



Narrative Review

Nurse Prescribing for Professional Development and Promotion of Community Health in Iran: A Narrative Review

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Abstract

Background and aims: Prescribing is an important development for the nursing profession. It improves the quantity and quality of healthcare and increases the professional autonomy of nurses. Therefore, the present study aimed to investigate the status of nurse prescribing and identify related challenges and opportunities, focusing on the results of studies conducted in this field in Iran.

Methods: This narrative review study was conducted in 2025 on Persian and English studies on nurse prescribing in Iran. Data were collected by searching several Persian keywords equal to prescribing, nurse, and prescription. In addition, English keywords 'Nurse,' 'Prescriber,' 'Prescribing,' and 'Prescription' were searched independently and in combination using specific search indicators in national (SID and Magiran) and international (ScienceDirect, PubMed, and Google Scholar) databases, without time limits.

Results: After a careful review, 18 articles were identified and investigated, comprising 9 qualitative articles, 4 quantitative articles, 3 review articles, and 2 letters to the editor. The results revealed that the discussion of nurse prescribing in Iran is a new topic, and there is increasing attention among health policymakers and nursing researchers in this regard.

Conclusion: It should be noted that nurse prescribing in Iran has not yet been recognized as a legal duty. Accordingly, the reformation of laws related to nursing prescribing can have a positive impact on Iran's health system, thereby improving health services.

Keywords: Prescription, Nurse, Prescription

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Introduction

As the largest group of healthcare personnel (1), nurses have unique responsibilities in various fields, including health promotion, disease prevention, rehabilitation assistance, and supportive care in hospitals and community settings, making them important members of society (2). Today, the nursing profession has made great progress in responding to many changes in the health needs of societies (3). Nurses are always seeking to improve their position in the field of treatment. As key members of the treatment team, nurses also play an essential role in the drug prescription process. Currently, responsibilities such as prescribing some drugs are entrusted to nurses (4). For instance, some countries allow their nurses to prescribe drugs as part of national and global strategies in order to improve the quality of healthcare services (5). It

should be noted that the number of countries that legally grant this permission to their nurses is increasing rapidly for many reasons (6). For example, the United States has long legalized the practice of prescribing medications for nurses (7). Nurse prescribing was first introduced in the Idaho (the US) in 1969 and is now practiced in various countries. As of 2019, 16 countries, including the US, South Africa, Spain, the United Kingdom, New Zealand, Poland, Norway, Canada, the Netherlands, Ireland, France, Finland, Estonia, Denmark, Cyprus, and Australia, have enacted laws allowing nurses to prescribe medications (8). However, in Iran, nurses are not legally allowed to prescribe medications. Nonetheless, many studies have shown that nurses are interested in expanding this role (9). Babaei et al demonstrated that nurses have positive attitudes toward prescribing and are ready to provide

this role. Likewise, it was found that increasing nurses' knowledge of medicine and promoting responsibility can prepare them to accept this new role (10). Although there is no legal authorization for nursing prescription, this action is informally performed in emergency and intensive care units (11). Therefore, it is necessary to limit this role and assign it to experienced nurses, considering the high-risk drugs used in these units (12).

Nursing prescription improves the quantity and quality of healthcare, increases the professional independence of nurses, helps nurses use their professional skills better, and saves time (13). In a study by Abbasi et al, prescribing by nurses improved teamwork, reduced the prescription of expensive drugs, helped patients choose the right drug and use it correctly, and reduced the workload of doctors, ultimately reducing the financial burden of the health system (6). Nursing prescription is considered an important development for the nursing profession. Its advantages for patients include better access to medication, reduced waiting time for medication, continuity of care, and patient comfort (14). In the study performed by Darvishpour et al, participants who agreed with the implementation of prescription writing believed that this would improve health outcomes and the community's benefit from nursing services. They further indicated that nurses could respond quickly and appropriately to changes in patients' conditions in the absence of a physician (15). The nursing student curriculum includes units such as pharmacology, pathophysiology, and physical assessment that provide a foundation for the prescribing role of nurses. Nonetheless, evidence shows that these units are insufficient and need to be developed (16).

