



NURSING AND FAMILY AWARENESS IN THE DONATION OF ORGANS AND TISSUES FOR TRANSPLANTATION: INTEGRATIVE REVIEW

ENFERMAGEM E A SENSIBILIZAÇÃO DE FAMÍLIAS NA DOAÇÃO DE ÓRGÃOS E TECIDOS PARA TRANSPLANTE: REVISÃO INTEGRATIVA

ENFERMERÍA Y LA SENSIBILIZACIÓN DE LAS FAMILIAS SOBRE DONACIÓN DE ÓRGANOS Y TEJIDOS PARA TRASPLANTE: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to identify the scientific evidences that approach nursing actions to sensitize families in the donation of organs and tissues for transplantation. **Method:** integrative review, in order to answer the guiding question << What scientific evidence about nursing actions are performed to raise awareness of families in the process of donating organs and tissues for transplantation? >> The information search was carried out in a timeless manner, in the databases LILACS, MEDLINE, BDNF and SciELO library, using the descriptors: family, transplant and nursing. For the analysis of the articles the thematic categorization of the 11 scientific productions was used. **Results:** two categories emerged: << Effective enlightenment on the donation of organs and tissues for transplantation >>; << Care for the potential donor and the relationship between the family and the nursing team >>. **Conclusion:** it was observed that the nurse acts effectively in the process of donating organs and tissues, either in the maintenance of the organs in good conditions or in the approach to the family, promoting an effective clarification on this process. **Descriptors:** Family; Transplantation; Nursing.

RESUMO

Objetivo: identificar as evidências científicas que abordam as ações de enfermagem para a sensibilização de famílias na doação de órgãos e tecidos para transplante. **Método:** revisão integrativa, com intuito de responder à questão norteadora <<Quais as evidências científicas sobre ações de enfermagem são executadas para a sensibilização de famílias no processo de doação de órgãos e tecidos para transplante?>> Foi realizada a busca das informações de forma atemporal, nas bases LILACS, MEDLINE, BDNF e biblioteca SciELO, utilizando os descritores família, transplante e enfermagem. Para a análise dos artigos foi utilizada a categorização temática das 11 produções científicas. **Resultados:** emergiram duas categorias: <<O esclarecimento efetivo sobre a doação de órgãos e tecidos para transplante>>; <<O cuidado ao potencial doador e a relação entre a família e a equipe de enfermagem>>. **Conclusão:** foi observado que o enfermeiro atua, de maneira efetiva, no processo de doação de órgãos e tecidos, seja na manutenção dos órgãos em boas condições ou na abordagem à família, promovendo um esclarecimento efetivo sobre este processo. **Descritores:** Família; Transplante; Enfermagem.

RESUMEN

Objetivo: identificar las evidencias científicas que abordan las acciones de enfermería para la sensibilización de las familias sobre la donación de órganos y tejidos para trasplante. **Método:** revisión integrativa, con el fin de responder a la cuestión guía << Cuales las evidencias científicas sobre acciones de enfermería se llevan a cabo para la toma de conciencia de las familias en el proceso de donación de órganos y tejidos para trasplante? >> Fue llevado a cabo la búsqueda de información sobre atemporal, LILACS, MEDLINE, usando BDNF y biblioteca SciELO, utilizando los descriptores de la familia y enfermería del trasplante. Para el análisis de los artículos fue usada la categorización temática de las 11 producciones científicas. **Resultados:** dos categorías surgieron: << La clarificación efectiva acerca de la donación de órganos y tejidos para trasplante >> << La atención al potencial donador y la relación entre familia y equipo de enfermería>>,. **Conclusión:** se observó que el enfermero actúa, efectivamente, en el proceso de donación de órganos y tejidos, tanto en el mantenimiento de los órganos en buen estado como en el enfoque familiar, promoviendo la eficaz aclaración sobre este proceso. **Descriptores:** Familia; Trasplante; Enfermería.

