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Organizational Challenges: A Major Obstacle at End of Life Care in Iran

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Authors' contributions

This work was carried out in collaboration between all authors. Author MG designed the study, performed the data analysis, managed the literature review and wrote the first draft of the manuscript. Author SI provided advice for the study design and supervised the analyses of the data and writing the manuscript. Authors NDN and BT provided advice for the study design and supervised the analyses of the data and writing the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Aims: End-of-life care is a significant part of nursing practice. The role of organizations at the end of life care cannot be ignored. Organization can act as a facilitator to improve the quality of care and provide a peaceful death at the end of life. The aim of this study was to illuminate oncology nurses' organizational challenges of caring for dying patients in Iran.
Study Design: Qualitative method with conventional content analysis approach, Data collected by interviewing nurses which worked in oncology units in hospitals supervised by Zahedan Medical University in Iran and were conducted during the late summer 2014 to spring 2015.
Methodology: Was used to analyze the experiences of 18 oncology nurses in relation to caring for dying patients. The mean age of participants was 32 years old, and had a minimum of 9 months

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and up to 12 years (mean = 6 years) of working experience in the oncology sector. 75% of nurses were married; all of them had a bachelor's degree in nursing.
Findings: Three themes emerged from the text including: 1) environment structural challenges, 2) cultural and structural challenges of the organization, and 3) educational challenges of end of life care.
Conclusion: Considering the vital role of hospitals in providing holistic care for end of life patients, new technologies and methods of care can have a great impact on education, treatment and nursing practice, therefore, necessary organizational and cultural changes need to take place to improve nursing care which is fit to new condition.

Keywords: Organization; challenges; nurses; oncology; end of life care; Iran.

1. INTRODUCTION

Patient death is a harsh reality in clinical practice [1]. Cancer is a significant cause of morbidity and mortality worldwide [2], and it is estimated that more than 15 million people will experience cancer in 2020 globally [3]. More than 30% of patients diagnosed with cancer will die from the disease [4]. In Iran the crude incidence rate of cancers was calculated per 100 000 people by age groups and sex. Age-standardized incidence rates are 60.51 and 84.51 in women and men respectively [5]. Cancer is the third cause of death, and more than 30 000 people annually die from it in Iran [5]. Cancer care is a developing area of the health care system in Iran due to a high incidence of the disease [6], so, the need for effective end of life care becomes important [7].

Oncology nurses, who have the most frequent opportunities to take care of cancer patients, especially those who are in terminal stages, play a critical role at the EOL caring of dying patients and ensuring a good death are the core purposes of EOL care [8]. So, oncology nurses help patient live as normal a life as possible, with the best quality of life, and the least suffering [9].

Some researchers [10-11] stated that EOL care presents many challenges. However, oncology nurses might experience various challenges when they provide care for dying patients [12]. Other studies indicated that, nurses who care for dying people face cultural, individual, and organizational challenges [13-14]. According to Ellershaw and Wilkinson [15], health care professional, policy maker, changing health care systems and adapting to rapid technological changes remain significant challenges that drive the quality of care.

According to Iranmanesh et al. [16], lack of desirable environment was perceived by nurses as a barrier to the effective care of dying patient. Terminally ill patient who are psychologically depressed and hospitalized for a long time need favorable environment in order to reduce their suffering. Lack of autonomy also effected the improvement of quality of care.

Nurses with heavy workload [17], can feel anxious, overwhelmed, ill-prepared, inadequate and unskilled when faced with the challenges of caring for dying patients [18] that can potentially have an impact on the quality of care they deliver, job satisfaction, turnover and attrition [19]. Experienced nursing colleagues were thought to be the most available and valuable source of support [17]. Zheng et al. [20] and Banerjee et al. [21] pointed to the challenges of communication with dying patients faced by the nurses.

Researchers reported, lack of nursing education and inadequate training is one of the most important challenges that affect the quality of care delivered to dying patients [14,13,9].

