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Competences of the Nurse Member of the Intrahospital Commission for Organ and Tissue Donation for Transplantation

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Abstract: **Introduction:** Among the members that compose the Brazilian Intrahospital Commission for Organ and Tissue Donation for Transplantation (Cihdott), the nurse is the professional who has the greatest contact with potential donors and their families because of the care provided to patients in intensive care units, thus becoming a reference for the family. The nurse's performance as a member of Cihdott has been recognized and related to the success of organ donation. **Objective:** To identify the competences of the nurse member of Cihdott. **Methods:** Descriptive study, with a qualitative approach. Nurses who had been members of Cihdott for at least six months and agreed to participate in the research were included, selected by means of the snowball technique. Semistructured interviews were conducted, and data analysis was done by thematic grouping, using Minayo's referential. **Results:** Ten nurses, aged between 32 and 50 years and working at a Cihdott for 4 to 11 years, participated in the study. From the data analysis, four categories emerged: "The role of the nurse from the beginning to the end of the donation process"; "Competences and attributions of the Cihdott nurse"; "Personal qualities that influence the professional ambit"; and "Limiting factors for the nurse's performance." **Final considerations:** The nurse member of the Cihdott acts in several activities in the donation and transplantation process, among them: active search, family interview, donor maintenance, follow-up of the organ and tissue removal and transplantation process, organ packaging for transplantation, body reconstitution follow-up, and body return to the donor family, and training with the teams. Besides this, administrative and bureaucratic attributions are part of the Cihdott nurse's routine.

Descriptors: Nurses; Tissue and Organ Procurement; Role of the Nursing Professional.

INTRODUCTION

Organ and tissue transplantation is a surgical procedure in which a diseased organ or tissue is removed and replaced by a healthy one. This type of procedure is performed when therapeutic measures have been exhausted, and aims to provide better quality of life and life expectancy for people with advanced and irreversible diseases.[1]

The Unified Health System (UHS) subsidizes 96% of all transplants performed in Brazilian states, making Brazil the country with the largest public transplant program in the world. In effective numbers of transplants, Brazil is second only to the United States of America.[2]

Ordinance No. 1,752/GM/MS5, from September 2005,[3] determined that all hospitals with more than 80 beds, whether public, private, or philanthropic, must have an Intrahospital Commission for Organ and Tissue Donation for Transplantation (Cihdott). The group must be formed by a multidisciplinary team,

which is responsible for welcoming the family, organizing and expediting the donation process, and raising the awareness and education of the institutions' employees. Moreover, it must be composed of at least three members, one of them qualified as a coordinator—a physician or nurse from the institution—, trained as an intrahospital transplant coordinator, through a certificate issued and validated by the responsible bodies.[3]

In general, nurses work in the promotion, prevention, and recovery of the individual; they are committed to the health and quality of life of patients and their families, provide individualized care, taking into consideration the biopsychosocial aspects of each person.[4] Among the participants of the multiprofessional team, the nurse is seen in a strategic and reference position for the team, and is easily identified for their leadership and teamwork.[5] Therefore, the nurse's role is essential in the Cihdott team, since he/she plays an important role, as he/she is in contact with the intensive care unit (ICU) teams and actively searches for possible donors who present a clinical picture suggesting brain death. Moreover, the professional stands out for being close to the potential donor's family, establishing a bond of trust, and generally becoming a reference for the family.[6,7]

In view of the above, the guiding question of the study was: What are the competencies of the nurse member of the Cihdott? The choice of the theme emerged from questions about the dimension of the work of nurses as members of the Cihdott and the influence of their activities on the effectiveness of donation.

Thus, the objective of the present study was to identify the competencies of the nurse member of Cihdott through the functions performed and reported.

METHODS

This is a descriptive study with a qualitative approach. For the selection of participants, the snowball technique was used[8]. Nurses who had been members of Cihdott for at least six months and who agreed to participate in the research were included in the study. According to the technique used, initially three nurses, called seeds, were recruited by convenience. After explaining the research objective and the profile of the interviewees, the seeds indicated contacts from their own reference network that met the inclusion criteria. To define the number of participants, the criterion of data saturation was used.

Data collection occurred through an online interview, following a semistructured script, with nine open questions, in addition to questions related to the characterization of the sample profile. The estimated response time was 20 minutes.

The first contact between researcher and interviewees was made via e-mail. An invitation to participate in the study was made, the research objective and how it would be developed was presented, and the informed consent form (ICF) was attached. The participants who returned the e-mail confirming their acceptance to participate in the study also sent the signed ICF, and the interview was scheduled on a date and time agreed with the participant. The interview was conducted via videoconference using the tool that best met the interviewees' needs (Google Meet or Zoom). The interviews were recorded, aiming to maintain the originality of the speeches, and later transcribed in full. The participants were categorized by the letter N (initial of the word *nurse*), plus a cardinal number, according to the interviews number (example: N1, N2, N3).

