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INSIGHT HEALTH TEAM MULTIPROFESIONAL ABOUT THE PROCESS OF ORGAN DONATION

PERCEPÇÃO DA EQUIPE MULTIPROFISSIONAL DE SAÚDE ACERCA DO PROCESSO DE DOAÇÃO DE ÓRGÃOS

PERCEPCIÓN DEL EQUIPO DE SALUD MULTIPROFESIONAL SOBRE EL PROCESO DE DONACIÓN DE ÓRGANOS

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ABSTRACT

Objective: to understand the perception of multidisciplinary health care team about the process of organ donation. **Method:** descriptive exploratory study with a qualitative approach. Was conducted semi structured interviews with health 13 professionals an intensive care unit of a university hospital in the state of Rio Grande do Sul/Brazil. To compose the group of participants was randomly selected, considering the proportionality between the professional categories. The analysis of the interviews was made using the technique of content analysis. This study was the research project approved by the Ethics Committee of the Federal University of Santa Maria, protocol No. 0345.0.243.000-09. **Results:** four categories emerged from the study, namely: the daily work, the experience of the process of organ donation, professional training on the process of organ donation, between pain and altruism. **Conclusion:** the role of health professionals in the process of organ donation is interspersed with numerous feelings, no need to contemplate this theme in the process of training and continuing education. **Descriptors:** Intensive Care Unit; Organ Transplantation; Intensive Care; Health Professional.

RESUMO

Objetivo: compreender a percepção da equipe multiprofissional de saúde acerca do processo de doação de órgãos. **Método:** estudo exploratório-descritivo com abordagem qualitativa. Foi realizada entrevista semiestruturada, com 13 profissionais de saúde de uma Unidade de Terapia Intensiva, de um Hospital Universitário do interior do estado do Rio Grande do Sul/Brazil. A análise das entrevistas foi efetuada utilizando-se a Técnica de Análise de Conteúdo. Este estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal de Santa Maria, protocolo Nº 0345.0.243.000-09. **Resultados:** do estudo emergiram quatro categorias, quais sejam: o cotidiano de trabalho, a vivência do processo de doação de órgãos, a capacitação profissional sobre o processo de doação de órgãos, entre a dor e o altruísmo. **Conclusão:** a atuação dos profissionais de saúde no processo de doação de órgãos é entremeada por inúmeros sentimentos, havendo necessidade de contemplar essa temática no processo de formação profissional e educação permanente. **Descritores:** Unidade de Terapia Intensiva; Transplante de Órgãos; Cuidados Intensivos; Profissional de Saúde.

RESUMEN

Objetivo: conocer la percepción del equipo multidisciplinario de atención de la salud sobre el proceso de donación de órganos. **Método:** estudio descriptivo exploratorio con abordaje cualitativo. Se llevaron a cabo entrevistas semi-estructuradas con 13 profesionales de la salud una unidad de cuidados intensivos de un hospital universitario en el estado de Rio Grande do Sul/Brazil. El análisis de las entrevistas transcritas y se realizó después de una lectura exhaustiva de su contenido, utilizando la técnica de análisis de contenido. Este estudio fue aprobado en el Comité de Ética de la Universidad Federal de Santa Maria, el Protocolo Nº 0345.0.243.000-09. **Resultados:** cuatro categorías surgió del estudio, a saber: el trabajo diario, la experiencia del proceso de donación de órganos, la formación profesional en el proceso de donación de órganos, entre el dolor y el altruismo. **Conclusión:** el papel de los profesionales sanitarios en el proceso de donación de órganos se entremezcla con los sentimientos de muchos, no hay necesidad de considerar este tema en el proceso de capacitación y educación continua. **Descriptor:** Unidad de Cuidados Intensivos; El Trasplante de Órganos; Cuidados Intensivos; Profesional de la Salud.