Iran, commonly known as Persia in the Western world is a country in the south central Asia. It has more than 70 million people [22]. Zahedan is a city in Iran and the capital of Sistan and Baluchestan Province. At the 2006 census, its population was 552,706, in 109,488 families. It is situated on the borders of southeastern Iran [23]. Since Zahedan has been the first religious city in Iran [24] and its people are bound by implementation of Islamic teachings and religious orders; therefore, the implementation of Islamic recommendations at the time of death is important. However, health care organizations may not be able to respond to this religious expectation.

Therefore, according to the literature review, in the context of Iran, no study was found to assess the challenges of EOL care of cancer patient.

For this research, qualitative content analysis method was chosen, as content analysis is

extremely well-suited for analyzing the multifaceted, sensitive phenomena like characteristics of nursing. Especially in nursing research, content analysis has been an important way of providing evidence for a phenomenon where the qualitative approach used to be the only way to do that, particularly for sensitive topics [25].

1.1 Aim

This study was conducted to explore organizational challenges that oncology nurses are facing in the delivery of end of life care within the Iranian culture in Zahedan hospitals.

2. METHODS

2.1 Design

This is a qualitative study with content analysis approach. Interviews were conducted during the late summer 2014 to spring 2015. Qualitative method with conventional content analysis approach was chosen to be used in this study. Because naturalistic paradigm and qualitative methods believe that, reality is context based. and also accept multi-realities, such as approaches are useful to study the lesser known areas [26]. Qualitative study is a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes [27] manifested or hidden in a particular text [28].

2.2 Participants and Setting

A purposive sample of 18 participants who had experience of caring for dying patients was recruited. They all had bachelor's degree in nursing and worked in oncology units in hospitals supervised by Zahedan Medical University. Their mean experiences of working in oncology units were six years. The mean age of participants was 32 years.

2.3 Ethical Consideration

This paper is a part of PhD nursing thesis which was approved by the Committee of Ethics affiliated to Kerman University of Medical Sciences. (ethiccod:k/93/376). Permission, as a written informed consent was obtained from the participants. They were informed about the purpose of the study and they knew that participation was voluntary. The other ethical consideration was the assurance of confidentiality for the participants.

2.4 Data Collection

In-depth individual, semi structured audio-taped interviews were conducted with the participants in their convenient time and place. Participants were asked to narrate their experience regarding the challenges of caring for EOL patient and talk about it. Clarifying and promising questions were asked, such as: "Can you explain more about…?"; and, "Can you give an example?"The interviews were taped recorded, transcribe verbatim and analyzed consecutively by the authors. All interviews were conducted in one session, according to participants' requests. Each session was between 45-75 minutes. The sample size was determined by data saturation after eighteen interviews.

2.5 Data Analysis

At the same time data collection and analysis was performed. The data was analyzed by Graneheim and Lundman [29] approach, who have proposed five steps for content analysis of qualitative data. These steps are: 1) Writing the whole interview immediately after each interview. 2) Reading the interview transcripts several times to gain the concept of the whole, 3) Determining themes and subthemes of initial codes, 4) Categorizing the similar themes in a more comprehensive classes, 5) determining the latent content in the data. Therefore, in this study, the contents of interviews were immediately transcribed, typed and read many times. Codes were extracted and themes emerged. Then themes were categorized based on their similarities. At the end, the latent concept and content of data was extracted.

2.6 Trustworthiness

Credibility, transferability, dependability, and conformability refer to criteria to evaluate the trustworthiness of the findings in qualitative research [30]. Regarding credibility, the researchers used member checks, independent analysis by more than one researcher, and verbatim quotes. Transferability was supported by using purposive sampling methods and preset criteria to obtain a heterogeneous sample, providing detailed demographic and background information, and a complete description of the interview process and tools. For dependability,

researchers kept audit trails to account for the processes used in each phase of analysis. Analytical methods were clear, logical, and outlined in the methods section. Conformability was maintained by providing the audit trail to the other reviewers and final results were reviewed by the faculty members.

