized clearly demonstrate a mature professional leadership class that has lived through the 1960s and is ready to face the anticipated changes. In this regard, a final significant event marking the end of the decade deserves a mention: The Florence Conference on Nursing Services in a New Framework of Health Structures was organized by the Tuscany Regional Hospital Association and took place on January 11–12, 1969.[41]

Several professional figures spoke at the congress, including Huguette Bachelot (France), Barbara N. Fawkes (UK), Marjorie Simpson (UK), and Maria Palmira Tito de Moraes (WHO). The main issues discussed concerned the evolution and structuring of the nursing profession, and the need for nurses to be represented in international institutions (WHO) and in research.

Italia Riccelli, also present on this occasion, recalled the activities of the DAI school in Rome, from which 14 nurses graduated in the 1965–1967 biennium and in which 19 candidates were enrolled for the 1967–1968 academic year. Nurse Livio Burroni addressed the importance of investment in education and healthcare professionalism to prevent care from becoming second-rate, as was often the case in the psychiatric field. There were also reports from Viviana Belloni, a unionist of the National Union of Professional Nurses, Assistant Visiting Nurses, and Child Welfare Supervisors[42] Romolo Rovere from

[37] Testai 1969, p. 2.
[38] Testai 1969, p. 2.
[39] History of the Bulletin in: https://www.infermiereonline.org/category/la-storia-della-rivista/.
[40] Etzioni 1969, p. 67.
[41] Amministrazione rete ospedaliera e territoriale – A.R.O.T. 1969.
[42] Little is known about the history and activities of this union, although the figure of Belloni herself appears in the available sources as a nurse and union activist of the time. Belloni 1971, p. 45.

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the Italian General Confederation of Labour (*Confederazione Generale Italiana del Lavoro* – CGIL), and Alessandro Zuini, who focused on contractual issues. The final items highlighted testimonies dealing with demands and protests, foreshadowing the continuation of mobilizations and union demands that had been taking place throughout the country for some time. These struggles involved all healthcare workers, from the chief physician to the lowest orderly.

4 THE BIRTH OF HOSPITAL WORKERS

The 1960s were characterized from the beginning by a progressive rise in social unrest. On the union front, worker participation in struggles increased by more than 70%, and strikes almost tripled compared to the preceding years. Between 1951 and 1960, 2,037,000 workers participated in job actions involving a total of 42,221,000 hours of strikes. In the following ten years, 3,508,000 workers were involved and there were 121,973,000 hours of strikes.[43] The labor disputes index rose from 92% in 1956 to 238% in 1962.[44] Workers participating in the struggles were not exclusively from the generation of forty-year-olds – those who had lived through the dramatic years of the fascist dictatorship, the war, the partisan struggle, and the difficult reconstruction phase – but also included many young people seeking to break free from old power structures. This rebellion stemmed partly from generational conflict but reached broader levels of politics and the world of work.

Historian Sergio Bologna,[45] borrowing an expression from German, speaks of a true *soziale Bewegung*, a protest movement with a strong demand for societal change. This drive inevitably affected the hospital world, caught between hierarchical medical corporatism and the rigid morality espoused by the religious staff, who were still prevalent. The hospital was also a world with a high percentage of unskilled healthcare workers, made up of auxiliaries, orderlies, and general nurses. This workforce represented the *machine à guérir* (healing machine) described by Foucault,[46] in which hospital managers were more concerned with performance in meeting health needs than with the quality of care provided, something that is closely linked to staff training and remuneration. It should also be remembered that in the 1960s, healthcare was still hospital-centric, and strongly influenced by a segregationist view, with hospitals divided by specialties. Here, the worst conditions were found in the hospitals for neuropsychiatric patients (asylums) and the sanatoriums for pulmonary tuberculosis patients. Then there were the hospitals in large cities, both public and private hospitals, and the "training" hospitals associated with university faculties. All these structures required very high management costs, which were kept in check through low wages and low staff numbers. Consequently, Italian hospitals were affected in a variety of ways by a wave of protests that grew throughout the decade.