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INTRODUCTION

Although the data show a significant increase in the number of transplants in Brazil, especially due to the creation of new transplant centers, the increase in organ procurement teams and especially the identification of potential donors, the number is still not enough to meet large volume of patients that are on the waiting list.¹

Because of this, in recent years, has relaxed the clinical criteria for inclusion of donors, with the acceptance of post-cardiac arrest donor (corneas and skin), called the donation inter live (lung, kidney and liver). However, donations are still arising from brain-dead donors. The increase in the number of donors involves, among others: a better understanding of brain death (identification, pathophysiological processes and strategies for hemodynamic stabilization of the potential donor), attention to the patient's family, and educational campaigns on the subject.

Moreover, as the expanding field of knowledge, the process of organ donation has implications for professional practice in health, since it involves the participation of a large number of professionals in different spaces and health services. Addressing the issue constitutes an important aspect for improving vocational training practices and the process of health care, especially when nurture not only a contribution of technical and scientific knowledge, but also ethical reflection.

Health professionals have an important role in disseminating information on organ donation, since it has access to much of the population and have an impact greater than the media on attitudes toward organ donation.² However, despite the importance of this theme, one can observe some gaps in the approach to the subject, both in the training process as in professional practice. As a result, there have been shortages, both in terms of technical-scientific, ethical reflections of how, with substantial effects on professional practice in situations involving the care of the potential donor and recipient, as well as the family members involved. Such gaps can interfere even in successful family approach to obtaining consent for organ donation possible. A study conducted on the subject reinforces the assumption that knowledge about donation and transplantation, offers subsidies to professionals in this process, enabling a more satisfactory assistance to the families and

lower rates of family refusal.³

In scenarios such as Intensive Care Units (ICU), known by high technical and technological, that promote the maintenance and extension of life, and comprise the largest demand from potential donors and transplanted in the postoperative period, these gaps can be more well evidenced. As a result, the professional service that are most requested, both as regards the technical and scientific knowledge, as in regard to the ethical-relational aspects involved in the process of organ donation and transplantation.

In this sense, knowing the perceptions of health professionals working in the intensive unit care can be an important benefit to offer reflections that promote debate on the subject, both in the training process, as in professional practice. Given the above, was chosen as the research question: what is the perception of health professionals about the process of organ donation? And, aimed at understanding the perception of multidisciplinary health care team about the process of organ donation.

METHOD

Descriptive exploratory study with a qualitative approach. The study subjects were doctors, nurses, physiotherapists and nursing an intensive care unit of a university hospital in the state of Rio Grande do Sul, Brazil.

To compose the group of participants was randomly selected, considering the proportionality between the professional categories. Thus, the sample consisted of 13 professionals, with: three doctors, four nurses, four practical nurses and two physiotherapists and are identified by the letter "E" followed by Arabic numerals. The criteria for inclusion of subjects in the study were: worker's multidisciplinary team, acting for more than one year in service, to be active in the period of data collection. Exclusion criteria were professionals who were away during the period of data collection, for any reason, as well as those who were on probation period / experience, and yet, those who were part of the Funding Committee of Organs and Tissues of the institution .

The subjects were invited to participate in the study, being informed about the objectives, the voluntary nature of participation and the guarantee of anonymity. After, they were asked to read and sign the Statement of Consent, as the ethical aspects of research with human beings.⁴

Data collection occurred during the months of April and May 2010, on the premises of the service, during working hours, using the semi-structured interview, with screenplay for guidance on issues relating to professionals' perception about the process of organ donation. The interviews were recorded with the aid of a digital recorder, with the permission of the subjects, with an average duration of 25 minutes. Subsequently, the interviews were transcribed and recorded in text editor program.

The number of interviews followed the criterion of saturation of information, considering the repetition and consistency of responses, which constitutes conceptual tool often used in qualitative studies. In this case, closing the sample was defined by the suspension of the inclusion of new participants, when the data start to present some redundancy.⁵

The analysis of the interviews and transcribed was made after an exhaustive reading of its contents, using the analysis content.⁶ This research project was approved by the Ethics Committee of the Federal University of Santa Maria, under No. 0345.0243000-09.

RESULTS AND DISCUSSION

From the process of analyzing the information, the following categories emerged: the daily work: between the explosion of feelings and conceptions of design, experience the process of organ donation; professional training on the process of organ donation, and among pain and altruism. The categories are described below.

