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## ORIGINAL ARTICLE

### FAMILY APPROACH TO ORGAN DONATION: PERCEPTION OF NURSES ABORDAGEM FAMILIAR PARA A DOAÇÃO DE ÓRGÃOS: PERCEPÇÃO DOS ENFERMEIROS ENFOQUE FAMILIAR PARA LA DONACIÓN DE ÓRGANOS: PERCEPCIÓN DE LOS ENFERMEROS

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#### ABSTRACT

**Objectives:** to identify the nurses' perception about the family approach to organ donation. **Method:** this is a qualitative, explanatory and exploratory study with six nurses from two health institutions conducted through an open interview and discussed by Content Analysis. **Results:** it was demonstrated that the lack of knowledge related to the process of organ donation, mainly on brain death, is the greatest difficulty found by the Nursing team. **Conclusion:** it is concluded that the nurses working in the family approach must constantly improve, as well as health institutions should invest in continuous and permanent education for all employees, as well as financial investments for greater dissemination on the subject. **Descriptors:** Family Approach; Organ donation; Nursing; Family; Human beings; Transplants.

#### RESUMO

**Objetivos:** identificar a percepção de enfermeiros sobre a abordagem familiar para a doação de órgãos. **Método:** trata-se de um estudo qualitativo, explicativo e exploratório, com seis enfermeiros de duas instituições de saúde realizado por meio de entrevista aberta e discutida pela Análise de Conteúdo. **Resultados:** demonstrou-se que a falta de conhecimento relacionada ao processo de doação de órgãos, principalmente sobre a morte encefálica, é a maior dificuldade encontrada pela equipe de Enfermagem. **Conclusão:** conclui-se que o enfermeiro atuante na abordagem familiar deve aperfeiçoar-se constantemente, bem como as instituições de saúde devem investir em educação continuada e permanente para todos os colaboradores, além de investimentos financeiros para a maior divulgação sobre a temática. **Descritores:** Abordagem Familiar; Doação de Órgãos; Enfermagem; Família; Seres Humanos; Transplantes.

#### RESUMEN

**Objetivos:** identificar la percepción de enfermeros sobre el enfoque familiar para la donación de órganos. **Método:** se trata de un estudio cualitativo, explicativo y exploratorio, con seis enfermeros de dos instituciones de salud realizado por medio de una entrevista abierta y discutida por el Análisis de Contenido. **Resultados:** se demostró que la falta de conocimiento relacionada con el proceso de donación de órganos, principalmente sobre la muerte encefálica, es la mayor dificultad encontrada por el equipo de Enfermería. **Conclusión:** se concluye que el enfermero actuante en el enfoque familiar debe perfeccionarse constantemente, así como las instituciones de salud deben invertir en educación continua y permanente para todos los colaboradores, además de inversiones financieras para la mayor divulgación sobre la temática. **Descriptores:** Enfoque familiar; Donación de Órganos; Enfermería; Familia; Seres Humanos; Trasplants.

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## INTRODUCTION

The word transplant was first used in 1778 by John Hunter in demonstrating his experience with animal reproductive organs. The first human transplant was performed in 1933 by Voronoy, a Ukrainian surgeon who performed a kidney transplant to treat acute renal failure. The first liver transplantation was performed in 1963, and in 1967 the first heart transplant. The first renal transplantation was carried out in Brazil in 1964 and, since then, more than 75,600 solid organ transplants.<sup>1-3</sup>

The world was seen for the accomplishment of transplants of organs and tissues, considering this procedure, by many patients, as the possibility of treatment for pathologies previously considered intractable, a fact that has generated large waiting lines of organs in the country, seen that the number of organs available is insufficient to meet the demand of patients in line with the National Transplant System. It is emphasized that organ transplantation is funded by the Unified Health System (UHS) and depends on the spontaneous donation of the population.<sup>4-5</sup>

It is reported in some studies that despite the urgent and increasing need for life-saving organ transplantation, the number of organ donors remains low. It is known that most organs are from living donors that have an emotional or genetic link with the recipient.<sup>6</sup>

