The challenges of the Iranian nursing system in addressing community care needs

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Abstract:

BACKGROUND: The nursing system is one of the major and important fields of health and medicine in every country, responsible for providing nursing care and addressing medical and health-related community care needs. The aim of this study was to explain the challenges of the Iranian nursing system in addressing community care needs.

MATERIALS AND METHODS: A conventional content analysis method was performed in this exploratory qualitative study, and 27 participants were selected through a purposive sampling method based on the inclusion criteria. In-depth semi-structured interviews were conducted with the subjects, and data saturation was achieved in the 27th interview. The main interviews with the participants were individual, in person, and face-to-face, conducted at different times (morning and evening) in a peaceful environment and at the convenience of the participants. The interviews were recorded by the researcher with the participants' consent. The duration of the interviews ranged from 50 to 70 minutes, given the participants' energy and time. Data analyses were done using Graneheim and Lundman approach.

RESULTS: After conducting the interviews and the simultaneous analysis, three themes were extracted, including *the challenging structure in the internal environment*, *the operating environment*, and *the social environment*, with seven main categories and 26 subcategories. An inadequate number of nurses given the real needs of society, the unbalanced proportion of employed clinical nurses to the real needs of society, poor presence of nurses in community-based nursing services, insufficient attention to the optimization of the work environment, the gap between education and clinical practice in the nursing system, poor mutual accountability of the community, and policies in the health system were seven main categories in this study.

CONCLUSION: In general, the results showed that the Iranian nursing system faces many micro, meso, and macroscale challenges. It is necessary to plan properly to enhance the accountability of the nursing system to the current community care needs by improving the situation.

Keywords:
Community health, health service needs, nursing, social accountability

Introduction

Today, the nursing system is the frontier of the health care system in delivering treatment and care services.[1] It provides a wide range of health promotion services such as educating patients and the public, preventing diseases; providing care provision and helping with treatment; participating in rehabilitation; supporting care seekers, families, and the community;[2] and offering palliative services to incurable patients.[3] In general, it can be said that this system is the main health and treatment body to address the health care needs of the community.[4]

Social accountability in medical sciences can be obtained through a wide range of approaches at the systemic, institutional,

programmatic, and even individual levels of education.[5] In nursing textbooks, accountability has different dimensions, including professional accountability, occupational accountability, legal accountability, ethical accountability, and social accountability.[6] Among the aforementioned dimensions, the social dimension of accountability, or, in other words, social accountability, has recently gained significant attention in the health system.[7] Social accountability focuses on the social institutions' responsibility of serving the public and examining and assessing their performance regarding the community's actual needs and expectations.[8,9] By focusing on the interaction among the intra-sectoral and inter-sectoral organizations and institutions, this philosophical approach leads organizations and systems to accountability and responsibility towards the community.[9] Based on this approach, the nursing system should be responsible for the quality of care it provides to the community from a legal and ethical point of view and should be able to address the care needs of the public by adopting appropriate policies and strategies.[6,10]

Social accountability means that the education and policy-making in this system should seek to improve the performance of the health staff to improve public health and assess the overall impact of the system itself.[11] To fulfill social accountability, the health needs of the community should be addressed in the three areas of *social responsibility*, *responsiveness*, and *accountability*.[12] Social responsibility is defined as the efforts to identify the needs and problems of the community. Social responsiveness means effectively implementing the developed plans at the community level to address the identified problems and needs.[10] However, social accountability is often used as a comprehensive term, including the concepts of social responsiveness and responsibility and assessing the extent to which social goals have been achieved.[11-13] Accountability is promoted from the lowest level, that is, responsibility, to the highest level—social accountability.[14]

Given the introduction, understanding the challenges in the country's nursing system can provide the information needed for coherent and efficient planning of the nursing system and responding effectively to health needs. One of the appropriate methods to find out real and concrete information about phenomena in a real environment is to use qualitative research.[15] Therefore, this exploratory qualitative study was conducted using a content analysis method to explain the challenges of the nursing system in addressing community care needs in Iran.

