

Nursing Education in Palliative Care in Iran

Moosa Sajjadi¹, Maryam Rassouli², Leila Khanali Mojen^{3*}

¹Department of Medical-Surgical Nursing, Faculty of Nursing & Midwifery, Social Development & Health Promotion Research Centre, Gonabad University of Medical Sciences, Gonabad, Iran

²School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³School of Nursing & Midwifery, International Branch, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

*Corresponding author: Mojen LK, Pediatric Nursing Department, School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Vali-e Asr Street, Cross Niyayesh Highway, Tehran, Iran, Tel: 0098-21-88655372; Fax: 0098-21-88202521; Email: leilakhanali@yahoo.com

Received date: August 08, 2015, Accepted date: August 10, 2015, Published date: August 13, 2015

Copyright: © 2015 Mojen LK, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Palliative care is a holistic approach concerned with the physical, psychological, social and spiritual dimensions of the patients and their families. Healthcare providers should receive special training in order to be able to provide optimal palliative care. Given the increasing prevalence of incurable diseases requiring palliative care across the world, training nurses to provide palliative care to patients is a global priority. Nurses constitute one of the main pillars of a palliative care team. Given its relatively long history of training nurses at different levels, palliative care training is still at its infancy in Iran. The present study was conducted to assess the status of nursing education in palliative care in Iran and attempts to also describe the challenges and barriers against teaching palliative care and the activities and achievements of recent years in this area. Despite the slow progress of palliative care in nursing, the recent measures taken provide a promising outlook for nursing education in palliative care in Iran.

Keywords: Palliative care; Nursing education; Iran

Introduction

According to the definition provided by the World Health Organization, palliative care is a set of measures taken to improve quality of life in patients and their families and to resolve the problems caused by incurable and life-threatening diseases through making an early diagnosis and conducting a full assessment and treatment of pain and other physical, psychological, social and spiritual problems incurred by the disease [1].

Cancer is the third leading cause of mortality in Iran. Over 30,000 people die from cancer every year [2]. Given the growing elderly population of the country, the increasing life expectancy, the technological advances and the constant increase in environmental pollutants, the incidence of cancer is expected to double in the next two decades. According to the World Health Organization, the incidence of cancer in Iran will reach 85,653 by 2020 and cases of cancer mortality will then reach 62,897. This trend can stop with proper scientific planning aiming to prevent the incidence of preventable cancers [3].

As a specialization in medical sciences, palliative care is a dynamic discipline with a multidisciplinary nature that requires interdisciplinary group work on the part of doctors, nurses, social workers, psychologists, nutritionists and rehabilitation professionals; however, the amount of support from each of the disciplines varies from one institution to another [4]. In order to be able to provide for the needs of the patients and their families, it is necessary for palliative

care to change its current disease-oriented approach to a patient-oriented one. The patient-oriented approach requires a greater focus on care and a greater coordination among specialists from different disciplines as well as a greater availability of nurses and doctors specialized in palliative care [4].

Providing palliative care to patients with cancer requires skill training and research [4]. Teaching palliative care, particularly to nurses and doctors, is crucial to this purpose. In the multidisciplinary palliative care team, nurses are often the first professional care providers that assess and identify the pain and suffering of the patients. In addition, nurses spend the longest hours with the patients and play a major role in making decisions for them [5]. Nurses play a major role in caring for cancer patients, which not only requires a focus on the medical and biological aspects of human, but also on the emotional, psychological and social aspects of his being. Nurses are therefore required to develop a comprehensive understanding of patients [6]. Such an understanding demands the establishment of a proper relationship between the nurses and the patients. However, there are innumerable impediments to the establishment of an effective nurse-patient relationship in Iran, which can be divided into patient-related, nurse-related and organizational factors. These factors include the massive problems the patients have to deal with due to cancer, the nurses' inadequate knowledge of a patient-oriented relationship, overcrowded departments and imbalance in the nurse to patient ratio [6]. An obviously malfunctioning aspect of care is the lack of appropriate relationships established with the patients that takes account of their care needs and priorities [4]. Nurses can be trained at different levels and through different methods. Palliative care training can be provided in the form of academic training for undergraduate nursing students and as part of the postgraduate curriculum; in the case of nurses working in departments in which cancer patients are hospitalized, such as the oncology or haematology departments, on-going in-service training can be provided to acquaint them with the principles of palliative care. Providing training to nurse educators should also be included in palliative care nursing education curricula [4].