Overall, nursing prescription is currently a controversial and challenging issue in the health system, and many questions are raised about its strengths and weaknesses. Accordingly, it is essential to recognize the challenges of nursing prescribing in different parts of the health system since it is a new role for nurses and there are no necessary policies and legal infrastructure for it in Iran. Hence, this review study seeks to evaluate the status of nursing prescribing and identify associated challenges and opportunities, with a focus on the findings of studies performed in this regard in Iran.

Materials and Methods

The narrative review was performed in 2025 on Persian and English studies published regarding nurse prescribing in Iran. For the screening of studies in the identification phase, the search was conducted using the Persian keywords equal to prescribing, nurse, and prescription, as well as the English keywords "Nurse," "Prescriber," "Prescribing," "Prescription," and their MeSH equivalents. These keywords were used independently and in combination by specific markers (AND and OR operators) to create complete coverage. In addition, the search was performed in domestic and foreign journals and in national (SID and Magiran) and international (ScienceDirect, PubMed, and

Google Scholar) databases, without time restrictions, by two independent researchers. In general, 119 studies were found in this stage. In the initial screening stage, based on the inclusion criteria, including complete relevance of studies to nurse prescribing in Iran and studies published in Persian and English, two researchers independently reviewed titles, abstracts, and, if necessary, the full text of studies. In this stage, 74 studies were excluded due to non-compliance with the inclusion criteria. The remaining 45 studies were evaluated for eligibility based on the exclusion criteria, including lack of full access to the text of articles, duplication, and articles presented at conferences and seminars that lacked analyzability. Twenty-seven more studies were excluded, and the findings of the remaining 18 studies were thoroughly investigated for further review. The obtained data were summarized after an in-depth review of the studies (Figure 1).

Given that nurse prescribing is a novel phenomenon in Iran with legal, educational, cultural, ethical, and clinical dimensions, qualitative studies with in-depth analyses provide valuable background insights. Further, quantitative studies offer reliable statistical data, and review studies present an overview of existing studies and research gaps. Furthermore, studies in the form of letters to the editor reflect the critical views of researchers and policymakers. The combination of these sources encompasses a wide and diverse range of opinions from physicians, nurses, patients, and policymakers, thereby increasing the validity of the findings. Considering that only 18 studies were eligible for inclusion after screening, limiting the review to a specific type of study would likely provide insufficient data. However, using all types of studies contributes to the richness of the analysis and provides a complete picture of the current situation and political and practical solutions for the Iranian healthcare system.

Results

Of the 18 selected studies, 11 were published in English and 7 in Persian. The remaining included 9 qualitative articles, 4 quantitative articles, 3 review articles, and 2 letters to the editor. The studies were conducted between 2013 and 2014, showing that nurse prescribing in Iran is a new issue that is receiving increasing attention among health policymakers and nursing researchers. Tables 1–4 present a summary of the results of the articles examined in this study.

Table 1 describes qualitative studies conducted on nurse prescribing in Iran and various dimensions of this issue from the perspectives of policymakers, physicians, nurses, and nursing managers, providing an overall picture of the barriers, challenges, opportunities, and the necessity of developing the nurse prescribing role in Iran. According to these studies, structural and legal obstacles, deficiencies in nurse education, lack of organizational support, professional conflicts, and differing societal and physician attitudes toward nurse prescribing are among

