

DIFFICULTIES FACED AND ACTIONS EVIDENCED IN THE NURSES' PERFORMANCE REGARDING ORGAN DONATION: INTEGRATIVE REVIEW

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ABSTRACT

Objective: To identify the available scientific evidence about the difficulties faced by nurses during their work in Intra-Hospital Organ and Tissue Transplantation Commissions (CIHDOTT) and, from this, identify the actions performed to minimize them. **Method:** this is an integrative review. The searches were performed in the databases LILACS, BDENF and MEDLINE, using the combination between keyword and descriptor: organ donation and nursing. The inclusion criteria were articles published in the period from 2006 to 2016; described in their entirety, which answered the research question in their abstract. **Results:** the main difficulties experienced by nurses enrolled in CIHDOTT during the organ donation process refer to the lack of training and knowledge of the professionals and family members involved in the organ donation process; inadequate maintenance of the donor within the Intensive Care Unit, not acceptance of brain death, either by professionals or relatives. **Final considerations:** it is necessary that continuous education measures be taken between these professionals and their families, raising awareness of the importance of the organ donation process, with the purpose of reducing waiting time for a transplant in Brazil.

Keywords: Nursing. Tissue and organ procurement. Transplants.

INTRODUCTION

Organ transplantation is, in many cases, the only therapeutic alternative in patients with terminal functional impairment of different essential organs⁽¹⁾. According to the Brazilian Association of Organ Transplants (ABTO), in the period between January and September 2017, a notification rate of potential donors in seven states and in the Federal District (DF) exceeded the baseline of 60 potential donors per million population (pmp). In addition, the number of transplants of solid organs and tissues of deceased donors totaled 5,429 transplants⁽²⁾. However, there is a fragility regarding the process of organ donation and transplantation, since the demand is disproportionate to the number of transplants effected, resulting in waiting.

The beginning of the organ donation process occurs when there is the identification of a potential donor, that is, when a patient is diagnosed with Brain Death (BD). This involves several ethical conflicts and is

defined as “irremediable and irreversible confirmation of the nervous injury and means clinical, legal and social death”⁽³⁾. BD is established by the definitive and irreversible loss of brain functions for a known, proven cause capable of causing the clinical condition⁽⁴⁾.

For effective organ donation, it is necessary to follow some steps: initially, the identification of patients with clinical criteria of BD; its diagnosis; clinical and laboratory evaluation for definitive confirmation of the BD; maintenance of the potential donor and its vital functions in the Intensive Care Unit (ICU); and finally the family interview to confirm the authorization or refusal to transplant organs. Faced with the finding of a possible donor within a hospital, there is an ethical obligation for the doctor or nurse to perform the compulsory notification to the state's Organ of Notification, Collection and Distribution of Organs and Tissues (CNCDO), decentralized in the Search Organization of Organs (OPOs). In that sense,

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the ordinance No. 905, dated August 16, 2000, establishes the obligation to establish and effectively operate Intra-Hospital Organ and Tissue Transplantation Commissions (CIHDOTT) in hospitals with type II or III ICUs, and in the reference hospitals for emergencies and types I, II and III⁽⁵⁾.

Meanwhile, the nurse is either assisting or coordinating a transplant program, which plays a decisive role in the process of successful donation and transplantation through the use of technical resources related to logistics and human resources for development coordination, assistance, education and research in donation and organ transplants⁽⁶⁾. Considering a delicate moment, in which the family presents a need for respect for pain, reception from the first information to the communication of death; the team needs to use clear information, simple and without the use of technical terms, at all stages of the process⁽⁷⁾.

In a study carried out with 45 nurses, it was observed that they had enough knowledge regarding the organ donation process, but regarding the maintenance of the potential donor, they value the importance of the training of the professionals involved in the donation process⁽⁸⁾. Thus, the need to offer social-emotional support to family members in face of the experience of the donation process is identified⁽⁹⁾.

Nurses play a key role in establishing a successful transplant program. The resolution of the Federal Nursing Council (COFEN) N° 292 of 2004 determines that the viability of organs for transplantation depends on the quality of the nursing care provided and it is up to the nurse to execute, plan, coordinate, supervise and evaluate the procedures performed with the donor organs and tissues, as well as to support relatives⁽¹⁰⁾.

