

Nursing Assistants, Medication Errors, and Patient Safety: A New Challenge in Iran

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Today, all over the world, university nursing programs are based on professional academic training (1). In many pioneering countries in nursing, to enter a nursing program, an applicant must have a two-year accreditation in other fields such as psychology or must be educated and trained in nursing for 4 years to qualify as a registered nurse (2). In Iran, individuals enter nursing school after passing the national university entrance exam. Nursing programs offer specific theoretical and practical courses that are based on the tasks that the nurses must be able to perform in hospitals or other nursing care facilities (1). A crucial area in nursing education is pharmacology, which is the teaching of theoretical and practical approaches by pharmacology experts. Knowing the mechanisms of action and providing appropriate nursing care before and after administering medicines are among the nurses' main duties. However, studies have shown that medication errors are prevalent among nurses; a shortage of nursing staff, a high workload, and fatigue are among the influential factors. In Iran, similar to other countries, there is a nurse shortage (3). However, many countries have decreased this problem through the implementation of several strategies. Some countries reduced nurses' workloads by training nurse assistants who are taught to perform primary care activities, such as bathing patients and helping patients with their elimination needs, dressing, and eating. Some countries have also presented nurse assistants with higher levels of training and then assigned them more complex responsibilities, such as suctioning, removing peripheral venous catheters, rewriting orders, caring for sores, and monitoring blood sugar levels, which must be done under the supervision of a nurse (4). Some countries have also started to train medication nursing assistants (MNAs), who are licensed nursing assistants (LNAs) who have completed a board-approved medication administration program that con-

sists of at least 30 hours of theoretical content and 30 hours of clinical training. Candidates should also have a minimum of 5 years of work experience and possess crucial competencies in basic nursing skills and the English language. MNAs can administer medical orders only for stable patients (5).

Recently, a curriculum for training nursing assistants was presented in Iran, and several private institutions have attempted to train nurse assistants. However, this program has received strong criticism because the theoretical and practical content of the program is not commensurate with the task descriptions defined for nursing assistants. Although the content of the program is very simple and requires only a short period to complete, the task descriptions contain several advanced nursing activities and procedures such as drug administration and insertion of intravenous catheters. These interventions require high levels of pharmacology and anatomy knowledge and skills. A recent study reported that nursing students who has passed the required theoretical and practical content for pharmacology are not competent in the process of providing medication therapy (6). In addition, in the current issue of Nursing and Midwifery Studies, Zare Ghamari et al. presented a study on the status of clinical pharmaceutical care education during a nursing internship program and reported that the quality of education is poor in several aspects of medication administration (7). Although the quality of education in Iran's university programs with several expert instructors is low, the quality would be much lower in private institutions. How can high school graduates with no knowledge of or experience in healthcare or care-giving be taught to be nurse assistants with 1 month of theoretical training? Would not this increase medication errors? Are we putting patients at higher risk? Are we not threatening the status of the nursing profession in the healthcare system?

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