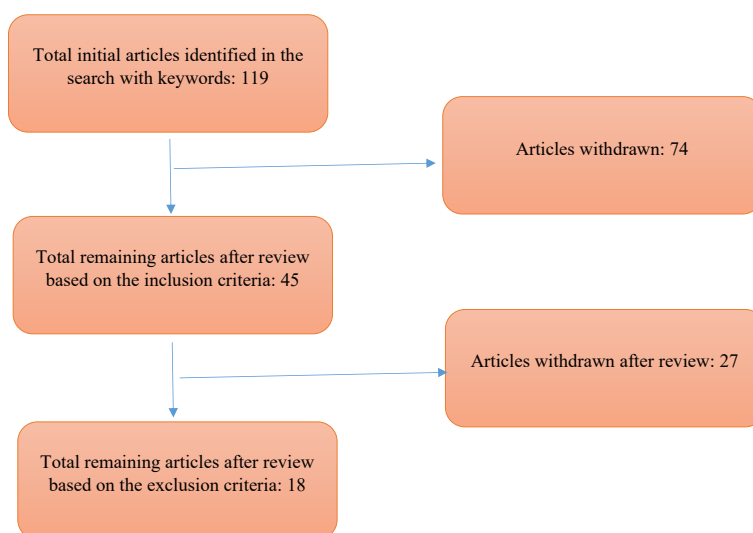


Figure 1. Method of Selecting Articles

Table 1. Qualitative Studies Conducted on Nurse Prescribing in Iran

Row	Article Type	Title	Authors (Reference Number)	Contributors	Findings	Results
1	Content analysis is the first stage. Comparative analysis is the second stage.	Investigating the possibility of developing nurse prescription training in the Iranian nursing education system	Soltaninejad, Alhani, and Rasouli (16)	16 nurses, 3 doctors, and 1 clinical pharmacist	Findings of the first stage (content analysis) Challenges of nursing education for the development of nurse prescription education (insufficient knowledge of nurses in nursing prescription prerequisite courses and unprepared educational infrastructure) Potential for the development of nurse prescription education (potential of the treatment department and potential of the education department). Second stage (adaptive): None of the nursing curricula had sufficient prerequisite courses for nurse prescription; however, the community health and critical care nursing curriculum showed potential for the development of nurse prescription education.	Reforming existing master's curricula using prepared structures, including home nursing and experienced nurses in critical care units (CCUs) and interprofessional education, in collaboration with physicians and pharmacists, are the best potentials to help develop nurse prescribing education in Iran.
2	Content analysis	Nurses' experiences of clinical challenges related to nurse prescribing	Jodaki, Abbasi, and Dehghan Nayiri (3)	13 nurses working in medical departments affiliated with Tehran University of Medical Sciences	Four main categories and ten subcategories: Structural challenges (legal issues, weak nurse education programs, lack of support for nurse prescribing, and negative organizational culture and climate); Staff barriers (physician barriers and nurse barriers); Interprofessional separation (poor nurse-physician communication and nurse-physician distrust); Community attitudes (positive attitudes toward physician prescribing and negative attitudes toward nurse prescribing).	Identifying challenges and barriers provides policymakers with the necessary evidence to address and modify these challenges and barriers. In addition, eliminating the identified challenges helps nurses better perform their new roles and develop the field and profession of nursing.
3	Content analysis	Current challenges of illegal nurse prescribing in intensive care units	Naderi, Abbaszadeh, Jalali, Pazookian, and Rouhani (7)	33 participants, including 11 intensive care unit (ICU) nurses, 5 physicians with intensive care fellowships, 2 clinical pharmacologists in the ICU, 7 university faculty members, 8 hospital nursing managers, the nursing board, and experts from the Ministry of Health and the Nursing System Organization	5 main categories and 12 subcategories were extracted: The reality of illegal drug prescriptions (secret prescriptions or white lies and agreed prescriptions in critical situations); Threat to patient safety (incorrect prescription by some doctors and negligence by nurses); Interference between drugs prescribed by different doctors; Current conflicts (knowledge and practice conflicts, supervision and practice conflicts, and conflicts in justice); Physicians as a self-governing group (physician dominance, ICU nurses performing many physician duties and recording interventions for physicians); Demand for prescriptions (psychological concern and demand for nursing prescriptions).	Most participants identified one of the challenges of illegal nursing prescriptions in the ICU as a threat to patient safety, as ICU nurses are responsible for the continuous care, control, and monitoring of critically ill patients. If a prescription is legal, medication errors and patient safety risks are prevented.

Table 1. Continued.

