



## WORK PROCESS OF THE ORGAN AND TISSUE DONATION COMMITTEE: TEAM PERCEPTION

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### ABSTRACT

**Objective:** to know the team's perception of the work process of an Intra-Hospital Transplant Organ and Tissue Donation Commission (CIHDOTT). **Method:** descriptive research of qualitative nature. Held with ten CIHDOTT members from a public hospital in northwestern Paraná. Single interviews were recorded, transcribed and subjected to thematic content analysis. **Results:** Three thematic categories emerged, which relate the daily work activities of the service, the challenges experienced in the work of CIHDOTT and the motivational factors of acting on the committee. **Final Considerations:** To the ceaseless work towards greater organ and tissue uptake in line with the need to comply with current legislation, workers face major challenges related to the hospital's physical structure and the understanding of aspects that surround their roles by professionals outside the committee. However, the humanization of the peculiar care provided and the teamwork of the current CIHDOTT motivate them.

**Keywords:** Transplantation. Tissue and Organ Procurement. Structure of Services. Commission on Professional and Hospital Activities.

### INTRODUCTION

Organ donation/transplantation includes the free and anonymous disposal of organs, tissues, cells and parts of the human body for use in transplants, grafts or other therapeutic purposes to restore a certain function of an organism<sup>(1)</sup>. This intervention, although invasive, increases life expectancy because it tends to rehabilitate the individual who has a chronic disease of irreversible or disabling type<sup>(2)</sup>.

Brazil has a public transplant program, initially governed by Law n. 9,434 of 1997, which provides for the removal of organs, tissues and parts of the human body for transplant purposes and regulated by Decree n. 9, 175, 2017<sup>(1)</sup>, which adds to the previous legislation changes in the execution of the diagnosis of Brain Death (BD), as well as reinforces the role of the family in the consent of the donation.

In order to organize the Brazilian system, it

was determined that the creation of an Intra-Hospital Transplant Organ and Tissue Donation Commission (CIHDOTT) would be mandatory in those public, private and philanthropic hospitals that fit the profiles, according to art. n. 14 of Ordinance 2,600 in 2009. The process of mapping a CIHDOTT will need to be established by each institution, being directly linked to the medical board and be composed of at least three members of higher education staff, among them a doctor or nurse, who should be committed to training to assume the role of coordinator of this service<sup>(3)</sup>.

Among the main roles of this committee are: identifying potential donors; conduct family interview; promote health education to understand the donation process with workers and their families; enable diagnosis of BD; create routines to offer family members the possibility of organ and other tissue donation; promote and organize the hosting of donor families before, during and after the entire

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donation process within the institution; organize the donation and uptake process and articulate with all the necessary units to attend to possible donation cases<sup>(3)</sup>.

It should be noted that the theme organ donation/transplantation has been discussed with great emphasis with regard to donor insufficiency and the great demand of the National Transplant System (SNT)<sup>(2)</sup>. However, other challenges are experienced, especially in regarding to the work process, given the lack of training and qualifications on the functioning of the commission<sup>(2,4)</sup>. Regarding the specific performance of the nurse, qualitative study developed in five hospitals in a metropolitan region of southern Brazil, pointed out the importance of this professional in the committee, since he/she is present in all stages of the process, especially in the active search, careful management and observation of the potential donor<sup>(5)</sup>.

It is believed that investigating the work process of organ donation/transplantation services may contribute to the dissemination of the theme in society, especially to clarify some myths that still permeate this process. In addition, there is also a need to clarify CIHDOTT characteristics among members of the care team itself. In this sense, it is questioned: how do the professionals who work at CIHDOTT perceive the work process? And to answer the question, the present study aimed to know the team's perception of the working process of a public CIHDOTT hospital.

## METHODOLOGY

This is a descriptive-exploratory study with a qualitative approach, which is understood as one that deals with the subjective level and is referred through the meanings attributed by the subject in relation to the investigated object<sup>(6)</sup>.

The research was carried out in a public hospital in northwestern Paraná, Brazil, which is a reference for 28 municipalities and comprises medium and high complexity services, as well as operating capacity of 177 beds. Still, the hospital's researched CIHDOTT was established in 2012 and is coordinated by a nurse.