Materials and Methods

Study design and setting
This exploratory qualitative study was conducted using a conventional content analysis method. Conventional content analysis is generally used to explain social phenomena in a real environment around which there are emotional and social reactions. It is also used in cases where there is a theory about the phenomena; however, the information about it is limited.[16] The challenges surrounding the responsiveness of the Iranian nursing system to the health needs of society were studied. The Iranian nursing system is categorized into two general sections—education and clinical practice. In the field of education, there are educational policymakers, professors, teachers, and students of various academic levels. The clinical area consists of policymakers, nursing managers, hospital managers, the Iranian Nursing Organization, and nurses working in hospitals and healthcare clinics. According to the occupational status of the participants, the study took place at the participant's place of work in medical, educational, and research centers as well as managerial and governmental institutions across the country. All the interviews were conducted at the participants' place of work upon their own request. The interviews with nurses, supervisors, quality improvement experts and nursing service managers were conducted in hospitals, in a private and cozy room. The interviews with the policymakers were also conducted at their workplaces, including the Ministry of Health, Treatment, and Medical Education. The professors and faculty members were interviewed at nursing schools.

Study participants and sampling
The main participants were nurses, managers at different levels of nursing, nursing board members, the principals and the vice-principals of nursing schools, the managers of nursing groups, and the nursing faculty members. The participants had experience in various fields of nursing, including managerial, educational, research, and clinical jobs, and had a complete understanding of the nursing system. Based on the research approach, the main research goal, and the interactive nature of social accountability, the selection of the primary participants was done through purposive sampling among knowledgeable candidates. Data saturation was achieved after 28 interviews (i.e., no new codes were obtained in the last two interviews).[17] The participants were 27 individuals from the nursing community with nursing-related education.

The inclusion criteria included being interested in participating, being aware of the topic, having relative knowledge of the nursing system, having working experience in different sectors of the nursing system, having the ability to speak, and consenting to the interview. The exclusion criterion was withdrawal from the study. The complete data of the participants are listed in demographic data Table 1.

Table 1: Characteristics of participants in the research

Participants	Job position	Education level	Gender	Age
p1	Clinical nurse	BSc in Nursing	Female	33
p2	Clinical nurse	BSc in Nursing	Female	27
p3	Head nurse	MSc in Critical Care Nursing	Male	31
p4	Nursing faculty instructor	MSc in Community Health Nursing	Female	38
p5	Quality improvement office expert	MSc in Nursing Management	Male	40
p6	Quality improvement office expert	MSc in Medical-Surgical Nursing	Female	28
p7	In-service training expert	MSc in Medical-Surgical Nursing	Female	34
p8	Nursing manager	MSc in Critical Care Nursing	Male	39
p9	Nursing manager	MSc in Medical-Surgical Nursing	Female	45
p10	Nursing manager	MSc in Medical-Surgical Nursing	Male	49
p11	Member of the country's nursing system	PhD in Nursing	Male	47
p12	Nursing faculty instructor	MSc in Psychiatric Nursing	Male	49
p13	Nursing faculty instructor	MSc in Nursing Management	Male	55
p14	Nursing faculty instructor	PhD in Nursing	Male	33
p15	Nursing faculty member	PhD in Nursing	Female	53
p16	Nursing faculty member	PhD in Nursing	Female	44
p17	Nursing faculty instructor	MSc in Community Health Nursing	Female	40
p18	Nursing faculty instructor	PhD in Nursing	Female	35
p19	Member of the country's nursing system	MSc in Medical Surgical Nursing	Male	45
p20	Member of the country's nursing system	PhD in Nursing	Male	38
p21	Nursing manager	PhD in Nursing	Female	52
p22	Nursing faculty member	PhD in Nursing	Male	57
p23	Nursing faculty member	PhD in Nursing	Male	53
p24	Nursing faculty member	PhD in Nursing	Male	52
p25	Patient education expert	BSc in Nursing	Female	49
p26	Home care nurse	MSc in Medical-Surgical Nursing	Male	24
P27	Family health expert	BSc in Nursing	Female	48