Row	Article Type	Title	Authors (Reference Number)	Contributors	Findings	Results
4	Content analysis	Expanding the role of nurse prescribing in ICUs in the Iranian health system	Naderi, Abbaszadeh, Pazookian, Rouhani, and Jalali (12)	30 participants, including 10 nurses, 5 physicians, 2 pharmacists, 5 faculty members from medical universities, 4 nursing managers, and 4 policymakers from the health system and the nursing system organization	One main theme and three categories with 11 subcategories: Main theme: The feasibility of prescribing medications by ICU nurses; Opportunities (use of successful global experiences, patient-centered policy of the healthcare system, current culture and positive professional status of nurses, physician shortage, and high nursing capacity); Threats (increased professional and legal responsibilities, acquisition of authority by unqualified nurses, objections from physicians and special groups to the role of nursing prescribing); Career path (discussion with physicians and special groups with conflict of interest, training of qualified nurses, gradual development).	Health policymakers are expected to take steps to minimize potential threats in the process of expanding the role of nurses in prescribing.
5	Content analysis	The perspective of health policymakers in Iran regarding the barriers and facilitators of nurse prescribing within their framework	Darvishpour, Joolae, Cheraghi, and Mohtari Lake (13)	14 participating companies, including 6 members of the Nursing Board of Iran, 6 members of the Nursing Organization working in various medical universities, and 2 senior staff members of the Ministry of Health.	Two categories of factors were identified: Facilitating factors (positive policymakers' perspectives, human resource capabilities, non-medical prescription experiences, and governmental and non-governmental organizational activities); Barriers (cultural and social factors, organizational factors, educational barriers, and human barriers).	"Considering the obstacles and facilitators and changes in organizational policy, improvements in perspectives should be created. Nursing prescriptions require the efforts of managers and officials in the matter of development and renewal."
6	Content analysis	Analysis of the Nursing Prescription Framework in Iran	Darvishpour, Joolae, and Cheraghi (15)	14 health policy makers, 6 doctors, and 9 nurses	Five main categories and five subcategories: Theoretical framework of nursing prescription (positive view toward nursing prescription, negative view towards nursing prescription); Organizational framework of nursing prescription (organizational constraints, human resources in the context of nursing prescription, organizational culture); Educational framework of nursing prescription; Research framework of nursing prescription; Cultural-social framework of nursing prescription.	"The views of health policymakers and stakeholders of the health team in the country indicated that there are challenges in organizational, educational, research, and socio-cultural contexts that require a problem-oriented design in the field of nursing prescription."
7	Content analysis	The manifestations of ethics and law in nursing prescription	Darvishpour, Joolae, and Cheraghi (17)	19 nurses	2 main levels and 5 sub-levels: Human values (prioritizing human life, human conscience, sacrifice, and selflessness); Organizational norms (the supremacy of organizational laws and accountability system).	"Participants, despite being aware of the lack of legal authorization to prescribe medication due to adherence to ethical principles, have prioritized the lives of patients. Health policymakers are expected to play a role in this humanitarian effort by drafting clear regulations to facilitate appropriate conditions for nurses to prescribe."
8	Content analysis	The necessity of nursing prescriptions from the perspective of nursing policymakers.	Darvishpour, Joolae, and Cheraghi (18)	14 health policymakers, including 2 from the Deputy Ministry of Health, 6 from nursing system officials, and 6 from the nursing board members.	Three main pillars include: (1) Right to health and people's needs, (2) Current situation in clinical conditions, and (3) Consequences of nursing prescriptions.	"The results demonstrated that considering the right to health of individuals in society and the need for people for healthcare system services, along with the positive outcomes that may arise from the implementation of nursing prescriptions, there is a feeling of necessity for its execution and a need for the efforts of the officials."
9	Content analysis	The necessity of delegating the authority to prescribe medication to Iranian nurses	Jahromi Distance and Moteiri (19)	10 participants, including 6 nurses, 2 instructors, and 2 students.	4 main levels and 10 sub-levels: Qualification (available capacity, scientific and practical competence); Legal permission (qualification approval and support); Change (gradual change and trial implementation); Promotion (motivation, self-confidence, clarity in job descriptions, and change of external attitudes toward the nursing profession).	The results revealed that medication administration by Iranian nurses is feasible, provided they are supported and authorized by legal centers, but these conditions have not yet been established and require further reflection, planning, and training.