It is understood that the donation process is complex and is defined as a set of actions and procedures that aim to transform a potential donor into an effective donor. This process begins with the identification and maintenance of potential donors. Relatives are informed by the doctors about the suspected brain death (BD), and the supporting tests for the diagnosis of BD are performed. The potential donor is notified to the Center for Notification, Collection and Distribution of Organs (CNCDO), which passes on the notification to the Organ Procurement Organization (OPO). The evaluation of the clinical conditions of the potential donor and the feasibility of the organs to be donated will be made after receiving the notification, and the team of IHCDOTT (Intra-Hospital Commission for the Donation of Organs and Tissues for Transplantation) will perform the family interview to obtain consent or refusal of relatives. It involves, through the participation of the nurse in the team, the management of Nursing care provided to the potential donor and his family, as well as the accomplishment of the family approach. Thus, the nurse's contribution to the success of the

transplant is undeniable. The procedure is terminated if there is a family refusal, however, if the family members authorize the donation, the OPO informs the feasibility of the donation to CNCDO, which will distribute the organs, indicating the transplantation team responsible for the withdrawal and implantation of the same.<sup>3,7-9</sup>

It is shown that for a satisfactory approach it is important to provide adequate technical information to family members, to fully understand the family's medical condition of the loved one, as well as prior knowledge of the desire to be a donor and, most importantly, the trust of all participants that everything that is done within ethical, technical and legally correct and appropriate parameters.<sup>10</sup>

It is reported that Law 10.211, published on March 23, 2001, is clear regarding the requirement of family consent in these circumstances, therefore, the donation only occurs when it is authorized by the legal guardian. The donor can legally represent the spouse or relative, of age, obeyed the line of succession, straight or collateral, up to and including the second degree. It is pointed out that, in this way, family denials are the major limitation for organ donation in the country.<sup>11</sup>

Donation and transplantation are limited mainly by relatives, and the main factors for family refusal regarding organ donation are the lack of knowledge about the functioning of the donation and transplant process and the lack of understanding about the diagnosis of encephalic death. It is also added that the lack of preparation of the professional who approaches the family is also relevant to the family refusal since, by not clarifying the family in an effective way, it leads them to not accept organ donation.<sup>13-3</sup>

The aim of this study is to contribute to the success of the organ and tissue donation process for transplants by increasing the quality and effectiveness of the approaches, thus reducing the family negatives. The study is justified by the fact that donation, collection and transplantation of organs and tissues are areas of recent nursing work and the rates of family refusals are associated with the lack of qualification of the professional who performs the family approach.

## OBJECTIVE

- To identify the nurses' perception about the family approach to organ donation.

## METHOD

This is a qualitative, explanatory and exploratory study. Qualitative research is used to respond to research problems that can not be answered in a quantitative way, since it seeks to interpret the meaning of the phenomenon from its own context, according to the view of the subjects investigated.<sup>16</sup> As participants in this research, professional nurses who performed the family approach were enrolled in two health institutions located in the southwest of the State of Paraná, classifying them as institution A and institution B.

The "institution A" was accredited to UHS as a regional reference in bariatric surgery, neurosurgery, neonatology, obstetrics and ICU. It is reported that it has 123 beds distributed in three wings of hospitalization, with suites, apartments and infirmaries, as well as adult, neonatal and pediatric ICUs. This institution is considered an organ collection center, and in this institute, only one nurse coordinates and participates in the IHCDOTT (Intra-Hospital Commission for the Donation of Organs and Tissues for Transplantation), carrying out the family approach to the donation of organs and tissues together with the multiprofessional team.<sup>17</sup>

The institution "B" was accredited to UHS for cardiac surgery, cardiac and renal transplants and in the area of orthopedic-trauma. Hemodynamics services, oncological surgeries, pediatric surgeries, pathology, renal therapy unit, adult ICU and neonatal and pediatric ICU are also counted. The institution is considered as a transplantation center with five nurses who carry out the family approach, two of whom participate in IHCDOTT and the other three also perform corneal uptake.<sup>18</sup>

It is explained that the IHCDOTT is a commission regulated by Administrative Rule n. 905 / GM, of August 16, 2000, composed of at least three members, among them a designated coordinator, and formally instituted by the direction of each hospital in order to streamline and organize the process of donating organs and tissues for donation since the structured and skilled team is vital for success in donations.<sup>19</sup>

All the ethical and scientific aspects presented in resolution 466 of December 12, 2012 were respected, and data collection was done after approval of the Research Project by the Research Ethics Committee of Unochapecó, authorization of private institutions of health and the signing of the Free and Informed Consent Terms in two copies, one path remaining with the

participant and the other with the researchers, as well as the signatures of the terms of commitment for the use of data in archives and confidentiality.