An unsigned article dated October 26, 1960, highlights the disastrous situation of Italian hospitals, in terms of severe bed shortages, and provides a snapshot that varies from north to south. The following numbers of beds and doctors per 100,000 inhabitants were reported: 2.6 beds and 19.7 doctors (north), 2.4 beds and 27.1 doctors (center), 0.7 beds and 7.1 doctors (south), and 1 bed and 9.9 doctors (islands).[47] An article from November 3, 1962, provides some general data indicating the severity of the situation: 67,000 beds in private nursing homes were served by 3,598 doctors and 5,972 nurses, compared to 226,000 hospital beds (4 per 1,000 inhabitants), which was insufficient to meet the country's

[43] ISTAT 1976, p. 152.
[44] Colarizi 2019, p. 10.
[45] Bologna 2019, p. 9.
[46] Foucault et al. 1979, p. 87.
[47] La disastrosa situazione degli ospedali italiani 1960, p. 10.

needs.[48] At the end of the year, university staff went on strike demanding salary increases and improved staffing levels, and in protest at other contractual issues related to general poor working conditions, including various requirements (e.g., marriage clauses for women, under penalty of dismissal) and long shifts.[49]

In this context, strikes spread to affect all categories of health workers. From the archival sources cited, it is possible to outline the background, the contents of the protests, the participants, and the frequency of the disputes. In terms of participants, practically everyone was involved repeatedly, from doctors to technicians, nurses, and orderlies. Over the years, these healthcare workers would come to be grouped together under the generic label "hospital workers", a catch-all category of workers that ignored classes, differences and corporate barriers in order to demand profound changes in the healthcare world. Hospital workers would become the protagonists of the country's political chronicles. The struggles would affect both public and private structures. This was the case at the San Carlo and Buon Pastore hospitals in Rome, clinics linked to the Sovereign Order of Malta, essentially the last vestige of the charitable tradition of the Knights Hospitaller from medieval times, where, on August 15, 1962, workers started an indefinite "white strike", or work-to-rule action, to protest against the dismissal of 17 people, who had been fired as punishment for going on strike.[50]

Work-to-rule is one of the most commonly used tools in the hospital environment as it allows healthcare workers to exert pressure on companies, while at the same time ensuring that seriously ill patients receive the necessary assistance and care. This form of strike often receives solidarity from the patients themselves, who, especially if they are not too sick, often use the refusal of food as a protest tool. Patients at the San Camillo hospital in Rome went on a hunger strike in support of healthcare workers' struggles on November 11, 1962.[51] Similar protests also occurred on February 7, 1963, in various sanatoriums across the country, such as Forlanini, Ramazzini, and Buon Pastore in Rome, as well as at similar facilities in Milan, Como, Busto Arsizio, Palermo, Sondalo, and Naples.[52]

Many other struggles were recorded in different places at different times. At the Vito Fazi hospital in Lecce on October 1, 1966, staff protested against the non-payment of contractual dues.[53] On April 21, 1967, 7,000 employees of the Ospedali Riuniti in Rome protested for 36 hours.[54] Healthcare workers demanded salary increases, particularly in relation to the night allowance, which was supposed to increase from the 450 lire provided to 1,000 lire. On May 1, national union negotiations were initiated for 90,000 hospital workers.[55] An article dated April 30, 1968, regarding Rome's collective labor agreements highlighted the poor organization of work, which frequently forced staff to work double shifts of 14 or 16 hours straight, and in some cases, up to 24 hours.[56] These extreme situations were often related to an endemic indiscriminate use of overtime, and the denial of rest breaks, days off, or vacations. In some cases, overtime amounted to 200 additional hours per month, often uncompensated. The article paints an extremely poor picture, highlighting a chronic shortage of workers, with a nurse-to-patient ratio sometimes as low as one nurse per 60–70 patients, as was the case at Santo Spirito Hospital, where staff were even forced to cover three different wards simultaneously.

The situation in Roman hospitals was as dramatic as it was representative of many other conditions in the country. At San Camillo, 250–270 healthcare workers were required to work double shifts. At San Giovanni, where there were 800 available beds, 1,600 patients were admitted for 1,200 healthcare

[48] Tedeschi 1962, p. 3.
[49] Le infermiere che si sposano minacciate di licenziamento 1960, p. 8.
[50] Due ospedali in sciopero 1962, p. 4.
[51] San Camillo, sciopero della fame di 75 ricoverati 1962, p. 4.
[52] Manifestano i tbc davanti alla Camera 1963, p. 5.
[53] In agitazione il personale dell'ospedale "Vito Fazi" di Lecce 1966, p. 18.
[54] Ospedali: hanno preferito il caos pur di non trattare con i lavoratori 1967, p. 6.
[55] Trattative avviate per medici ed ospedalieri 1967, p. 2.
[56] N. c. 1968, p. 6.