Data collection tools and technique

The data was collected through in-depth semi-structured interviews using open-ended questions. The main interviews with the participants were conducted individually, in person, and face-to-face, at different times (morning and evening) to the convenience of the participants. The interviews were conducted by the researcher (the first author, who completed the qualitative research training course and worked under the supervision of expert professors in qualitative research) and recorded with the permission of the participants. In addition, memoirs were used, and notes were taken during the interviews to record body language, including the tone of voice, pronunciation of words, laughter, and pauses. The duration of the interviews was different depending on the participants' abilities. The average time of the interviews in each session was 50–70 minutes, depending on the participants' tolerance. Guiding questions were also asked during the interview to facilitate data collection [Table 2]. The content validity of the guiding questions was confirmed using the opinions of seven experts and qualitative researchers. Data collection was mainly done through in-depth semi-structured interviews.

Before conducting each interview, the researcher would attend the research environment to identify the candidates. The participants were briefed about the nature and the main purpose of the research; it was explained to the participants that the study was being conducted with the permission of Ahvaz University of Medical Sciences. After the participants expressed their consent to participate in the research orally, the time and the place of the interviews would be determined based on their preferences. They were also assured about the confidentiality of the information and the preservation of the recorded voice. The participants were reminded that the audio recording device would be turned off whenever they wanted. In total, 28 recorded interviews were conducted with 27 participants (one was interviewed twice).

Data analysis

Graneheim and Lundman's approach to qualitative content analysis was used to glean and analyze the data.[18] All data, regardless of how they were collected, was immediately processed and analyzed. Data analysis was done using MAXQDA V18 (by the first, second, and third authors). At first, the recorded interviews were listened to several times, then transcribed word-by-word in Microsoft Word 2016. To perceive the general sensations of different aspects of experiences and perspectives, the interviews were reread several times (data immersion). Each interview was analyzed

Table 2: Guiding questions for the interviews

No.	Question
1	How does the current nursing system address the community's care needs?
2	What are the actions required to be taken by the nursing system to address community care needs?
3	What factors can effectively address community care needs in the nursing system?
4	What are the challenges of the nursing system in addressing community care needs?
5	What is your opinion about the requirements or the deficiencies of the nursing system in addressing community needs?

immediately after it was over. Then sentences were converted into meaning units, and the initial codes were extracted, using words close to those used by the participants. Finally, the codes were categorized based on the differences and the similarities, and then they were classified according to the similarity in meaning, as well as the connections and the integrity between them. Thus, the categories were placed next to one another within a meaningful conceptual pattern, the connections between the data were identified, and the themes emerged.

Rigor

The four criteria of trustworthiness were used to ensure the authenticity and stability of the data.[15] To improve credibility, the researcher maintained a long-term relationship with the research subjects, which, in turn, increased their trust and yielded a proper understanding of the research environment. The results of the data analysis were shared in focus-group meetings with the presence of the participants, who confirmed that the researchers had expressed their opinions and thoughts. In addition, a wide variety of participants, in terms of age, gender, work experience, and type of employment were included in the sampling process leading to increased credibility. Conformability was examined by bracketing the researchers' opinions and beliefs and unbiased collection, analyzing and publishing the findings, and using the opinions of professors and researchers familiar with qualitative research and the topic. To assess the dependability and the stability of the findings, the interviews were transcribed and codified as soon as possible, individually by three members of the research, who then shared the findings with the co-researchers and other researchers to apply the necessary changes according to their comments. In addition, independent researchers were asked to review the texts of some interviews. Moreover, to ensure transferability, a richly detailed description of the research environment and the participants was written, the subjects' demographic characteristics were presented, and many direct quotes were used in the results.

Ethical consideration

At first, a written permit was obtained to conduct the research, and the proposal was approved under the code IR.AJUMS.REC.1399.311 by the Ethics Committee of Ahvaz Jundishapur University of Medical Sciences. Informed consent was obtained from the participants for participation in the research; they also consented to recording their voices before the interviews. All the principles of the Declaration of Helsinki were followed.