Data was collected from an open interview with these professionals on April 20 and 27, 2016, depending on the availability of the participants, in the institutions where they work. It is known that the interview is a technique of data collection in which interaction occurs between the researcher and the subject of research in order to obtain the necessary information about the phenomenon researched. The interviewer is questioned in the open interview, and the interviewee is free to discuss the proposed topic, that is, each question is widely explored.<sup>20</sup>

For the interview, a questionnaire containing eight open questions about the realization of the nurse's family approach, its performance, difficulties, skills and suggestions was used. The anonymity of the participants was classified according to the order of interviews, in nurse 1, nurse 2 and so on. The interviews were recorded, which lasted at least seven minutes and 43 seconds and maximum of 30 minutes and 56 seconds. These interviews were subsequently transcribed for analysis and interpretation of the data, and the minimum time in the transcription process was one hour and maximum of six hours.

For the analysis of the data of this research, the Content Analysis technique was used, which consists of three stages, which are the pre-analysis, the analytical description and the inferential interpretation. In the pre-analysis, a complete reading of the information collected was carried out with the aim of systematizing the initial ideas and classifying the answers according to the theoretical framework elaborated. In the analytical description, a cut-out of all the material was carried out in units of records (words, sentences and paragraphs), where the keywords related to the phenomenon and the codification were identified. In the third phase, we grouped the similarities found in each interview and their central significance in categories that provided, in a simplified way, the raw data allowing the deepening of ideas and inferences.<sup>21</sup>

During the discussion of the data, some speeches in the work were transcribed in order to illustrate the data found in the interviews, as well as a parallel between the literature and the data obtained by the research, thus evidencing the importance of these.<sup>16</sup>

The costs for this study were subsidized by the authors.

## RESULTS

Six nurses working in the family approach, in institutions A and B, were interviewed with a period of work in this area of 1.5 years to 12 years, and the year of graduation from Nursing varied between 2001 and 2011. Details that three nurses are part of the IHCDOTT and the others perform the familiar approach to corneal uptake.

### ♦ Family approach

Nurses 1, 2 and 5 were defined as the most delicate, complicated and laborious process of the donation process, requiring greater professional qualification due to the "improper" moment in which it is performed. Nurses 3 and 4 showed the educational character of the approach related to explanations and explanations about the process of organ donation and brain death. It was emphasized by the nurse 6 the importance of keeping the family informed about the patient's situation, from the opening of the protocol, to the creation of bond and a greater time for the family to understand the situation and, later, talk about the donation as a right of the family and inform that if the donation does not occur, the therapeutic support will be interrupted and the body will be delivered to the family.

*[...]it is, of course, the most difficult phase, which requires more training, which requires more professional training to talk to the patient, to ask the patient (I mean family) to donate the organs of his or her loved one. [Nurse 1]*

Similar ideas were grouped into two different categories after questioning what should be considered during the family approach: consider the degree of kinship and emotional state and understand the family to approach. Nurses 1 and 2 reported that, firstly, consideration should be given to the degree of kinship of the persons to be interviewed, since current legislation requires the consent of first-degree relatives for the donation, associated with the emotional state because it is not feasible to carry out the approach while they are in a state of shock due to the news of the diagnosis of BD. It was expressed by nurses 3, 4, 5 and 6 that the most important thing is to understand the family at that time. It was supplemented by the nurse 1 on the importance of interviewing in a specific environment and not in the hall of the institution or beside the bed of the potential donor.

