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Original article

Challenges of Providing Health Information Prescription Services and Suggested Solutions: A Qualitative Study

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Abstract

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Introduction: This study aims to identify the challenges of providing health information prescription services and review the proposed solutions.

Methods: This qualitative research was conducted using the thematic content analysis approach. The statistical population included librarians, medical library faculty members, clinical staff and patients with experience in information prescription, clinical librarian or patient education. Thirty-seven participants were selected by purposive sampling. The interviews lasted from December 2020 to August 2021. Qualitative analysis was performed using MAXQDA software version 20.

Results: After analyzing the data, the challenges of providing information prescription services were categorized into five main themes: challenges related to service improvement, patient, staff, infrastructure, organization, and 25 sub-themes. Some essential strategies have been training, protocol development, and designing educational curricula according to the necessary skills, culturalization, and budgeting.

Conclusion: Providing appropriate and effective health information prescription requires designing and developing protocols, workflow diagrams, and explaining qualified professionals.

Introduction

Active participation of patients and families in the health care team and health decision-making requires access to appropriate information (1); especially when making important decisions, the patient must receive accurate information about the disease, treatment options, and prognosis (2). Patient-centered health care is based on considering patients as unique individuals who are cared for according to each one's specific conditions (3). Providing information and empowering patients for informed choices are the main factors of patient-centered services (4-7).

Prescribing information is an approach in patient-centered services (8) with the aim of guiding individuals to health information sources based on relevant and reliable evidence on conditions, treatment, understanding, management and control of the disease, and informed and active participation in health care (9, 10). The goals of information prescription are providing trusted sources for patients, informing about the correct spelling of the names of diseases, conditions, surgery, and making the

patient use the resources approved by physicians more (11). information prescription can lead to better health outcomes, improve patient/family experience, increase physician/staff satisfaction, empower patients (12), improve health literacy, improve patient and clinical staff satisfaction (13), reduce visits to sites with poor health information, improve physician-patient communication (14, 15), and improve patient education and self-management (14).

There are challenges in providing any services. The previous studies have addressed the challenges of providing information prescription services. The challenges related to patients were personal characteristics, lack of time (16, 17), apathy and lack of information importance for them (13), and level of literacy (9, 16). The organizational challenges include lack of place (9, 18), lack of access to computers (15, 19), integrated health information system, information and communication technology applications, mobile technology, database, portal, organizational support, the confidentiality of the information (9), funding (9, 17, 18), and challenges such as lack of time (7, 9, 13, 14, 17-21), fear of educational role interference (8), forgetfulness (7, 14, 20, 21), and work overload (17, 22), which are related to the clinical staff. The challenges of improving information prescription services include content recognition, formulating appropriate protocols (23) and updating information (18).

The British Diabetes Association (24) launched a unique website to provide information prescription to diabetic patients. Family physicians in the United States provide information prescription services on the Medline Plus website (25). In Iran, health information is not prescribed formally (26). Despite numerous studies that have addressed the various aspects of information prescription, the researchers have not found a qualitative study that addresses the challenges of providing information prescription services to all patients from the perspective of clinical staff (physician/nurse), librarians, and patients. Given the importance of this issue and the benefits, a qualitative study can have in finding the challenges of service, the purpose of this qualitative research is to identify the challenges of providing health information prescription services from the perspective of medical librarians and information science faculty members, clinical staff, and patients and to review the proposed solutions to overcome these challenges. The research findings provide information about the possible challenges of providing information prescription services and can help design the protocol, improve the process of providing this service, and provide a platform for its implementation and overcoming challenges. Given the importance of providing information to patients, this study can provide health care system policy-makers and hospital managers with an overview of potential challenges to take the necessary measures to overcome them.

Methods

The present study is qualitative and based on thematic content analysis. The study sample includes 13 medical staff (seven physicians, five nurses), 16 librarians (11 librarians of university hospitals, five faculty members of medical library and information science of MOHME-affiliated universities), and nine patients with experience and history of participation, cooperation or receiving information prescription, patient education, or clinical librarian those interested in the subject of research attended the study. The purposeful and snowball sampling was performed.

To explain the initial framework of the semi-structured interview using text review, the results of the scoping review study (27), and the research team's opinion, initial questions were developed. Preliminary interviews were conducted with a librarian, a medical library and information science, a physician, and a patient to address the shortcomings of the initial questions and compile the final questions (Appendices 1 and 2). The study's purpose and steps were explained to the interviewees before the interview, obtaining their consent. It was ensured that the information anonymously stored and analyzed. Data collection form, audio recording and note taking were used to record the interviews. The interview's content was implemented immediately after each interview from the audio file and used as a guide to continue the interview process.