Thirteen professionals directly involved in

the CIHDOTT work process were invited to participate in the study, having as inclusion criteria: being a member of CIHDOTT for at least three months. Those who had no availability to participate after three attempts were excluded.

Data collection took place in March 2018, through semi-structured interviews, conducted in a private place, with prior appointment according to the availability of professionals. For that, we used a questionnaire with questions for the characterization of participants and a guiding question: "Tell me about your work process at CIHDOTT of this hospital". In addition, support questions were used to encourage participants to discuss more about their work routine.

The interviews were recorded at the consent of the participants and later transcribed in full in digital media. The transcribed and printed corpus was subjected to content analysis, thematic modality, respecting the pre-analysis, material exploration and data processing steps<sup>(7)</sup>.

The pre-analysis comprised the floating reading of the analyzed material, emerging the central ideas, which are words or expressions repeated in the statements. After that, with new successive readings, the central ideas were agglutinated into nuclei of meanings, which, finally, perfected the synthetic textual description of the content, represented by the theme of the emerging categories<sup>(7)</sup>.

Participants were identified with the letter "P" followed by Arabic number, which indicates the chronological order of the interview. Also, all ethical precepts have been respected and the project of this research is registered in the Research Ethics Committee involving human beings under CAAE 83357818.0.0000.0104.

## RESULTS AND DISCUSSION

Among the 13 members of CIHDOTT, three were excluded after three collection attempts, resulting in the participation of 10 (77%) health professionals. Of these, one was a social worker and nine nurses, 90% female. Three professionals were aged 25-30 years, five

between 31-40 years and two between 41-50 years.

Regarding timing, one of the participants worked at the institution for one to two years, two professionals worked between three and five years, two professionals between six and 10 years, four professionals for 10-20 years and one professional for over 20 years (10%). Only one participant had previous work experience in CIHDOTT.

In the light of what was evoked by the participants, we assimilated content for three thematic categories, namely: "Frequent work activities in a CIHDOTT"; "Challenges of working in a CIHDOTT" and "Motivational Factors of working in a CIHDOTT".

### **Frequent Activities on a CIHDOTT**

When asked about their work process, respondents discussed their work routine at CIHDOTT. Thus, the routine work activities of professionals are essentially related to the active search of potential donors and to provide clinical protocols for a possible donation:

Active search for people with severe neurological causes is performed daily in the hospital [...] this active search is requested by the Organ Procurement Organization (P5).

All patient, medical records, clinical history are evaluated, so we know if he/she is a potential donor (P2).

Opening of the B.D and C.P.R. processes [...]for capturing. So, we do the training with the teams (P4).

It is observed in the statements above that the work process in the researched CIHDOTT tends to include procedures previously established by routines organized and followed by Organ Procurement Organizations (OPOs) and CIHDOTTs. This is possibly necessary, since the committee is responsible and specialized in the process of organ procurement and donation, from recognizing the potential donor to removing organs for donation as according to art. 12 of the current legislation<sup>(3)</sup>.

The work of a successful committee includes issues that demand the collective effort and determination of all organ donation and transplantation concerned parties through routines for members to favor the process<sup>(8)</sup>.

The established routines allow professionals to establish support networks that allow the removal of any doubts<sup>(3)</sup>, however, it should be noted that excessive standardization of actions can make it difficult in situations where demands require flexibility, adequacy and creativity of professionals<sup>(9)</sup>.

Moreover, it is postulated that it is important that work experiences are discussed and subsequently evaluated in meetings, highlighting the positive and negative aspects of the work process, sharing successes or failures, aiming at reducing and / or preventing failures, thus contributing to all health professionals offer a better service, benefiting the recipients, as well as donors and all families involved<sup>(8)</sup>.

The previous assumption reinforces the fact that even the work process in a CIHDOTT is fully mapped by routines, protocols and procedures, the need for communication with other services and work units is an imperative factor, as the donation process demands ethical, legal and even regulatory procedures for collection and transplantation<sup>(10)</sup>.

In this sense, among one of the organizations available to CIHDOTT workers, the OPO is strongly mentioned:

We call OPO and report it to them. If they authorize to approach the family, I communicate the CIHDOTT staff here (P3).