● **Everyday work: between the explosion of feelings and conceptions of design**

The many complex life situations, especially those related to death and dying, are present in the work process in the ICU. In this sense, the combination life / death may arouse in professional, some reflections on the cultural issues, involving the process of dying, and trigger a lot of emotions, which may influence how the professional will conduct the organ donation. These aspects can be observed in the following statement.

While it is a concept defined by the culture in which we live, is amedical finding difficult for us, especially here in Brazil, which is a Catholic country. We're not used to accepting death and dying, and cultural problem that causes this diagnosis is important and that thou stresses during the process, along with

the suffering patient. (E3)

Although they are widely experienced in hospital routine, matters related to death are still a taboo in our country, especially among professionals who work in these scenarios. Death defies human omnipotence and holds several meanings, according to the structural formation, cognitive and religious of every person. Added to this the fact that in contemporary Western society, the finitude be discussed shortly, making it a tabu.⁷ Culturally, the ICU environment is synonymous with suffering and imminent death. It starts with an understanding that, being in care, in an industry surrounded by technological resources, refers to an association with greater proximity to suffering and death, where the idea of finitude wins define contours.⁸ this sense, the professionals live in constant conflict, to take to itself the responsibility to preserve and save lives. Death, in this sense, is perceived by some professionals as a 'defeat', causing mixed feelings and frustrations.

The confrontation of professionals with situations involving the possibility of brain death and transplantation generates feelings and conflicts. Some seek to replenish your energies and feelings, to take care of the donor, transferring their thoughts to the professional commitment to save other lives, when this, the donor, has finally arrived. The thought of doing good to another (receiver), for the family, overcome the sense of loss, frustration and limit.⁹

In this direction, it was observed in some professional objectivity in the presence of their actions. However, others betray subjectivity, to focus its activities on the feelings of the family and the likely recipient of those organs:

Working with these patients generates in me enough compassion for people who are usually young, who suffered an accident or trauma. They were not sick but have been torn from a normal life. So this creates an anxiety and a commotion family [...]. Whenever I try to focus on the benefits that other people will have. This is a mental issue, so that we do not be suffering by focusing on that very life that is being lost there. (E2)

The testimony of E2 shows an intertwining between emotional sensitivity and a more professional conduct guided by a technician bias in relation to the situations that lead to pain and suffering. This refers to the idea that the worker would need a 'shell' or a self-protection in order to maintain a relative balance for the exercise of their functions.

This fact can also be understood by showing that the professional culture and religion relate to the situations experienced as a way to soften the psychological effects that the recognition of the limits that are within its sphere of power can bring.

The professionals in an ICU monitors, only the glum side of the process of organ donation, as living with the care giver and their families in time of grief. Moreover, the detachment from reality and receptor events in everyday life, creates some conflicts, both personal and professional, making them think or rethink concepts, especially with regard to the choice of whether or not the donor, which was evidenced in the statements of the subjects.

Another aspect mentioned by professionals, is related to put yourself in another's place. They showed that, from the moment the person feels and puts himself in the place of another, she comes to understand better the circumstances surrounding the process of organ donation, sensitizing themselves more with another's pain. It is understood that this "put yourself in someone else's shoes", implies thinking about their work and the circumstances involved in the donation process. This is essential for professional practice in healthcare, especially in the ICU, where contact with borderline situations between life and death is more common. Caring means putting oneself in another's place, usually in different situations. It is a way of being with each other, as regards the special issues of citizens' lives and their social relations among them birth, promotion and restoration of health and even death.¹⁰

The interviews show the different perceptions that professionals have about the process itself, guided by religious beliefs, cultural, philosophical or even ideas from practical experience. Undeniably, the feelings, the emotions, the understandings coming from these experiences influence their professional practice, bringing repercussions on the care process involved in the process of organ donation.