Four Guba and Lincoln validity criteria were used to verify the reliability and validity of the research data (28). In this index, "reliability" (including four criteria of credibility, confirmability, dependability, and transferability) was used to evaluate the quality of qualitative results (29). Sampling was done with maximum diversity from the three groups of interviewees to ensure credibility. The interviews were conducted over eight months (December 2020 to August 2021), and issues such as allocating sufficient time, good communication with the interviewees, patience in research, and taking notes at the same time as recording the audio file were considered. The transcript was provided to a faculty member, two librarians, two physicians, and three patients to match the content of the interviews. The interview process was explained to two professors of medical library and information science with a history of conducting qualitative research to ensure dependability, and after reviewing the study process, the research results were confirmed. All the procedures, environment, and context were fully explained to the interviewees to ensure transferability. Since the three earlier criteria have been reviewed and met in the study, it can be concluded that confirmability has also been observed.

The interview completion criterion was data saturation, meaning no new information was available and repeated previous data. It happened after the eleventh interview with librarians, the fifth with a member of the faculty of medical library and information science, the seventh with a physician, the fifth with a nurse and the ninth with a patient (37 interviews in total).

Thematic content analysis was conducted using MAXQDA software version 20. After the implementation, concepts were extracted and coded. First, open coding was done according to the interview's content, and the initial propositions, categories, features, and dimensions were extracted. The content was then labeled with meaningful units representing a specific concept, called primary code or subcategory, and then these units were categorized based on their significant relationship, and axial coding was done. In the next step, codes that resulted from the interviews were given to two librarians, a faculty member of medical library and information science, two doctors, and two patients, and after implementing the desired corrections, they were approved.

Results

Figure 1 shows the demographic characteristics of the interviewees. Librarians (including librarians or faculty members) and patients had the highest number of interviews.

