

“How can nurses impact families’ decisions & experiences regarding deceased organ donation?”

THE ISSUE

Deceased donors die in an intensive care unit (ICU) (Ministry of Health [MoH], 2016b). In New Zealand, only 44% of families consent to organ donation in brain dead patients (Ministry of Health, 2016c). Deceased donations are not meeting the increasing demand for kidneys and the demand for hearts, lungs and livers may also not be being met (MoH, 2016b).

FINDINGS:

“Are you sure they won’t wake up?”

- It is hard to comprehend brain death, as the donor feels warm, breathes, & has a heart-beat, sustained artificially (Berntzen & Bjørk, 2014; Manuel, Solberg, & MacDonald, 2010). Berntzen & Bjørk (2014) found families may think the patient suffers through donation.
- Poor communication & lack of family-inclusive decision making between staff and family results in anger and disappointment (Manuel et al., 2010). A lack of staff teamwork can lose family trust and organs (Meyer & Bjørk, 2008).
- Forsberg, Flodén, Lennerling, Karlsson, Nilsson, & Fridh (2014) concluded that a farewell created a dignified, memorable time for the family. De Aguiar Roza, Pestana, de Fatima Faria Barbosa, & Schirmer (2010) conclude it is important families practise rituals surrounding death to prevent regret after donating.
- Māori & Pacific families are less likely than Europeans to agree to donation, due to less awareness, health system mistrust, culturally ineffective staff, beliefs and the lower rate of raising the topic (Ministry of Health [MoH], 2016a).
- Some families feel they lose autonomy in that the organ recipient’s best interests are being served (de Aguiar Roza et al., 2010).
- Nurses’ lack of knowledge and view that donation is ‘giving up’ on the patient causes delays and decreases the chances of the family consenting (Siminoff & Traino, 2009).



RECOMMENDATIONS

- Inform beyond what the family expresses they need (Berntzen & Bjørk, 2014). Family need to know death is confirmed before donating (Berntzen & Bjørk, 2014). Give clear, concise information regarding brain death (Manuel et al., 2010).
- Allow the family time to make a decision (Meyer & Bjørk, 2008).
- Communicate in an honest, plain and direct way with the family (Marck et al., 2016).
- Work collaboratively as staff (Meyer & Bjørk, 2008).
- Offer follow up, as this helps with reconciliation and answers questions (Berntzen & Bjørk, 2014).
- Berntzen & Bjørk (2014) recommend a parting that enhances acceptance of death.
- Show respectful care for the donor (Forsberg et al., 2014).
- Improve cultural competence (MoH, 2016a) and ensure a high level of ethical competence amongst staff (de Aguiar Roza et al., 2010).
- Educate nurses for effective work (Siminoff & Traino, 2009). Encourage more experienced nurses to guide less experienced nurses to develop staff competence (Meyer, Bjørk, & Eide, 2012).
- Acknowledge that organ donation can be emotionally difficult for staff (Forsberg et al, 2014).

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PICOT MODEL (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2016)

Category	Information	Explanation
Population	Families of deceased potential organ donors, from any age.	A person can become a donor at any age (Ministry of Health, 2016a). Deceased donors are the focus as live donor rates are much higher than deceased donor rates when compared on an international scale (Ministry of Health, 2016b).
Intervention	Families who have interacted with nurses in the organ donation process.	I will look for quantitative and qualitative articles to find out how nurses can impact on families.
Comparison	Where nurses have not been noted as interacting with the families.	By making this the comparison, I can review how effective a nurse interaction can be.
Outcome	An increase in families' positive view of the donation experience where nurses are involved.	What a health professional does can make donation as positive or negative experience as possible.
Time	When a nurse makes contact with the family and through the donation process.	The ICU nurse interacts with families. So, the time in ICU is relevant.

SUMMARY

I researched organ donation as it is a topical issue that was brought to my attention during placement, where a nurse presented a story of a person's family donating organs after a car crash death. Disseminating research supports nursing knowledge (Schneider et al., 2016). A poster can be a creative way to draw people's interest, disseminate findings, and engage an audience in a networking event (Schneider et al., 2016). I chose to produce my information in a poster because I wanted the presentation to be brief but effective in engaging the audience. I wanted the person reading it to come away thinking about the issue and how they would respond to a family's questions and needs. The more senses we use, the more strongly we remember information (Siddons, 2008). Presentations are enhanced with graphics, colour, catchy titles and concise information (Schneider et al., 2016). The title is similar to a story. Stein (2009) comments that stories enable us to connect with others and storytelling is an effective educational tool in nursing. The face and speech marks, which act as the character of the 'story', are to help engage the reader emotionally.

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