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INTRODUCTION

Organ and tissue transplants in Brazil arose in the 1960s. In 1968, Law No. 5.479 was introduced, repealed in 1992 by Law No. 8,489. They provided for transplants of organs, tissues and parts of the body for therapeutic and scientific purposes.¹⁻²

The law that made room for the consolidation process of transplants was No. 9,434, created in 1997, eliminating the inequality of access in the different socioeconomic classes, a fact that existed previously. Subsequently, the National System of Transplantation was created, responsible for the infrastructure of the notification of cases of brain death, collection and distribution of organs and tissues that is called single-row.³

After four years of enactment of the aforementioned law in 2001, the previously assumed donation (all donors, except those who declare themselves to be non-donors of organs and tissues in their national identity card or national driver's license) Consent, that is, the family consents to the donation of their deceased relative.⁴

In this sense, the family is seen as fundamental in the process of organ and tissue donation; An act that can benefit many individuals who, due to their clinical conditions of health, need to receive healthy organs and tissues. The success of surgical techniques and medications that control the rejection of implanted organs and tissues has transformed organ donation into a therapeutic option for these subjects.

In Brazil, scientific, technological, organizational and administrative advances have contributed to a significant increase in the number of transplants, but this number is still insufficient due to the huge accumulated demand for organs.⁵ The rate obtained is 14.2 donors per million inhabitants/year; Which is 37 per million.⁶ Research shows that society is predisposed to organ donation and that there is a considerable number of potential donors (PD), however, the reality is that there are several refusals, which can be related to the donation process⁵, defined as the actions that aim to convert a PD into an organ and tissue donor.⁷

The process of donating organs and tissues for transplantation involves important steps for proper success: identification, notification, evaluation and maintenance of PD; confirmation of diagnosis of brain death (ME); family interview, documentation of ME; removal and distribution of organs and tissues; transplantation and outcome monitoring.⁸

After confirming the diagnosis of ME, the transplant coordinators evaluate the potential donor and, if feasible, perform the family interview on the donation. For the manifestation of consent, it is important that family members have the necessary clarifications on the donation process, including the diagnosis of brain death. However, it is observed that many families present difficulties to understand the guidelines given and necessary for decision making.⁵

We tried to portray the subject in question, by the fact of its evidence, mainly in this beginning of XXI century. Also, by one of the researchers in this study familiarity with the subject, due to his experience in the process of maintenance and capture of organs and tissues for transplantation, working as a trainee for six months in a teaching hospital in the interior of Ceará. However, the number of donations is still insufficient in relation to the number of subjects in the queue. This fact is mainly due to the denial of the family in contributing to the process. It is believed that this problem occurs due to lack of effective awareness about the importance of organ donation.

OBJECTIVE

- To identify scientific evidence that addresses nursing actions to sensitize families in the donation of organs and tissues for transplantation.

METHOD

Integrative review⁹, from the guiding question: << What scientific evidence about nursing actions are performed to raise awareness of families in the process of donating organs and tissues for transplantation? >>. The six stages were fulfilled: the first stage was to define the guiding question of the research; in the second stage, the inclusion and exclusion criteria were delimited; in the third stage, the databases were chosen and the search for the scientific productions; in the fourth stage, the data analysis was performed; in the fifth stage, the data discussion was developed and, in the sixth stage, the synthesis of the review was presented.¹⁰

The inclusion criteria were: studies that deal with the nursing theme and the awareness of families in the donation of organs and tissues for transplantation, published in Portuguese and Spanish, and articles published *online*, with a timeless chronological period. Editorials, monographs, theses and articles in English were excluded.

The search process was reviewed by two researchers, emphasizing the scientific rigor of the findings. It was conducted, in the first half of 2015, in the Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Nursing Database (BDENF) databases and Scientific Electronic Library Online (SCIELO). The chosen descriptors were: family [and] transplante [and] enfermagem. These belong to the Descriptors in Health Sciences (DeCS).

