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SPECIAL ISSUE

The development of healthcare assistants' role in medical patient care: SWOT analysis and implementation in a major metropolitan hospital in Italy

Laura Zoppini[1], Giusy Vuono[2], Stefano Terzoni[3], Lara Madini[2]

1 Directorate for Health and Social Care, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
2 Directorate of Health and Social Care Professions, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
3 Department of Biomedical Sciences for Health, University of Milan, Milan, Italy

Findings:

The project describes the implementation of an organizational model aimed at standardizing and enhancing the role of Healthcare Assistants (HAs) in surgical wards through competency redesign, dedicated training, and workforce reorganization. Organizational, clinical, economic, and staff satisfaction indicators will be monitored to evaluate the feasibility and impact of the intervention.

ABSTRACT

BACKGROUND: The current healthcare context is marked by increasing complexity and the need to optimize resources. In this scenario, the role of the Healthcare Assistant (HA) in surgical inpatient units has become strategically relevant.

OBJECTIVES: To describe the implementation of a project aimed at standardizing the HA role through dedicated training and monitoring of care outcomes and staff satisfaction.

METHODS: A SWOT analysis was conducted to identify strengths, weaknesses, opportunities, and threats. The project included activity mapping, definition of advanced competencies, targeted training, and evaluation tools.

RESULTS: Expected outcomes include improved quality of care, greater management efficiency, reduced clinical risk, and increased motivation among Healthcare Assistants.

CONCLUSIONS: The project represents a strategic and replicable intervention aimed at enhancing the role of Healthcare Assistants and promoting an inclusive, quality-oriented organizational culture.

KEYWORDS: *Healthcare Assistant, Surgical Care, SWOT Analysis, Healthcare Training, Care Quality*

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
Via Pascal 36, 20133, Milano, ITALY

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CONTRIBUTI SPECIALI

Lo sviluppo del ruolo dell'Operatore Socio-Sanitario nell'assistenza ai pazienti ricoverati in area medica: analisi SWOT e implementazione in un grande ospedale metropolitano italiano

Laura Zoppini[1], Giusy Vuono[2], Stefano Terzoni[3], Lara Madini[2]

1 Direzione Socio-Sanitaria, ASST Grande Ospedale Metropolitano Niguarda, Milano, Italia
2 Direzione Aziendale delle Professioni Sanitarie e Socio-Sanitarie, ASST Grande Ospedale Metropolitano Niguarda, Milano, Italia
3 Dipartimento di Scienze Biomediche per la Salute, Università degli Studi di Milano, Milano, Italia

Riscontri:

Il progetto descrive l'implementazione di un modello organizzativo finalizzato a standardizzare e valorizzare il ruolo degli Healthcare Assistants (HAs) nelle degenze chirurgiche attraverso ridefinizione delle competenze, formazione dedicata e riorganizzazione del personale. L'intervento prevede il monitoraggio di indicatori organizzativi, assistenziali, economici e di soddisfazione del personale per valutarne fattibilità e impatto.

ABSTRACT

BACKGROUND: Il contesto sanitario attuale è caratterizzato da una crescente complessità assistenziale e dalla necessità di ottimizzare le risorse. In questo scenario, il ruolo dell'Operatore Socio-Sanitario (OSS) nelle degenze chirurgiche assume una rilevanza strategica.

OBIETTIVI: Descrivere l'implementazione di un progetto volto a standardizzare il ruolo dell'OSS attraverso formazione dedicata e monitoraggio degli esiti assistenziali e della soddisfazione del personale.

METODI: È stata condotta un'analisi SWOT per identificare punti di forza, debolezze, opportunità e minacce. Il progetto ha previsto mappatura delle attività, definizione di competenze evolute, formazione mirata e strumenti di valutazione.

RISULTATI: I risultati attesi includono il miglioramento della qualità assistenziale, una maggiore efficienza gestionale, la riduzione del rischio clinico e l'incremento della motivazione del personale OSS.