The objective of this study is to identify the available scientific evidence about the difficulties faced by nurses during their performance in CIHDOTT and to identify the behaviors performed to minimize them.

METHODOLOGY

It is an integrative review study, systematized through six stages⁽¹¹⁾. In the **first stage**, the subject of the present investigation was identified, as being, the difficulties that the nurses find acting towards CIHDOTT. Thus, the following research question was formulated: “what difficulties do nurses face acting CIHDOTT and what are described in the literature to minimize them?” In the **second stage**, the following inclusion criteria are established for the selection of articles: publications in Portuguese, English or Spanish; full text and available in its entirety; studies that could answer the question of research presenting the thematic limited to the area of intensive therapy; articles published in the period between 2006-2016, due to the publication of Resolution No. 292 of the Federal Nursing Council that normalized the nurses’ performance regarding organ donation and transplantation. We excluded, studies that did not address the central objective of this research. In the **third stage**, after the selection of the studies, according to the pre-established criteria, it consisted in the definition of the information to be extracted: reference, year, database, objective, method and results.

In the **fourth stage**, the evaluation of the evidence and analysis (categorization) was done: thus, the method used to classify the strength of evidence proposes three levels, namely: 1- Intervention or diagnosis; 2 - Prognosis or etiology; 3- Meaning, based on the question of the original study. In view of the corpus of this research, we used the classification of evidence of studies with a clinical question directed to the meaning, with the following hierarchy: I - Metassynthesis of qualitative studies; II- Individual qualitative studies; III - Synthesis of descriptive studies; IV- Individual descriptive studies; V- Expert opinion⁽¹²⁾. Thus, in the **fifth stage**, data analysis was performed in a descriptive way with grouping by similarity of evidence. The **sixth stage** consisted in the discussion and presentation of the synthesis of knowledge.

The search was performed in March 2017 through the portal of the Virtual Health Library (BVS) in the databases: Medical Literature Analyze and Retrieval System on-line (Medline), *Literatura Latino-Americana e*

do Caribe em Ciências da Saúde (Lilacs) and Banco de Dados em Enfermagem (Bdenf). In order to conduct the review, we used the combination of keywords and subject descriptors associated with each other using Boolean operators AND and OR: “obtenção de tecidos e órgãos” (obtaining tissues and organs) OR “coleta de tecidos e órgãos” (collection of tissues and organs) OR “doação de órgãos” (organs donation) OR “doação de órgãos e tecidos” (tissue and organs donation) OR “doação de tecidos” (tissue donation) OR “doação de tecidos” (tissue donation) OR “doação de tecidos e órgãos” (donation of tissues and organs) OR “obtenção de órgãos” (obtaining organs) OR “obtenção de órgãos e tecidos” (obtaining organs and tissues) OR “obtenção de tecidos” (obtaining tissues) OR “obtenção de tecidos” (obtaining tissues) OR “sistemas de obtenção de órgãos” (systems for obtaining organ) OR “coleta de órgãos” (organs collection) OR “coleta de tecidos” (tissues collection) AND “cuidados de enfermagem” (nursing care) OR “enfermagem”

(nursing) OR “assistência de enfermagem” (nursing assistance) OR “cuidado de enfermagem” (nursing care).

The search for MEDLINE was based on the use of terms in the English language, and the initial search resulted in 806 findings.

After a previous analysis and compliance with the inclusion criteria, an exploratory reading (title and abstract) a total of 53 studies were obtained. After reading the articles in full text, 44 were excluded because they did not respond to the research objective, totaling a final sample composed by 9 (nine) articles.

The ethical aspects of the productions were respected, ensuring ideas, concepts and definitions of authorship of each analyzed article, which are presented and referenced.

RESULTS AND DISCUSSION

Based on the searches performed in the databases, nine studies were selected for analysis (Table 1).

Table 1 –Representation of the article selection process, 2017.