The data analysis occurred by thematic grouping, in three phases:

- Pre-analysis: The material was organized to be analyzed, starting its categorization after a floating reading;
- Material exploration: Rereading the material and then coding, classifying the data, and organizing it into categories;
- Treatment of the data obtained and interpretation of the results in a qualitative way.[9]

The study was conducted respecting the ethical aspects involving research with human beings, according to Resolution No. 466/2012, of the National Health Council,[10] and was approved by the Research Ethics Committee of the educational institution proposing the study, under opinion number 4,438,578.

RESULTS AND DISCUSSION

Ten nurses participated, with ages ranging from 32 to 50 years old, most of them women (70%). Regarding education, half of the participants (50%) had a specialization in Intensive Care, 2 (20%) in Emergency and Urgent Care, 1 (10%) in donation and transplants, and 2 had only an undergraduate degree (20%). In addition, 2 (20%) participants, in addition to specialization, completed a master's degree. Eight (80%) nurses worked in adult ICU, 1 (10%) in adult and pediatric ICU, and 1 was exclusively dedicated to Cihdott and Organ Procurement Organization (OPO) (10%). The time of performance in Cihdott varied between 4 and 11 years. The average duration of the interviews was 23 minutes.

After a careful analysis of the data, four categories emerged: "The role of the nurse from the beginning to the end of the donation process"; "Competencies and attributions of the Cihdott nurse"; "Personal qualities that influence the professional scope"; and "Limiting factors for the nurse's performance."

The role of the nurse from the beginning to the end of the donation process

As they also work in the ICU, the nurses at Cihdott recognize the importance of family welcoming. They know that, according to the legislation, the family approach can only occur after the diagnosis of brain death; however, in their statements, it is possible to perceive how important they consider the previous welcoming to establish a relationship of trust with the family members:

> We cannot talk to the family, but trying to accompany that family, trying to understand the whole context that is inserted…, we already create a bond, a relationship with that family, welcoming, improving the reception, so that when the time comes, if necessary, there is already a bond of trust and we can talk better about the subject (N1).
> Welcoming this family, you know what they need. Sometimes, it is just standing next to them. Sometimes you just must talk a little more, but you make this family feel confident in the team… I think this is a very important role, welcoming. If I could sum it up in one word, it is welcoming (N8).

Because they are also part of the assistance staff, Cihdott nurses are involved from beginning to end in the organ and tissue donation process. Their role includes moments before the donation, when a bond is created and a relationship of trust is established with the family, considered important resources that can influence the decision regarding donation; and after the donation, at the moment the body is handed over, when they are able to bring comfort to those who choose donation.[7,11,12]

The importance of welcoming the family of patients in the ICU is evident, since the hospital environment causes many doubts and negative feelings to the family members. Through the welcoming process, it is possible to identify the family's needs and, based on this, plan interventions to meet them. Through this process, the nurse provides family members with safety, confidence, and greater satisfaction in relation to hospitalization and the provision of care to their family member.[13]

Nurses realize the importance of previous reception and creation of a relationship of trust with the family members, associating such attitudes to a greater chance of successfully obtaining acceptance for donation. In addition, they believe that, with the work performed, besides comfort, it is possible to bring new perspectives on death, distancing the parameter of finitude and giving comfort to families who choose organ donation, as well as providing the opportunity to save the life or improve the life expectancy of other sick people who are on the transplant waiting list, as can be seen in the statements:

> "With our work, we provide the opportunity to re-signify death… With our work, we enable the family, in a certain way, to give a new meaning to the death of the loved one" (N2);
> "I always had a different look at these patients, potential donors, possible donors… I already had this will, this understanding of trying to bring this patient to follow a later plan… To make life possible" (N8).

The reactions and feelings before donation are countless, because the loss of the loved one is interpreted according to the values, beliefs, and experiences lived by the family members. Some families choose donation in search of comfort and to give new meaning to death.[14] The role of the nurse is crucial at this moment, since this professional helps the process to occur as quickly as possible, avoiding further suffering and more distress for the family members.

Competences and attributions of the Cihdott nurse

The work regime of the Cihdott members works in shifts. In other words, from the moment the brain death protocol is opened, the professional, who is on call, totally takes over the functions involved in the organ donation process:

> I can talk to the nurse or the physician who is on duty, and we ask… I saw that she is in Glasgow 3, I saw that you suspended the sedation, and then we try to discuss the case with them and see if there is the possibility of opening the protocol (N2).
> We support the medical team that will open the brain death protocol. We have the competence to certify that this brain death protocol is legal, through the documentation that is filled out during the clinical exams, apnea exam, and imaging (N6).