Table 2. Quantitative Studies Performed on Nurse Prescribing in Iran

Row	Article Type	Title	Authors (Reference Number)	Research Examples	Tools	Results
1	Descriptive cross-sectional	Physicians' attitudes towards the development of the nurse's prescribing role in intensive care and emergency departments	Naderi, Janet Makaan, Bullandi, Rezaian, and Khatuni (11)	193 doctors (general, specialist, and fellowship)	Questionnaire	The majority of physicians had a favorable attitude toward nurse prescribing in emergency and CCUs. To facilitate the development of the role of nurse prescribing, it is essential to ensure the acquisition of scientific qualifications and make necessary changes in nursing curricula at undergraduate, graduate, and doctoral levels.
2	Descriptive cross-sectional	Knowledge and attitudes of nurses, physicians, and patients about nurse prescribing	Haririan, Mani Seresht, Hassan Khani, Jo Ann E. Porter, and Lydia Wittenbrook (14)	280 (nurses, doctors, and patients in ICU and CCU intensive care units)	Questionnaire	The knowledge and attitudes of critical care nurses, physicians, and patients toward nurse prescribing were generally positive. Nurse prescribing as a new task and authority can be considered in providing more effective care by specialist nurses. The results of this study can be considered in future health policy planning for nurses' prescribing rights and ultimately improving the quality of patient care.
3	Descriptive cross-sectional	Iranian nurses' attitudes and knowledge about nursing prescriptions	Babaei, Haririan, and Rahmani (10)	335 nurses	Questionnaire	Since nurses have a positive attitude and necessary readiness for administration, they can be prepared for this role by increasing their drug knowledge and improving their responsiveness, thereby enhancing the quality of nursing care.
4	Descriptive cross-sectional	Iranian nurses' attitudes toward the necessity and barriers to the development of nurses' prescriptive roles	Naderi, Jannat Makaan, Jalali, Andishgar, and Khatouni (9)	136 nurses	Questionnaire	Most nurses had a positive attitude toward the necessity of developing the role of nurse prescribing and considered the legalization and formalization of this role, which is currently performed informally by many nurses, to be practical. There are various obstacles to creating such a role, the most important of which are the lack of legislation, opposition from physicians, and lack of support from nursing administrators. Nursing interventions can be implemented through planning, overcoming potential barriers, and providing the necessary infrastructure.

Note. ICU: Intensive care unit.

Table 3. Literature Reviews Conducted on Nurse Prescribing in Iran

Row	Article Type	Title	Authors (Reference Number)	Results	Suggestions
1	Narrative-review	Nurse prescribing and the challenges of its implementation in Iran	Akbari, Hosseini, Raisi, Soltani Goki, and Khodabandeh Shahraki (8)	Illegality of nurse prescribing in Iran, need for support from policymakers, planning and training of nurses, and community support	Modeling the successful experience of countries that have pioneered prescription writing.
2	System overview	Nursing Prescription: A Systematic Review in Iran	Dehghani phone, and Nahriz (20)	Weak laws supporting nurse prescribing and lack of scientific and research development	Researchers should consider examining various dimensions and details and designing the correct implementation process or taking a model from leading countries in this field.
3	Comprehensive review	Nursing prescriptions in Iran and the world	Yadollahi, Ghanbari Afra, and Azizi Fini (21)	Lack of appropriate policymaking, lack of necessary infrastructure, critical view of the healthcare team, lack of legal licensing, and reluctance of some nursing staff to work in the field of prescribing.	Nursing policymakers and managers should prepare the ground for the implementation of nursing prescriptions in Iran by making appropriate plans to address existing challenges, including issuing legal licenses, holding specialized pharmacology courses for nurses, and encouraging them to accept this responsibility.