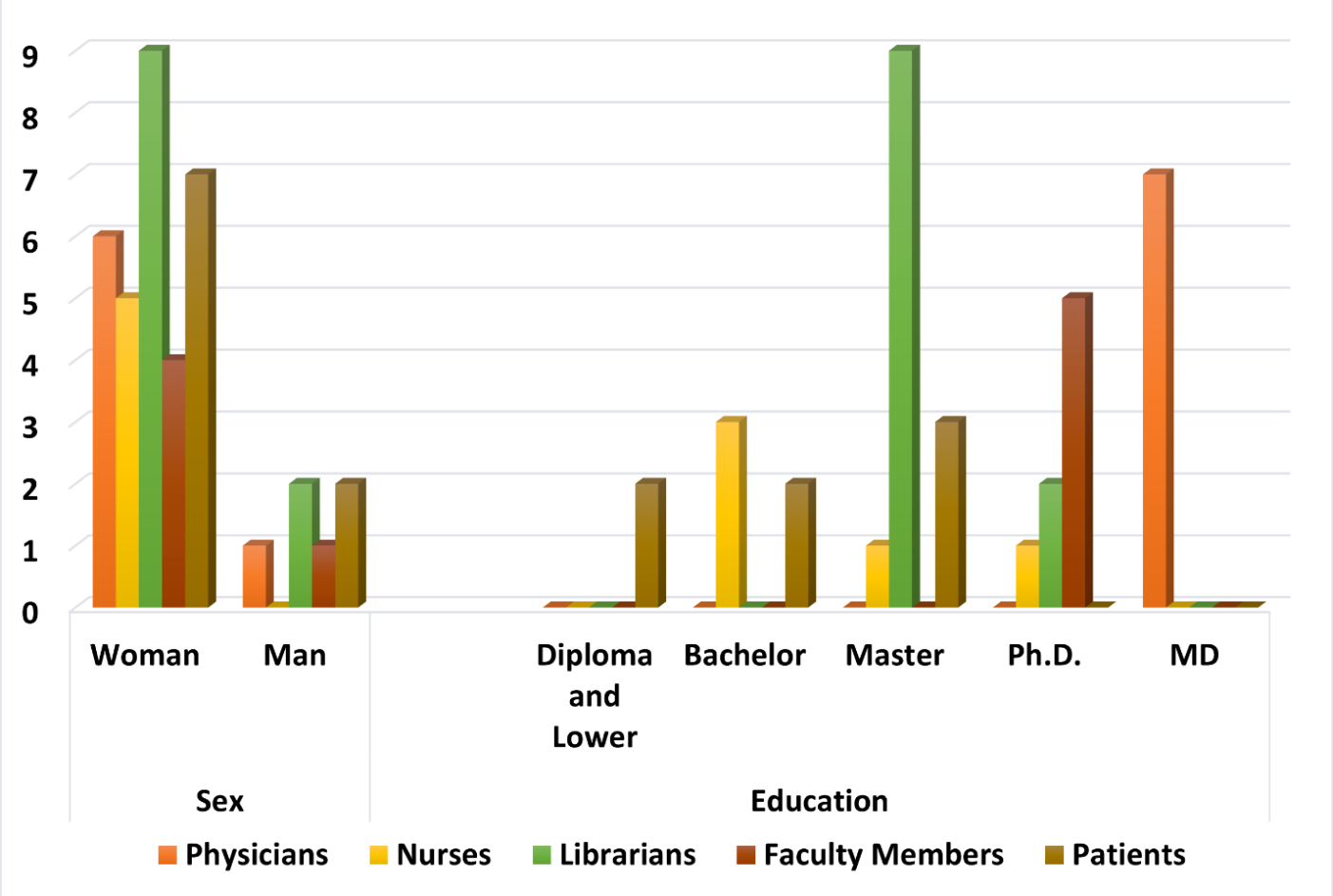

Figure 1. Frequency of demographic characteristics of participants

Table 1 shows an overview of the main themes of the research. Thematic analysis results and interviews' coding indicated that the main themes of the challenges included service improvement challenges, infrastructural challenges, patient-related challenges, personnel challenges, and organizational challenges. In the following, the formation of concepts and themes will be explained by mentioning the interviewees' quotes.

Challenges of Improving Information Delivery Service

The first step in producing content is to recognize and retrieve information resources. The lack of knowledge and familiarity of those in charge of patient education with evidence-based sources and databases is one of the challenges in providing up-to-date information tailored to patients' needs. Some of the evidence for this barrier is:

"The nurse who is in direct contact with the patient comes to see the patient's education resources and does not know them." (Interviewee No. K9). In the current trend, physicians' lack of monitoring and evaluation of information has been stated as an obstacle to the provision of trusted information. "A physician will never look to confirm this (source of information)" (interviewee K4).

Providing information without considering the patient's condition and not knowing the community receiving the information is one of the challenges of improving services. For example, interviewee number k 4 said, "They prepare the whole thing in the form of a series of booklets."

The solution to improve the information prescription service is to design protocols, division of labor, specialization, and training of team members to identify these processes and steps and individuals know their roles. Interviewee number K1 stated, "We must definitely have a protocol ..., just as we have a protocol for prescribing medicine, we must also have a protocol for prescribing information."

Infrastructural challenges

Infrastructural challenges refer to the necessary items for providing information prescription services. Access to databases for compiling educational content is one of the primary factors. The witness to this obstacle is interviewee K3: "Right now, many of our databases are down, and if someone wants to ... do a good search, he needs to have access to the databases. "Another problem is the lack of a network for information exchange and searches: "Infrastructural and network facilities must be provided in the hospitals. When we wanted to provide information, not only was the hospital unresponsive but there was no cellular signal."

The solution to the infrastructural challenges is determining a budget and providing the appropriate facilities. "The infrastructural sector also needs a series of budget expenditures from the organization ... all of which must be provided by the organization." (K2)

Patient-related challenges

Lack of knowledge of patients about the service of prescribing information is one of the patient-related challenges.

"Of patient-related challenges, we can say the patient's lack of knowledge about information prescription," said the K2 interviewee. By using television and advertisements, making educational clips, films and series, we can help with the education and the recognition of the information prescription services: "There should be some education… for example in our movies and series" (H3).

In compiling the educational content, the patient's condition should be considered. Economic problems and the impossibility of following many instructions, such as the provision of expensive foodstuffs, make it difficult to follow the instructions: "A person who comes to the hospital and needs help and is not able to do much. I cannot tell them, for example, to get luxurious home cares" (D9).