CONCLUSIONI: Il progetto rappresenta un intervento strategico e replicabile, volto a valorizzare il ruolo dell'OSS e a promuovere una cultura organizzativa inclusiva e orientata alla qualità.

KEYWORDS: *Operatore Socio-Sanitario, Assistenza Chirurgica, Analisi SWOT, Formazione Sanitaria, Qualità Assistenziale*

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
Via Pascal 36, 20133, Milano, ITALY

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BACKGROUND

The current healthcare context is characterized by increasing complexity in clinical care, rising demand for services, and the need to maintain high standards of quality and efficiency. From this perspective, surgical units are strategic and delicate. Each link in the care chain must function in a synergistic, timely, and integrated manner to ensure optimal outcomes. In recent years, the evolution of surgical techniques, the introduction of advanced technologies, the reduction of hospitalization times, and the push towards more efficient patient rotation have radically changed the organization of surgical departments. In this scenario, there has also been a redefinition of professional roles: figures historically linked to care, such as nurses and doctors, have had to deal with new management and logistical needs, making it necessary to support other professionals. Among these, Healthcare assistants (who in Italy are called OSS – Operatore Socio Sanitario) have gained an important role in the care team, especially in highly complex settings such as surgical inpatient units. Healthcare assistants (HAs) are defined by law as technical workers whose activities with patients encompass domestic help, hygiene care, patient transfer within the hospital, and assistance with medication administration (1). Although basic hygiene and domestic tasks can be performed autonomously, the assistant mostly works under the supervision of nurses. The current regulations leave the responsibility of clinical judgement and nursing process to registered nurses, who, therefore, decide which tasks can be attributed to the assistants. The role of healthcare assistants has proven to be of great value over the years, shifting the paradigm from that of a nurse's aide to an acknowledged member of the care team. In recent years, the regional government of Lombardy, an Italian region in Northern Italy, has published a document regarding the possibility of increasing the number of tasks carried out by Has (2). Despite the growing weight of its role, however, the HA in surgical inpatient units is still often perceived as "marginal" or simply as technical "support" without adequate professional training and organizational recognition. This gap between real responsibility and formal recognition is a critical point in the system, with consequences ranging from the motivation of the operators themselves to the perceived quality of care and, ultimately, the sustainability of nursing staff workloads. The picture is further complicated by a certain inhomogeneity in the management of assistants, as the task assignment criteria, the levels of autonomy granted, hierarchical relationships and participation in continuing education may vary across hospitals and units. Often, the lack of a uniform protocol leads to empirical role management that is more based on local customs than on shared standards.

The literature is scant, as the available studies on HAs have described their role in stroke units (3), palliative care (4), and operating theatres (5). The only study on non-medical surgical health aids (HAs)

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
Via Pascal 36, 20133, Milano, ITALY

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comes from Australia (6) and concerns out-of-pocket expenses and economic efficiency in a healthcare system distinct from the Italian setting. Finally, some authors (7) have studied the characteristics and impact of vocational training of Has by reviewing the literature. However, the results provide very few practical details on the development of HA's role in surgical inpatient units. Moreover, as the activities performed by Has are regulated by national laws and the Italian literature provides no studies on this topic, developing and documenting a program that complies with Italian law and the characteristics of the Italian healthcare setting appears necessary.

The Niguarda healthcare organization (formally named Azienda Socio Sanitaria Territoriale Grande Ospedale Metropolitano Niguarda, or "Social and healthcare territorial organizazion – Major Metropolitan hospital Niguarda") is currently the top Italian hospital according to the Newsweek ranking (8). Niguarda provides care at all levels, from the hospital to home care, to patients of all ages due to its size, diverse case mix, and public nature. It is, therefore, ideally positioned to undertake a process of redefinition and enhancement of the support operator's role, particularly within the surgical area. This is also consistent with current regional and national policies that promote flexible organizational models, multidisciplinary teams and care pathways oriented towards the global care of the patient. The 2001 agreement that introduced the healthcare assistant leaves the Regional administration the possibility of declining further characteristics, hence the opportunity to propose an innovative, replicable and documented operational and training model, starting from hospital excellence such as Niguarda. Overall, the context described above suggests the need for and urgency to systematize the role of HAs in the surgical area, provide adequate training and updating tools, enhance the contribution of HAs within care teams, and increase the visibility of HAs within the organization. In this paper, we report the implementation of the project carried out by Niguarda.