The OPO works as an extension of the transplantation center [...] so, in our region, we should always report information, doubts, documents, reports, always sending to OPO first (P5).

[...] Suddenly some detail was missing in that process, so OPO makes contact with CIHDOTT, [...] and then we check what is missing (P5).

The SNT favors the success in the search for uptaking/donation, the functions of SNT central organization will be performed by the Ministry of Health through the General Coordination of the National Transplant System - CGSNT; the Department of Specialized Attention - DAE; The Health Care Department - SAS, and the CGSNT will still be assisted by the Strategic Advisory Group - GAE, which includes other organs, entities and associations necessary foruptaking/transplantation<sup>(3)</sup>.

As ratified by the above statements, the work process of CIHDOTT incurs intense communication with the OPO, especially with regard to guidelines for different situations, from doubts and authorization to actions. It is known that the OPO is the actions leader, evaluates the donor based on its clinical history, highlighting: assessment, diagnosis, identification of health changes and evaluation of laboratory tests<sup>(10)</sup>.

At the end of the evaluation of a possible donor, all information raised by CIHDOTT and forwarded to the OPO is then forwarded to the respective Organ Reporting, Procurement, and Distribution Centers (CNCDO) issuing a list of recipients registered with the Single Technical Registry (CTU) and compatible with the donor<sup>(3)</sup>. Thus, it is clear that the Commission's communication with the OPO is a routine and efficient factor in the CIHDOTT work process.

In addition to support networks outside the institution, the technical support of team professionals becomes essential for the continuity of work in a CIHDOTT. In this way, the presence of unit leaders emerged as an intervening factor in the work process in it:

We are always present, either me, the vice coordinator or the coordinator of the CIHDOTT, so one of us will be around throughout the process (P4).

The coordinator's work process, goes from starting by leading the team, all the work that is done, supervising this work, training the whole team, looking for potential donors, checking all the necessary reports with the transplant center (P10).

Leadership is one of the primary resources for solidifying and achieving goals. The work performed by the coordination of CIHDOTT requires prior knowledge, scientific technical skills, interpersonal communication in order to keep the team integrated and to know the work process and all ethical aspects involving organ and tissue donation<sup>(11)</sup>.

The presence of the leader must be effective, demonstrating quality support and the basis of institutional support, so it is an ongoing process of choice that enables the committee to achieve its goals<sup>(8)</sup>. However, not understanding essentially the work of the investigated CIHDOTT, such as the routines, procedures

and communications described above, certainly relates to the work process, that is, the participants denote that the activities performed, in their routine, are followed by its representative at the hospital.

In the analysis of this category, it is noticed the importance that professionals provide to the establishment of well-defined routines and protocols, which directs their practice in CIHDOTT, which tends to have legitimated supervision by the coordination of the service and extensive communication with working related external organizations. However, participants talked about the adversities faced in the work of CIHDOTT.

### Challenges of working on a CIHDOTT

Participants mention that structural and technological factors compromise and even restrain the process of organ uptaking, that is, the essence of the work purpose. The lack of physical structure and equipment is evidenced by the literature as deficient in some hospital institutions that host tissue capture sectors<sup>(12)</sup>.

We can't have a plane landing, [...] because we don't have the proper place to land, [...] because organ removal has to be very quick to do the transplant [...] right now we have a problem with an exam, because of a broken machine (P1).

[...] nowadays we don't have much, something well requested, in the transplant center, in the legislation, is that we have an exclusive room for interview in these situations [...] so we don't have a specific room for family interview for donation (P5).

Inadequate infrastructure is one of the main causes of the ineffective donation and transplantation of organs and tissues with the deceased donor, shown in the speech of P1, which brings the difficulty faced in the work process. The adequate physical structure and the availability of material resources are defined in the literature as necessary resources for the care process in the management of organ and tissue transposition<sup>(12)</sup>.

It should be noted that air transport was a problem faced by the researched CIHDOTT, as well as the hospital, since organ transplantation is a real race against time. This is relevant once it is known that the uptake of some organs such

as heart, lungs and liver depends on time as a success factor for future transplantation, that is, it demands fast transport between donor uptake and organ reception due to their shorter ischemia time<sup>(13)</sup>.