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workers, with a theoretical presence of 400 people per shift, although this was lower in practice because of a lack of replacements in the event of absences due to vacations, illnesses, rest breaks, and permissions for time off (often denied), resulting in a nurse-to-patient ratio of one to five. Contractual precariousness was also widespread among hospital staff.

In several cases of prolonged strikes in hospitals, especially those in the capital and in large-scale institutions, the military was drafted in – or threatened to be drafted in – to fulfill basic assistance tasks (e.g., food preparation and distribution). One such case involved the Divina Provvidenza clinic in Rome, where, in the autumn of 1963, a prolonged series of strikes led to the use of army personnel, in this case the grenadiers stationed in the capital.[57]

On April 11, 1967,[58] a chart was published comparing the distribution of financial resources in Italy (40 million inhabitants), a country with a mutual healthcare system, and the United Kingdom (52 million inhabitants), which has a public healthcare system (the National Health Service or NHS). In the latter, the total expenditure amounted to 1,247 billion lire, split between 1,099 billion for hospital spending and 148 billion for pharmaceutical spending. The situation in Italy was very different, with a total expenditure of just 400 billion lire, of which 100 billion was for hospital spending and 300 billion for pharmaceutical spending.

Very often, the body against which strikes were directed was the Italian Federation of Regional Hospital Associations (FIARO), the representative body of the various healthcare administrations. The three main trade union confederations (CGIL, CISL, and UIL)[59] all called for a series of strikes of at least 48 hours each in 1967. Agitation by hospital workers had created a heated climate that would not calm down on its own – a situation recognized on May 31, 1967, by the Minister of Health himself, the socialist Luigi Mariotti, who would go on to promote the aforementioned Law 132 of 1968. He recognized the seriousness of the shortage of nursing staff, which he estimated to be 30,000 workers (this was in fact a serious underestimate).[60] The protests continued over the following weeks. In June, even the 1,300 nurses of the mutual organization ENPAS[61] joined the struggle.[62] In July, there were work stoppages in private clinics in Cagliari.[63] In August, there were demonstrations by tuberculosis nurses from the Valle Fiorita and Santa Lucia clinics in Torrevecchia (Rome), who earned 37,000 lire per month for twelve-hour shifts with a ratio of one nurse to every 40 patients.[64] In the same period, a letter drafted by a group of professional nurses from Reggio Emilia was published in the newspaper L'Unità, raising the perennial issues of work shifts, low salaries, staff shortages, and the demand for a different qualification for graduate nurses.[65]

The strikes continued until September 27, 1967, when FIARO met at Palazzo Chigi with Prime Minister Aldo Moro to obtain funding from the State.[66] The requested amount was 80 billion lire. Pressure on the government was linked to the union's threat of a new season of strikes by healthcare workers and the risk of having to make patients pay for treatments and hospitalizations starting from October 30.[67] The mutual insurance companies owed hospitals 238 billion lire and pharmacies 200 billion lire.

On November 19, 1967, the press reported serious organizational conditions in the 27 private clinics in Rome, including the two psychiatric clinics of Santa Maria della Pietà and Ceccano.[68] In December,

[57] I granatieri in manicomio, in sostituzione degli infermieri in sciopero 1963, p. 4.
[58] Un confronto illuminante 1967, p. 2.
[59] CISL: Confederazione Italiana Sindacati dei Lavoratori; UIL: Unione Italiana del Lavoro.
[60] Nessuna delega al governo per il personale sanitario 1967, p. 2.
[61] ENPAS (Ente nazionale di previdenza e assistenza) for state employees created in 1942 and liquidated with reform law 833 of 1978.
[62] Tre giorni di lotta negli ambulatori ENPAS 1967, p. 4.
[63] 14 ore in corsia per 20.000 lire al mese 1967, p. 4.
[64] Mille lire al giorno per 12 ore di lavoro 1967, p. 6.
[65] Le ragioni della carenza di infermiere professionali 1967, p. 4.
[66] La FIARO a Moro: "Vogliamo 80 miliardi" 1967, p. 2.
[67] Medici ospedalieri ancora in sciopero 1967, p. 2.
[68] Conca 1967, p. 7.