• Experience the process of organ donation

The professionals point to the importance of gesture that determines organ donation, emphasizing be an act of love and bravery. Thus, reveals a perception of quality of life, its preservation and improvement of the quality of life of others. Organ donation figure as an instrument for the maintenance

of life, putting on a socially valued purpose, therefore, meets the needs of a given moment in society.¹¹

The motivation for the work is an expression that indicates a psychological state of willingness or desires to pursue a goal or perform an activity. Thus, the subjects expressed for a few moments, some satisfaction with organizational changes that have generated, according to them, an improvement in the proceedings, over the years.

However, some difficulties are mentioned, related both to assist with the patient and his family, as the correct diagnosis, care and the work of professionals, as testimony:

But the bigger problem is that patients are being lost due to the lengthy, more yet because of the diagnosis, but also the delay of the arrival of team fundraising. (E2)

A study conducted at the time of the Transplantation Act, in the 90s, was still being structured; it addressed the importance of the issue. The law seems to testify that the state takes care of scientific advancement in this area is perhaps realizing, Brazil, among the best countries in the world with regard to modern techniques of transplantation, unaccompanied, ironically, for the supply of organs. It hinders the progress of the process, since, potential donors are mostly unstable patients and the delay in which the team reaches the site of the procedure, may be too long for this type of patient, if not there is a performance of qualified team.¹²

However, difficulties may be beyond those imposed by the system, and is characterized by a lack or even absence of interest or view of the importance of taking care of these donors, which reflected negatively on professional activity and consequently, the effectiveness of the donation:

I think it's a good thing, important, and that is not given due care [...] how many lives and how many organs are lost in the process, which could be used and the staff does not give the value should give to the case. (E3)

The difficulties in valuing this work can be understood by a lack of knowledge or lack of professional credibility, either by cultural or religious or even visualized due to negative experiences in the industry. However, the difficulties pointed out are not related solely to the work of the team:

I see that the team's donation has much commitment in it, just which sometimes

stumbles in his own family. [...] Often, the patient has the potential to be a donor and the family does not agree. (E6)

The negative family represents, not only locally, but nationally, the main factor responsible for non-fulfillment of donations. This factor must be taken into account by professionals, since the approach of these families is not performed optimally; there is high possibility of failure in the process of organ donation.

In the process of donation, the family is the main element, and should be properly informed and enlightened about the situation of the potential donor, since the lack of clarification is perceived as a condition that causes distress, pain and despair. Therefore, the team should offer support to families, regardless of demonstration against the donation, since the ethical stance, before the suffering of the family, is a duty of professional health.³

• Professional training on the process of organ donation

Among the professionals, medical staff reported that the issue was addressed during training, while others had little or no contact with the subject. The data showed a gap in training.

The sparse knowledge gained in college may be related, possibly with little attention paid by the institutions of higher education, the themes of death and tissue donation. This may explain the low number of publications, coupled with the small number of postgraduate courses on the subject.¹³ Therefore, it becomes imperative that happens to continuing education on the importance of the role of health professionals in the process of donating from the academic period, sensitizing them in order to contribute to the reduction of time and suffering for those awaiting an organ transplant in the queue Brazil.¹⁴

However, the training process should not be restricted to academia. It needs to happen throughout life. Thus, professionals reveal the need for education and training of professionals working in these units so that they can better contribute to the process of organ donation and transplantation:

So I think a lot of education and lack a lot of training for the entire group, to be able to walk very fast. (E5)

Perceives the need, signaled by professionals, having a permanent education sector, with regard to the care of potential donors, which constitutes a fundamental

strategy in order to get the performance of activities with skill, safety and competence.

However, we can mark that the fragile staff training is not tied only at the level of technical and scientific knowledge. There are also difficulties relating to the ethical aspect-relational, which are strongly present in the process of organ donation. The notions of ethics are usually restricted to academic learning, which advocates do professional regulated by the Code of Ethics. In this sense, the strong presence of the paradigm biologist in the curriculum of courses in the area of health, dims, sometimes, the development of relational skills, extremely important in the process of organ donation, given the delicate task of addressing the family.