Facing the above, it is considered important that the team together demonstrate the ability to argue the importance of structural adjustment of the hospital organization to management, as this will certainly require significant investment of financial resources. Nonetheless, the proposed investment, although costly to acquire, may be in line with favorable prospects for the hospital as a whole, as it is expected that the entire course with the identification of the potential donor, as well as the effective extraction and donation of the organs, shall be funded by the Unified Health System, according to art. n. 161 of the current legislation<sup>(3)</sup>.

Not least important, the absence of a room for family interview is mentioned by P5 as a structural challenge to CIHDOTT's work. A possible solution to such a challenge would be the open negotiation of the CIHDOTT team with the intensive care sector to rearrange an appropriate place for family interview, as inpatients are the most frequent approach to a possible organs uptaking.

Another difficulty pointed out by the researched CIHDOTT team is the lack of understanding by the medical staff about the importance of identifying the potential donor.

The difficulties are many, both with health professional colleagues, because we need their help, as well as the physical structure of the hospital (P4).

The difficulty was greater at the beginning, in the implementation of CIHDOTH, nowadays our greatest challenge is still with the medical team, so that they understand the process, and the importance of identifying the potential donor and his/her maintenance (P10).

The qualification of doctors responsible for the diagnosis of BD is a decisive factor for the technical improvement of transplantation as well as for the improvement of organ uptake rate<sup>(2)</sup>. A recent study conducted with health professionals to analyze the medical-ophthalmologist knowledge about organ and tissue transplantation, corneas, revealed that

they feel insecure about this situation. There was a report that the main reason would be the lack of knowledge about the theme in the undergraduate period, demanding awareness and training of professionals still in universities to foster a positive attitude towards a potential donor<sup>(14)</sup>. In turn, a study conducted with physicians working in Intensive Care Units in Piauí, pointed out that although respondents know the concept of BD, better results are among those with shorter time in the profession. However, they demonstrated difficulties in the practical detection of BD, especially in determining the legal time of death for organ donors<sup>(15)</sup>.

P10's statement points that hospital doctors have difficulties in identifying and maintaining clinical conditions to uptake organs from a potential donor. Despite the debate previously expressed, there is no way of stating that such a challenge is a because of ignorance of the clinical staff, that is, it can be influenced by the culture of professionals in not adhering to the principles that fit them for the success of a donation/transplant. In this respect, the arduous and equally necessary educational characteristic of CIHDOTT's work emerges, which involves both technical improvement in the diagnosis of BD, recognition of potential donors, maintenance of conditions for organ uptaking, as well as the change of culture in favor the donation of organs in the hospital, both by family members and health care providers<sup>(1)</sup>.

Understanding BD in the scientific sphere does not depend only on concepts, as it would be related to the change in the social conception of the idea of death through the donation of life-saving organs. These ideas are influenced by factors and values from different groups in the same society, usually incurring interests and emotions<sup>(16)</sup>. Thus, health professionals face emotional difficulties in the process of diagnosis and organ uptake facing the diagnosis of BD:

This thing of you being with the patient, and he is there, with all functions working, you look at the monitor, the ventilator and everything is "OK" [...] and you say: no, this one will not end up on organ uptaking, will not be an organ donor, but it is already verified BD and we need to stop everything, everything we are doing for life support (P2).

I think the difficulty we have is a little emotional, [...] we get a little involved with the family, so our emotional is very affected (P6).

I think the trickiest part is knowing the right time to interview the family (P8).

A little bit of difficulty talking to the family, because it's a moment of pain, it's a moment of loss [...] whether you want it or not, you get involved with them [...] so I have a hard time talking (P7).

Emotion is an involuntary feeling that causes blockage regarding aspects beyond the therapeutic possibilities. The mental health and emotional balance of professionals working at CIHDOTT must be under self-control, considering that, daily, they experience family suffering and patients' death<sup>(11)</sup>. Thus, considering the current biomedical model in the health sector, the professional has his/her training focused more on life maintenance and, sometimes, has difficulty addressing the emotional and psychological aspects necessary for assistance in death.