the unions announced new strike days, just before the Christmas holidays.[69] It was in this climate full of tensions and ferment that the first regional conference of the National Nurses Association took place in Rome on December 17, 1967, where the problems that had not yet found a solution were raised again.[70]

5 THE STRUGGLES OF '68

Social conflict was heightened in the last two years of the decade, fueled in part by student protests that originated on US campuses, especially in Berkeley, and spread to the Sorbonne in Paris, and to Berlin, Prague, and many other European capitals. France would be the country most affected by the protests, which were initially youth-led, before becoming a workers' movement. This was May '68, a period of civil unrest characterized by slogans that were both immediate and impactful and would continue to resonate for years: *"La beauté est dans la rue", "Nous irons jusqu'au bout", "Salaires légers, chars lourds", "Grève illimitée"*.[71] Among the many demands were those related to the protection of public health and the healthcare workers themselves. Already, two years earlier, in the spring, there had been a massive demonstration by nurses in front of the Hotel de Ville in the French capital, concluding with a final speech. Now, the protest extended to hospitals. Among the many pieces of evidence available are some posters from that time with texts such as: *"En médecine comme partout, plus de grand patron"; "Les travailleurs de santé pour l'hôpital nouveau"; "Dénonçons la psychiatrie policière!!"*.[72]

The heightened social tensions in other parts of Europe were mirrored in the Italian protests defending the right to health. The year 1967 ended with numerous disputes against FIARO, which resumed in February 1968, when a national indefinite strike took place, with the participation of 120,000 hospital workers, who were joined by doctors.[73] FIARO met with the parties after five days of struggle.[74] The fights against disciplinary measures taken by hierarchical hospitals and corporate management that were intolerant of change also continued. This was the case at the Policlinico of Rome, where, on May 15, 1968, a strike was called in response to disciplinary measures taken against two members of the internal union committee.[75]

The agitations continued throughout June and July in the capital.[76] In the end, it would be possible to address the serious staff shortages by hiring two hundred nurses and various other healthcare workers, thanks to the intervention of the management of the Ospedali Riuniti hospital. The last hospital strike is recorded at San Giovanni Hospital on July 9, 1968.[77] The long wave of protests would continue into 1969, involving both the main industrial centers and the most remote agricultural areas of the country, with an increase in social conflicts, particularly in the last months of the year, so much so that this period would go down in history as Italy's "Hot Autumn."

In the healthcare sector, the struggles at the Policlinico were particularly notable and would continue from spring to autumn. Worth mentioning in this context is the important protest march by university workers on May 1, 1969, which began with banners bearing the words: "Workers united against the power of the barons," "Get the barons out of the university," "50% of university staff are

[69] Lottano i medici e gli infermieri 1967, p. 6.
[70] La piccola cronaca 1967, p. 16.
[71] "Beauty is on the streets", "We will keep going to the end", "Light wages, heavy tanks", "Unlimited strike".
[72] "In medicine, as everywhere, no more big bosses"; "Health workers for the new hospital"; "Denounce police psychiatry!!" The posters cited can be found on the following sites (accessed February 01, 2024): https://sante.lefigaro.fr/article/mai-68-la-revolution-sur-les-bancs-de-la-mede-cine;https://www.bridgemanimages.com/it/noartistknown/poster-france-may-1968-les-travailleurs-de-sante-pour-l-hopital-nouveau-serigraph/screen-printing/asset/3663820; Rubiera 2018, p. 1.
[73] Gli ospedali resteranno senza medici e infermieri 1968, p. 5.
[74] In lotta anche gli psichiatri degli ospedali 1968, p. 5.
[75] Policlinico senza infermieri 1968, p. 6.
[76] La paralisi negli ospedali 1968, p. 6.
[77] San Giovanni: scioperano anche gli infermieri 1968, p. 6.