Table 4. Letters to the Editor Studies Performed Regarding Nurse Prescribing in Iran

Row	Title	Authors (Reference Number)	Results
1	Nursing Prescription is Not Implemented in Iran: Suggestions for Policymakers	Molavinejad, Imani, and Gheibizadeh (22)	<i>Recommendations:</i> Focus on nurse prescribing in villages, marginalized areas, nursing homes, home visits, nursing homes, prescribing routine laboratory prescriptions, and increasing routine laboratory periods <i>Implications for the patient:</i> Immediate access to treatment, reduced exposure to harm and risk, and cost-effectiveness
2	Investigating the benefits of prescribing drugs by Iranian nurses based on the current situation	Taghinejad, Nouri, Mohammad Yari, and Tavan (23)	<i>Implications for the nurse:</i> Increased knowledge and motivation, use of knowledge, and a change in the attitude of decision-makers and nurses toward the nursing profession <i>Medical implications:</i> Reduced workload, avoidance of unnecessary visits, and increased quality of visits needed for patients and saving doctors' time

the most serious challenges in this area. Moreover, they identified nurses' high capacity, physician shortages, the potential of educational programs, and nurses' willingness to assume this role as key opportunities.

Table 2 is devoted to quantitative studies related to

nurse prescribing in Iran. These studies assess the attitudes and awareness of nurses, physicians, and patients on this topic. The study results demonstrated positive attitudes and readiness among nurses to accept a prescribing role. They further reported that many physicians held favorable

views toward the development of nurse prescribing, and patients evaluated nurse prescribing as an appropriate solution to improve access and enhance the quality of care.

Table 3 includes review studies conducted on nurse prescribing in Iran; these studies analyze the challenges, opportunities, and practical solutions. The results of these studies confirmed that nurse prescribing can be effective in improving the quality of care, reducing physicians' workload, and enhancing the professional status of nurses in Iran.

Table 4 addresses letters to the editor, which emphasize the benefits of nurse prescribing by Iranian nurses and the necessity of legal support and appropriate educational planning to realize this role.

Discussion

This study examined the status of nurse prescribing and the results of studies carried out on this topic in Iran and addressed the challenges and opportunities. Although, based on studies in recent years, this topic has attracted the attention of nursing researchers, to date only limited studies (mostly qualitative) have been conducted in this field. However, no substantial actions have been taken in practice; the only notable measure is the inclusion of the topic of nurse prescribing in the special topics course for doctoral nursing students. To preserve the coherence of the findings and provide a comprehensive and systematic analysis of various aspects of nurse prescribing, the obtained data are presented in categorized form.

Clinical Experiences and Practical Necessities

In most studies conducted in Iran, nurse prescribing has been considered in critical care units and emergency departments (7, 11, 12, 14). Although there is no law permitting nurse prescribing, nurses prescribe medication to save patients' lives in urgent and critical situations within these units (9). Darvishpour et al reported that immediate treatment of the patient is necessary in some cases, and, due to a serious threat to the patient's life, rapid intervention is required and should not be delayed; if a physician or specialist is not accessible, the nurse may provide the necessary therapeutic services to save the patient's life (17). Nurses in emergency departments are prepared to deliver safe, timely, and patient-centered care (e.g., medication prescribing), which enables the provision of quality care (24). Egerod et al stated that skills and competencies such as patient assessment and medication prescribing by nurses in the ICU, although initially developed due to shortages of medical staff, revealed a new professional pathway for nurses and a means to introduce evidence-based practice performance (25).

Attitudes of Physicians and Other Healthcare Team Members

In their study, Haririan et al found that over two-thirds of physicians and specialists expressed confidence in most emergency and critical care nurses and had a positive

attitude toward nurse prescribing. Moreover, more than half of the physicians supported the ability of critical care nurses to prescribe medications (14). In the study by Shannon et al, 65% of physicians believed that nurses and midwives should not be licensed to prescribe since they are not prepared for this skill (26). Lamberti-Castronovo et al reported that empowering nurses to play greater roles, including prescribing in emergency departments, is used in high-income countries to improve patient outcomes and has been an effective method. Nurses can independently manage patients with minor injuries (27). Although this process may expedite patient treatment, nurses should be cautious of medication errors and their consequences due to the lack of legal support.