SELECTION CRITERIA	LILACS	BDEF	MEDLINE	IBCS	TOTAL
Articles found	80	73	653	10	799
Idiomatic clipping	80	73	581	10	327
Temporary clipping (2006-2016)	63	58	248	09	364
Original Research	48	43	228	07	317
Articles available online	38	34	128	01	193
Repeated	09	12	08	01	30
Thematic clipping (after reading titles and abstracts)	15	13	25	0	53
Selected	05	02	02	0	09

Source: Author's own elaboration. Santa Maria, RS, 2017.

Regarding the characterization of the selected studies, the years 2010⁽¹³⁾, 2012⁽¹⁴⁾, 2013⁽¹⁵⁾ and 2016⁽¹⁶⁾ resulted in the publication of one study per year, 2014⁽¹⁷⁻¹⁹⁾ presented three studies and in the year of 2015⁽²⁰⁻²¹⁾ one study was selected. Regarding the databases, six studies were published in Lilacs^(13-15, 17, 20-21), one in Bdenf⁽¹⁶⁾ and one in Medline⁽¹⁸⁻¹⁹⁾. As to the language, eight were in

Portuguese^(13,15-21) and one in the English⁽¹⁴⁾. It is noteworthy that all the studies were written by nursing professionals. Thus, from the analysis of the studies found, it was possible to identify and categorize the main difficulties faced by nurses in the process, as well as the main ways of minimizing the factors that make it difficult (Table 2).

Table 2: information extracted from the articles that composed the analysis sample of this study.

Author /Year/ Database/ Journal Author / Year / Database / Newspaper	Objective	Method	Mainresults	SN
Cinque VM, Bianchi ERF / 2010 / Lilacs / Brasil ⁽¹³⁾ .	To identify the stressors experienced by the family members in the process of organ donation, to highlight the most exhausting moment of the process and to verify the association of variables with the experience lived by the relatives	Quantitative, descriptive, exploratory	- Difficulties faced: family negative due to lack of knowledge and doubts about brain death. - Action: transparency and information as a strengthening point.	IV
Meyer K, Bjork I, Torunn E, Hilde / 2012 / Medline/ Noruega ⁽¹⁴⁾ .	Exploring the perceptions of Norwegian intensive care nurses on their professional competence to identify educational needs in the organ donation process	Transverse, analytical and comparative	-- Difficulties faced: Few nurses had experience or competence in organ donation. Nurses from university hospitals had more experience, but less training than nurses at local hospitals. - Actions: need to institute a sector to carry out theoretical/practical educational processes on the subject.	II
Pessoa JLE, Schirmer J, Roza BA/ 2013 / Lilacs / Brasil ⁽¹⁵⁾ .	Assessment of causes of family refusal for donation of organs and tissues	Cross-correlation study	- Difficulties faced: family refusal, which is linked to the non-comprehension of the diagnosis of brain death by relatives; Aspects related to religion; Unpreparedness of the professional who conducted the interview. - Actions: courses to train and train professionals, creation of study groups.	VI
Cisne MSV, Netto JJM, Santos TC, Brito MCC, Soares ASA, Goyanna NF / 2016 / Bdenf / Brasil ⁽¹⁶⁾ .	To know the difficulties in the maintenance of the potential donor of organs and tissues, from the speeches of the scholars involved	Qualitative, exploratory-descriptive	- Difficulties faced: it has been observed that the main obstacles in maintaining the potential donor are the physical and human resources of the hospital. - Actions: limited to structural and financial adequacy.	VI
Moraes EL, Santos MJ, Merighi MAB, Massarollo MCKB/ 2014 / Medline / Brasil ⁽¹⁷⁾ .	To know the meaning of nurses' action in the donation process to make feasible organs and tissues for transplantation	Qualitative, phenomenological	- Difficulties faced: shortage of human resources and materials; ignorance of professionals regarding this process. - Actions: education of professionals on the importance of identifying the potential donor; clarify to the family members about the protocol of organ donation; clarity in communication, diagnosis provide autonomy to the family member.	VI
Araújo MN, Massarollo MCKB / 2014 / Lilacs / Brasil ⁽¹⁸⁾ .	To know the ethical conflicts experienced by nurses in the process of organ donation	Qualitative, descriptive	- Difficulties faced: the professional's difficulty in accepting brain death as the person's death; Not acceptance to disconnect the mechanical ventilator from the patient in brain death and not an organ donor; The lack of knowledge for the accomplishment of the brain death protocol; Lack of commitment, neglect of care with the potential donor; The scarcity of human and material resources to religious belief; Communication failure. - Actions: improvement in communication; Knowledge and teamwork to minimize these conflicts.	VI
Virginio BCAA, Escudeiro CL, Christovam BP, Silvino ZR, Guimarães TCF, Oroski G / 2014 / Lilacs / Brasil ⁽¹⁹⁾ .	To describe the nurses' view of finitude in the organ donation process in an intensive care unit of a transplant hospital	Qualitative, descriptive	- Difficulties faced: the process of finitude is confronted with limitations in the daily life, where the nurses present difficulties in dealing with the incognito; The daily fear of fighting the reality of death. - Actions: professional preparation; Development of management skills and constant reassessment of work processes.	IV
Vieira MS, Nogueira LT/ 2015 / Lilacs / Brasil ⁽²⁰⁾ .	To evaluate aspects related to the work process of professionals who work in the Collection, Notification and Distribution of Organs and Tissues in the State of Piauí	Qualitative, descriptive	- Difficulties faced: lack of the complementary exam for the diagnosis of BD available in the 24 hours in the public service and lack of knowledge and support of the health professionals. Unprepared professionals in the diagnosis of BD, in the identification of the potential donor, in the notification to the Transplant Centers. - Actions: continuous training of teams; increase the number of professionals to meet the demand.	VI
João LF, Silveira DC / 2015 / Lilacs / Brasil ⁽²¹⁾ .	To identify the challenges faced by the nursing team of the intra-hospital commission of organ and tissue donation for transplants in a hospital in the southernmost region of Santa Catarina	Qualitative, descriptive, exploratory	- Difficulties faced: absence of continuing education. - Actions: need to apply continuing education to nursing professionals belonging to the sector, as well as, seek the dissemination of information to society.	VI