Considering that such attitudes are related to emotional inability, the fear of exposing emotions and feelings can result in a feeling of helplessness and frustration, something painful, and a certain sense of failure in the care provided<sup>(16)</sup>. Thus, professionals need to be well trained to provide patient care to return to family life, as well as in case of death prognosis, in order to offer the best assistance and agreement on the possibilities and responsibilities of professionals.

The speeches show that professionals are involved with patients and families throughout the process and reveals the other side of their work during the donation. This demonstrates empathy and the issues that cause feelings of helplessness and sadness about actions and with family members. It can be seen then that nursing - which represented a large part of the sample of participants - is linked to humanization, but still faces difficulties in working the emotion that possibly emerges naturally to work with pain, suffering and death.

Despite the difficulties associated with emotional control, arising from work at CIHDOTT, as well as the structural and relational deficiencies found in the institution,

the voice of the participants lists some factors that motivate them in this peculiar work.

### **Motivational Factors of Working in a CIHDOTT**

Respondents emphasized the positive aspects of their work linked to the humanistic aspects of health work. This again refers to the reflection of the supremacy of the participation of the nursing team, which has human care as the essence of their profession, which can be demonstrated in the excerpts below.

The positive aspects are that what we do with love, with good will, becomes easy. I always enjoyed doing it, I had previous experience. So, for me, it was not very difficult to implement here the whole donation process (P8).

We cry with the family, host, hug, try to do, give them as much comfort as possible (P6).

As we work in this area of nursing, it already is a very human area I think, so we can distinguish how much the family is suffering (P8).

One of the primary factors in any area of activity is the principle of so-called humanization, especially when talking about the process of life and death. The subjectivity of care is ratified by the participants, because when they show empathy for family pain, humanization emerges in their discourse.

Understanding the ethical dimension of the organ donation process helps to achieve the goals of CIHDOTT. This is because, during the course of the death process, the family approach to organ donation by the health professional should be carried out in the clearest possible way, as this is the crucial moment that determines the family acceptance or refusal to provide chances, save or improve the receiver's quality of life<sup>(17)</sup>.

CIHDOTTs have enabled better organization of the organ procurement process and better identification of potential donors. Support to family members during the possible donor's hospitalization process and adequate reception to family members before the donation interview, together with the hospital's greater articulation with the respective organ reporting, procurement and distribution center (CNCDO), make the favorable and speed up results for uptake<sup>(18)</sup>.

The following statements reinforce the importance of teamwork, which results in being a facilitating factor of the process.

And the positive aspects, I think, is that the girls [coordinator and vice-coordinator] know a lot and seek a lot of knowledge, how everything should happen, so it's our luck is to always have them as support(P7).

Our CIHDOTT here, [...] thank God, we have a very big support, from the coordinator and the vice-coordinator, [...] so, everything I need and needed up to this day, they give me support (P6).

When there is a death, which is a potential donor, [...] our action is always together, so we have very good teamwork (P9).

Now we can fill in, I say 'we', because we always do it together. (P16).

I think CIHDOTT is doing a beautiful job and the girls both from the administrative and the whole team, who work together, it's really cool (P2).

Understanding the real meaning of teamwork requires a constant reflection on practices in any segment, as this is an essential tool at work<sup>(19)</sup>. By analyzing the statements above, it is clear that the search for knowledge is greater by the coordination. In this respect, it is clear that it is not enough to just do good teamwork, since all CIHDOTT members should be responsible for the permanent education of the institution's employees and, consequently, their families and the community<sup>(11)</sup>.

Understanding the real meaning of the team is central for proper health care, since, for quality and efficiency in the care provided, the collective conception of the work, as well as its execution is essential.

We will get better and better, I think everyone will dedicate themselves a bit more, think about the other, what is better, this will happen, but inside the hospital, we have a very big support (P5).

CIHDOTT has been growing more and more, and we are becoming more and more cohesive, very coherent right, so much so that we accomplished last year, in the OPO evaluation, of the five

regionals, we managed to stand out as the more active CIHDOTT (P10).