*[...]the correct moment must be considered, then, the correct moment to approach should know right is the degree of kinship of each, right, because it is no use you approach someone who can not also donate, right, and know the right moment, until the person calms down a little, tries to stabilize, reason, right. [Nurse 1]*

She diverged during the interviews about empathy, when one of the interviewees mentioned that it would not be important at the time of the approach, but, in the complement of her speech, one realizes that she understands it is important to understand the family and that the meaning of the term empathy is not correctly applied at this time, as can be seen in the speech below.

*[...]empathy is something we have to use, but we have to know that it is not what I want because empathy is put in the place of the other. I am a person who likes to be touched, but I do not know if the other likes, so empathy, sometimes we have to take a little [...]. It is not putting yourself in the other's place, it is understanding the other, knowing what the other wants, not what I would like him to want, want, right? [Nurse 6]*

### ♦ Feelings experienced

Two main groups are suggested when they are questioned about the feelings involved in the realization of the familiar approach: those who reported feelings of sadness and those who reported conflicting feelings. It is inferred that the group that evidenced the sadness, in the speeches, mentioned, many times, feel like crying, especially when the potential donor is a child. Nurses 1, 2 and 3 reported conflicting feelings, since they feel sad about the loss of the patient, the loss of the family, but also, they feel happy to have the opportunity to be donating an organ to whom they need and, in this way, to provide that person with life. There was evidence of a commitment to the effectiveness of the approach by one of the interviewees only in relation to the performance of her work well done, since she understands that the approach and well-conducted guidelines lead the family to understand the importance and from this, it becomes solidary with the next ones that need it.

*I am a very emotional person, right, so often, I feel like crying together, just do not cry, right, because sometimes there are very sad stories, right, but we always have to always think about the good positive of that, right, that's my feeling, that's when I get a positive, a donation, I'm very happy for the family because sometimes it's a comfort for them, sometimes it helps until softening [...]. [Nurse 1]*



*[...]a contradictory feeling that, on the one hand, you are sad because you have lost, but on the other hand, you are happy because you are providing an organ to a person waiting in line, be it a cornea, a heart, or a kidney , in short, any of the organs [...]. [Nurse 3]*

*[...]feeling of commitment to the company, commitment to the Transplant Center with them, well, it is a feeling of love, solidarity, commitment [...] [Nurse 4]*

◆ **Difficulties encountered in the family approach**

It was reported by all the nurses interviewed that the greatest difficulty in approach is the lack of knowledge on the part of the family members about the donation process of organs and tissues for transplantation, including brain death, since family members do not have previous knowledge about the subject, they will have greater difficulty understanding the diagnosis of brain death.

*The lack of knowledge about brain death, no matter how you explain it, you talk, talk, talk about what brain death is, what the death of the patient is, it is not understanding how the heart is beating and you so talking it is dead, right, so the main one today, still, is people's lack of knowledge about brain death. [Nurse 6]*

It was complemented by one of the interviewees that the religious question and

the manifestation in life of being a donor or not of organs influence the decision of the family, being factors that can make difficult the approach.

*The main difficulties is, I would say, that we find the lack of knowledge of these families, so the lack of you know about organ donation is one of the great difficulties that people encounter in the approaches, so many families are not have never heard of the organ donation process, some families with religious convictions and are families, in themselves, contrary to the donation also we come across a lot, but the opposite is that I say they are contrary because they never knew the process [...]. [Nurse 3]*

It leads to family refusal, often because of the difficulty in knowing about organ donation. It is demonstrated, in data presented by the State Transplant Center of Paraná, through a table (Table 1) comparing the number of notifications, donations and causes of non-donations, from January 2011 to April 2016, a significant increase in non-organ donation rates, mainly due to family refusal, since in 2011 there were 119 notifications and, of this total, there were 79 non-donations, of which 37 related to family refusal and, from January to April, 2016, there were 283 notifications and, of this total, 183 non-donations, 67 being associated with family refusal.<sup>29</sup>

	2011	2012	2013	2014	2015	2016
Notification	119	173	200	171	241	283
Donation	40	56	76	55	79	100
Non donation	79	117	124	116	149	183
Family refusal	37	54	42	49	60	67
CRA	15	20	42	27	36	31
Without clinical conditions	6	28	6	4	47	63
Others/BD not confirmed	21	15	34	36	6	22

Figure 1. Comparison between the number of notifications, donations and causes of non-donations, from January 2011 to April 2016 in Paraná. Paraná, Brazil, 2011-2016.Source:<sup>29</sup>

◆ **Improvement of approaches**

There was unanimity in the reports about the need to improve the knowledge among the interviewees. The need for greater knowledge to provide adequate assistance is acknowledged by all, and the lack of continuous education consisting of trainings.