Results

A total of 21 interviews were conducted with 21 individuals. Finally, after concurrent interviews and analysis, three themes, seven categories, 26 subcategories, and 511 codes were extracted. Table 3 lists the categories and subcategories obtained from the interviews regarding the challenges of nursing education in Iran to address community needs.

Describing categories and subcategories
The challenging internal structure
This theme consists of a total of nine subcategories and two categories as follows, with an emphasis on the internal challenges of the nursing system in addressing community healthcare needs.

The unbalanced proportion of employed clinical nurses to the real needs of society

This theme was obtained from the four subcategories: *priority of paper works over healthcare activities*, *insufficient attention to recruiting and retaining qualified nursing staff*, *improper use of human resources potential*, and *the shortage of accountable care staff*. According to the analysis of the statements, the number of nursing staff members currently available in hospitals and healthcare centers is insufficient, considering the workload and the high number of patients and clients. In addition, the duties assigned to nurses in some areas are mere paperwork, practically preventing nurses from doing clinical practice. The following are the participants' quotes on the matter.

"There are too many patients in the wards. During some shifts, there are only two nurses to provide care for about 25 to 30 patients." (No. 21)

"In many hospitals, nurses who are not skilled enough are assigned to ER and intensive care units. Most nurses are conscription staff and do not have the experience." (No. 20)

"Ward nurses always sit at the station and fill out forms and documents because they are asked to do

Table 3: Themes, categories, and subcategories

Subcategories	Categories	Themes
Predominance of nurses' writing activities over caring activities	Unbalanced proportion of employed clinical nurses to the real needs of society	The challenging internal structure
Insufficient attention to the provision and maintenance of qualified nursing staff		
Inadequate use of human resources		
Lack of responsible care workers		
Inadequate influence of the nursing system in the health system	Inappropriate atmosphere of governance in the health system	
Financial and welfare considerations limited to nurses		
The lack of presence of nurses in the health policy of the country		
Inefficient response of the health system to the needs of the nursing system		
Physician leadership in the governance structure of the health system		
Lack of insurance support for the development of community nursing services	Poor presence of nurses in community-based nursing services	The challenging structure of the operating environment
Hospital-centered paradigm in nursing education		
Ignoring occupational status to provide community-based nursing care		
Insufficient will of nurses to officially enter the society		
The public's therapeutic view of health		
Excessive workload in the clinical environment	Insufficient attention to the optimization of the work environment	
Inadequate use of the potential of the existing nursing force		
Everyday life and negligence in practical fields		
Inconsistency between educational and clinical environments	The gap between education and clinical practice in the nursing system	
Absence of the field of educational care corresponding to theory education		
The non-operationalization of the results of nursing research		
Society's disbelief in the social ability of nurses	Poor mutual accountability of the community	The challenging structure of the social environment
Weakness of people's response to the nursing profession		
Increasing social demands from the nursing profession		
National and transnational care policies and standards	Official policies in the health system	
The treatment-oriented structure of the health system		
The insufficient will of the health system to enter nursing into society		

documentation, to get a high grade in the accreditation." (No. 13)

Inappropriate atmosphere of governance in the health system

This theme consists of five subcategories [Table 3], and all are focused on the structure of the health system, on which the Iranian nursing system has a poor influence. According to the participants, the major decisions, especially regarding the health sector, are made by individuals from other disciplines, especially medical disciplines, despite a large number of nurses. The nursing system and its needs are practically ignored:

"The nursing system in Iran has no influence and cannot even make decisions for itself. The physicians who work at the Ministry make the decisions for it." (No. 14)

"No matter what you do in the hospital, you are still a nurse, and you will not be noticed. Whatever you do, it is the physicians who take all the money. The same goes for the Ministry of Health. Only physicians are in the spotlight, and the rest are nobodies." (No. 3)

"Unfortunately, the policies of the Ministry of Health are all made by the physicians who only care for themselves, and the nurses who do the most for patients are ignored." (No. 20)

The challenging structure of the operating environment

This theme consists of 11 subcategories and three categories as follows and practically explains the problems and challenges of the work environment of the nursing system.