3. FINDINGS

Participants in this study consisted of 18 nurses. The mean age of nurses was 32 years old, and had a minimum of 9 months and up to 12 years (mean = 6 years) of working experience in the oncology sector. 75% of nurses were married, and all of them had a bachelor's degree in nursing.

Rich and in-depth interviews with participants in this study revealed three main categories including; environment structural challenges, cultural and structural challenges of the organization, and educational challenges of EOL care.

3.1 Environment Structural Challenges

This category focuses on environmental challenges in the organization and contains physical and equipment challenges that affect the EOL care of the patients.

3.1.1 Physical challenge

Physical challenges included the lack of palliative care centers and unsuitable space on the ward which affect patients' relaxation and stress as well as performance of the nurses.

3.1.1.1 Lack of palliative care centers

According to the experiences of nurses, lack of palliative care centers was the most important challenge in the hospitals. Participants stated that, a suitable condition must be provided for EOL patients, so they can spend their ramming lives in peace and comfort. When caring for patients, who are at the final stages of their life, palliative care should be used for them, because at this time treatment measures are not effective and nursing care at this stage should focus on patient comfort, and unnecessary interventions or any treatment that disrupts the patient's comfort should be avoided. One of the nurses with 10 years of experience of EOL care said: "I think one of the most important challenges in hospitals is lack of attention to palliative and EOL care for these patients. A patient who has not responded to treatments, at this point needs palliative care "(code 5). Another clinical nurse: "At the EOL, unnecessary treatment should be avoided and a suitable condition should be provided for patients to a peaceful death" (code 3).

3.1.1.2 Unsuitable space on the ward

Experiences of some of the participants showed that, although having wards specialized in palliative care is ideal, in its absence, physical space for EOL patients must be suitable to reassure them. Nurses expressed, hospital admissions is stressful for patient and family. Physical space of the ward is not calming, rather intensifies patient's stress and anxiety. Patients considered the ward as a prison for themselves, and are deprived of natural light. One of the nurses stated that: "ward's condition is stressful, it does not have adequate space, for example, one of the patients said; we are even deprived from natural light, here is like a prison (Code 1)".

The nurse participants in their interviews pointed to the tiring and boring space of the wards which do not have adequate view of outside, and patients see the passage of time only though change of staffs. One of the nurses in this regard, said: "Space is frustrating for patients and they only recognize the passage of time through change of personnel in each shift (Code 8)".

The nurses stated that, because of the lack of palliative care centers or wards, dying patients are next to other patients on the ward, as the diagnosis and prognosis of the disease is a long process as well as readmission cause patients to get to know each others, and when one of them dies others become scared. They always feel the presence of death and await their own death. One of the clinical nurses stated: "I think the lack of palliative care centers or wards have caused dying patients to be kept alongside other patients, and this has an impact on their moral and spirit, for instance, one of the patients who had realized the death of another patient said; that's the end of me, nobody stays alive and I won't either" (code 4).

3.1.2 Equipment challenges

This challenge included lack of equipment and facilities needed in the ward which affect the role of nurses in EOL care of the patient.

3.1.2.1 Lack of equipment

According to the nurse participants, lack of equipment and technology on the ward is another factor that could prevent or facilitate optimal nursing care. The wards in order to provide optimal care for patients should provide adequate equipment and technology. One of the nurses in this regard stated; “we are obligated to deliver the best care for dying patients, therefore, the wards should be equipped with the ventilator. In this way we would have less stress” (code 14).

3.1.2.2 Lack of required facilities on the ward

Nurse participants in their interviews pointed to the lack of facilities such as library, magazine, newspaper, TV, and video on the ward which entertain patients and help them to communicate with outside world and facilitate their compatibility with the environment. One of the nurses with work experience of 5 years said: "It would be really good to have facilities such as library, magazine, newspaper, TV, and video on the ward, in this way, the patients are entertained and communicate with outside world, and adopt better with the ward’s environment (code 8)".