The first step in palliative care education is needs-assessment and curriculum design. In developed countries, such as the US, specific curricula have been designed for this purpose; for example, the End of Life Nursing Education Consortium (ELNEC). This curriculum includes eight modules: (1) Nursing care at the end of life, (2) Pain management, (3) Symptom management, (4) Ethical/Legal issues, (5) Cultural considerations in end of life care, (6) Communication, [7] Loss, grief and bereavement, and [8] Preparation for and care at the time of death [4]. All countries should conduct their own research to

determine their patients' palliative care needs regardless of the many studies conducted in developed countries identifying these needs. The results of studies conducted on palliative care in Iran show that the nurse-patient relationship is a key component of providing palliative care. Patient-nurse relationship skills should therefore be much more highlighted in the design of palliative care education curricula [7].

In recent years, the number of articles published in Iran on the subject of palliative care has been increasing and research into palliative care in nursing has also been significantly, though slowly, growing. As a result of these studies, the past few years have seen progress in the incorporation of palliative care into healthcare services [8]. The next sections discuss the current status of nursing education in palliative care in Iran, nursing courses, the existing barriers and problems and the recent advances in this field.

The Nursing Education System in Iran

Iran is a country in Middle East with a population of 75 million people, two third of whom are younger than 30. In Iran, life expectancy is 69 years in men and 73 years in women. Iran has 31 provinces with different social and economic conditions and each boasting at least one university of medical sciences involved in educating members of healthcare teams. Iran has a total of 40 medical sciences universities, with more than 170 nursing and midwifery schools, over 120,000 nursing graduates and 50,000 undergraduate nursing students. There are currently 400 PhD nurses graduated from 14 nursing schools and 400 more studying toward the degree. A total of 40 nursing schools are currently offering master's courses in nursing and 2000 students are studying toward this degree [9,10].

Nursing education has a hundred-year-old history in Iran. The first nursing school was established in 1915 in Tabriz by American missionaries and enrolled volunteer girls with a third-year high school certificate for a three-year program. By 1935, nursing schools opened in other cities of Iran, taking on volunteers with high school diplomas for their three-year nursing programs. In 1965, nursing education evolved from offering an apprenticeship to offering higher education, and the first four-year nursing program began with the establishment of Firouzgar Institute of Higher Nursing Education. Nursing graduates from other institutes then proceeded to taking supplementary courses in this institute in order to get their bachelor's degrees. With the enactment of the undergraduate nursing program in 1975, all institutes of nursing higher education were compelled to provide the four-year concentration program. In 1975, the former Melli Nursing School (now Shahid Beheshti University of Medical Sciences, School of Nursing) obtained permission to hold master's programs in nursing. After the Islamic revolution in Iran and due to the excessive demand for male nurses during the Iran-Iraq war, the number of male nurses increased by 50%. Moreover, a two-year associate nursing degree program was also approved in the aftermath of a period of university close-down and the war and the subsequent increased demand for nursing services. The Ministry of Health and Medical Education was finally established in 1986, helping improve the quality of nursing education through the nationwide establishment of schools of nursing and midwifery. Nursing education was thus redeveloped at the Deputy Ministry of Education of the Ministry of Health and Medical Education in various aspects, including planning, development, evaluation and retraining. In 1995, the nursing education program was placed under the full supervision of the ministry following the establishment of the Supreme Council for Medical Sciences Planning at the Ministry of Health and Medical Education. At the present

moment, nursing education is provided at three levels, including BSc., MSc. and PhD., and nurses contribute to the society through different duties in care, support, training, research and counseling [10-12].