Three categories were obtained when the participants were questioned about the proposals for the improvement of the approaches: professional qualification, greater dissemination on the subject and establishment of bond with the family. It was reported by interviewees 1 and 5 that the professional should always participate in the offered training by seeking new knowledge to improve the performance of their work vis-à-

vis the families of potential donors. It was demonstrated by interviewees 2 and 4 that it was important to invest in donation work since the lack of information from family members on this subject is the biggest drawback to donations. It was evidenced the creation of a bond with the relatives of the potential donor by the nurses 3 and 6 since the interviewer should create a climate of trust and respect so that the relatives are able to make the decision.

*[...]it is to always qualify, is directing the professionals to take courses because, as I told you there, now, is always changing some little thing, right, the criterion, something, then, you have to have professionals always trained [...]. [Nurse 1]*

*It is more talked about, since school there, when they, the students, are starting, already start saying that there is, that there is no problem, that it is a very natural thing, that the eyes will get lost there in time no, they will only do good by donating [...]. [Nurse 2].*

*[...]in relation to the family, your family bond with the previous family of a death, it greatly favors this process of approach. [...] you have a bond of trust with the family and this, of course, in the front, however much it is not their will perhaps to donate, they will end up coming back many times from the opinion and accepting this process of donation [Nurse 3].*

It was stated by the interviewees that the training for the realization of the family approach was and is carried out by the State Transplant Center of the State of Paraná, specifically by the OPO's that, through staging with actors and dolls, they pass through all the steps of the process donation of organs and tissues for transplantation, from the bureaucratic part of the process, how to maintain the potential, the reception that must be performed with the family to approach, including how to behave and the posture that should be adopted until the release of the body into the family after the captation.

There is an opportunity in these courses to simulate approaches, under the evaluation of the instructors, in order to show how nurses usually do it and, later, they receive

constructive suggestions and criticisms to improve the efficiency of the approaches through exchange of experiences. Nurses 1, 2 and 3, who also perform corneal capture, cited the Cascavel Eye Bank, which works in the same way as the OPO's to train professionals.

*So the trainings are through the State Transplant Center that we did, I will talk about my training that I did, and other colleagues here at the hospital we did, we had a week of courses in Curitiba, intensive, so we had scenarios there, live and such, with actors, with dolls, to do dramatizations, so, to make you approach there for teams as it was our work, a whole theoretical and practical part is the CDOTT that are now OPO's [...]. [Nurse 4]*

Families are more likely to refuse the donation when approached by uncaring and unprepared professionals, as they do not supply the need for information requested by the family. Therefore, the family approach should be planned by trained professionals, since the way in which this professional behaves and his or her behaviors will directly influence family consent or denial.<sup>14</sup>

Attitudes avoided during approach

In response to the questioning about the attitudes to be avoided during the family approach, several responses were grouped into six different categories. For the best visualization of the data, the table 2 illustrates the findings.

Category	Interviewees					
	Nur 1	Nur 2	Nur 3	Nur 4	Nur 5	Nur 6
Impose yourself in relation to your will;	X		X			X
Not clarifying the doubts of the relatives;			X	X	X	X
Disrespect the family;	X	X	X			X
Professional posture;		X	X		X	
Be in a hurry;	X				X	
Paralel subjects;			X	X		

Figure 2. Data on inadequate posture during the family approach. Pato Branco, PR, Brazil, 2016.