Poor presence of nurses in community-based nursing services

It was found that the nursing system focuses a lot on hospital services and has taken appropriate measures in this field. However, community-based nursing services are unfortunately nascent and have a poor presence. In this regard, factors such as the lack of insurance coverage, nurses' unwillingness, insufficient support from the governance system, the public tendency towards hospital services, and the dominant paradigm of hospital education in the field of education in faculties can be among the reasons. A participant stated:

"The Iranian nursing system, and in general, the healthcare system in general, has a special focus on hospital services, and health services are very poor, especially community-based nursing care." (No. 15)

"There is no structured community-oriented nursing system in the country. Despite the training of community health nurses in master's programs, there is practically no specific and structured activity in the community for them and the provision of community-based care services." (No. 11)

"Given the lack of insurance coverage of nursing home-based services and nursing consultations, unfortunately, people and even nurses are not eager for it."

Insufficient attention to the optimization of the work environment

The analyses showed that indirect nursing measures in the wards account for most of the working time. A serious shortage of nurses, a vague and unclear career ladder, everyday life, insufficient nurses, and tasks such as doing documentation and writing at work have made the working environment tense and tiring for nurses, which needs optimization and change. The following are the participants' quotes in this regard:

"From the beginning of the working shift, we have to fill out various forms to fulfill the hospital's accreditation, the expectations of various insurance companies, etc., and practically we do not spend enough time with patients." (No. 3)

"Ward nurses have many problems. The shortage of nursing staff, as well as the high expectations of patients and filling out various forms related to indicators and different areas, make them tired and worn out." (No. 9)

The gap between education and clinical practice in the nursing system

This theme is constituted of three subcategories. The analysis of quotes indicated that the graduated nurses had a proper level of theoretical knowledge; however, they had a poor performance in practice, and regarding the principles they must follow in health care. It was observed that there were no strategies in the nursing system to use relevant applied research results, and there was practically no education-oriented care setting that could address the clinical education needs of nursing students. There existed no clinical environment where research findings and nursing theories could be implemented. The following are the participants' quotes on the matter:

"In nursing schools, efforts are being made to reduce and even eliminate the gap between education and clinical practice in training nurses, but unfortunately, clinical education environments do not meet the necessary standards." (No. 22)

"Many nursing professors have merely passed various levels of theoretical education to become faculty members, without even standing one on-call night shift at the hospital. They have very little clinical experience and cannot help students in clinical practice." (No. 12)

"Much research works and many theses have been conducted in nursing, but all are just stored in libraries, and there is no proper planning for using their findings in clinical practice at all." (No. 15)

The challenging structure of the social environment

This theme was obtained from a total of six subcategories and two categories as follows, explaining the challenges of the environment surrounding the nursing system in the external social environment.

Poor mutual accountability of the community

This category is one of the most important and challenging concepts in the nursing system. Analyzing the participants' quotes showed there was not enough public trust and confidence in the nursing discipline. Despite the fact that public attitude toward the nursing discipline has greatly improved, no deep trust has yet been made, and people's belief in physicians is stranger than their belief in nurses. On the other hand, public expectations have increased due to cultural growth, and some other expectations go beyond the capacity of the nursing system, which can be an important challenge in providing nursing services. The participants stated:

"At the hospital, people listen to whatever the nurses say, but when physicians arrive, they ask them the same questions, as if they still do not have trust." (No. 9)

"Patients' relatives blame nurses for whatever problems their patients face, or any deficiency that exists in the ward. They have too high expectations." (No. 21)

Official policies in the health system

One of the important concepts that was observed as the main category in the study was related to official policies in the health system. Clients repeatedly mentioned the issues regarding policies and strongly believed that treatment-oriented policies, national and international care standards, and the health system's poor motivation for expanding the nursing discipline across the community have caused many problems for the nursing system and the provision of nursing services in the health system. The participants stated the following on the matter:

"Whenever you complain about the lack of an adequate number of nurses, the only answer is that there is a

shortage of workforce. They also say that a permit is needed for recruiting more nurses, and the standards of nurse-to-bed ratio do not allow it." (No. 10)

"The education sector has its own standards and accreditation methods for educating students, as does the treatment sector. These standards and accreditation methods sometimes contradict each other" (No. 12).