Nursing Education in Palliative Care in Iran

Nurses spend the longest hours with patients and have a major role in clinical judgments made for providing services. Using specialist nurses with an expertise in palliative care improves the quality of care. A great performance requires knowledge and skills. The concept of palliative care should therefore be presented as an independent discipline within master's courses or at least as part of bachelor's courses in nursing. Despite the importance of the issue and the recommendations of experts in the field, no positive actions have yet been taken in Iran. In undergraduate nursing courses, the curriculum only touches on concepts such as death and the care and family support associated with it; in postgraduate courses in intensive care nursing, the focus is mostly on care associated with pain, emotional support and legal matters, and the neonatal intensive care discipline discuss mostly the concepts of death, grieving and bereavement. In postgraduate paediatric nursing courses, when teaching the subject of infancy (the lactation stage of development), palliative care is taught with an emphasis on pain, children's perception of and reaction to death and family support. In all these courses, the subject of palliative care is presented only as a two-hour session and with an emphasis on end-of-life patients, which, even then, covers mostly the concept of death and dying. The inadequate knowledge of the students about palliative care, especially when this knowledge is limited to death and dying, leads to their disinterest and negative attitude toward palliative care. Previous studies conducted in Iran are also indicative of the negative attitude of nurses toward death and dying and palliative care, which further confirms the inadequacy of palliative care training for nursing students [13]. Despite the lack of a clear framework for palliative care for cancer patients, and although serious interventions are not performed as part of the formal training program provided to healthcare personnel, some spiritual aspects of palliative care are in fact emphasized in care programs and implemented by nurses; however, spiritual care should receive a still greater emphasis [8]. For instance, in some departments such as the oncology department, the students may encounter this type of care not in its academic form, but in practice, due to the dominant culture and religious background of the country; for example, facing dying patients toward Mecca, or reciting the Quran and praying on the patient's bedside and the presence of empathizing family members. A study by Nasehi et al. showed that despite the absence of spirituality as an academic subject, students are moderately competent in providing spiritual care [14]. Since 98% of the Iranian population is Muslim, and since Muslims tend to turn toward religion in dealing with tensions caused by diseases and the prospect of death, this approach has also been adopted by the Palliative Care Association of Iran, which proposes religious counselling as one of the goals of palliative care for lifting the spirits of the patients and their family and considers its inclusion in palliative care programs essential. However, the lack of a difference in spiritual care competence between freshman and senior nursing students reflects the gap in training and the pressing need for it [14]. Dedicating academic credits to palliative care in nursing curricula has been deemed necessary in national investigations on the challenges of palliative care [14,15].

Research-based Evidence as Assumptions in Palliative Care Training

In the past few years, nursing researchers have come to concentrate on the issue of palliative care and its importance in nursing, its different dimensions and the obstacles posed against its development. These studies have contributed to removing the obstacles and problems against providing palliative care training in Iran, which will be further discussed in the next sections. The results of a study conducted on nurses' attitude toward palliative care in Iran shows that nurses believe spiritual care to be an important dimension of palliative care in patients with cancer, which includes promoting spiritual health and developing spiritual management. Promoting spiritual health involves enhancing religious strategies and preserving spiritual values and beliefs. Spiritual management involves spiritual support and making efforts to create a connection between the patient and God [16]. Palliative care cannot be effective without a proper nurse-patient relationship. Researchers believe that the nurse-patient relationship is the key element in providing proper palliative care. This relationship can improve various aspects of palliative care, including its physical, emotional, psychological and spiritual aspects. It can also facilitate the patient's coming to terms with his conditions, reduce his pain and ultimately create a better end-of-life experience for him [7]. One study conducted in Iran showed that establishing an effective nurse-patient relationship is the main pillar of palliative care in patients with cancer. The study also showed the "human touch" to be the main experience of nurses and patients with cancer, which is expressed under two sub-themes, including "total acceptance" and "psychological support" [7]. Another study conducted in Iran showed that establishing a close care relationship with the cancer patient and his relatives is the basis of care. A reflective approach should be adopted in training oncology department nurses so as to help them develop their nursing care skills [17]. According to a study conducted in Iran, cancer patients are unable to live the way they used to live before the incidence of cancer, which is partly due to family, social and emotional problems among the many other problems they face and which reduce their quality of life. To prevent these issues, providing palliative care is imperative for these patients [7].