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excluded from mutual benefits."[78] As mentioned earlier, the reaction from the administration was often very heavy-handed, resulting in disciplinary measures that led in many cases to dismissals. This happened, for example, in Palermo,[79] where 106 employees of the civic hospital were reported for union agitation on July 6, 1969,[80] and 46 nurses were reported in similar circumstances in December of that same year.[81] The justification was usually the same: abandonment of public service. On several occasions, the struggles escalated to encompass the occupation of hospitals, such as the Colle Cesarano Psychiatric Clinic near Rome, where protests of various kinds led to the occupation of the hospital in September 1969.[82] This form of protest was also repeated at the psychiatric hospital of Santa Maria della Pietà, which was occupied for six hours on May 14, 1969,[83] and at the offices of the provincial administration (the body responsible for psychiatric asylums) in Sassari on May 29, 1969.[84]

Over the course of the decade, there would be much news coverage of protests and struggles within the mental hospital universe, revealing a context in which nursing found itself caught between two poles: the role of simple guardian, and the role of assistance professional – one who has tried, since the time of Jean Baptiste Pussin,[85] to respond in a scientific and ethical way to the needs of internees. However, the psychiatric dimension of care and assistance would also see important experiments and changes that would further incentivize the reform of both the asylum system and the Italian healthcare system.

6 THE SITUATION OF PSYCHIATRIC HOSPITALS IN ITALY

Psychiatric hospitals have always been a setting where two poles clash: They are a place of internment, often worse than a prison, and, at the same time fertile soil for the emergence of innovative and progressive movements and tension. The conditions in psychiatric asylums in Italy at the beginning of the second half of the 20th century were characterized by profound backwardness. During the fascist dictatorship, the number of hospitalized patients had increased, partly because the asylums were used as a structure for the repression of political dissent. ISTAT data shows that the population of psychiatric asylums rose from 36,845 hospitalized individuals (113/100,000) in 1902 to 61,697 (134/100,000) in 1946.[86] At the start of the 1960s, the rate of psychiatric hospitalization was still very high.

In 1965, there were approximately 170,715 patients in 92 institutions, despite only 96,869 beds being available[87] – an unsustainable situation that began to give rise to increasingly urgent demands. One of the protagonists of the change would be Franco Basaglia who, as director (from 1961 onwards) of the psychiatric hospital in Gorizia, introduced innovative therapeutic, support, and relational methods.[88] Basaglia was inspired by the ideas that a group of psychiatrists had been promoting in France since 1952, disseminated through the pages of the magazine *L'Esprit*,[89] and by the experiments carried out in the United Kingdom by Maxwell Jones.[90] Basaglia would have the opportunity to affirm:

[78] In corteo dal Policlinico alla P.I. 1969, p. 12.
[79] In Sicily, healthcare was an opportunity for malfeasance and clientelism. Poor conditions and speculation of all kinds dominated. The food was often poor. Many healthcare institutions were controlled by private individuals. Of the 234 healthcare institutions in Sicily, at least 130 were private: Catania 21 public and 44 private, Syracuse 7 public and 12 private, Messina 17 and 17, Palermo 38 public and 33 private.
[80] Denunciati oltre 100 dipendenti all'ospedale civico 1969, p. 4.
[81] Palermo, 46 infermieri denunciati per uno sciopero 1969, p. 2.
[82] Muti 1969, p. 4.
[83] Occupato per sei ore Santa Maria della Pietà 1969, p. 6.
[84] Lorelli 1969, p. 2.
[85] Jean Baptiste Pussin was a French nurse who worked with the psychiatrist Philippe Pinel in France between the 18th and 19th centuries. Pinel is considered one of the founders of a modern psychiatry tailored to the needs of patients, Cotichelli 2010.
[86] Cotichelli 2010, pp. 295–310.
[87] Ferrario 2001, p. 498.
[88] The first law to reform psychiatric care – 180/78 – would be called, not surprisingly, "Basaglia's Law".
[89] Basaglia 1997.
[90] Jones 1987.