AIMS

To describe the implementation of a project targeted at standardizing the role of Has in medical inpatient units through dedicated training and monitoring of care-related outcomes (falls, pressure injuries, restraints) and satisfaction of both nurses and Has.

METHODS

A SWOT analysis was conducted to evaluate the strategic positioning of the surgical department at Niguarda. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. It is a strategic analysis framework used to assess both internal and external factors that can influence the performance and development of an organization or a specific project. This method assesses internal strengths and

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
Via Pascal 36, 20133, Milano, ITALY

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weaknesses, as well as external opportunities and threats, to inform evidence-based planning and organizational improvement. In the healthcare context, a SWOT analysis helps identify areas for clinical, operational, and managerial improvement, guiding decision-makers in optimizing patient care and resource allocation (9-11). In a surgical hospital department, a SWOT analysis is particularly valuable because it helps identify clinical and operational strengths—such as skilled personnel or advanced technologies—while also highlighting weaknesses, including resource limitations or workflow inefficiencies. By examining external opportunities, such as new funding or training programs, and threats like regulatory changes or staff shortages, the department can make informed decisions. When applied to the development of healthcare assistants, SWOT analysis supports the design of targeted interventions that enhance their role, improve patient care, and align support staff functions with the strategic goals of the surgical units. The results of the SWOT analysis are outlined in Table 1.

Table 1. *Results of the SWOT analysis*

STRENGTHS	WEAKNESSES
• Established presence of HA in the surgical area • Good experience and familiarity with the management of surgical patients • Willingness to embrace change • More strategic role of nurses, especially in favor of care planning • Reorganization of the wards based on innovative organizational models	• Lack of formal and clear definition of the HA role • Uneven training among staff • Perception of low recognition and variable motivation
OPPORTUNITIES	**THREATS**
• Regulatory push towards the enhancement of HAs • Support from Corporate Management for new organizational models • Introduction of more streamlined interprofessional work models • Redistribution of workloads	• Cultural resistance to change • Overlapping of roles between HAs and nurses • Current regulatory rigidity regarding the HAs role

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
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Based on the results of the SWOT analysis, a project was structured, with the following objectives:

1. Detailed mapping of activities performed by Healthcare Assistants (HA) in surgical wards: systematically identifying daily tasks, critical areas, and unmet needs allows for the construction of a clear and realistic picture of the current situation.
2. Definition of an "advanced" competency profile for support staff in the surgical area: through comparison with best practices and internal staff input, the aim is to outline an updated profile that includes technical, relational, and organizational skills specific to the surgical context.
3. Development and implementation of a targeted training program: the project involves designing a personalized training plan that includes theoretical content, practical exercises, and continuous education modules, in order to fill any gaps and strengthen the operational capabilities of HAs.
4. Creation of tools for assessing acquired competencies: to ensure the effectiveness of the training program, evaluation grids, performance checklists, and direct field observation sessions will be used, involving nursing coordinators and nurse tutors.
5. Systematic integration of HAs into surgical care teams: promoting real participation of support staff in briefings, handovers, and operational decisions, within a shared multiprofessional work approach.
6. Proposal of a professional recognition and enhancement system: such a system could include the creation of specialist micro-roles for HAs "experts in the surgical area," with opportunities for mentoring new staff, participating in quality improvement projects, or engaging in internal professional development pathways.
7. Development of an inclusive organizational culture: through informational meetings, internal campaigns, and involvement of management, the goal is to promote a modern and informed view of the support staff role, overcoming still widespread stereotypes and prejudices.
8. Monitoring of results and dissemination of data: the adoption of clear and shared indicators will allow for tracking the progress of the project, while sharing the results may serve as a basis for extending the initiative to other hospital areas or other entities within the Regional Health Service.