Nurses play a major role in providing training and care to patients with cancer. The training provided by nurses to patients in end-of-life stages can positively affect their awareness and attitude and reduce their problems to a certain extent [18]. Nurses' attitude toward palliative care affects their care behavior toward patients in end-of-life stages. Nurses with a negative attitude toward death and dying tend to avoid direct contact with a dying patient and have no desire to tell the truth to the patient or discuss the subjects of disease and death. Studies conducted on this subject indicate that Iranian nurses have a negative to neutral attitude toward palliative care [5]. Moreover, Iranian nurses have a relatively poor knowledge of palliative care [19], which is not completely unexpected, given the little emphasis on palliative care in formal nursing curricula.

Nurses' attitude toward death and dying affects the care they provide to dying patients and their families. Although their religious beliefs make them consider caring for dying patients a worthwhile and rewarding job, Iranian nurses do not have a positive attitude toward the other aspects of providing care to these patients. This attitude can be attributed to the absence of training on the subject of providing care to dying patients and the inadequate clinical experience in this field. The shortage of nurses in the health system is also a contributing factor that leaves nurses little time to talk to their patients or instruct

them and their families on death and dying [20]. The results of some studies have shown that the implementation of an educational program can generate a positive attitude in nursing students as future nurses. Researchers emphasize the importance of adding palliative care training to nursing curricula in Iran as a means of improving the quality of end-of-life care [17].

Challenges and Barriers against Nursing Education in Palliative Care in Iran

Studies conducted on palliative care in recent years have largely demonstrated the problems and barriers against nursing education in palliative care. A general challenge in nursing education is the absence of appropriate educational models and operational plans [21], which appears to also pervade nursing education in palliative care in Iran.

In Iran, despite the need for palliative care in incurable patients, the lack of educational programs enabling health professionals to provide these services is proposed as a major challenge, and the efforts to design and develop the first interdisciplinary curriculum in the Nursing and Midwifery Care Research Center of Isfahan University of Medical Sciences to teach palliative care for cancer patients is further evidence of the need for these programs [22]. Palliative care is a holistic approach that focuses on the physical, psychological, social and spiritual dimensions of the patients and their families. To ensure the optimal implementation of palliative care, health care providers should have a proper understanding of palliative care, which requires knowledge and awareness. Studies conducted in the country indicate the poor knowledge of healthcare providers about palliative care and its underlying philosophy, symptom management and of the means of providing this type of care; only a few groups are engaged in providing palliative care to cancer patients [8,23]. Nurses receive only a general education at the undergraduate level and their promotion in their job demands passing additional courses. However, despite its importance for improving care, providing training to employees is itself another challenge in this area. Training physicians is possible through fellowship programs, medical conferences and on-line classes, but training nurses is more difficult. Many nurses working in oncology departments have family and language limitations for participation in training programs held by sponsor institutions. Using on-line programs is also not easily possible due to the heavy workloads and/or the lack of access to computers and internet at home [15]. Given that nurses interact with patients more than other members of the medical team and thus have a greater knowledge of their needs and are often the first point of contact for patients, reviewing their school curricula appears essential. This review should be planned based on the needs of the community, which has been neglected in Iran. Despite the post-revolution revising of nursing undergraduate programs in 1995, 2005 and 2013 by the Supreme Council for Medical Sciences Planning at the Ministry of Health and Medical Education, no particular actions have been taken to dedicate academic credits to palliative care in undergraduate nursing curricula. Meanwhile, because of the rising incidence of cancer in Iran, the Ministry of Health and Medical Education took a number of measures in 2011, including the establishment of Iran's Cancer Association and launching its official website, holding international congresses, developing cancer prevention guidelines and the like and ultimately holding national and international congresses on supportive and palliative care for cancer patients, aiming to convince decision-makers to take palliative and supportive care for cancer patients more seriously and inform experts of the necessity of providing this type of care. Palliative care has been