3.2 Cultural Challenges of the Organization

This category focuses on the cultural challenges in organizations includes; the human resource challenges, structural challenges of the rules and regulations, and management challenge.

3.2.1 Human resources challenges

This challenge includes; the lack of organizational support for staffs, shortage of human resources, lack of skills in human resources, lack of effective communication, lack of staffs’ independence that affects the motivation of them and their performance.

3.2.1.1 Lack of organizational support for staffs

The nurse participants pointed out the importance of human resources in the organization, and stated that, human resources is considered as the organization’s capital, but they are suffering from the lack of support by the organization. Support of human resources by the organization has a great impact on motivation and performance. Nurses referred to the uncertainty of their role in the organization’s structure and stated that, they have been neglected in the organization, and do not have real status in the organization. One of the nurses, who also had management experience, said: "Unfortunately, our role and status in the organization is not clear. We have been neglected by the organization and our real status is ignored (code 12)". Another participant in this regard said: "We undertake most of the work, but we get the least attention (code 8)”.

3.2.1.2 Shortage of human resources

Nurses pointed to the lack of staff and patient-nurse ratio which could result to the shortage of nurses, increased workload, long working hours, mandatory overtime stay, emotional and physical burnout and job dissatisfaction that can put patient safety at risk. Early exhaustion in the nursing staffs leads to the lack of staff persistent and the instability of ward’s personnel. Experienced staffs leave and inexperienced nurses replace them. One of the clinical nurses said: "The shortage of staff, workload and long shifts cause physical and mental fatigue and for this reason, staffs do not stay and look for wards which have better working conditions (code 15)”.

3.2.1.3 Lack of skills in human resources

Nurses referred to the lack sufficient skills in the use of equipment and technology and its undesirable consequences. Nurses should be able to deliver appropriate care with regard to the constant changes in clinical settings and advancing technology. To have maximum performance, they require knowledge and skills in the use of equipment and technology.

One of the nurses stated: "I must have the ability to use equipment and technology available in the ward otherwise it directly affects the efficiency and quality of patient care" (code 6).

3.2.1.4 Lack of effective communication

Based on the experiences of nurses, communication is an integral part of nursing care, and they pointed to the relationship between nurses and patients that leads to the understanding between nurse and patient which causes patient to have a positive view towards nurses. Experiences of nurses showed that, shortage of personnel and heavy workload cause nurses to spend little time with patient and create a barrier in effective nurse-patient communication. One of the nurses said: "Given

the heavy workload and low numbers of staff, I spend a little time with patients. I have little contact with patients and do not know them well (code 18)".

The participants referred to the appropriate relation between managers and staffs which leads to job satisfaction, in this way, staffs work with more energy and motivation and this affects their performance at work. One of the participants said; “nursing manager does not care about having suitable relation with nurses, for example, she may come to the ward’s entrance but does not enter the ward, we do not expect anything from her, just saying hello is enough (code 9)".

3.2.1.5 Lack of staffs’ independence

Participants said that, they do not have independence in patient care while they have the knowledge, skills and experience to do so. They added that, independence enhances the quality of care and welfare of patients and affects nurses’ motivation to feel more responsible. One of the nurses, with 10 years of experience said: "We do not have independence in our work, for example, if the patient have a fever we know what to do but we have to wait for doctor to arrive and until then, we cannot do anything for a patient, and this affects our patient care (code 10)”.

3.2.2 Structural challenges of rules and regulations

Nurses referred to rules and regulations governing hospitals and the ward which prevent the presence of family beside patients at the end of their life. Because, presence of family by the patients is prohibited and visiting hours is limited, patient’s admission, separate family from patient, while, Iranian culture emphasizes on the presence of family at the time of death. Nurses cannot ignore existing rules and are obliged to implement them. One of the clinical nurses, said: "existing rules and regulations prevent optimal care, the rule that prevents the presence of family at the bedside of dying patient, why dying patient shouldn’t be next to their loved ones (code 2)".