Structural and Legal Challenges

One of the challenges and problems of nurse prescribing in Iran is its lack of legality for nurses, which is among the most serious structural challenges regarding nurse prescribing and a major barrier to nurse prescribing. It is essential that nurses be prepared for this new responsibility and be able to meet the expected standards (28). Although nurse prescribing is legal in many countries worldwide, there is still no law on this matter in Iran (7). Akbari et al stated that clear guidelines must be developed for implementing nurse prescribing in Iran, and legal conditions should be established to protect nurses and patients (8). Maier reported that in Europe, certain groups of nurses are formally authorized to prescribe medications, which represents a recent advancement in this continent, and government and policymaker support are determining factors in this area (29). Likewise, McHugh et al observed that there is a need to increase awareness of what having prescribing authority entails (30).

In addition, Arian et al it concluded that two reasons for legal restrictions on nurse prescribing were strong physician opposition to the approval of this role and policymakers' unfamiliarity with different types of prescribing (31). Based on the findings of Darvishpour et al, despite the very good growth of nurse prescribing in European and American countries, unfortunately there was no evidence of its implementation in Asian countries. This may be the result of diverse health system policies and the cultural, economic, political, and social conditions governing these countries. Thus, policymakers in these systems should consider these issues when planning to implement nurse prescribing (32). Granting prescribing licenses to experienced nurses with the necessary qualifications can help improve the quality of nursing services, thereby enabling nurses to care for patients with greater professional autonomy and improved self-confidence.

Among other structural challenges, reliance on physicians for nurse prescribing, insufficient instruction in pharmacology during the undergraduate nursing program, and lack of organizational support for nurses are notable (33). It should be noted that structural

challenges to nurse prescribing vary across countries and are influenced by legal, educational, and organizational conditions. In some countries, nurses may only prescribe from a limited list and under physician supervision, whereas in others, nurses have authorization for unrestricted prescribing (34). Andrilla et al reported that the lack of physician cooperation and support for nurse prescribing in Washington is one of the barriers to their prescribing role (35). To address this issue, encouraging collaboration and teamwork between physicians and nurses and changing physicians' attitudes toward nurse prescribing can help achieve better performance in this area.

Cultural and Social Dimensions

Cultural and professional issues are other challenges in nursing prescription. In the Iranian health system, prescription is the exclusive domain of physicians, which also affects the organizational climate and culture of hospitals. Due to these issues, nurses' ability to prescribe has not been taken into consideration (3). Nuttall indicated that some nurses face a lack of understanding by physicians of the boundaries of their role and their awareness, to the extent that they sometimes do not support nurses' prescribing, and some physicians consider this role of nurses to be a threat to their profession (36). In the study by Naderi et al, most general practitioners believed that the prescribing role of nurses does not contribute to their professional development (11). Haririan et al noted that more than half of the physicians supported nurses' ability to prescribe and had a positive attitude toward this issue (14). Social media has a great impact on the cultural views of society. Therefore, a suitable space can be provided in the media to create a conversation about the importance of prescription and its effects in different societies.

The Need for Educational and Policy Review

Another challenge for Iranian nurses' prescribing is the lack of specialized and formal training for nurses in this field. Courtenay et al stated that providing the knowledge and skills required for prescribing in undergraduate nursing education is needed to support the nurse's prescribing role. However, this may also pose challenges, so any changes should be carefully reviewed and evaluated (37). In a study by Ling et al, it was revealed that patients prefer nursing prescriptions to be performed by qualified and experienced nurses and give specialist nurses significantly more points for prescribing than general nurses (38). In this context, it is also possible to provide the necessary conditions for nurses to play the prescribing role by improving the pharmaceutical knowledge of nurses and planning advanced pharmacology training for them.