A mentally ill person enters the asylum as a person to become a thing. The patient, first of all, is a person and as such must be considered and treated [...]. We are here to forget that we are psychiatrists and to remember that we are people.[91]

In 1964, a nurse, Eraldo Fruttini, arrived at the provincial asylum of Gorizia. He was a member of the working group of the Psychiatric Clinic of Perugia, which also included the Provincial President and the Provincial Health Assessor. The purpose of the trip was to observe the work of Basaglia, who had long been advancing innovative approaches in the relationship between healthcare personnel and people with mental distress, minimizing the use of coercive and repressive methods and providing care and assistance with a primary focus on the individual, their space, and their freedom. Participation and relationship were at the center of a new way of understanding the asylum, defined a few years earlier by the Canadian sociologist Erving Goffman as an example of the total institution.[92] Basaglia[93] would overturn the way the issues were interpreted, exposing them in various writings, including a book with a decidedly provocative title *L'Instituzione Negata* ("The Denial of the Institution"), and another with an even more significant title: *Morire di Classe* ("Dying of Class")[94]. The latter is a photo reportage of the living conditions of patients in Italian asylums, emphasizing the close link between mental distress and socioeconomic conditions.

The argument was therefore that the therapies of the past, based on social isolation, coercion, corporal punishment, restraint, and straitjackets, which were considered shock therapies aimed at restoring mental balance, should no longer be used. Such therapies were often unscientific and, in some cases, amounted to outright torture. They included malaria therapy (inducing fever through malaria infection), electroshock therapy, insulin therapy, cardiazol shock therapy, water therapy (hot or cold showers), purges, acetylcholine therapy, and psychiatric surgery (lobotomy).[95] The advancement of new pharmacological protocols would lead to a redefinition of the three main axes of nursing care developed up to that point: technical (administration of therapies), social (guardian function), and organizational (long working shifts). In the latter case, Eraldo Fruttini would emerge as a key figure. Shortly after his visit to Gorizia, he was called by Basaglia himself and appointed as chief inspector with the task of reorganizing nursing work in the Friulian asylum. Fruttini developed an eight-hour shift, with four working days and two rest days, which led to a better management of workloads (previously, as mentioned, shifts could last up to 24 hours). This innovation reduced absenteeism due to illness from 20–25% to a more realistic 0.6%.

Fruttini's organizational decisions involved increasing staff numbers and redefining several contractual and administrative terms – something that the Provincial Administration of Gorizia, the body responsible for managing the asylum, initially refused, only to sign off the changes following a 10-day total strike. Among the changes achieved was the addition of another 20 nurses.[96] Fruttini continued to be a close collaborator of Basaglia, accompanying him to many conferences throughout the country and collaborating on many projects.[97] The analysis by the English historian John Foot includes some photographs of these activities, and one of these, showing a meeting of the Gorizia working group, includes Fruttini, the only nurse among a group of doctors.[98]

[91] www.mariotommasini.it, accessed January 02, 2024.
[92] Goffman 2010.
[93] Basaglia 2013.
[94] Basaglia/Ongaro 1969.
[95] De Giacomo 1972.
[96] Basaglia 1997.
[97] Addio al braccio destro di Basaglia. Scelse i turni 4-2 per gli infermieri 2019. The article is based on the reminiscences of another nurse – Livio Bianchini – who worked in the field of psychiatric care in Gorizia. He was a friend of Fruttini, and involved in politics as a municipal councilor.
[98] Foot 2014.

Eraldo Fruttini would not be the only nurse to strive to improve the care provided in asylums. Also notable is the nurse Enzo Quai, who was hired at a very young age by Basaglia himself in 1962. Quai immediately embarked on a path of growth and training, together with the patients themselves, to develop an innovative approach to care relationships. His work highlights the generational divide. In Italy's booming economy, new generations of both doctors and nurses were seeking security and growth. These professionals were different from their longer-serving colleagues, particularly those who had worked in the asylums of during the fascist era and who had often witnessed political detentions and abuses. Some of them had been active in resistance movements, but many others had been accomplices of the fascist hierarchies. Quai complains that the old nurses, many of whom still adhered to a past vision of care, instructed him to do a simple job of controlling patients, using restraint and sedation, including severe methods, especially on the most agitated patients:

There were 20 to 30 patients. They walked up and down, chatted among themselves, smoked like chimneys. The old nurses left me there, ordering me: "Never talk to them, they're dangerous [...] Always stand with your back to the wall."[99]

This attitude is what Basaglia was working against, and Enzo Quai would find himself, as mentioned, growing day by day as a nurse in a relationship of mutual respect and trust with the patients, following the experimental lines of the director.