Participants pointed out that the implementation of physician's orders at the EOL prevents nurses to meet the needs and demands of the dying patient. “Implementation of physician's orders including NPO prevents us from responding to the demands of dying patient, for instance; patient asked me for water, why patient should not drink water before death?” (code 2).

Participants stated that, organizations pay more attention to the writing tasks and duties. They believed paper works and formalities have replaced direct patient care, they added, paper work, cause them to spend less time with patients, lead to fatigue nurses, and affect nurses’ performance. One of the nurses said: "In the hospitals writing tasks are more important, instead of being with patient, I spend most of my time writing (code 13)".

3.2.3 Management challenges

This challenge included managers’ lack of attention to the empowerment of nurses, and nurses' lack of support by the managers.

3.2.3.1 Managers’ lack of attention to the empowerment of nurses

Participants pointed to the lack of attention of managers to the empowerment of nurses. Empowerment is the competence in the ability to perform tasks with skills, which leads to the nurses’ improved productivity, growth and prosperity. One of the nurses with 8 years of experience in clinical practice said: "Managers do not care about nurses’ empowerment and competence, If I gain required competencies, I can accept more responsibilities (code 11)".

3.2.3.2 Nurses' lack of support by the managers

Participants pointed to a lack of understanding of working conditions and the differences of wards and expressed that, oncology wards are different from other wards such as maternity wards. In the oncology wards nurse are witnessing the loss of family member every day whereas in maternity ward nurses witness the birth and adding of a new person to the family. In oncology wards nurses experience the sorrow of loosing patients, but in maternity wards nurses experience the happiness of birth. Therefore, managers need to understand the circumstances of different wards, support staffs, encourage them, and give them more vacation and off day.

One of the nurses said, “Experience of nurses who work in oncology ward is different than the nurses who work in maternity ward. Maternity nurses witness birth, joy and laughter as families welcome the arrival of a new person in the household, but oncology nurses see families’ grief of losing a family member, so, it is

important that managers support oncology nurses (code 1)".

Another participant said, "I am a person first then a nurse, and have feeling, I constantly see the death of patients and it hurts my feeling and makes me sad, in this situation manager should understand me and support me (code 3)".

3.3 Educational Challenges

This category focuses on the existing educational challenges of EOL care of the patient. It includes challenges of nursing education in relation to EOL care of the patients while still in nursing school, at the beginning of work on the ward, and during service. Lack of proper training and education prevents the delivery of desirable EOL nursing care.

3.3.1 End of life care training during nursing education

The nurse participants referred to the lack of palliative and EOL care training in the universities during nursing education and stated that, they have not received formal training and education in relation to palliative and EOL care and new methods of caring for EOL patients in their nursing education. Thus, there will be a gap between what nursing students learn in the university and the reality of clinical nursing practice. One of the nurses with 9 month experience of working in clinical care, said: "I've been graduated for nearly one year, but during my studies I have not received end of life care training, I felt this deficiency as soon as I started working (code 16)".

3.3.2 End of life patient care training at the beginning of the work on the ward

Participants expressed that, at the start of working on the ward, they have received no training. High level of information and knowledge can make nurses feel powerful, reduces error rates, increases the quality of care, and helps nurses to work with less stress and more satisfaction. One of the nurses: "If nurses receive training on arrival, they can work with more confidence and power on the ward, they make less mistakes and error, and provide better care (code 6)".

3.3.3 End of life patient care during service

The participants referred to the lack of update scientific information regarding nursing practice. They expressed that, nursing practice is constantly changing. Educational programs across the organization can help to update their nursing knowledge, which in turn improves the efficiency of nursing care. One nurses said: "In-service training programs to update and familiarize nurses with the latest nursing practices and procedures can improve the quality of care (code 17)".

4. DISCUSSION

This study was conducted to illustrate how oncology nurses deal with the organizational challenges of EOL care. According to participants, nurses' knowledge and skills alone are not enough to provide good nursing care, but also existence organizational challenges affect on EOL care and providing quality care and good and peaceful death.