To achieve the abovementioned aims, the following actions will be taken:

- Identification of areas of action/work plans (acts, cooperates, collaborates)
- Preliminary assessment of job satisfaction and work environment for healthcare assistants (HA)
- Preliminary assessment of job satisfaction and work environment for nursing staff
- Definition of operational methods for ad hoc training (requirements, timelines, planned pathway)
- Informing staff involved in clinical care processes in the departments about the expected skills/knowledge at the end of the pilot phase and sharing the project goals
- Expansion of the support staff (HA) workforce in the three surgical wards.

The project will involve HAs currently employed in the medical inpatient units, with the aim of strengthening their technical and relational skills, increasing their operational autonomy (within regulatory limits) and enhancing their contribution

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Stefano Terzoni: stefano.terzoni@unimi.it
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within the team. New HAs inserted in the medical area will be also included, for whom a structured process of coaching and tutoring by more experienced operators is envisaged, contributing to better integration into the work context. Finally, the head nurses and department manager nurses will be involved in an action to raise awareness and accompany change.

The project is structured according to the steps outlined in Table 2.

***Table 2**. Steps of the project*

STEP	ACTIVITY/PURPOSE
Detailed mapping of the activities carried out by the OSS in medical wards	Systematically detecting daily tasks, critical areas, and unexplained needs allows you to build a clear and realistic picture of the current situation.
Definition of an "evolved" skills profile for the support operator in the medical area.	Through comparison with best practices and internal staff, it is intended to outline an updated profile that encompasses technical, relational, and organizational skills specific to the surgical context.
Development and implementation of a targeted training course	The project involves the creation of a personalized training plan, which includes theoretical content, practical exercises and continuous updating modules, in order to fill any gaps
Creation of tools for the assessment of the skills acquired	To ensure the effectiveness of the training course, the use of evaluation grids, performance checklists and moments of direct observation in the field is envisaged, with the involvement of nursing coordinators and nursing tutors.
Systematic integration of the HA into medical care groups	To encourage real participation of the HA in briefings, deliveries and operational decisions in shared multi-professional work.
Proposal of a system of professional recognition and enhancement	This system could provide for the creation of specialist micro-roles for HA "experts in the medical area", with the possibility of tutoring new hires, participation in quality improvement projects or involvement in internal professional progression paths.
Development of an inclusive organizational culture	Through information meetings, internal campaigns, and management involvement, the aim is to disseminate a modern and conscious vision of the support operator's role, thereby overcoming the stereotypes and prejudices that are still prevalent.
Monitoring of results and dissemination of data	The adoption of clear and shared indicators will enable the monitoring of the project's progress. At the same time, the sharing of results can form the basis for extending the initiative to other areas of the hospital or other bodies within the Regional Health Service.

Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
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Starting from September 2025, and concurrently with the training phase for support staff, the number of healthcare assistants (HA) in each surgical ward will be increased, in order to implement a new organizational structure defined as reported in Table 3. The increase in support staff involves a reorganization of daytime coverage and the introduction of the HA role during the night shift in the General Surgery and Trauma Team wards. In the High-Intensity Surgery and Hepatology ward, the increase in support staff is experimentally focused on the 12-hour daytime period. The inclusion of a greater number of HAs in the workforce allows for a reduction, compared to the current setup, of one nursing staff member during the morning shift in each ward participating in the project. This will make it possible to reduce the staffing of each ward by two nurses, who can then be reassigned to other departments.

One of the most significant impacts expected concerns the nursing staff working in the medical area. Through a clearer and more functional redefinition of support activities, nurses will be able to focus more on activities with higher clinical complexity, reducing the risk of overload and improving the quality of their work. The presence of more competent and autonomous HA translates, in fact, into a lightening of workloads and greater efficiency of the group.