The above speeches show feelings such as the pride of being part of CIHDOTT, a contentment regarding its progress and the search for improvements in both the process of recruitment and the structuring of the Commission.

Humanization was highlighted in the speeches of professionals as the main reason for the success in the work process of a CIHDOTT. In addition to the ethical and legal aspects, it also includes empathy for the many situations that permeate the work. Therefore, teamwork produces motivation and a sense of belonging and, consequently, positive work attitudes that generate quality and efficiency in the care provided.

## FINAL CONSIDERATIONS

The professionals of a CIHDOTT relate their work process by listing the daily activities employed, which result in the search for a humanized care and with a better hosting to families, which may result in greater organ uptake. The main difficulties faced concern the physical structure of the hospital, such as the need for a suitable place for family interview; the equipment deficit and the medical team's understanding of BD. From this perspective, by presenting such weakness through this investigation, the commission team is subsidized to the planning of approach strategies of the category for a greater involvement in the process, since the commission is formed exclusively by nurses and social worker. It should be noted that these difficulties are mitigated by the team's work of the commission linked to humanized care in this particular service.

The main limitation of this study is the fact that it was performed with only one CIHDOTT. However, it is believed that these results may contribute to the disclosure of the commission's work, which may stimulate its dissemination in other realities.

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## PROCESSO DE TRABALHO DA COMISSÃO DE DOAÇÃO DE ÓRGÃOS E TECIDOS: PERCEPÇÃO DA EQUIPE

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## RESUMO

**Objetivo:** conhecer a percepção da equipe sobre o processo de trabalho de uma Comissão Intra-Hospitalar de Doação de Órgãos e Tecidos para Transplante (CIHDOTT). **Método:** pesquisa descritiva, de natureza qualitativa. Realizada com dez membros de uma CIHDOTT de um hospital público do Noroeste do Paraná. As entrevistas individuais foram gravadas, transcritas e submetidas à análise de conteúdo temática. **Resultados:** Emergiram três categorias temáticas, as quais relacionam as atividades laborais cotidianas do serviço, os desafios vivenciados no trabalho da CIHDOTT e os fatores motivacionais de atuar na comissão. **Considerações Finais:** Ao trabalho incessante rumo à maior captação de órgãos e tecidos alinhada à necessidade de cumprir a legislação vigente, os trabalhadores enfrentam grandes desafios relacionados à estrutura física hospitalar e o entendimento de aspectos que entornam sua função por profissionais externos à comissão. Porém, a humanização do cuidado peculiar prestado e o trabalho em equipe da atual CIHDOTT os motivam.

**Palavras-chave:** Transplante. Obtenção de tecidos e órgãos. Estrutura dos serviços. Comissão para atividades profissionais e hospitalares.

## PROCESO DE TRABAJO DE LA COMISIÓN DE DONACIÓN DE ÓRGANOS Y TEJIDOS: PERCEPCIÓN DEL EQUIPO

### RESUMEN

**Objetivo:** conocer la percepción del equipo sobre el proceso de trabajo de una Comisión Intrahospitalaria de Donación de Órganos y Tejidos para Trasplante (CIHDOTT). **Método:** investigación descriptiva, de naturaleza cualitativa. Realizada con diez miembros de una CIHDOTT de un hospital público del Noroeste de Paraná. Las entrevistas individuales fueron grabadas, transcritas y sometidas al análisis de contenido temático. **Resultados:** surgieron tres categorías temáticas, que relacionan las actividades laborales cotidianas del servicio, los desafíos vividos en el trabajo de la CIHDOTT y los factores motivacionales de actuar en la comisión. **Consideraciones Finales:** al trabajo incesante rumbo a la mayor captación de órganos y tejidos vinculada a la necesidad de cumplir la legislación vigente, los trabajadores enfrentan grandes desafíos relacionados a la estructura física hospitalaria y el entendimiento de aspectos que abarrotan su función de profesionales externos a la comisión. Pero, la humanización del cuidado peculiar prestado y el trabajo en equipo de la actual CIHDOTT los motivan.

**Palabras clave:** Trasplante. Obtención de Tejidos y Órganos. Estructura de los Servicios. Comisión para actividades profesionales y hospitalarias.

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