Efstathiou and Clifford [31] in a study concluded that, nurses are faced with challenges that affect the quality of nursing care while caring for EOL patients. Some factors such as time and educational, environment can affect the ability of oncology nurses in EOL care [32]. Woo et al. [10] in one study point out that, EOL care is full of challenges. Among all care provided in clinical environments such as hospitals, nursing care is particularly important [33], thus, the existing challenges in the organization is an obstacle in providing optimal nursing care.

Nurses believed that, in EOL care they are faced with the environment structural challenges such as physical challenges including the lack of attention to palliative care and inadequate ward's space and equipment. Palliative care is an essential part of EOL patient care.

Sinclair [34] in a study recognized the organizational challenges that hinder the delivery of successful palliative care and Clifford and Efstathiou [31] in their study pointed to the need for palliative care for EOL patients. In the absence of palliative care in intensive care units, proper care of the EOL patient is faced with difficulties [35].

Clark [36] claims that, moving towards palliative care provides good death for patients. While, in Iran the structure of centers that provide services to patients with cancer might also be an obstacle. Most centers, in which patients are admitted, perform only treatment duties and are not suitably designed for palliative and supportive care [37]. In the result of Oliver's [32] study,

oncology nurses demanded physical environment with comfortable rooms and implementation of privacy and family presence at the bedside, and expressed that, environment affects patient care.

Due to the important role of hospitals, paying attention to the architectural design of the hospitals, in terms of physical and functional as well as the interior architecture is more crucial than ever. Creating a pleasant environment with minimal stress is considered as nursing skills in intensive care units that include; control of light, sound, color, scenery, and music [38].

The use of a single room for patient and a 'relative's room' separated from the visitor's waiting room, provides space and privacy and allows more visitors at the bedside and visitation of family outside visiting hours. The use of private rooms was also perceived to be beneficial to other patients and families as it prevents them from hearing dying patients and their families [39]. Gurses et al. [40] in a study found that, inefficient physical environment in terms of facilities and equipment prevent nurses from undertaking their professional role. Appropriate physical structure and the use of advanced equipment facilitate the best care for patients [41].

Participants acknowledged that, the nurses are faced with neglect, poor working conditions such as long working hours, heavy workload due to lack of manpower, lack of skills, poor communication with the patient and health care team, and lack of independence in bedside care.

Ebadi [42] expressed that, nurses' status in the general culture of Iran, have not reached their true position. Jolaei et al. [43] in their study pointed to the structural deficiency in Iran and the fact that nurses' rights have been ignored. Oelke et al. [44] in their research found out that, lack of transparency and boundaries in the roles of health care providers is one of the obstacles of nursing practice. Costello [35]. In his study referred to the shortage of personnel and stated that, shortage of personnel in the intensive care units puts the delivery of effective care and interventions at risk. Limitation in time and workload when caring for patient also creates problems such as frustration, stress, and emotional distress for nurses [32].

When a patient dies, the nurses may become sad and conceal or suppress their grief, grief may also undermine the effectiveness and quality of care provided [45]. In such cases, Truog et al. [46] stated that, supporting nurses is an effective strategy.

Corlett [47] in a study indicated that, nurses' skills in using medical equipment are inadequate. Skills shortage of nurses may be due to the lack of resources and equipment, inadequate training, gap between theory and clinical practice or education [48].

In Iran, intensive care units suffer from the non-standard or old physical structure, defective medical devices, lack of necessary technological capabilities, the shortages of nurses and defects in the proper use of human resources, and do not deliver their duties properly [48].

McLennon [49] pointed to the barriers in oncology nurses' communication with the patient and family and other healthcare team members that affects the quality of performance.

Banerjee et al. [21] found that, organizational support is key to motivate nurses to communicate with patients, and obstacles including lack of time, lack of support from medical teams, limited equipments and independence may inhibit nurses' communication.