Basaglia gave me orders that were completely different:

Stay with the patients, talk to them, sit down, have a dialogue, try to understand the problems [...]. I began to find meaning. Those, to me, were people. [No more] straitjackets, electroshock, beds with cages that almost reached the ceiling [...] aluminum bowls and a spoon as the only utensils, bare tables without tablecloths [...] shoes without laces [...] dark gray uniforms like those of a prisoner [...] the 650 hospitalized prisoners, men with shaved heads.[100]

Quai recounts how, along with him, other young nurses would invent various activities every day to involve the patients.[101] Even a simple walk in the hospital grounds or, better yet, outside the hospital, was considered a good opportunity to build better care and assistance. And the nurses themselves, as experimenters, would diligently document the activities undertaken each day and discuss them with the medical team. The change was almost total. The patients no longer wore uniforms like detainees, but clothes worthy of the name that matched their tastes. Aluminum trays were removed, and meals were consumed with utensils on tablecloths.

Slowly, fences and cages of all kinds were removed. Freedom took hold, and more and more patients participated in meetings where everything was discussed, and decisions were made. The motto was "Let's help each other heal." In this regard, a local newspaper – *Il Picchio* – edited by the patients proved to be a very fruitful experience. It was first published in August 1962 and continued until 1966, involving patients and healthcare staff in an experience previously unheard of in Italian psychiatry.[102]

Another significant event was the meeting between the healthcare staff and patients of Gorizia and the nurses and administrators of the psychiatric hospital of Colorno (PR), which took place on December 20, 1966, in an open and participatory forum, where the participants shared experiments and hopes, methods, and innovations. A detailed account of the event can be found in Basaglia's book: *Che cos'è la psichiatria?* ("What is Psychiatry?").[103]

[99] Sartori 1996, p. 14.
[100] Sartori 1996, p. 14.
[101] Ritratti Enzo Quai 2019, p. 1.
[102] Foot 2014.
[103] Basaglia 1997.

The staff of the Colorno hospital would have plenty of material to reflect on and start working from, to the point that, after just over two years, they would occupy their own hospital for 35 days, starting on February 2, 1969. Everyone was united by a common feeling, by a desire for change that saw doctors, patients, nurses, and determined family members come together to denounce the poor conditions in the asylum. Indeed, many patients there were still classified according to old schemas based on degrees of disorder (calm, agitated, epileptic), while the hospital was understaffed, and the building was dilapidated.[104] Outside the hospital, banners appeared with slogans such as: "Asylum occupied", "The rich son is exhausted, the poor son is crazy".[105] It should be noted that the occupation began with a permanent assembly made up of days of meetings between patients, nurses, doctors, medical students, and family members, and this assembly was a feature throughout the occupation.[106] The struggle ended for various reasons, including the actions of some nurses who had not participated in the occupation and were more concerned about lost work hours and pay. As often happens, the actions and thinking of some innovators keen to see an evolution of nursing care towards social equity faced resistance not only from the system but also from internal and corporate forces. This situation was linked to a subordinate status that was difficult to eradicate.

In 1968, Basaglia moved to Trieste, where he initiated his small-scale psychiatric revolution. The strikes that were sweeping the entire country would serve as a driving force for change and union demands in many other places, including in Collegno,[107] Nocera Superiore,[108] Rome (Santa Maria della Pietà), and in the aforementioned Colorno. In Colorno, testimony has survived from another nurse, Pino Zerbini.[109] After the struggles, Basaglia's reform would arrive here too through the doctor himself, who was appointed director of the Colorno psychiatric hospital from 1970 to 1971. In this case as well, nurses would be engaged in both new care approaches and in union struggles to assert their rights and those of the patients.

Zerbini, who, like Quai, started working at the asylum at a young age, was a thirty-year-old nurse who found himself supporting the struggles of the patients against what he has described as "a place of suffering, a morbid and fictional place",[110] where nurses were in a ratio of 1 to 20 – at best – and doctors just 4 per 1,200 patients.