Potential Benefits and Consequences for Patients and the Health System

The next topic discussed was the consequences of

prescribing in society, which can be for doctors, nurses, and patients. One of the consequences is rapid access of patients to health services. Due to its large size and large population, Iran faces a shortage of doctors in rural and remote areas, and residents of these areas do not have adequate access to health services. Lack of access to a doctor expands minor health problems and causes these diseases to become serious and chronic (17). According to Courtenay et al, patients believed that nurse prescribing improves access and efficiency of health services. They further thought that the specialized knowledge of nurses and the interactive nurse-patient consultation style lead to continuity of care, trust in nurses, and coordination of treatment (37). In addition, Gerard et al found that although patients prefer to consult with a physician, they are satisfied with consulting with a nurse if other aspects of the consultation are improved, and the prescribing role of the nurse has this consultation potential (40). Therefore, patients are more satisfied when they do not need to wait for a visit from a physician to receive simple and routine medications and when the nurse better understands their needs, given that they spend more time together.

Another consequence of nursing prescription was the reduction of the workload of physicians. The collaboration between the physician and the nurse is highly important in this process, and responsibilities for solving patients' problems and making decisions for the patient's care plans are shared (41). Darvishpour et al concluded that nursing prescription is also beneficial for physicians, reducing their workload and allowing physicians to visit patients with more complex and severe medical problems (17). Moreover, Taghinejad et al stated that nursing prescriptions can reduce the workload of physicians and unnecessary visits by physicians, leading to physician satisfaction and saving their time (23).

Increasing the level of empowerment of nurses was the next consequence of nursing prescription. Darvishpour et al mentioned that nurses have the necessary ability and capability to do anything, including prescribing medication, and their ability is also accepted by doctors (15). Similarly, Valizadeh et al indicated that by providing nurses with the ability to write prescriptions, the public view of this field changes from a doctor-dependent figure and reduces the financial problems of the country's healthcare system. This opportunity can be provided for nurses by strengthening their skills and increasing their professional independence (42). This action results in a greater sense of job value for nurses and motivation to stay in the healthcare system, and even reduces job burnout.

According to Abbasi et al, the most important reason for assigning the role of prescribing to nurses was to reduce treatment costs and financial problems, because it improves teamwork, reduces physician fatigue, improves the quality of service provision, reduces hospital errors, helps the patient select the most appropriate treatment, and increases access to the treatment team and health insurance (6). Nurse prescribing has had its supporters

and opponents throughout its development. Based on the experience of countries and studies conducted in these cases, it has been shown that the benefits of nursing prescribing outweigh its problems (43). The full potential of this role can be achieved if nursing managers fully support nurse prescribing (44). There are still issues such as legal, administrative, poor research, and educational deficiencies in advanced countries, which require more efforts in these areas. Moreover, appropriate training and support mechanisms are needed to facilitate the implementation of nursing prescribing (32).

Disadvantages and Considerations of Nurse Prescribing

Of the topics of interest in the field of nurse prescribing are disadvantages and considerations related to it, the emergence of legal and ethical responsibilities for nurses in the event of an error in prescribing medications, and a threat to patient safety, which can be challenging for them. Adib et al found that nurses' knowledge of ethical and legal issues is lower than desirable. Thus, it is necessary to provide training in this field for nurses and familiarize them with common complaint cases against nurses (45). Additionally, Gould and Bean indicated that the use of structured approaches and performance within the framework of guidelines can support the practice of nurse prescribing (46). Therefore, it is essential for the nurse to prescribe medication based on the training received and in the field of specialization, continuous assessment, correct and accurate documentation, and with professional liability insurance, so that it can protect the nurse in the event of legal cases, in addition to maintaining patient safety.

Conclusion

In general, nurse prescribing in Iran has not yet been recognized as a legal duty. Given the existing challenges and appropriate nurse prescription strategies, it can be an important tool for improving the quality of health services. However, implementing such a change requires reviewing the laws, creating specialized training courses, and determining specific legal frameworks. It is suggested that a positive impact will be created on Iran's health system by amending the laws related to nurse prescription, thereby improving health services. The main limitation of this study was the difference in the methodology of the articles and the small number of studies conducted in Iran. It is worth mentioning that, in this study, an attempt was made to overcome this limitation to some extent.

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Competing Interests

There is no conflict of interests in conducting, extracting, and reporting the results of this study.

Ethical Approval

The present research was extracted from a course activity performed in 2025 and approved by the Vice-Chancellor of Research of Lorestan University of Medical Sciences (ethical code IR.LUMS.REC.1404.185).

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