

Attitudes and Knowledge of Nurses on Organ Legacy and Transplantation

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SUMMARY

Introduction Nurses represent an important link in mediating between the potential donors and their relatives' consent to organ and tissue transplantation. The message of the Health Department to potential donors about the importance of organ donation was supported by the Serbian Orthodox Church, the army and other institutions through media campaigns. Nurses could contribute to this action by their personal example.

Objective The aim of this study was identification and bivariate analysis of nurse attitude about organ donation, their knowledge about the importance of transplantation as treatment methods, as well as the connection between work experience and education level with the formation of attitudes and new skills.

Methods In this cross-sectional study, 291 nurses from the Clinical Center of Serbia, Belgrade, filled in the questionnaire on the effect of correlation between the length of the service and level of education on knowledge and attitudes toward organ transplantation and organ donation.

Results Out of 291 respondents, 67.4% have completed the nursing school and 32.6% have higher education. The majority (63.9%) of respondents knew that the EEG was the most valid method for determining brain death. The question regarding the possibility of buying organs was answered correctly by 68.7% of respondents. A large majority (91%) would accept organ transplant, if needed, but only 32.0% would be organ donors, and only 0.3% owned a donor card. In contrast, one third of nurses were already blood donors.

Conclusion In case of necessary transplantation, nurses would accept someone else's organ, though they do not possess donor cards, but just few would donate their organs. It is possible that prejudice arises from ignorance and distrust in the health policy of the Republic of Serbia. However, besides negative attitude, nurses have expressed interest in learning and professional development in the area of transplantation.

Keywords: attitudes; donor; knowledge; nurses; transplantation

INTRODUCTION

Transplantation is a replacement of dysfunctional organ through the surgical intervention. Transplant procedure is based on principles of solidarity between donor and recipient, medical justification, protection of interests and dignity of the donor and the recipient, the availability and the ban of discrimination and the principle of security [1]. In Serbia, 3,500 patients are waiting for kidney transplantation, 200 patients for liver transplants and 100 patients for a heart [2]. Since 1995, when Serbia started doing transplantations, only 485 transplantations have taken place from alive donors and 165 from cadaverous. According to Eurotransplant International Organization [3], 6,469 transplantations were done in Europe in 2010. This fact indicates that Serbia is only at the beginning of transplantation.

Medical professionals have an important role in the procurement of transplantation organs, and they could be partly responsible for the lack of organs needed for transplantation [4]. Nurses around the world have shown a positive attitude to organ transplants, despite cultural and traditional differences [5].

Research conducted in 2009 on a representative sample of the population of Serbia, showed that the population is generally uninformed about the law and procedures concerning organ transplants [6]. This research showed the lack of awareness and lack of information in general population and the attitudes of nurses were expected to be similar. Many factors affect the judgment of health workers, especially nurses, regarding organ donation. The failure of health workers to identify potential donors [7], lack of information by families related to their ability to give approval for donation organs of their deceased members, or their rejection to sign the approval [8] are some of the most important problems in organ acquisition. Perhaps nurse's personal example – signing the donor card or showing already signed card – could persuade families to give their approval for organ donation at the critical moment. The importance of health professionals in the promotion of organ legacies starts in the primary care. Doctors working in the primary care reported that their knowledge about the legacy and transplantation was very limited [9]. Nurses and doctors should have the necessary training about the organ transplantation and

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donation, so that a more appropriate promotion could start at the primary health care level.

OBJECTIVE

The aim of this study was to identify and analyze the attitudes and readiness for organ legacy by nurses, to determine the level of their knowledge on the importance of transplantation, and the impact of their education level and work experience on forming the attitudes toward transplantation.

METHODS

This cross-sectional study has been performed during the period from March 1 to April 1, 2011. Participants involved 291 nurses and medical technicians from the several clinics in Belgrade - Gastroenterohepatology, Cardiosurgery, Vascular surgery, Neurosurgery, Thoracic surgery, Urology, Nephrology, Hematology and Center for the receipt and care of emergency situations. A four-part questionnaire was used to assess the knowledge and attitude towards organ donation, each part consisting of 46 questions. The first part was related to general questions (gender, years of experience, level of education), and the second part examined the knowledge of nurses about organ transplantation and legacy. The third part of the questionnaire referred to opinions and attitudes toward the legacy of organs and tissues, and in the fourth part of the questionnaire the nurses were asked about the daily practice at work and in life. Privacy, anonymity and previous verbal consent of the nurses were provided. Study was approved by the Ethics Board of the Clinical Center of Serbia, Belgrade. The methods of descriptive and analytical statistics were used. Continuous variables were shown as average values \pm standard deviation. Categorical variables were presented as percentages.