Source: Author's own elaboration. Santa Maria, RS, 2017.

Main difficulties faced by nurses

The main difficulty faced by the CIHDOTT team is related to the lack of coaching and training of nurses⁽¹³⁾. The distance between the transplant centers and the hospitals that the professionals work was mentioned as a difficult factor, emphasizing that many professionals experience this fragility and this, constantly, makes the organ unfeasible resulting from the delay in the capture. Also, the lack of knowledge of the medical team related to the initiation of the BD protocol, which is permeated by doubts in the clinical tests, resulting from the non-acceptance of the BD, or lack of commitment of the professionals^(14,15).

The lack of experience by the nurse reflects on the development of the work, favoring an insecure and ineffective work within the ICU⁽¹⁷⁾. Often these professionals make the process difficult, due to the fragility of knowledge⁽²⁰⁾. The lack of technical competence was also associated with family refusal to donate organs, since these relatives feel insecure to trust this professional⁽¹⁶⁾.

Such difficulties may be related to the lack of clarity that ICU professionals have regarding the organ donation process, believing that such a task is exclusive to the CIHDOTT teams when this work must be developed jointly, in order to be assured of a successful donation of organs and tissues.

It is a consensus among the authors that the lack of knowledge on the part of the relatives also becomes great impediment of the work of the nurse of the CIHDOTT. Especially when this family member is approached inappropriately, as most of the time, the non-acceptance of brain death occurs, being up to the responsible nurse to take a humanized and enlightening approach, which is not always easy if the professional is not adequately prepared.

The maintenance of the donor is presented with failures, being a significant difficulty in the process of donation of organs. This is due to the high quantitative demands of ICUs, which are usually full of severely sick patients. The lack of understanding on the part of the professionals that the patients in BD are potential donors require the same intensive care that a patient with survival/life expectancy can leave them in

the background, with consequent maintenance failure of these donors⁽¹⁵⁾.

In Brazil, waiting lists for transplants grow daily due to organ shortages and the main factor responsible for not donating is the fragility of paying attention to possible donors, resulting from financial, structural or human resources limitations⁽²⁰⁾. Success for organ donation only occurs if the donor is in "good condition", so the handling and preservation of these patients are indispensable. However, many professionals are unaware of the possible complications that may occur, impairing the maintenance of organs and making their donation unfeasible.