After reading the titles and abstracts, the 11 articles chosen passed the analysis of the adapted instrument and validated Critical Appraisal Skills Program (CASP), which classifies the articles two categories: good methodological quality and reduced bias and satisfactory methodological quality, but, with risk of increased bias.¹¹

The levels of evidence are classified into: 1 - systematic reviews or meta-analysis of relevant clinical trials; 2 - evidence of, at least, one well-delineated randomized controlled trial; 3 - well-delineated clinical trials without randomization; 4 - well-delineated cohort and case-control studies; 5 - systematic review of descriptive and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 -

opinion of authorities or committees of experts including interpretations of information not based on research.¹²

The results were analyzed from thematic categories¹³, which were defined after the reading and careful interpretation of each article found, which identified the main subjects addressed in the 11 publications. These were: effective clarification on the donation of organs and tissues for transplantation; The care of the potential donor and the relationship between the family and the nursing team.

RESULTS

Most of the studies were descriptive-exploratory (27%), with a qualitative approach (27%), and in the South and Southeast regions (55%). The most published journal on the subject in question was the Paulista Nursing Act (18%). The level of evidence prevalent in the studies was: level V (73%) and VI (27%). The publication period varied between 2003 and 2014. The target audience found in the 11 studies was: nursing professionals, potential donors and family members. As seen in figure 1.

Article	Title/Author(s)	Method	Academic Journal	Level of Evidence	Place/Year of Publishing
1	Family interview in the process of organ and tissue donation for transplantation. Santos MJ, Massarollo MCKB, Moraes EL.	Qualitative Research.	Acta Paulista of Nursing.	V	São Paulo, Brazil; 2012.
2	Analysis of difficulties in the organ donation process: an integrative review of the literature. Mattia AL, Barbosa MH, Rocha AM.	Integrative review of literature.	Bioethikos Magazine.	V	Santos, São Paulo, Brazil, 2010.
3	Organ donation and bioethics: building an interface. Almeida KC, Tipple AFV, Bachion MM, Leite GR, Medeiros M.	Qualitative Research.	Brazilian Nursing Magazine.	V	Goiás, Brazil; 2003.
4	Organ and tissue transplantation: analysis of nurses' performance in the donation and capture process. Araújo FNA, Silva LMS, Borges MCLA et al.	Descriptive and Transversal Study.	Research Magazine: care is fundamental online.	V	Ceará, Brazil, 2011.
5	Reflections on the in-hospital organ and tissue donation commission for transplants (CIHDOTT). Arcanjo RA, Oliveira LC, Silva DD.	Review of literature.	Bioethics Magazine(Impr.)	VI	Minas Gerais, Brazil, 2013.
6	Organ and tissue transplantation: nurses' responsibilities. Mendes KDS, Roza BA, Barbosa SFF, Schirmer J, Galvão	Narative Review.	Nursing Text & Context.	VI	Florianópolis, Brazil, 2012.

CM.					
7	Nursing care for the patient in brain death and potential organ donor. Cavalcante LP, Ramos IC, Araújo MA, Alves MD, Braga VA	Descriptive, exploratory research.	Acta Paulista of Nursing.	V	Fortaleza, Ceará, Brazil, 2014.
8	Perceptions of the nursing team in the care of the patient in brain death. Lima CSP, Batista ACO, Barbosa SFF.	Descriptive, exploratory study.	Electronic Nursing Magazine.	V	Florianópolis, Santa Catarina, Brazil, 2013.
9	Fragments of life: social representations and organ donation for transplants. Fonseca MAA, Carvalho AM.	Qualitative research.	Interactions.	V	Minas Gerais, Brazil, 2005.
10	The nurse's role in organ recruitment. Silva AF, Guimarães TS and Nogueira GP.	Bibliographical research.	Brazilian Magazine of Health Sciences	VI	São Paulo, Brazil, 2009.
11	Stressors experienced by relatives in the process of donating organs and tissues for transplantation. Cinque VM, Bianchi ERF.	Descriptive, exploratory and field study.	USP School of Nursing Magazine.	V	São Paulo, Brazil, 2010.

Figure 1. Distribution of articles by: title / author, method, academic journal, level of evidence and place / year of publication. Fortaleza (CE), Brazil, 2015.