neglected as an independent discipline in school curricula, which is potentially due to the experts' own lack of knowledge about the importance of the issue, the lack of opportunities for providing palliative care and the lack of teamwork in healthcare. In addition, given the vast extent of the country and the dispersed incidence of cancer, a concentrated curriculum for providing palliative care constitutes yet another challenge, as it neglects the cultural and social differences that are characteristic of the Iranian society [12,15,24]. As a profession, nursing is faced with several challenges in Iran, such as the shortage of nurses, job dissatisfaction, poor self-esteem and low social status of the profession, contributing to the poorer quality of care provided. The lack of a proper job description and the mere performance of routine tasks has made people view nurses as only doctors' assistants and regard doctors as the main member of the medical team in charge of providing care. This attitude has lowered the social status of nursing and has killed nurses' motivation for providing services in a way that is becoming of their profession; as a result, participation in ongoing training courses and workshops does not affect the nurses' performance to a great degree [10,24]. Researchers believe that the mass media and political and public support can play a major role in elevating the social status of nursing, increasing motivation in nurses and improving the social and cultural environment and the welfare of the nurses, which ultimately lead to a higher quality of care and an increased satisfaction of the patients with the care provided to them [10].

Other challenges in palliative care education include the shortage of resources, which affects education processes both in their human and physical dimensions. About 140,000 nurses are currently working in the 850 hospitals of Iran, which is less than the sufficient number and should be doubled considering the population, the number of doctors and the number of hospital beds [9,25]. Authorities tend to only focus on training general nurses to make up for this shortage and overlook the importance of training specialist nurses in the field. Although nurses get their specialization in various areas including internal-surgery, elderly care, community health and intensive neonatal care, they tend to still be mainly employed in general departments. One of the reasons for this tendency is that nurses are mainly employed for engaging in the second level of prevention, that is, treatment, because community health workers engage in the first level of prevention in the Iranian health system and there are no specific organizational roles defined for nurses at the third level. However, the various disciplines of nursing master's programs are designed so that they assume nurses to have defined roles in all the three levels. Moreover, the lack of special palliative care departments comprises a physical dimension of the shortage of resources that conceals the need for training palliative care specialists; nevertheless, the medical team and policy-makers' lack of awareness about palliative care is another contributing factor. The main problem of the nursing system in relation to palliative care is currently the absence of a definition in the health system for the structure of palliative care, the absence of a job position for nurses providing palliative care and the absence of serious training within the formal nursing education program. The lack of comprehensive studies conducted on palliative care contributes to this problem and limits the use of this concept for patients who urgently need it [16].

Recent Nursing Activities in the Area of Palliative Care in Iran

Iranian nurses are recently paying greater attention to palliative care, especially in patients with cancer. Evidence suggests that

palliative care education and research have both come to be pursued with greater enthusiasm. The designing of an interdisciplinary palliative care curriculum at the Nursing and Midwifery Research Center of Isfahan University of Medical Sciences is one example of this tendency. A meeting was first held at this center in March 2012 to discuss the need for the development of an interdisciplinary curriculum for providing palliative care to patients with cancer. Several medical professionals (in oncology, hematology and internal surgery), nurses, pharmacists, nutritionists, psychologists, rehabilitation professionals, lawyers, medical education experts and clergies attended this meeting and the project was approved in April 2012. The results of a mixed-method study conducted on the design of an interdisciplinary palliative care curriculum identified 10 subjects, including introduction to the concepts of education processes and interdisciplinary functions, management of needs and physical symptoms, personal and interpersonal relationships, management of the mental health of the patient and his family, spiritual needs and spiritual care, ethical principles and ethical care and legal matters concerned with providing palliative care to the patient and his family. This study also discussed different methods of teaching and presenting each of the subjects [22].