Care with the potential donor goes beyond the assistance related to the hemodynamic functions, also covering actions permeated by ethical and legal issues, respect for the autonomy and the decision of the person in life. Care also involves an effective clarification about what is BD, with a view to a humanized care, respecting the potential donor and the family⁽¹⁹⁾.

The number of professionals and the limited financial resources are factors that influence the difficulty in maintaining a possible donor⁽²⁰⁾. This can trigger situations of discontentment, weak teamwork and lack of communication, leading to neglect and inadequate patient care⁽¹⁴⁾. It is understood that this fragility can be a frustrating factor for the nurse, who is an essential part of the CIHDOTT and assistance to the potential donor.

The BD is characterized by the irreversible condition of respiratory, circulatory and cessation functions of all brain and brainstem. However, the heart keeps its functioning, so this patient needs clinical and hemodynamic support. Although the BD criteria are defined, many physicians consider this situation different from death, weakening their diagnosis⁽²⁰⁾.

This situation generates ambiguous feelings in professionals, who confront opinions about caring for the potential donor, since he needs care as if he/she were alive^(14,16). Such a feeling does not differ from the feelings of family members, who almost always cannot accept such situation, and it is then up to the nurse inserted in the CIHDOTT to intervene clarifying and approaching those involved, soothing and helping them to assimilate this circumstance. This is in line with the lack of clarity, not only of

family members, but also of professionals regarding the meaning of BD, influencing the decision-making and operationalization of notification stages⁽¹⁹⁾.

It is evidenced that the non-effectiveness of the donation process may be related to the lack of understanding of the professionals regarding the pathophysiology and physiology of the BD.

It was identified as a limiting factor by nurses working in CIHDOTT to perform inadequate care for their families, especially during the interview. This is due to inadequate infrastructure, lack of adequate place (rooms) for this approach, resulting in the lack of privacy of these relatives⁽¹⁵⁾.

Actions evidenced to minimize the difficulties faced by nurses

All the articles analyzed showed that the difficulties faced by CIHDOTT nurses can be minimized through continuing education, enabling professionals to act effectively⁽¹³⁻²⁰⁾. Through this, the qualification of these professionals can facilitate the demystification of prejudices, addressing ethical issues and supplying the lack of scientific information. Thus, fragilities related to the loss of potential donors, due to the difficulty of identification/diagnosis, or their maintenance, are minimized. The provision of vocational training courses would minimize errors and facilitate practical learning⁽¹⁶⁾.

Communication stands out as a strengthening point in the face of family members and the ethical conflicts experienced by them⁽¹⁴⁾. Clarity in communication and the clarification of doubts to family members allow greater transparency in the donation process⁽¹⁵⁾.

Given this, the presence of information and transparency about the donation process facilitates a faster recovery for the family, reducing conflicts in the family nucleus, minimizing stress and favoring the decision on donation⁽¹⁸⁾. Such action is essential, since family consent is one of the definitive steps in the process of donating organs and tissues. Therefore, it is necessary that the professional can communicate and express her/himself, as well as the ability to understand, as well as mastery over all stages of the process of

donation and transplantation.

COFEN Resolution No. 292/2004⁽¹⁰⁾ describes that the approach should be elucidative regarding the different stages of the capture process. It is up to the nurse to clarify regarding the diagnosis of BD, exams to be performed, regarding the need to keep the body in the ICU, about the transfer and surgical procedure for the removal of the organs, as well as clarifying that the procedure can be interrupted at any stage of the capture process if there is cardiac arrest, positive serological tests or even family quitting, besides anonymity of the donor's identity⁽¹⁰⁾.

This is in line with the need for nurses to develop their cognitive, behavioral and action skills, enabling a better understanding of individuals' particularities and problems in this process of finitude and donation⁽¹⁹⁾.

The effectiveness of a transplant program is directly linked to the work of the nurse, characterizing her/him as a vital member in the CIHDOTT team. Its function permeates quality care to patients and families, using technological, material, logistic and human resources, as well as development of coordination, assistance, education and research in transplantation and organ donation.