"The national treatment policy is to provide medical services, especially hospital services. Nurses have been neglected in the provision of prevention and rehabilitation services." (No. 24).

Discussion

This qualitative study was conducted using a content analysis approach to explain the challenges of the Iranian nursing system in addressing community care needs.

According to the results, the challenges of the internal structure, the low number of nurses compared to the real needs of hospitals, and the inappropriate atmosphere of governance in the health system were among the important concepts. Various studies have been conducted in this regard.[19-21] Benchmarking and reviewing various studies[20] and conducting research and relevant studies[19] have been emphasized in India and Australia, respectively, to determine the ratio of nurses to the real needs of hospitals and the community. Considering that the nursing system plays a very important role in providing quality healthcare services,[22] the nurse-patient interactions during hospitalization,[23] and patients and families' expectations from nurses, and given nurses' role as the major providers of hospital services, the importance of competent nurses proportionate to the needs of the health system is highlighted.[24,25] Therefore, it can be said that one of the main challenges in the Iranian treatment system is the need for quality nursing staff, according to the needs of the health system.

Furthermore, one of the other challenges emerging in the internal structure was the inappropriate environment of the governance system. The insufficient influence of the nursing system on the Iranian health system and the presence of non-nursing entities making decisions for the nursing system were the main causes of this challenge. In this regard, Naher *et al*.[26] concluded that in some South and Southeast Asian countries, discrimination in the health system has led to many issues in their health services. The functional governance of the nursing system, autonomy in taking actions, having control over the operating environment, good interaction with physicians and other members of the health care team, and the health care system's

support for the nurses can be among the important factors leading to the enhancement of nursing services and providing quality care according to the community needs.[27]

The results showed that one of the most important challenges in addressing the needs of the health system is the operating environment. The poor participation of nurses in providing community-based nursing services and the focus of the health system and nurses on hospital services were among the challenging issues in the operating environment of the nursing system. To explain this, economic problems, the lack of insurance coverage, professional barriers, and social problems in the living environment of Iranians, as well as the bureaucratic barriers and the policies of the health system, are among the issues making community-based nursing services weak in Iran.[28] To solve this challenge, it is necessary to take measures such as reforming the structure of the health system by adopting a community-oriented approach, enacting laws to support community-oriented nursing, reforming the education system based on a community-oriented approach, and providing insurance coverage of community-based care and services.[29]

Optimizing the working environment of nurses was also one of the most important challenges in this regard. Decreasing the tension in the working environment, making the nursing system target-oriented, developing professional standards appropriate for nursing, and also creating a proper environment for creativity and innovation are among the measures recommended. Several studies have highlighted the improvement of nurses' working conditions and the standardization of nursing services.[25,30,31] Nurses, as the front line of communication with and care provision for patients, constitute the majority of the medical staff. Therefore, improving their working conditions and environment and creating a lively work environment can enhance the state of the nursing system and, of course, the quality of health care for patients.[32] It can be inferred that a stressful working environment and the related problems and tensions can create a serious challenge for the nursing system, reduce its capability and impact on the health system, cause job burnout and, ultimately, lead to the nursing system's failure in addressing the community care needs.