A group of Iranian nurses attended a workshop on palliative care for cancer patients held in Turkey by the Oncology Nursing Society for the first time in 2014. Upon return, some of these participants used their newly found experiences to hold conferences and workshops on palliative care for cancer patients at Shahid Beheshti University of Medical Sciences with audiences consisting of nurses working in oncology departments and nursing students. The main courses held were:

A one-day conference on palliative and supportive care for cancer patients of various age groups held at Mofid hospital in September 2014 (ID: 146269, Code: 191139317, Date: 10.09.2014)

A palliative care panel at the International Congress of Pediatric Nursing held in September 2014 (ID: 145623, Code: 11017234, Date: 09.09.2014)

A three-day palliative care workshop for oncology nurses held at the conference hall of Shohada-e Tajrish Hospital in September 2014 (ID: 146618, Code: 291139333, Date: 22.09.2014)

A one-day palliative care workshop held at the International Congress on Gastrointestinal Cancer at Olympic Hotel in October 2014 (ID: 49144, Code: 291139346, Date: 26.11.2014)

A one day-palliative care workshop held at the International Congress on Breast Cancer in Shahid Beheshti University of Medical Sciences in March 2015 (ID: 51865, Code: 291139357, Date: 07.01.2015)

A one-day conference on pain held at the conference hall of Shohada-e Tajrish Hospital in June 2015 (ID: 45560, Code: 181139437, Date: 05.05.2015)

In recent years, nursing researchers have conducted a number of studies on palliative care and published them in national and international journals, which indicates the growing interest of Iranian nurses in the subject of palliative care [5-8,13,16,17,19,20,22,26]. These studies have addressed and identified many of the challenges and barriers against palliative care education and can therefore be used in resolving the existing problems and improving nursing education programs in palliative care.

Conclusion

Given the growing prevalence of cancer throughout the world and especially in Iran, palliative care training is an essential need for modern healthcare systems. Despite a century's history of nursing education in Iran, the status of nursing education in palliative care remains unfavorable; however, the various research and educational activities initiated by Iranian nurses in recent years are indicative of their greater interest in the subject, which promises a better status for palliative care training in nursing education in the near future.

