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Prescribing: A Crucial Factor in the Professionalization of Nursing in Iran

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In the past two decades, the number of countries giving the permission of prescribing to nurses has increased. Nowadays, in countries such as Australia, South Africa, Ireland, Finland, Canada, Norway, New Zealand, Sweden, Britain, Spain, and America, nurses have the legal right to prescribe medicine. Nurse prescribing can enhance the quality of care, save patients' time and money, promote occupational independence in nurses, and provide an opportunity for nurses to use their professional skills more efficiently [1].

In addition, it leads to optimal use of time, elimination of repetitive procedures for nurses, improvement of disease management, reduction in the number of hospital admissions, minimizing the duration of hospital stay, and lowering health costs [2, 3].

In a study done by Courtenay, entitled "Prescription by Nurses: Advantages and Risks", the results indicated that nurse prescribing can increase communication between different health professionals, decrease physicians' workload, promote holistic care, and diminish the waiting time for patients to receive a prescription.

In this study, patients expressed the advantages of nurse prescribing to be: accessibility of nurses, receiving detailed information about disease from the nurses, easiness and quickness of nurse prescribing, and nurses' in-depth knowledge about patient's condition [4].

Since cost containment is one of the most important policies of worldwide health system, experts believe that one strategy to achieve this goal is to delegate some of the responsibilities of physicians to nurses. It can also help nurses to ensure their occupational development and promote professionalism in nurses [5].

In addition, physicians believe that since nurses have more interpersonal contact with patients, they can have a more efficient role in patient training, especially in terms of the details of prescriptions [2-4].

Nurse prescribing was first introduced in Britain in 1986 by Community health nurses and in a Cambridge report. In 1998, it was performed using a Nurse Prescriber's Formulary in a limited form. It was eventually made official in 2006 and any Registered Nurse (RN) with three years of experience was allowed to participate in Prescription Writing courses.

Most of nurse prescribers are currently working in health care centers of Britain. Nurse prescribing has been proposed since 2000 with the development of the national health system and the growing emphasis on providing timely health services for patients.

According to the formulary of 2002, independent nurse prescribers in Britain prescribed 180 drugs for about 80 clinical situations, which reached to 240 kinds of drugs for 110 different clinical situations in

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2005. These nurses were able to prescribe all the legal drugs, except for some of the controlled ones such as some narcotics since 2006 [6].

In an African country called Botswana, nurses have been able to write prescriptions in hospitals, public clinics, and different wards since 1992. Nurses in South Africa have achieved the right to independent prescriptions writing since 1997 [7]. The laws of prescription writing in America vary for each state and Advanced Practitioner Nurses (APN) have achieved the privilege of writing prescriptions since 1969, and since 2003 in more than 40 states of America they can prescribe drugs [8].

Darvishpour performed a study in Iran entitled "An Analysis on Prescription by Nurses in Iran and the World: A Comparison". It showed that even though people do not concept the prescriptions written by nurses, sometimes they are driven by necessity to use nurse prescribing in most hospital wards, especially emergency wards.

Quite the same as other developed countries, the prescribing pattern in Iran is in a range between independent and dependent. But its quality and way of application is extremely different from them, since it is mostly done illegally or even in some cases, secretly [9].

Based on the results of various studies, it has been illustrated that one of the main factors in the professionalization of nurses is having independency in their job [1, 3, 10]. Since nurse prescribing has several advantages for patients, nurses, and even physicians, and because it creates a sense of being useful, independency, and professional identity for nurses [2-4, 11], it can be introduced as a Discipline for the society. Therefore, it seems necessary to develop and design native structures for nurse prescribing in Iran.

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