Table 3. *Staff reorganization*

WARD	CURRENT NUMBER OF HAS	NUMBER OF HAS AFTER THE IMPLEMENTATION	NUMBER OF NURSES
General Surgery	2 morning, 2 afternoon, 0 night	4 morning, 4 afternoon, 1 night	5 morning, 4 afternoon, 3 night
High Intensity Surgery and Hepatology	3 morning, 2 afternoon, 1 night	5 morning, 4 afternoon, 1 night	5 morning, 5 afternoon, 4 night
Trauma team surgery	2 morning, 1 afternoon, 0 night	4 morning, 3 afternoon, 1 night	4 morning, 3 afternoon, 2 night

Management of potential risks

The possible drawbacks and risks related to the implementation of this project have been considered, alongside with specific interventions outlined in Table 4.

Table 4. *Risks and mitigation interventions*

ACTIVITY	POSSIBLE EVENT	POTENTIAL CAUSES	POSSIBLE CONSEQUENCES	RISK MITIGATION ACTIONS
Redefinition of HA competencies and operational protocols	- Overlapping roles between HAs and nurses - Resistance to change from staff	- Lack of clear definition and sharing of operational competencies - Resistance to change and defensive perception of roles	Operational confusion and delays in care processes; Increased risk of errors or omissions in care activities; Complaints from patients and families due to service	- Active involvement of staff in protocol review - Joint training sessions for HAs and nurses - Transparent and continuous communication about changes

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			disruptions; Improper execution of tasks by HAs or improper assignments by nursing staff.	
Training and professional development of HAs	- Inadequate participation in courses - Misalignment between training and operational needs	- Complex shift schedules and service commitments; - Perceived lack of usefulness of training content; - Training planning not based on actual needs analysis.	Ineffective and poorly attended training; Persistence of care inconsistencies; Slowdown in HA enhancement project and obstacles to organizational improvement.	- Scheduling courses at times compatible with work shifts - Assessment of training needs through preliminary questionnaires - Monitoring training effectiveness through post-course tests
Increase in HA staff in surgical area	- Difficulty recruiting qualified staff - Complex integration into existing team	- Lack of available trained HAs; - Resistance from existing staff; - Ineffective communication about new competencies and roles; - Lack of opportunities for discussion and team building.	Quality of HA onboarding and integration; Professional cooperation; Organizational stability; Overall sustainability of the HA enhancement project in the surgical area.	- Collaboration with training institutions to identify suitable candidates - Onboarding and mentoring programs for new hires - Periodic feedback to monitor team integration

Timeframe

The project is scheduled to start in October 2025, with an interim evaluation in January 2026 (staff satisfaction) as shown in Figure 1.

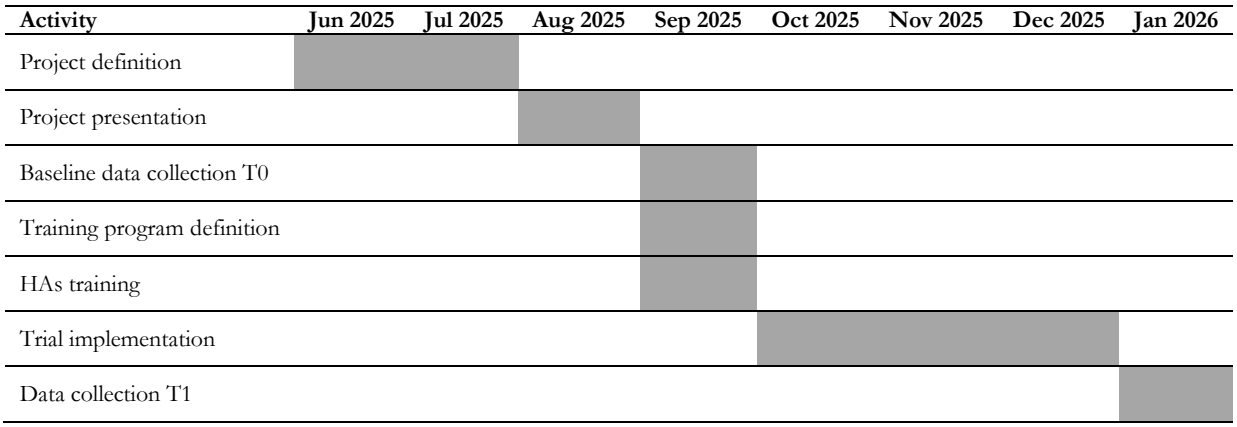

Figure 1. *Gantt diagram of the project (HA Health Assistant)*

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Stefano Terzoni: stefano.terzoni@unimi.it
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RESULTS