Patient disinterest, lack of cooperation, and cultural challenges such as beliefs, dialects, and literacy levels can interrupt the information provision process. It largely depends on their illnesses and mental condition. Providing information in the patient's language, empathetically, and in situations where the patient is in stable health condition can help overcome this obstacle. Patients' cultural characteristics, such as their traditional beliefs about the effectiveness of some natural substances or their superstitions, also interfere with information acceptance. For example, interviewee D9 said, "He does not accept certain things because of his old thoughts and ideas." Producing content appropriate to the dialects and levels of education is one of thechallenges mentioned.

Personnel challenges

Challenges for the information prescription team are divided into two sections: Challenges specific to a particular group, such as physicians, nurses, and librarians, and challenges for the entire staff. One of the challenges for physicians is the use of specialized language, which, given the frequent use of medical terms by physicians, makes it difficult for the public to understand the content. "I think it is important that the information is in the patient's language, not the medical language (p3)," said one of the interviewees. High workload and lack of time are the challenges that had the most repetition. "I complain that the doctor does not take the time to talk to me and feels that I should leave his office sooner and the next person should come to the office." (P2)

Lack of access during non-working hours, impatience, and indifference is one of the other physician-related challenges that was mentioned, "In the emergency… They said you must contact the specialist who prescribed this medicine, and we didn't have access to them". (P6)

For nurses, the mentioned challenges included lack of time, work overload, inability, lack of interest, and motivation. Some of the evidence for this barrier is that "(nurses) have a long and heavy work time." (K4) In this regard, employment of interested people with English language proficiency, knowledge of evaluating information sources, and cooperation of librarians are recommended.

Lack of faith in librarians' abilities, inability, lack of knowledge about the role of librarians, inactivity of professors in the field, lack of clinical experience, lack of motivation and interest, and lack of confidence in librarians have been considered. "... They are waiting for a professional, not a trainee, even though they are getting a guard, they are waiting for a professional person to do this for them" (K3) To cover the skills required to provide information prescribing service, internship for medical library and information science students in the hospital environment, change curriculums, compile related books and provide short-term and in-service courses can be helpful: "... They used to say medical library and information curriculum had anatomy in it, it had physiology, it had French, it had English, but when we came there were none of them ... they have to reconsider these topics." (K3)

Regarding the lack of knowledge about the role of librarians, communication with Ministry of Health and Medical Education and introducing the fields and skills of graduates, defining internships in hospitals, illustrating the role of librarians, assessing the needs of hospitals and adapting services to these needs, certified board discussions with Ministry of Health and Medical Education to highlight the role of librarians and understanding their position, the cooperation of librarian groups with hospitals and physicians, the conduct of research, and the provision of joint services were discussed. The motivation of librarians to participate in patient education services will increase with salary incentives and career promotions, and their participation in providing necessary and related services and training will enhance their self-confidence. "Let's give incentives to librarians who work in hospitals. For example, they can have a certain advantage, a raise in salary or a promotion in their rank," said interviewee K3.

General challenges for information prescription personnel include bias, unfair interdisciplinary competition, lack of coordination, and team spirit. Unfair competition and rejection of interdisciplinary cooperation have had the highest number of repetitions. "There are some unfair biases or rivalries between disciplines close to medical library and information science ... they are not willing to work together as a team. For example, one says no, this doesn't concern you. It is related to us." (K6) The solution is to hold joint meetings between team members, divide tasks, specify service protocols, train teamwork and interdisciplinary activities, and determine the role of library and information science in the process.

The intellectual resistance of medical staff to a new service and the provision of information to patients is one of the cultural challenges: "First there are intellectual barriers, they say as if everything is fine, now you want to prescribe health information. Or we do not even have medicine to give to the patient" (K1). Another cultural challenge is the lack of awareness of medical staff about the importance of information and patients' right to receive information.

The solutions are further interaction of clinical staff, provision of training and information on prescribing information, and the importance of providing it. The intellectual resistance will be broken by holding a congress, communicating with the Ministry of Health and Medical Education, clarifying services, developing a suitable topic for the job market, holding meetings for clarification, and acquaintance with the relevant institutions: "It may be necessary to hold congresses, for example, national conference on health information prescription." (H5)

Organizational challenges

Organizational challenges are the lack of guidelines and protocols, lack of librarian recruitment, lack of knowledge about the job market, lack of executive and union support, lack of team spirit, and lack of acceptance of information in the organization. Some of the evidence for this barrier is as follows: "Everyone complains that there is no compiled format. They do not know what to do. If there is a law... one knows what to do and how to

do so. What characteristics it should have" (K4).