*[...]then, this family grieving must be respected in the way. You should not try to impose your will to want the organ, the will is exclusively the family. We provide the means for the family to accept the gift, but I do not in any way ought to make or compel this family in any way to accept it. So, these are things that we need to avoid, we need to keep a whole stance with this family, we need to clarify all the doubts themselves. It is to avoid parallel issues in themselves during the interview, so, at that moment, we are talking exclusively about this, this is not the time for us to be getting into other issues [...]. [Nurse 3]*

*I think it does not respect, right, is not respect the pain in that [...] is a person wanting to do something in a hurry "will donate or will not", type, tax, [...] So I think it's lack of training, lack of understanding of what it is, lack of you is, they will question something that you can not answer, this will, it will hurt, lack of sensitivity, right, wait for the right time of speaking, lack of a suitable place, as I said before, also harms, ne, the approach. I think that would be it, do not be in a hurry, right, wait for each phase, the stage of mourning that they will be crying from the first shock of the first news, right. [Nurse 1]*

Attention should be paid to the attitude adopted by the professional, when carrying out the approach, since when standing (upper position), when the family is sitting (lower position), it may interfere with communication, since authority and superiority are imposed. It is pointed out that there are situations in which the interviewer is in a higher position than the interviewee, which makes it difficult to make eye contact with the family members who, due to the moment they are experiencing, are wistful and tearful. Staying at the same level as family members is therefore of paramount importance.<sup>23</sup>

## DISCUSSION

It is pointed out that the family approach is an intervention technique that enables a professional relationship and the creation of an intersubjective link between two or more people, in this case, between the families of the potential donor and the multiprofessional team of the Intra-Hospital Commission for the Donation of Organs and Tissues for Transplantation (IHCDOTT) or the Center for Notification, Collection and Distribution of Organs (CNCDO).<sup>22</sup>

This approach occurs after the doctor responsible for the patient communicates the family about the confirmation of brain death (BD) in order to clarify what is brain death and offer the possibility of donation of the organs of their loved one, a complicated situation, conflicting and generating great stress to the relatives, since at this moment of deep pain for the loss of the familiar, they will need to position themselves on the donation, being the duty of the professional to clarify the doubts and offer emotional and psychological support to these relatives. It becomes a crucial moment for the donation process of organs and tissues, since the family is the main element of the process, since the family consent in this case is legally required and, therefore, if the relatives accept the donation, it is followed by the capture of the organs and, if there is no consent, the donation process is terminated.<sup>10,22</sup>

It can be difficult to carry out the family approach by performing it in a disorganized place, without privacy, with intense traffic of people, without armchairs and with noises influencing the family decision. It is therefore of the utmost importance that the hospital institution has a specific place for this purpose. The degree of kinship is considered important in order to avoid that persons not considered responsible for the decision to disrupt and interfere with the decision-making

of the family members, just as the relatives need time to manage the loss suffered, and the team should not to interfere in this feeling, demonstrating sensitivity to the requests and paying attention to the process of loss experienced by these relatives. A comfortable climate should be created so that the family can make their decision without being pressured by the interviewer, making them feel obliged or guilty.<sup>15,23</sup>

In relation to the use of empathy for the family approach, it is added that, according to the Portuguese-language dictionary, this term is defined as an experience whereby one person identifies with the other, that is, puts himself in the place of another understanding what she thinks and feeling what she feels, even if none of the parties involved expresses themselves explicitly or objectively.<sup>24</sup>

Empathy is needed so that the professional can provide a humanized care to the family, because putting himself in the place of the other, will have sensitivity to understand the moment lived by the family members and carry out a family approach as he would like to be treated and approached, if you are in the same situation, because, in this way, the family will feel welcomed, supported and confident to clarify their doubts and the professional will not only be interested in the organs of their loved one for the donation.<sup>25</sup>

It is corroborated by the data about the feelings experienced, similar research that reports the same types of contradictory feelings of sadness and happiness experienced by nurses who work in the collection of organs for transplants, since, on the one hand, they perceive death as finitude, a loss that generates a sense of sadness and, at the same time, the possibility of life is generated, through the donation of organs, demonstrating that the nurse identifies with the donor because of his human condition.<sup>26</sup>