The expected results will fall into four areas (organizational, care-related, staffing, economic/managerial) as described in Table 6.

Table 6. *Expected outcomes*

OUTCOME AREA	EXPECTED OUTCOME	INDICATOR	MEASUREMENT TOOL
Organizational	Optimization of workload management in care activities	% of operational tasks performed by HAs / total care activities	Audit and direct observation
	Increased HA coverage	HA/patient ratio per shift	Monthly shift schedule
Care-related	Improvement in the quality of basic care	% of positive feedback on comfort and basic care	Feedback/commendations from the Public Relations Office (URP)
	Increased patient safety	Number of incident reports related to lack of support staff	Incident reporting analysis
Staffing	Increased motivation among HA and nursing staff	Level of HA satisfaction (% satisfied/very satisfied)	Questionnaire at T0 (pre-pilot phase), T1 (post-pilot phase), and then every six months/year
	Reduction in HA turnover and absenteeism	% turnover and absenteeism rate among HAs	Coordinator/DAPSS reports
	Improvement in organizational climate	Quantitative and qualitative assessment of organizational climate	Ad hoc questionnaires and focus groups/interviews
Economic-Managerial	Reduction in indirect costs for overtime and turnover	€ spent on overtime and urgent replacements	Accounting analysis and management reports
	Increased management efficiency in wards	Reduction in inappropriate hospital stay days	Clinical audit and medical record analysis

CONCLUSIONS

The project for the implementation and enhancement of the Healthcare Assistant (HA) role in the three surgical wards of ASST Grande Ospedale Metropolitano Niguarda (General Surgery B1, High-Intensity Surgery and Hepatology, and Trauma Team Surgery) is configured as a strategic intervention with high added value, aimed at optimizing care processes and promoting more effective and sustainable governance of human resources in the surgical field.

Through the redefinition of operational competencies, the numerical strengthening of support staff, and the structuring of targeted training pathways, the project aims to positively impact crucial variables such as management efficiency, care safety, patient-perceived quality, and professional motivation of HA personnel.

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Stefano Terzoni: stefano.terzoni@unimi.it
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The adopted approach, oriented toward measurable evaluation of results, ensures an objective verification of organizational and care impact through the systematic use of performance indicators, periodic audits, qualitative surveys, and customer satisfaction analysis.

The expected benefits include the rationalization and rebalancing of workloads between nursing staff and HAs, with the enhancement of professional specificities. It also includes the improvement of quality and safety standards in care through increased presence and specialization of HA personnel. Furthermore, the project aims to reduce clinical and organizational risk indicators, containing indirect costs related to turnover, overtime, and operational inefficiencies. Another expected benefit is the improvement of the organizational climate and the level of staff satisfaction, with positive effects on care continuity and staff retention.

In addition, the project represents an important lever for organizational and cultural innovation, promoting a modern and integrated vision of multiprofessional teamwork, in line with the principles of appropriateness, efficiency, and person-centered care. The strategic value of the intervention lies not only in the immediate advantages for the surgical area but also in the possibility of replicating and adapting the proposed operational model to other care areas within the organization, thereby contributing to the consolidation of an organizational culture oriented toward quality, safety, and sustainability of healthcare services.

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Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
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Corresponding author:
Stefano Terzoni: stefano.terzoni@unimi.it
Dipartimento di Scienze Biomediche per la Salute,
Via Pascal 36, 20133, Milano, ITALY

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