References

1. <http://www.who.int/cancer/palliative/definition/en/>.
2. Asadi-Lari M, Madjd Z, Afkari ME, Goushegir A, Baradaran HR (2009) The concept of palliative care practice among Iranian General Practitioners. *Iranian Journal of Cancer Prevention* 2: 111-116.
3. <http://www.ircancer.ir/default.aspx?tabid=88&ArticleId=350>.
4. Grant M, Elk R, Ferrell B, Morrison RS, Von Gunten CF (2009) Current status of palliative care—clinical implementation, education, and research. *CA: a cancer journal for clinicians* 59: 327-335.
5. Razban F, Iranmanesh S, Rafiei H (2013) Nurses' attitudes toward palliative care in south-east Iran. *International journal of palliative nursing* 19: 403-410.
6. Zamanzadeh V, Rassouli M, Abbaszadeh A, Nikanfar A, Alavi-Majd H, et al. (2014) Factors Influencing Communication Between the Patients with Cancer and their Nurses in Oncology Wards. *Indian journal of palliative care* 20: 12-20.
7. Borimnejad L, Mardani Hamooleh M, Seyedfatemi N, Tahmasebi M (2014) Human relationships in palliative care of cancer patient: lived experiences of Iranian nurses. *Materia socio-medica* 26: 35-38.
8. Rassouli M, Sajjadi M (2014) Palliative Care in Iran Moving Toward the Development of Palliative Care for Cancer. *American Journal of Hospice and Palliative Medicine*.
9. <http://www.mehrnews.com/news/2501399/>
10. Farsi Z, Dehghan-Nayeri N, Negarandeh R, Broomand S (2010) Nursing profession in Iran: an overview of opportunities and challenges. *Japan Journal of Nursing Science* 7: 9-18.
11. Khomeiran RT, Deans C (2007) Nursing education in Iran: Past, present, and future. *Nurse education today* 27: 708-714.
12. Salsali M (2005) Evaluating teaching effectiveness in nursing education: an Iranian perspective. *BMC medical education* 5: 29.
13. Iranmanesh S, Savenstedt S, Abbaszadeh A (2008) Student nurses' attitudes towards death and dying in south-east Iran. *International journal of palliative nursing* 14: 214-219.
14. Nasehi A, Rafiei H, Jafari M, Borhani F, Sabzevari S, et al (2013) Survey of nurse's students competencies for delivering spiritual care to their patients. *Journal of Clinical Nursing and Midwifery* 2: 1-9.
15. Rassouli M, Sajjadi M (2014) Palliative care in the Islamic Republic of Iran. In: Silberman M, editor. *Palliative Care to the Cancer Patient: The Middle East as a Model for Emerging Countries*. New York: Nova
16. Hamooleh MM, Borimnejad L, Seyedfatemi N, Tahmasebi M (2013) Perception of Iranian nurses regarding ethics-based palliative care in cancer patients. *Journal of medical ethics and history of medicine* 5: 141-164.
17. Iranmanesh S, Axelsson K, Sävenstedt S, Häggström T (2009) A caring relationship with people who have cancer. *Journal of advanced nursing* 65: 1300-1308.
18. Nagamatsu Y, Natori Y, Yanai H, Horiuchi S (2014) Impact of a nursing education program about caring for patients in Japan with malignant pleural mesothelioma on nurses' knowledge, difficulties and attitude: A randomized control trial. *Nurse education today* 34: 1087-1093.
19. Iranmanesh S, Razban F, Tirgari B, Zahra G (2013) Nurses' knowledge about palliative care in Southeast Iran. *Palliative & supportive care* 1-8.
20. Bagherian S, Iranmanesh S, Dargahi H (2009) The attitude of nursing staff of institute cancer and Valie-Asr hospital toward caring for dying patients. *Journal of Razi Nursing and Midwifery School of Kerman* 18: 8-14.
21. Karimi MH, Heydari A, Taghipour A, Ildarabadi E (2013) Challenges of community health nursing education in Iran. *International Journal of Community Based Nursing and Midwifery* 1: 62-68.
22. Irajpour A, Alavi M, Izadikhah A (2015) Situation Analysis and Designing an Interprofessional Curriculum for Palliative Care of the Cancer Patients. *Iranian Journal of Medical Education* 14: 1040-1050.
23. Tahmasebi M (2013) Palliative Care for Cancer Patients in the Emergency Department in Iran. *13th World Congress of the European Association for Palliative Care*.
24. Nasrabadi AN, Lipson JG, Emami A (2004) Professional nursing in Iran: an overview of its historical and sociocultural framework. *Journal of Professional Nursing* 20: 396-402.
25. Ghanbari Khaghah A, Baghfalaki M (2009) Nurses' perspectives of nursing research priorities about cancer patients. *Iran Journal of Nursing* 22: 1-11.
26. Iranmanesh S, Dargahi H, Abbaszadeh A (2008) Attitudes of Iranian nurses toward caring for dying patients. *Palliative & supportive care* 6: 363-369.

This article was originally published in a special issue, entitled: "**Palliative Care Nursing**", Edited by Michael Silberman, Middle East Cancer Consortium, Israel