Nursing actions to raise awareness among families in the process of donating organs and tissues for transplantation, highlighted by the 11 articles, were: to participate in the family interview; remaining together during the approach on donation of organs and tissues; to clarify, in an effective way, about the care during the maintenance of organs and tissues for transplantation, with the purpose of reducing the deficit of knowledge on the

subject; approach to donation of organs and tissues in all spheres of society, family, school and professional; perform the care provided to the potential donor, performing its functions in a safe and humane manner; to promote comfort and emotional support to the family, so that it perceives the gift with an act of humanity. The synthesis of results is shown in figure 2.

Article	Synthesis of Results
1	It reveals how the family interview and the importance of this for the donation of organs and tissues occurs. The donation is placed as important to save and/or improve the quality of life of people who need a transplant. The interview is described as adequate and effective when the relatives are clarified about the diagnosis of brain death (BD), the procedures performed during the maintenance of the potential donor (PD) and other doubts that may arise in the initiation of this process.
2	It shows the difficulties faced by the health team during the process of donating organs and tissues for transplantation and what actions should be developed to reduce the waiting time for an organ transplant.
3	The importance of the role of the State in the creation of laws is emphasized, their applicability and dissemination, and in favor of voluntary consent to organ donation, is important in order to guarantee a fairer and more participatory decision.
4	It is demonstrated that nurses need to use education in their work process to facilitate meaningful learning, helping to incorporate new positive attitudes related to the donation of organs and tissues.
5	It should be emphasized that there must be continuous education among the professionals working at CIHDOTT, as well as guiding the society about the process of donating organs and tissues, aiming to reduce waiting times for a transplant in Brazil.
6	Nurses should have knowledge of the principles of good practice and available resources to assess the merits, risks, and social issues related to transplants.
7	Nursing care is portrayed to the potential organ donor as a complex process that requires better qualification and emotional maturity, not always present.
8	It reveals the influence of the care provided by the nurse to the PD on the family decision in the donation of organs and tissues. Between the lines, there is the following position: nurses who act with dedication and a positive attitude inspires confidence and favorable attitudes on the part of the relatives. However, unmotivated and careless work (negative attitudes during care) can influence the donation process and generate mistrust on the part of the people who

	are receiving information from these professionals. The article also emphasizes the need to establish harmony with the family, to develop a relationship of trust in order to obtain the acceptance of the donation. Then, it is assumed that the nurse must offer an active listening, promoting comfort, in order for the family members accept death with greater tranquility.
9	It reveals that the family should receive emotional support. The nurse should promote comfort and safety in order to keep her strong throughout the process, and it is also important that she can be together while approaching the family about organ donation.
10	She claims that nurses must have an emotional preparation to deal with the different reactions of family members to the loss, so that they understand BD and accept the donation of organs as a humanitarian act.
11	It was noticed that the time spent to the relatives of the potential donor is insufficient, due to the time spent by the nurse in the numerous procedures and tasks that a serious patient needs. This fact can disrupt the process of organ and tissue donation. In this sense, the nurse should plan to reduce this imbalance during the care of patients and family and to perform a safe and humane care, thus contributing to the manifestation favorable to the donation.

Figure 2. Presentation of the synthesis of the results of the eleven articles. Fortaleza (CE), Brazil, 2015.

DISCUSSION

The discussion is presented from the thematic categories:

◆ **Effective enlightenment on the donation of organs and tissues for transplantation**

Health education is one of the pillars of efficient care. Information is a weapon against myths and prejudices. Donation of organs and tissues is still surrounded by retrograde thoughts and speeches. This limited view on the subject is due, in part, to ineffective enlightenment to those responsible for the donation, relatives of the potential donor.