SPSS software for Windows, version 17.0 was used for data processing. Comparison of numerical values between two groups of features (length of work experience and level of education) was performed using Chi-square independence test (χ^2). Values of $p < 0.05$ were taken as significant.

RESULTS

Out of a total number (291) of nurses and medical technicians interviewed, two-thirds (67.4%) completed secondary medical school, and only one third (32.6%) had college or university education. Most respondents (30.6%) had less than five years of work experience, while equal percentages had 5-10 years or 10-20 years of experience (21.3% and 21.3%, respectively). Similar percentages of nurses had 20-30 years of work experience, and over 30 years of experience (14.1%, and 12.7%, respectively). Only one respondent owned the donor card, although one third of nurses was voluntary blood donors (Table 1). Regarding

Table 1. General information on respondents (N=291)

Questions	Answers	%
Education	Secondary medical school	67.4
	University or college of medicine	32.6
Work experience (years)	<5	30.6
	5-10	21.3
	10-20	21.3
	20-30	14.1
	>30	12.7
Donor card owner?	No	99.7
	Yes	0.3
Voluntary blood donor?	Yes	19.6
	Sometimes	13.7
	Never	66.7
Would you donate an organ or part of an organ while you are alive?	Yes	32.0
	I am not sure	15.0
	Never	53.0
Familiar with transplantation law?	Yes	8.6
	Partially	47.1
	No	44.3

the level of education, much higher percentage of nurses with secondary education (73.7%) were blood donors, in comparison with those with higher education (26.3%) (not shown).

More than a half of responders (53.0%) would never donate an organ while alive. High percentage of respondents was not, or only partially was familiar with the transplantation law (44.3% and 47.1%, respectively) (Table 1).

The fact that the EEG is the most valid method for determining brain death was not known by 61% of nurses with up to 20 years of service, and only by 39.0% of those with more than 20 years of experience ($p < 0.001$). With regard to the level of education, nurses with the secondary school responded incorrectly in higher percentage (81%), compared to nurses with college or university education (19%) ($p < 0.001$). In the group of respondents with up to 20 years of experience, 64% of them gave the incorrect answer to the question if it was possible to take organ from people with their heart and lungs still operating, and in the group with more than 20 years of experience 36 percent of respondents gave the incorrect answer ($p < 0.001$). Nurses with 20 years of experience answered incorrectly (75%) that there were no undesirable effects after transplantation, as well as 25% of those with over 20 years of service ($p < 0.002$). Ignorance about the possibility of transplantation of pancreas, small intestine and the heart was recorded in 76.7 % of nurses with 20 years of experience, and in significantly lower percentage (23.3%) of more experienced nurses ($p < 0.003$). The level of education did not have effect on the percentage of correct answers to this question. The nurses did not know that body organs could not be bought (nurses with up to 20 years of service in 77%, and over 20 years in 23% of time, $p = 0.037$). When asked whether any patient could receive anyone's organ, 76.4% of nurses with up to 20 years work experience answered incorrectly, while nurses with more than 20 years of work experience responded incorrectly in 23.6% of the cases ($p = 0.002$). The fact that a child under the age of 16

years could not be a donor was known by 20.4% of nurses with up to 20 years of work experience, and by 79.6% of those more experienced ($p=0.004$). When asked whether patients with heart disease, diabetes and obese patients might be donors, two thirds of less experienced nurses (66.7%) gave incorrect answers (33.3%). To the same question, 73.3% of the nurses with secondary school and 22.7% with higher education gave an incorrect answer ($p<0.001$) (Table 2).

If the bereaved family would like to donate organs of the deceased, 77% of nurses with secondary education would know how to address and instruct the family appropriately, while only 23% of nurses were with college and university education ($p=0.002$). The nurses with secondary education (79.8%) would know how to give all the information about the care at home, in comparison to only 20.2% of the nurses with higher education ($p=0.002$) (Table 3).

That mass media were of great importance in forming attitude toward legacy organs was considered accurate by 68% of nurses with up to 20 years work experience, but only by 32% of more experienced nurses ($p=0.002$).

When asked if the need to promote the legacy organs was the duty of nurses and doctors only, nurses with up to 20 years of experience and those with over 20 years of work experience responded positively (43.5% vs 56.5%, $p=0.002$). That the Roma population could bequest their organs was known by 75.6% of nurses up to 20 years of work experience, and only by 24.4% of nurses with over 20 years of work experience ($p=0.003$). Nurses with the

secondary medical school gave the correct answer to this question (70.4%), and only by 29.6% of those with higher education ($p=0.000$) (Table 3).