Nurses pointed to the lack of independence in clinical practice. Aiken et al. [50], Thompson et al. [51] in their study noted the lack of independence of nurses in clinical practice. In the Iranian context, the level of nurses' professional autonomy seems to be low [52]. Nurses for reasons such as; decision to establish, maintain patient safety, enhance the quality of patient care [53], and job satisfaction [54] require independence.

Nurses referred to their obligation in the implementation of doctor's orders and the absence of patient's family by the bedside at the EOL. Gaudine et al. [55] stated that, nurses, due to lack of independence and decision-making power regarding patients' condition, always felt they must be obedient. The important thing was that in many cases, the orders contradicted their opinion [33].

One of the rules of staying in intensive care units is that, usually in these units, presence of family members is prohibited and visiting time are severely limited [56], while presence of family can help patients to adopt better with environment, helps to reduce their anxiety and is

a source of support for patients [57], In all teaching hospitals in Iran, severe visiting restriction is applied in intensive care units [58], and visiting time is more dependent on the hospital's regulations.

Participants pointed to the importance of writing tasks (paperwork). Haw [59] stated that, nearly a quarter of shift's time is spent on paperwork, administrative duties and non-patient related tasks.

Yoon [60] described that, one of the inadequacies in the healthcare system which is causing mistakes and a failure in patient care to happen is the current paperwork system. Physicians and nurses spend much more time taking care of paperwork than giving direct treatment to patients themselves [61], that, patient dissatisfaction level increases [62].

In this study nurses believed that, managers do not support and understand them, and they do not care about their empowerment. Halcomb et al. [63] identified lack of formal support and the emotional toll of EOL care on nurses. Ranse [39] study indicated the need for emotional and organizational support when providing EOL care. Gurses et al. found that [40], the improper management prevents nurses to undertake their professional roles effectively, Ellis [62] pointed to continuous improvement of nurses in order to improve the quality of care, and nurse managers should create action plans for desired changes in the clinical practice of nurses and promote nurses' clinical competencies [63]. Gillis [64] explained that, improvement of human resources in nursing is one of the most important responsibilities of nurse managers which include activities that improve the level of competence and increase the nurses' knowledge and skills to provide better clinical services, which creates motivation in nurses [65].

The nurse participants also referred to educational challenges, the gap between academic education and clinical practice, which has an impact on the quality of care.

Studies show that, nursing education in relation to EOL patient care is not enough [14,7]. Nurses also in school do not have a unit in relation to EOL care [14], or the content of educational programs in this regard is inadequate [66]. Even until recently, given the importance of EOL care, it has not been considered as a part of formal nursing education [67]. Palliative care and EOL education is neither included as specific clinical education nor as a specific academic course in the Iranian nursing educational curriculum. The BSc nurses' curriculum contains only 2 to 4 hours of theoretical education about death and caring for a dead body. Recently, just 1 credit unit about PC was added to MSc of critical care nursing curriculum [68] and has created a gap between education and clinical practice [69]. Walker & Read [70] pointed out the necessity of education to develop nursing care. In-service training provides growth and improvement of nursing practice. Kudo et al. [71] found that, high nursing knowledge and skills creates a feeling of power and freedom for nurses, reduces error rates and leads to an increase in the quality of care.

5. CONCLUSION

This study revealed that, nurses in the EOL care of terminally ill patients are faced with the organizational challenges, and to overcome them, it requires; precise understanding of obstacles that affect nurses' role in EOL patient care and the strengthening of facilitating factors. Organizations also should provide latest equipments, technologies, techniques and nursing methods. In the organization, mainly nurse managers are responsible for creating an environment that is supportive and enables nurses to improve their power and autonomy. Such environment can be effective in reducing these challenges. Some effective strategies are necessary to develop the current situation including palliative and EOL care education in nursing curriculum at the undergraduate and postgraduate levels to provide in-depth education. Through education and training, competent nurses provide quality care for dying patient.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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