The results showed that another factor in service delivery and addressing community needs was the challenges of nursing education and the gap between education and clinical practice. Despite many years of emphasis and making plans at different levels of the nursing system, inadequacy and the lack of harmony between education and practice is still an issue.[33] In a study, Farzi *et al*.[34] found that problems related to students'

insufficient preparation, instructors' incompetence, and unpleasant clinical atmosphere were among the factors causing problems in the education of nursing students. These factors have actually caused deficiencies in clinical education, leading to a deep gap between theoretical and clinical education. According to the results, it can be said that the focus of different departments of teaching hospitals on treatment, high workload, and insufficient attention to the expectations of the nursing system have deviated the nursing staff and the clinical departments from the educational standards. Consequently, students face conditions and situations in departments, which are significantly different from their theoretical lessons.

According to the results, the lack of mutual accountability from the community and the current contradictions with the official policies were among the most important factors in the nursing challenges related to the social environment. People's indifference to health issues due to economic problems, the high costs of health sector services, inadequate insurance coverage,[35,36] and the tensions caused by social interactions[37] are among the factors in this regard. In a study, Rezaei *et al*.[38] found that out-of-pocket expenses for health services were very high, putting people under much economic pressure, which was the reason for people's lack of attention to health and self-care in this regard, especially the low-income classes. Moreover, the results showed that society's lack of confidence in the nursing system and the increased social expectation from nurses could also impact the persistence and the severity of this challenge in addressing community needs. Studies in Iran have emphasized the impact of community attitudes and public mistrust in the nursing discipline on the quality of nursing care and compassionate care.[7,39] Based on the results, it can be said that numerous socio-economic problems, as well as the spread of COVID-19 and the economic sanctions on Iran, have adversely affected people's lives, and nurses are not exempt from this. Additionally, the health system's ignorance of the influence of the nursing system's expectations in various areas, especially on the livelihood of nurses, their workload, and the public's expectations of the nursing discipline and profession, has caused many challenges for this discipline and the nursing system.

Moreover, one of the factors causing challenges in the social environment of nurses is the policies and regulations, most of which are developed and issued by physicians and officials; among them, nurses are hard to find. This negatively affects the workload, social issues, and livelihood conditions of nurses. The focus of the health system on the provision of hospital-based services, the policies that do not support community-based nursing services,[1] and the public tendency toward hospital services due to insurance coverage were among the factors in many issues in addressing community care, especially in the community-based care area.[28] It can be concluded that problems with health system policymaking and the insignificant role of nurses in this field are the main factors that hinder professional growth in the nursing system. These problems have caused many challenges for the system in the development of professional standards and providing community-based and even hospital nursing services.

Limitations and recommendation

This study was conducted in Iran, and the subjects were selected from different job positions, both public and private sectors, colleges, nursing policymakers, union officials, nurses, and faculty members. The diversity of participants greatly contributed to data richness and also the credibility of the results. Given that this study was conducted during the COVID-19 pandemic, the complications of the disease and its effects on the working conditions, even in the nursing education sector, might have impacted the results of this study. This outbreak overshadowed the interviews with the participants, and the study took more than one and a half years.

Conclusion

The nursing system faces many challenges in the internal, operating, and social environments to properly address community needs. While affecting the social status of this profession, these challenges lead to additional pressure and numerous problems in the nursing system and even stall the promotion of professional status. The nursing system faces many internal, operational, and social problems in providing community-based nursing services. These have impacted people's lives and social interactions and overshadowed the public's accountability to the health system and the nursing system in particular. Therefore, appropriate planning is necessary for the health system and the nursing system to reduce the challenges. The results of this study can be a basis for conducting studies on the nursing profession and the ways of responding to the needs of society. It is suggested to use the results of this study to conduct further qualitative and quantitative studies.

Contributions

All authors participated and approved the study design. EE, SM, AJ, MACh, SJ, and DR contributed to designing the study, EE collected the data, and EE, AJ, and SM. did data analyses. EE, AJ, and SM drafted the final report and article, and all authors read and approved the final manuscript.

Declaration of patient consent

The authors certify that they have obtained all appropriate

patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Availability of data and materials

The data that support the findings of this study are available from Ebrahim Ezzati, but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are, however, available from the authors upon reasonable request and with the permission of Ebrahim Ezzati.

Conflicts of interest

There are no conflicts of interest.

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