Nurses with the secondary medical school considered the donor family support as not important (3.1%), of secondary importance (10.2%), important (32.7%), and very important (54.1%). Nurses with higher education considered it of secondary importance (23.2%), important (22.1%) and very important (47.4%) ($\chi^2=27.782$; $p=0.000$). That the religion affected the people's decision to bequest organs was thought by 66% of respondents, and 71% of respondents were of the opinion that religious organizations should be involved in promoting organ legacies (not shown).

DISCUSSION

In Serbia as in the rest of the world, the problem in the treatment of transplant is the lack of an organ or a donor. The law about transplantation of organs in Serbia was adopted in 2009, but there is still a small number of testator and large number of organs required. Many prejudices, lack of knowledge among the general population, but also among health professionals, were just a few reasons for low turnout to bequeath organs. Nurses, as part of the health team, are in constant contact with patients and their families, so they are an important part of the chain in organ acquisition. With this research of attitudes and knowl-

Table 2. The knowledge of nurses about organ transplantation and legacy

Question	N	Incorrect answer (%)					
		In relation to experience			In relation to education		
		≤20 years	≥20 years	p	SS	Co/U	p
EEG is the most valid method for determination of brain death?	291	61.0	39.0	0.001	81.0	19.0	0.001
The organs should not be taken until the heart and lungs failure?	291	64.0	36.0	0.001	59.0	49.0	NS
There are no adverse effects after transplantation?	291	75.0	25.0	0.002	67.1	32.9	NS
Pancreas, small intestine and heart can not be transplanted?	291	76.7	23.3	0.003	69.4	30.6	NS
When a patient needs an organ, he/she can buy it?	290	77.0	23.0	0.037	64.5	35.5	NS
Every patient can get anyone's organ?	291	76.4	23.6	0.002	65.6	34.4	NS
Children under 16 years cannot give their organs without parental consent?	290	20.4	79.6	0.004	66.3	33.7	NS
Can patients with heart disease, diabetes and obese people be organ donors?	291	66.7	33.3	0.015	77.3	22.7	0.001

N – total number of respondents; SS – secondary medical school; Co – college; U – university; NS – not significant

Table 3. Attitudes of nurses to organ transplantation and legacy

Statement/Question	N	Correct answer (%)					
		In relation to experience			In relation to education		
		≤20 years	≥20 years	p	SS	Co/U	p
Looking after cadaver who is brain dead is a very difficult psychological burden for nurses	291	70.7	29.3	NS	68.4	31.6	NS
If the bereaved family wanted to donate the organs, I would know how to refer them to the "right door"	291	68.9	31.3	NS	77.0	23.0	0.002
At discharge of patient after transplantation, I would know how to give all the information about the care at home	291	72.7	27.3	NS	79.8	20.2	0.002
Mass media have a great importance in forming the attitude to organ legacy	287	68.0	32.0	0.001	67.1	32.9	NS
Only nurses and doctors should promote organ legacy?	289	43.5	56.5	0.002	67.1	32.9	NS
Can Roma population bequest the organs?	291	75.6	24.4	0.003	70.4	29.6	0.000

N – total number of respondents; SS – secondary medical school; Co – college; U – university; NS – not significant

edge of nurses, we wanted to see what their position and knowledge of the legacy organs was, and to what extent they were ready to raise awareness of the importance of the transplantation process by setting an example. The research that has been done in Spain, Korea, Turkey and Portugal and in Serbia as well [10-13], indicates the lack of knowledge of health workers on transplantation and brain death. Understanding attitudes and knowledge of nurses affects the personal preparedness for legacy, and also the development of educational programs to raise awareness of donating organs. Knowledge which the nurses get during their studies is often not enough in the process of professional work. Therefore, personal experience and that gained from colleagues, as well as continuing medical education, will hopefully enable them to gain new knowledge. Our analysis of the impact of length of work experience, and the impact of education level, on attitudes towards transplantation, showed that these two factors were of great importance for their attitudes and adoption of new knowledge about organ transplantation and legacy. The nurses in Serbia are prepared to learn and develop in the area of transplantation, but they are not ready to show by example the importance of organ legacy. Some authors are of the opinion that health workers have the most important role in the development of ethical, educational, moral and religious dimension in the process of organ donation and that they can act as a role model for others [14]. In this research, the nurses knew that stem cells were used in transplantation, then the heart, the small intestine and pancreas could be transplanted, but did not know how to determine brain death. It is important to provide more information in education, which would lead to increase in organ donation and transplantation [13]. Our respondents have some basic, but insufficient knowledge, which hinders the application of this knowledge into practice. Nurses would support organ donation, but there is a lack of knowledge which results in their unwillingness to identify potential donors [15]. Education, personal motivation of doctors and nurses is as important as the legislative regulation in the establishment of expert teams for coordination and organ donation and transplantation [12, 16]; the attitudes of nurses and doctors about organ donation and transplantation clearly affect the willingness of the family to donate organs of their deceased members. Our nurses lack the knowledge in identifying all complications after transplantation.