Formulation of protocols and teamwork training to promote teamwork spirit can be effective. Briefings with relevant organizations, introducing information prescription, meetings and briefings with decision makers and pragmatism and effective presence of librarians, and development of appropriate curriculums according to the job market have been mentioned as the solution for the rejection of this service by the interviewees: "Professors in charge should know the job market and ... should teach students the skills according to the needs of the job market" (K6).

Table 1. An overview of the frequency and percentage of health information service challenge codes and solutions

Theme	Sub-theme of the challenges	Frequency	Percentage	Sub-theme of the solutions	Frequency	Percentage
Service improvement	Lack of knowledge of clinical staff about patient education resources	1	2.86	Training members of the information prescription team	1	2.86
	Complexity of processes	1	2.86	Protocol design	3	8.57
	Lack of knowledge about the information receiving community	2	5.71	Specialization	1	2.86
	Providing information regardless of the patient's condition	4	11.43	Division of labor	1	2.86
	Lack of physician supervision and approval on prescribing information	1	2.86	Division of labor	1	2.86
Infrastructural	Lack of access to databases	2	5.71	Providing facilities	2	5.71
	Lack of access to technological facilities	1	2.86	Defining Budget	1	2.86
	Infrastructural problems	2	5.71			
Patient	Lack of knowledge about information prescription service	1	2.86	Advertising	1	2.86
	Lack of cooperation and interest	1	2.86	Making educational clips, movies, and series	1	2.86
	Economic situation	1	2.86	Providing information in patient language	1	2.86
	Patients' cultural challenges (beliefs, dialects, level of literacy)	4	11.43	Providing information to patients with stable health conditions	1	2.86
				Generating content in different languages and dialects	1	2.86
				Content readability assessment	1	2.86
Personnel	Challenges of physicians:			Division of labor	1	2.86
	Workload / Time shortage	7	20.00	Collaboration of librarians	3	8.57
	Lack of access during non-working hours	2	5.71	Time management training	1	2.86
	Boredom and apathy	2	5.71	Using doctor's website	1	2.86
	Use of specialized language	4	11.43	Using social networks	1	2.86
				Providing information in various formats	1	2.86
				Providing repetitive information by default	1	2.86
				Needs assessment	1	2.86
	Challenges of nurses:					
	Lack of time (excessive workload)	2	5.71	Collaboration of librarians	2	5.71
	Inability to prescribe information	2	5.71	Employing capable people	1	2.86
	Lack of interest and motivation	2	5.71	Employing interested people	1	2.86

Continue of Table 1. An overview of the frequency and percentage of health information service challenge codes and solutions

Theme	Sub-theme of the challenges	Frequency	Percentage	Sub-theme of the solutions	Frequency	Percentage
Personnel	Challenges of librarians:			Providing internships in hospitals	1	2.86
	Lack of trust in librarians' abilities	2	5.71	Changing curriculums	1	2.86
	Inability to provide information prescription service	3	8.57	Compilation of related books	1	2.86
	Lack of knowledge about the role of the librarian	6	17.41	Short-term and in-service courses	6	17.14
	Lack of activity of professors in the field	1	2.86	Liaise with the Ministry of Health and Medical Education and introduce the field and skills of graduates	1	2.86
	Lack of clinical experience in librarians	1	2.86	Advertising the role of librarians	1	2.86
	Lack of motivation and interest of librarians	1	2.86	Adapting services to the needs of hospitals	1	2.86
	Low self-confidence in librarians	1	2.86	Cooperation of library groups with hospitals and doctors	1	2.86
				Conducting research and providing joint services	1	2.86
				Financial incentives	1	2.86
				Job promotion	1	2.86
				Participation in service delivery	1	2.86
				Providing necessary and relevanttraining	2	5.71
	Team challenges:			Holding joint meetings of team members	1	2.86
	Bias and unhealthy interdisciplinary competition	5	14.29	Task division	1	2.86
	Lack of coordination between members of the information prescription team	2	5.71	Developing a protocol	1	2.86
	Lack of teamwork spirit	2	5.71	Training teamwork and interdisciplinary activities	1	2.86
				Determining the position of the field of library and information science in the content development process	2	5.71
	Cultural challenges:			More interaction with treatment and training staff	1	2.86
	Lack of understanding of the importance of information for patients	5	14.29	Awareness about the nature of prescribing information	1	2.86
	Lack of knowledge of medical staff about this service	4	11.43	Awareness about the importance of providing information to patients	1	2.86
	Lack of recognition of patients' right to information	6	17.14	Organizing a congress	2	5.71
	Intellectual resistance	1	2.86	Communicating with Ministry of Health and Medical Education and explanation of the service	1	2.86
				Developing a suitable topic for the job market	1	2.86
				Meetings and briefings with related institutions		