For me, the patients were people, just like us, not numbers. I remember once I even broke the rules. I was very close to Master R., an inmate of great artistic and cultural depth, who unfortunately suffered from nervous exhaustion and mood swings. His father had died, and I absolutely wanted to take him to the funeral, even though it was prohibited by the regulations in force. I asked the doctors and the director, who were against it. So I got angry and said, "But if it were your father, and you were inmates?". I received no response, and I decided to take R. to the funeral. Everything went well, and upon my return, my superiors, despite knowing about my breach of the rules, pretended nothing had happened and did not file a report.[111]

Zerbini's words reflect a human and professional protagonism that, as we have seen, was expressed in various ways within the world of Italian nursing care in the decade under review, for which it is now possible to outline a comprehensive framework.

[104] Dalmasso 2005, p. 164.
[105] Quando i matti occuparono il manicomio di Colorno 2021, p. 1.
[106] G. m. 1969, p. 2.
[107] Anche a Collegno "porte aperte" nel manicomio 1969, p. 3. The experimentation was always recorded by doctors, nurses, patients and students.
[108] Here, healthcare reforms would also be launched at the Materdomini psychiatric hospital with the elimination of restraints, the structuring of periodic meetings/assemblies between staff and patients and the creation of an open ward. Conflicts were present from the beginning and were eventually swept aside with the dismissal of the director, Prof. Sergio Piro. Also in this case, nurses, doctors and patients formed a common front against the management's decisions, threatening a hunger strike by patients and agitation by health workers. Piemontese 1969 a; 1969 b.
[109] Capriglio 2020, p. 1.
[110] Capriglio 2020, p. 1.
[111] Capriglio 2020, p. 1.

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7 CONCLUSION

A review of the historical sources from the period in question has enabled us to respond in the affirmative to the research question, demonstrating the prominent role of nursing in Italian society at all levels. The 1960s were characterized by a wind of transformation that would continue to blow for at least another 15 years. It arose from the demands for modernization of a society that, at the beginning of the 20th century, was characterized by strong disparities and social inequalities, largely produced by an ancient stratification that still clung to customs linked to medieval society and its agricultural world. The end of the liberal state, the fascist dictatorship, the war, and the slow and difficult reconstruction acted as catalysts for the demands for equality and modernity.

Workers' and union struggles, the mobilization of the intellectual class, and new technical and scientific paradigms assisted this path towards progress at all levels, although success was not always guaranteed. In this process, nurses also became protagonists. The simple "shop floor workers" of the health factory joined healthcare managers in a catch-all category of hospital workers, who would succeed in making themselves heard, and would find solidarity from patients and the families of the sick.

The face of psychiatric asylums began to change rapidly. Already at the dawn of the 1970s, Law 431/1968 changed psychiatric care. Psychiatric admission no longer entailed a criminal record, but had to be voluntary and made in relation to a specific diagnostic path. Mental health centers were launched as part of an innovative, multiprofessional and interdisciplinary "territorialization" approach – moving healthcare out of hospitals and into the community. Nursing education would move towards the introduction of further changes, such as admitting men to boarding schools, following the reform initiated by Law 124 of 1971, and increasing the duration of nurse training itself from two to three years. On the threshold of healthcare reform, in 1977, professional frameworks and the nursing body itself would launch the second, updated edition of the 1960 code of ethics, ready to face the imminent challenges posed by the advent of the Italian National Health Service.

Obviously, not everything would progress automatically. During the 1970s, there would still be struggles and mobilizations, hospital occupations, and care experiments,[112] but all this would be thanks to the commitment put in place in the 1960s and the protagonism of men and women who became the standard bearers of a social ethics that had to navigate the corridors and clinics of everyday healthcare in order to return to the community with the power of modern science and collective participation. Through their protagonism, nurses proved themselves to be fully-fledged professionals and therefore representatives of a scientific doctrine that is closely linked to the evolution of the reality in which they live. In addition to assuming the role of protagonists within their own professional sphere, the nurses also serve as a social indicator of the broader historical trajectory of humanity. This quality is intrinsic to the very nature of caregiving, and is not merely an element of the profession, but rather a key to understanding the passage of time and the evolution of narratives.

[112] Cotichelli 2019, pp. 171–183.

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