In Serbia, the first liver transplant was done in 1995 [1], and the area of transplantation has been developing less quickly due to political situation, war, lack of donors and the lack of experts. In our research, 99.7% of nurses did not bequest organs, while in Japan [17], 50% of nurses did not sign a donor card. In a study conducted in Spain, nurses were positive about the legacy of organs [8, 18], which the authors connected with the understanding of the concept of organ donation. One study discovered that

the most common causes of unwillingness among African-Americans to bequest organs were poor health, financial problems, reluctance to talk with family and friends on this topic, and fear of surgery [19], while the religious and cultural barriers were not mentioned. Ignorance about the impact of religion on organ donation and legacy in a Canadian study [20] is consistent with our results that nurses lack the knowledge about that the religion has a significant impact on donating and receiving organs. Religion has an impact on organ donation and legacy, but the culture of a society includes more influential factor than religion itself [21]. Research conducted in the United Kingdom suggests that the reluctance of nurses to donate organs is the consequence of traditional customs, personal attitude and social factors, as well as their knowledge of the process of donation [22, 23], which can be said for nurses in Serbia as well. These problems may be overcome by involvement of the minority groups, religious and cultural leaders, and engaging visual media, with the aim to raise public awareness about the importance of organ donations and legacies [24, 25]. Most of our respondents do not have a donor card, and almost the same percentage of respondents would accept someone else's organ. Health education is a useful tool for promoting healthy lifestyles, but the training of health personnel to modify the behavior and attitudes toward transplantation is also important [26]. Better understanding of organ donation by the nurses and doctors would help spread a positive attitude on this important topic in a society [27, 28, 29]. Stress is an important psychological factor, which affects not only the health of nurses, but also their empathy attitude [30, 31]. In decision-making, the patients and their families need to be provided with psychological support through psychological counseling, which will enable them to get all the information about the legacies and transplantation [32].

CONCLUSION

Knowledge and attitudes toward transplantation are connected with education level and years of work experience. The training to change the attitude toward donation and legacy is needed, since our nurses have not shown adequate knowledge. Providing nurses with the new information would enable the formation of positive attitude on organ legacy, and help dispel prejudices. Promoting organ legacies among all members of the medical profession would have a significant impact on public attitudes.

ACKNOWLEDGMENTS

The authors thank to Dr. Ljiljana Vučković-Dekić for her help in preparing this manuscript.

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Ставови и знања медицинских сестара о завештању и трансплантацији органа

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КРАТАК САДРЖАЈ

Увод Медицинске сестре су значајна карика у посредовању између потенцијалних давалаца и сагласности њихове родбине за трансплантацију ткива и органа. Поруку здравства потенцијалним даваоцима о значају завештања органа подржале су Српска православна црква, војска и друге институције кроз медијске кампање. Медицинске сестре би својим личним примером могле допринети овој акцији.

Циљ рада Циљ истраживања је била идентификација и биваријантна анализа ставова медицинских сестара о завештању органа, њиховог знања о значају трансплантације као методе лечења, као и утврђивање повезаности радног искуства и нивоа образовања са формирањем ставова и нових знања.

Методе рада У овој студији пресека је током марта и априла 2011. године 291 медицинска сестра (медицински техничар) Клиничког центра Србије у Београду испунила упитник којим се испитивала повезаност утицаја дужине радног ста-

жа и нивоа образовања на ставове и знања о трансплантацији и завештању органа.

Резултати Средњу медицинску школу завршило је 67,4%, а вишу или високу 32,6% испитаника. Да је ЕЕГ најваљиднија метода за утврђивање могућности куповине органа дало је 68,7% испитаника. Прихватило би туђ орган 91,4% испитаника, док би донирало само поједини орган 32,0%. Донорску картицу имало је само 0,3% испитаника.

Закључак Медицинске сестре би прихватиле туђи орган када би им била неопходна трансплантација, док би мањи број испитаника донирао органе. Могуће је да предрасуде проистичу из незнања и неповерења према здравственој политици Републике Србије. Поред негативног става према завештању органа, медицинске сестре су показале интересовање да даље уче и усавршавају се из области трансплантологије.

Кључне речи: трансплантација; донор; медицинска сестра; ставови и знање

Примљен • Received: 11/07/2012

Ревизија • Revision: 03/11/2013

Прихваћен • Accepted: 20/01/2014