Continue of Table 1. An overview of the frequency and percentage of health information service challenge codes and solutions

Theme	Sub-theme of the challenges	Frequency	Percentage	Sub-theme of the solutions	Frequency	Percentage
Organizational	Lack of employment of librarians or information specialists	1	2.86	Organizational restructuring	1	2.86
	Lack of instructions and protocols	1	2.86	Meetings and briefings with related institutions	1	2.86
	Lack of knowledge of the labor market in decision-makers	1	2.86	Introducing information prescription	1	2.86
	Lack of executive support	1	2.86	Pragmatism and effective presence of librarians	1	2.86
	Lack of union support	1	2.86	Compilation of appropriate topics for the job market	1	2.86
	Lack of organizational acceptance of the service	2	5.71	Developing teamwork trainingprotocol	2	5.71

Discussion

The main challenges of providing information prescription services resulting from the thematic analysis of the interviews were the challenges related to service improvement, infrastructure, patient, staff, and organization. The participation of librarians, short-term courses, and workshops has had the highest repetition rate among the proposed solutions. In the current process of providing information to patients, lack of knowledge about evidence-based patient education sources and physicians' lack of supervision over educational resources have been considered. This part of the problem seems to be related to the challenges of doctors and nurses and their workload and lack of time. Information is provided without personalization and regardless of the patients' characteristics, contrary to the nature of information prescription based on the provision of personalized information (30). Protocol design and division of labor, in-service training, and specialization are some of the solutions to solve this problem. Due to the capabilities of medical librarians in retrieving and producing content, they can be used, and defining an official role for librarians in patient education is helpful.

Librarians have named access to databases as an expanding infrastructural challenge due to the expansion of sanctions and reduced access to these information resources. Some foreign research companies do not provide services to Iranian researchers due to sanctions. Most websites, databases, and information sources have blocked Iranian IPs (31). Lack of access to an appropriate hospital network is another mentioned infrastructural challenge. Improving infrastructure problems requires a budget line and providing facilities. Funding (9, 17, 18), lack of printers and access to the Internet (5), lack of access to computers (15, 19), integrated health information system, information, and communication technology applications, mobile technology, database, patient portal, organizational support (9), IT capacity (17), are some of the infrastructural challenges mentioned by other studies.

The division of labor and the lack of patients' knowledge about the information prescription services are some of the mentioned challenges. Leisey has also mentioned the lack of knowledge about receiving the information as a challenge (13). It is more of a system weakness in introducing the service than a patient's obstacle. Meeks's research results showed a reduction in the use of information prescription in the absence of advertising and promotion of the program (32). The best way to implement this service is to promote it to patients, caregivers, and physicians so that the service is requested rather than offered (17).

Economic conditions and cultural challenges (including beliefs, dialects, and literacy levels) are also of patients' characteristics and should be considered in the content production process. Because the clinical staff has high workloads and producing appropriate content is time-consuming and requires skills such as readability assessment and familiarity with content production software, these are considered obstacles. This is while information prescription itself coordinates information provided to patients with their specific conditions (33). Leisey (13) and Gary (17) point out that the patients' apathy and lack of information importance may be due to the information inconsistency regarding their conditions and preferences. Providing information in the patient's language and empathetically and in situations where the patient is in a stable state of health can help overcome this obstacle. The research of Nabiolahi et al. (2021) considered the personal characteristics of patients at the time of entering the health system (23), and Gavgani's and Potthoff's research have considered the level of literacy of patients (9, 16) as a challenge.

Workload and lack of time for doctors and nurses have been mentioned more than other challenges. Lacks of staff time (7, 9, 13, 14, 17-21) and high workload (17, 22) have been mentioned in other studies of information prescription challenges. This issue has also been considered in patient education studies (34). This problem is significant probably because all librarians,

nurses, doctors, and patients interviewed have been provided with information services in public hospitals, and the number of patients in such hospitals is more. Lack of access to doctors during non-working hours and lack of patience and apathy of doctors and nurses (as mentioned earlier) is probably due to high workload and lack of specialization and division of labor. Using websites and social networks, part of this workload can be managed, and these cases require the employment of people with medical qualifications and computer knowledge. Using librarians can be effective due to their ability to search, summarize, assess readability, and produce content. Leisey's study also points out the lack of understanding of physicians' importance of this service (13).