The participants reported that they are also responsible for the organization of care practice, in which they identify the needs, implement, evaluate, and monitor the results of the care provided to the potential donor, practices that are essential for the success of donation:

> "If we don't perform a proper maintenance, there is no point in the family often saying yes. They will donate, and when they get there, at the time of withdrawal, the physician observes that it is not adequate" (N7);
> "We continue to accompany the patient to maintain this potential donor until the time of surgery" (N3).

Cihdott nurses have become a reference for the assistance teams, because they play an important role, as they are involved in all the stages of the organ and tissue donation macroprocess, among them enabling the opening of the brain death protocol,[15] communication of the diagnosis to the State Transplant Center (STC), monitoring the process of removal and transplantation of organs and tissues in the operating room, packaging of organs for transplant, monitoring the reconstitution of the body and

returning the body to the donor family, following the guidelines of the STC as to transport of organs and tissues, when the transplant will be performed in another institution.[15,16] The nurse is also involved in bureaucratic activities in the commission, such as filling out reports, intermediation between OPO, STC, and teams involved in organ harvesting, statistical monitoring to supply the database, and case follow-up:

> "If there is a donor, he goes to the hospital, does the paperwork, communicates OPO, communicates the transplant center and approaches the family, welcomes them, does everything that has to be done with that donor" (N8);
> "This part of monitoring all the exams, all the conversation with the transplant center… The other teams, whether on call from the block, or on call from the procurement team, because everything is with us, we are the ones who organize it" (N4).

The administrative and bureaucratic skills are part of the routine of the Cihdott nurse. This professional is responsible for intermediating between teams, compulsory notification, filling out documents, reports, and records that legitimize the donation.[7]

Most of the nurses recognized the importance of the educational processes of the teams regarding donation:

> "The way the teams worked, they didn't place much value on the maintenance of the donor… The protocol in general wasn't well understood, and it wasn't publicized much in the hospital. Today, we are already able to do the training work with the teams, dissemination" (N1);
> "Today it is easier, because of the training that everyone had… Doctors in general, all in the hospital have received training, even because of the number of cases" (N5).

As determined by Ordinance No. 2600/2009,[17] professionals working in the Cihdott are responsible for conducting training and capacity building for the teams of health institutions, with the objectives of clarifying doubts about the brain death protocol and expanding knowledge about the donation processes. Through trainings, it is possible to transmit knowledge and information to the teams, allowing them to acquire skills and clarify doubts about the process of organ donation and maintenance. When there are more people involved in the identification of potential donors, consequently there will be more protocol openings and an increase in organ donation rates.[18]

When there is no ongoing brain death protocol, the professionals work in the active search for potential donors, which is essential to identify those who may evolve to brain death and contribute to the continuity of the process:

> Calls or visits all ICUs and emergency departments of the hospital, daily, three times a day, looking for patients who are potential donors, and starts to follow up the case. So, as soon as a potential or possible donor patient appears, we follow up (N1).
> The work of the committee is extremely important, because if we do not identify that potential donor, we will never effectively achieve transplantation. […] We know that, if we do not open the protocol, this severe patient will continue to be severe, he will cease, and we will not open the protocol and we will not be able to perform the transplantation donation (N2).

The World Health Organization has adopted the Spanish model as a world reference for organ and tissue donation, which is based on the assumption that one of the donation problems is the difficulty in finding donors, not the lack of suitable donors.[19] Brazil also follows this model. Through active search, clinical criteria indicative of progression to brain death can be identified, and, with this, the possibility of opening protocols can be monitored and discussed with the care team.[15]

Besides the above-mentioned attributions, the family interview was listed by nine of the ten interviewees as the main competence of the nurse member of the Cihdott, since, depending on how the family approach is performed, it can have a positive or negative outcome regarding the donation decision, as represented by the speeches:

> The family interview is something specific to Cihdott, to the members, especially the nurses. So, this is the main thing, it is the main point to leave the donation and effect a transplant. […] It is essential. There would be no transplantation if there were no members of the Cihdott to do the interview (N5).
> The greatest competence that I think the Cihdott nurse must have is management for the family interview. It is there that everything will be solved or not (N10).