Given the above, it appears that Brazilian legislation and public programs, must meet structural deficiencies and trained human resources to capture and organ transplantation, in order to improve the statistics of organ donation in Brazil. The improvement in the structure and organization of health facilities and medical-surgical teams that favors growth.¹⁵

• Between the pain and altruism

Whenever we think of organ donation, the family is strongly embedded in the whole process, despite the pain expressed by hospitalization and sudden loss of their loved one. Some professionals expressed some concern with the family, both in regard to the act of donation, for having already gone through the same experience:

We try in every way possible also reassure the family, which is a painful moment for them, after all we cannot forget that patient, that body had a life story and that family was there, with us, that he had cure or at least had an improvement, and when it is enacted brain death, then, to family, to go ask for organ donation is a very painful process. (E2)

Ignorance or not accepting the diagnosis is understandable, since, until recently, death was associated only to cessation of cardiac function. Another factor that hinders the acceptance of the family is the fact that the patient still has heartbeat and respiration, leading the family to believe in the reversal of the situation. The understanding of brain death is one of the factors that influence the process of organ donation, because often families just hear about this concept when a loved one develops into such a diagnosis, due to a sudden and severe brain injury. This complicates the understanding of the idea of cessation of brain functions in a being,

apparently alive.¹⁴

The involvement and attention to the family are essential, so that they provide quality care. Professionals often the rapid pace of work or emotional unpreparedness, abstract up the attention and solidarity that should be provided to families. However, the context of family decision involves more strongly, the situation of mourning and the influences of society, religion and beliefs of other families who experience the emotional pressures of the moment loss of a member of the family.¹⁵ This, inevitably requires better professional preparation to cope, first with the context of pain and suffering that restricts the nuclear family and the other, with its own context awareness and suffering, to experience another's pain.

Given the above, the fact that they are the subjects of this study, health professionals, not exclude people as their weaknesses, that interferes with both positively and negatively, in the performance of work. Thus, one of the respondents opted for the non-involvement with the family, especially on issues like this, where you see the suffering and finitude so close:

Making it easier for me is just to be away from this involvement with the family; my involvement is purely technical, which makes it much easier for me. (E1)

Nevertheless, the interviewee believes that there should be a work directed specifically to address the family as the following expression:

You should have a team, do not know if there is but a specialized team to work with the family, who persuaded the same to donate. After all, had not many cases of donation by the family. (E1)

The emotional support, assistance offered to families and information about the donation process, seem to be essential to encourage the donation, given the complexity of reasons to donate or not. Weaknesses in the donation process, perceived by households, and considered as grounds for refusing the donation of organs and tissues, evidence that, before implementing any education program geared to the population, it is necessary to initiate continuing education programs directed at staff multidisciplinary, emphasizing the implications arising from ignorance of the donation process and transplant.¹⁶

FINAL COMMENTS

The study reveals the perception of health

professionals, working in the Intensive Care Unit, about the process of organ donation. Unveils some aspects that sometimes show themselves invisible or undetectable to other health professionals or society itself. It is observed that the professional acts guided by two lines of action: an objective (which are valued agility and technical-scientific knowledge) and a subjective (expression of feelings that demonstrate their weakness in facing situations such as death, suffering and pain). The professionals, however, believe organ donation as a gesture of solidarity, which, despite suffering correlated, provides a better quality of life or their life to another person.

In the analysis emerged the need for education regarding the process of organ donation, provided vocational training, since professionals reported little or no approach on the matter at this time. Also reported difficulty in dealing with the particular involving the donation and organ procurement, especially those related to family approach, which reinforces the need to invest in continuing education, as a tool that could help with this process. Still, it is important to note the limitations instilled in the process of organ donation, which constitute difficulties for it to really become effective. It is believed that the expansion of the debate on the subject in different settings, opportune reflections necessary to improve the health care of everyone involved in the process, as well as help increase the number of organ donations, and consequent improving the quality of life and survival of millions of people, waiting in queues transplant.

However, it should mark the importance of a comprehensive approach on the issue, with health professionals involved in the process in order to create opportunities subsidies to experience the work process with less suffering, through the provision, by educational institutions and health, awareness strategies and reflection.

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