FINAL CONSIDERATIONS

The study allowed to identify that the main difficulties experienced by the nurses inserted in CIHDOTT in the process of organ donation and transplantation involves the lack of training and knowledge of professionals and families immersed in the process of organ donation; inadequate maintenance of the donor inside the ICU and the non-acceptance of the BD by professionals and family members. At the same time, the main actions to minimize these difficulties were evidenced, including continuing education with the professionals and improvement in the communication between professional and family.

However, as it can be evidenced in this study, the theory does not always materialize in practice, making it essential to identify the main difficulties faced by nurses' members of CIHDOTT and, through this, to systematize alternatives to minimize the difficult factors. In this way, the assistance is qualified and

consequently the process of organ donation, reduction of waiting time in the transplant line. contributing to the increase of donations and the

DIFICULDADES ENFRENTADAS E CONDUTAS EVIDENCIADAS NA ATUAÇÃO DO ENFERMEIRO FRENTE À DOAÇÃO DE ÓRGÃOS: REVISÃO INTEGRATIVA

RESUMO

Objetivo: identificar as evidências científicas disponíveis acerca das dificuldades enfrentadas por enfermeiros durante sua atuação em Comissões Intra-Hospitalares de Transplantes de Órgãos e Tecidos (CIHDOTT) e, a partir disso, identificar as condutas executadas para minimizá-las. **Método:** trata-se de uma revisão integrativa. As buscas foram realizadas nas bases de dados LILACS, BDNF e MEDLINE, utilizando a combinação entre palavra-chave e descritor: doação de órgãos e enfermagem. Os critérios de inclusão foram artigos publicados no período de 2006 a 2016; originais, descritos na íntegra, os quais respondessem em seu resumo a pergunta de pesquisa. **Resultados:** as principais dificuldades vivenciadas pelos enfermeiros inseridos em CIHDOTT durante o processo de doação de órgãos referem-se à falta de treinamento e conhecimento dos profissionais e familiares envolvidos no processo de doação de órgãos; manutenção inadequada do doador dentro da Unidade de Terapia Intensiva, não aceitação da morte encefálica, seja pelos profissionais ou familiares. **Considerações finais:** é necessário que sejam tomadas medidas de educação contínua entre esses profissionais e familiares, conscientizando a importância do processo de doação de órgãos, com o objetivo de reduzir o tempo nas filas de espera por um transplante no Brasil.

Palavras-chave: Enfermagem. Obtenção de tecidos e órgãos. Transplantes.

DIFICULTADES ENFRENTADAS Y CONDUCTAS EVIDENCIADAS EN LA ACTUACIÓN DEL ENFERMERO FRENTE A LA DONACIÓN DE ÓRGANOS: REVISIÓN INTEGRADORA

RESUMEN

Objetivo: identificar las evidencias científicas disponibles acerca de las dificultades enfrentadas por enfermeros durante su actuación en Comisiones Intrahospitalarias de Donación de Órganos y Tejidos para Trasplante (CIHDOTT) e, a partir de ello, identificar las conductas ejecutadas para disminuirlas. **Método:** se trata de una revisión integradora. Las búsquedas fueron realizadas en las bases de datos LILACS, BDNF y MEDLINE, utilizando la combinación entre palabra clave y descriptor: donación de órganos y enfermería. Los criterios de inclusión fueron artículos publicados en el período de 2006 a 2016; originales, descritos en su totalidad, que contestaran en su resumen a la pregunta de investigación. **Resultados:** las principales dificultades vividas por los enfermeros insertados en CIHDOTT durante el proceso de donación de órganos se refieren a la falta de entrenamiento y conocimiento de los profesionales y familiares involucrados en el proceso de donación de órganos; mantenimiento inadecuado del donante dentro de la Unidad de Cuidados Intensivos, la inadmisibilidad de la muerte encefálica, tanto de los profesionales como de los familiares. **Consideraciones finales:** es importante adoptar medidas de educación continua entre estos profesionales y familiares, concienciando la importancia del proceso de donación de órganos, con el objetivo de reducir el tiempo en las colas de espera por un trasplante en Brasil.

Palabras clave: Enfermería. Obtención de tejidos y órganos. Transplantes.

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