Librarians' challenges relate to the essential competencies of information prescription. Human resources can play a significant role in productivity based on facilities, skills (such as retrieving, evaluating, combining, and providing health information (35). Critical evaluation, knowledge of medical databases, search strategies (36), education, and understanding of the clinical environment (37) are skills of a clinical and health librarian. On the other hand, only five Ph.D. courses of Iranian medical library Ph.D. courses are different from the curricula of similar fields of study. (38). At the master's level, this field cannot be responsible for the medical community and related sciences. At this stage, changing topics and creating subdisciplines such as clinical librarianship, hospital librarianship, and evidence-based librarianship can fill the gaps (39).

Due to the lack of attention to these topics in the curriculum, librarians do not have the confidence to participate in this section and feel inadequate. As a result of this lack of skills and interest in participation, decision-makers do not have a good view of librarians' capabilities in producing information content, and there seems to be no need to hire them. It seems that considering the need for patient education and the potential capabilities of librarians, revising the curriculum, and paying attention to the labor market can be effective steps. Defining internships in hospitals, research collaborations of medical library departments with hospitals and clinical staff, and related in-service and short-term courses can be a step towards increasing librarians' related capabilities. Joint activities with medical staff and holding joint meetings of library groups with hospital heads and decision-makers can lead to the recognition of their capabilities. Defining the reason and necessity of using librarians in hospitals and proving their capabilities in providing related services will probably solve the problem of not hiring clinical librarians in hospitals.

Unfair interdisciplinary competition, lack of coordination, and lack of teamwork spirit can result from the unclear role of participants in the process. Whitman's research also expressed nurses' concerns about the interference of their educational role with information management staff (8). Holding joint meetings between team members, division of tasks, specifying the framework and protocol of the service, teamwork training, interdisciplinary activities, and determining the position of medical library and information science were considered in compiling and producing information content.

The intellectual resistance of medical staff to a new service and providing information to patients, lack of understanding of the importance of information for patients, and lack of awareness of medical staff about the importance of information and the patients' right to information are mentioned as cultural challenges. It seems that universities should emphasize the importance of information in increasing patient satisfaction, reducing costs, reducing readmission, and introducing them to clinical students. Holding related congresses, communicating with the Ministry of Health and Medical Education, explaining the service, compiling a suitable topic for the labor market, holding briefing sessions, and getting acquainted with the relevant institutions are other solutions. The lack of official information prescription in Iran and the lack of formal protocol and model are organizational barriers that lead to the complexity of processes and distort the spirit of teamwork because the role of each individual is not clear, and the whole process is done experimentally. As a result, it reduces the quality and acceptability of the services. Developing an appropriate protocol and model and division of labor can improve these issues. In the research of Nabiolahi et al., the production of appropriate protocols (23) has been mentioned as one of the challenges.

Conclusion

Investigating the interviewees' opinions revealed challenges to improving service, infrastructure, organization, staff, and challenges for patients, and the lack of protocol and workflow diagram of service delivery is one of the main factors causing it. It is necessary to know the steps of its implementation in detail to provide the service properly and effectively, and based on these steps and qualified specialists; a division of labor should be done. Many other problems such as lack of knowledge of patients about the service, problems of teamwork and inter-group conflicts among employees, high workload, and intellectual challenges can be prevented and solved if the model, workflow diagram, protocol, and implementation standards are presented. It is suggested that qualitative studies be conducted to identify the steps of providing information prescribing service and competent individuals to provide it and its presentation in organizations based on a written workflow chart.

Research Limitations

The unreachability of the interviewees and the concurrence of the research with the outbreak of Covid-19 made access difficult. Attempts were made to solve this problem through telephone and social networks.

Declarations

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Conflicts of Interests

The authors have no conflict of interest in this article.

Ethical statement

The consent of interviewees was taken verbally. To maintain confidentiality, the transcripts of the interviews were anonymously stored, coded, and analyzed. The Ethics approval code is IR.KMU.REC.1400.040.

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Authors’ contributions

All authors contributed to designing, running, and writing all parts of this study.

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