There are certain negative discourses, concerning donation, which are based on mistrust during this process. The reasons for refusing to donate are: mistrust in the diagnosis of brain death (fear of premeditated death); In compliance with the organ donation law or in the procedures performed during the care of the potential donor (PD), focused, only, according to some, on the maintenance of organs and tissues.¹⁴

The interview is described as a procedure of great importance in clarifying the donation process, since the interviewer presents to the relatives, at this moment, the steps of diagnosis of brain death, details the procedures performed during the maintenance of the PD and clarifies other doubts presented by the family.¹⁵

The interview should be conducted by professionals not directly linked to maintenance to the potential donor, as the family cannot feel compelled to donate. It is important that this be clarified clearly. From this, the family is expected to perceive donation as a humanitarian attitude, an act of caring and valuing life.

For effective communication, it is necessary for the interviewer to be trained on the innumerable factors involved in the interview. The interviewer should be aware of the country's legislation on organ donation, who is responsible for consent, and that if the potential donor does not have a legal guardian, the donation cannot be effected.

The exercise of autonomy is linked to knowledge about a given subject and those who do not have this knowledge do not have the capacity to choose¹⁴. In this sense, the enlightenment of the relative is configured as an indispensable tool in the consent of the donation of organs and tissues for transplantation.

◆ **Care for the potential donor and the relationship between the family and the nursing team**

Maintaining the potential donor (PD) is one of the fundamental steps in the organ and tissue donation process for transplantation. The care offered by the nurse, to the subject in brain death (BD), directly interferes with the consent of the donation. When care is directed only to the maintenance of organs, this ends up generating a feeling of dissatisfaction in the family, which culminates in family denial and organ loss.

The care to the subject in BD should be focused on hemodynamic stabilization, in the reduction of the deleterious effects caused by BD, which requires extreme agility in bureaucratic processes. It is important that family members follow all these steps, be informed about the procedures that will be performed, so that they feel welcomed and oriented.

However, some nurses report not prioritizing the PD because they consider that the other hospitalized subjects, with prognosis of life, should receive more attention. The fact that the subject in BD does not present a

possibility of reestablishment causes the professionals to distance themselves from them. This situation raises doubts in the PD family, which ends up thinking that care is motivated only by interest in the donation of organs and tissues.¹⁶

Some nurses have difficulty dealing with the PD family, due to the suffering and distress that family members present when they learn about the diagnosis of BD¹⁷. In this sense, it is essential that the health team be available and open to understand the needs of the family, rather than inform about the clinical picture of PD, or about the process of organ donation. Not only to inform her, but also to help her understand reality as she presents herself.¹⁶

Thus, it is important to emphasize that nursing care for PD sensitization directly influences the consent of the family on the donation of organs and tissues for transplantation. It is essential that the health team establish a relationship of trust with the family, promote comfort and emotional support so that they accept the loss of the loved one in a relaxed way and feel at ease and motivated to consent to the donation.

CONCLUSION

The purpose of this study was to present, from the current literature, issues related to the sensitization of nursing families in the process of organ and tissue donation for transplants. Articles that showed, among other subjects, the facilitating and difficult aspects related to said process were contemplated.

From the reading and interpretation of the studies, it was observed that the nurse acts in an effective way in the organ and tissue donation process, either in the maintenance of the organs in good condition or in the approach to the family, promoting an effective clarification on this process.

The interview becomes appropriate and effective when the family is guided by the nurse on the diagnosis of brain death (BD), knows the procedures performed during the maintenance of the potential donor and when it is clarified about the doubts that may arise in the initiation of the process of donation of organs and tissues.

The disinformation was described as a negative factor and deadlock in accepting the donation. Therefore, one of the studies (article 5) defended the approach of brain death and donation of organs and tissues in all spheres of society.

The relationship between the family and the nurse (article 8) and the emotional preparation to deal with the different reactions of the relatives to the loss (article 10), could be understood as factors that trigger manifestations favorable to the donation.

Some limits of the study are added: the use of few databases; only available in two languages (Portuguese and Spanish) and limited time for research (less than one year), however, this mapping does not become ineffective, it only announces the need for further studies on the subject.

The results of this inventory in the literature indicate the need for more research on the theme: *family awareness by nurses in the donation of organs and tissues for transplantation*, in order to promote the increase of literature on the subject. It is believed that this step will support an evidence-based practice.

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