Among the difficulties encountered during the family approach is the manifestation or not of the desire of the potential donor in life, since when it is known, it is considered as his last wish, that is, when the donor was in favor of donation, even if contradicted, the family accepted, already, when it was against the donation, the family refused, in respect to the deceased. It is inferred that in Brazil, no religion has adopted a stance contrary to the donation of organs, but the stronger the religious beliefs of an individual, the less favorable the donation is their attitudes, mainly due to their own interpretation of the doctrinal books.<sup>1,28</sup>

The hope of reversing the picture is often created in the family, because they can not believe in the death of their loved one since



his cardiorespiratory system continues to develop his function, he has heartbeats, respiratory movements and blood pressure (by virtue of therapeutic support), since they end up associating death only with the absence of cardiorespiratory function, leading to family refusal to organ donation. It is demonstrated by this fact that, despite the media exposing about organ donation, this subject is little discussed among families. It is therefore perceived that it is extremely important that nurses, when carrying out the family approach, explain the process of organ donation and encephalic death, clarifying their doubts and fears.<sup>6,27</sup>

The purpose of this work is to encourage people to discuss this issue, as well as the educational activities carried out by health professionals, to provide access to reliable information and modify public opinions about misconceptions and beliefs unfavorable, thus positively interfering with donations. Information about basic concepts of brain death, organ donation, donation cost, body appearance after collection, ethical and legal aspects involved, family experiences should be made available in a clear and specific way by these campaigns, experienced by families of the donor and the recipient, among other orientations, since these professionals, as opinion makers, influence patients and their families.<sup>30</sup>

It is also important to characterize the relationship as a relationship of complicity between users and health professionals, materializing at the moment of reception and being a starting point for building trust among those involved. It is considered indispensable that, in order to have a bond, respect and empathy are necessary, just as the elements that denote the formation of the bond are based on the mutual recognition between service and community, since no bond is established without the condition of subject, without the free expression of the user through speech, judgment and desire.<sup>31</sup>

It was demonstrated in a survey conducted in 2012 with professionals working in an Organ Procurement Organization that the interviewer's qualification is a relevant factor for the implementation of the approach, as well as the ethical and legal issues involved in this process.<sup>15</sup>

The family approach should be carried out in an ethical way, respecting the grief experienced by the family, with sensitivity and respect, especially with regard to their decision, whether positive or negative for the donation, in an enlightening, easy-to-understand language, in a hurry, and to

provide the emotional support the family needs so much.<sup>12</sup>

## CONCLUSION

It is believed that the family approach is one of the crucial steps in the organ donation process because it is at this stage that family members, despite experiencing mourning for the loss of their loved one, must decide on the donation of organs and tissues, which requires great training of the nurse and the multiprofessional team involved in the approach. It is essential, in order to favor this moment, which the institutions provide a suitable place for their realization.

It has been demonstrated that it is extremely important that nurses seek to improve themselves through courses and training offered that cover all the ethical and legal aspects involved in this process. It was emphasized by the interviewed nurses that the professional should respect the family's mourning, be helpful, demonstrate confidence and be empathetic, clarifying all doubts about the donation process and the diagnosis of brain death and, thus, creating a bond and giving emotional support to these relatives so that they have autonomy to make their decision on the donation.

It is essential to invest in financial resources for the dissemination on the subject, since this study demonstrated that the lack of knowledge of family members is the greatest impediment to donation, as it results in family refusal. Therefore, in addition to the intensification of the publicity already made by the media, the realization of health education work in day-care centers, schools, companies, hospitals and basic health units can contribute to the clarification of families and greater adherence to organ donation. It is known that nurses are trained to perform them by virtue of their role as educator, clarifying the general population about the donation and especially about brain death, causing citizens to discuss this with their relatives and friends and become supportive of this cause.

It is suggested that health institutions invest resources in continuing and ongoing education on the process of donating organs and tissues to clarify all employees. It is hoped that, in this way, everyone will be involved in the process, mainly through the provision of quality care and assistance to all patients and families, with professional ethics, avoiding the escape of information and inappropriate comments by employees, situations that may negatively or positively interfere with the family decision to donate.



It would be improved by the incorporation of the nurse in an active way in health education work, regardless of whether or not I participate in the IHCDOTT, the understanding of the other professionals of the team on the subject, thus improving the quality of the information passed on users and the realization of all phases of the process.

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