Brain death is usually the result of an unexpected event, giving the family little time to assimilate and absorb what is happening. A study conducted with families who had a family member diagnosed with brain death and chose not to donate their organs showed that they regretted it, and that if they were approached at another time, because they already knew about the diagnosis, they would authorize the donation.[20]

During the family interview, the nurse must provide a favorable and comfortable environment. In addition, he/she should explain the entire donation process, give the proper orientation, and clarify any doubts the family may have, respecting the decision-making time.[11,21]

Regarding family refusal, it was observed that the lack of information about the diagnosis of brain death and organ donation can contribute to misinterpretations about the donation and transplantation process.[22] Thus, it is extremely important that the professional responsible for the family interview has knowledge about the diagnosis of brain death and the whole process of organ donation. In addition, the professional should explain and ask if the family understood the patient's situation and if there were any doubts about the possibility of donation.

Thus, it is emphasized that several factors can influence the family's decision to authorize organ donation or not, such as: family knowledge about the deceased person's desire to be a donor or not, family experience in hospital care, family experience in the relationship with the health care team, family interview, family beliefs, among others.[23]

Personal qualities that influence the professional sphere

For the Cihdott nurse to be able to fully develop their competencies, the participants say that technical-scientific knowledge is not enough; some personal qualities are also necessary, such as empathy, sensitivity to the cause, affinity, and commitment to the area:

> I think I have already said a little, you must have dedication, humanism, interest, involvement, respect, you know? Affection, patience, calm, sincerity. […] You must be very responsible. It is a scale that demands a lot of responsibility. We travel, sometimes we are on call, you know? That, if there is something, you must come back (N1).
> The nurses' work, I think that because we work very close to the patients and their families, we already acquire a little more of this empathy, we already have a little more of this holistic view of things… We end up having this more human vision and acting in a more empathetic way with these families in this moment of pain. I think that the nurse's work at this moment is very important, very special (N4).

Empathy and sensitivity are characteristics of Cihdott nurses, and these qualities will help them at the moment of the family approach. The professional is also expected to be cautious, because after communicating with the family about the possibility of donation, the nurse must respect the moment for decision making.[7]

According to the following reports, one can see that the nurses recognize the importance of the work done by them in the commission and that they are aware of the positive feedback. In addition, they believe that their academic background makes them differentiated professionals to act in the Cihdott:

> "Wow! My participation and that of my colleagues is very important in the commission, it is the kick-off, right? We are the ones who kick-start the whole process" (N1);
> "The nurse's training is generalist and more focused on humanism, on the holistic, which favors our performance in Cihdott, especially in the family interview, which is the central role… Nurses don't have much problem with interaction with family members, right? It is a work that is also being done in nursing universities, to have this differentiated look" (N8).

According to the National Curricular Guidelines of the Undergraduate Nursing Course, the training of nurses should have a technical-scientific foundation and be aimed at the development of generalist and humanistic competencies and skills.[24] As mentioned by the interviewees, the nurses' education is directed to humanized care, making the professional work closely with the patient and the family members. The training also prepares them to exercise team leadership, an important characteristic for the performance in several areas, including organ donation and transplantation, in which they need to work in teams and contribute to the guidance and training of other professionals.[7] It is also noteworthy that, according to the current legislation in Brazil, nurses and doctors are the professionals who can act as Cihdott coordinators in Brazil.[4,16,25]

Communication is an important competence in care. Nurses begin to develop it during their academic training and improve it throughout their professional life. Communication is considered a process that should be used as a tool in the care process.[26]

Limiting factors for the nurse's performance

The lack of bond between members of the commission and family members was pointed out as a negative point, since some institutions orient that the professional who will approach the family is not the same that worked in direct assistance to the patient. Thus, family members do not assimilate the preexisting bond to a relationship of interest:

> Characteristic of the place where I work […], we work in the ICU. So, when we see that there is a patient that may be in our scale, that will evolve to brain death, we even try to change the scale so that the family does not have this correlation, of the care team with the person who will be approached afterwards (N4).

When the member of the committee responsible for the family approach does not know the patient or their family, it is essential that the former understand the patient's clinical situation. Furthermore, a broad knowledge of the stages of the donation and transplantation process is necessary in order to clarify any doubts that may arise. These two factors will facilitate the process of approaching the family, when the possibility of organ donation will be addressed.[27,28]

The members of the commission have direct contact or are part of the teams that are providing assistance to the patient. In any situation, dialogue is essential for the smooth progress of the donation process. According to the statements, the relationship with the medical team is sometimes a problem faced by nurses as members of the committee:

> The biggest difficulty… I think that in all nursing areas it is difficult for you, as a nurse, to give orientations to the doctor… When you have that old doctor, who doesn't accept to take orders, let's say, from a nurse. So, this is one of the biggest difficulties we have (N5).
> When the doctor doesn't accept the family's no, then they look at us with a face… As if you didn't get the yes, only they have to understand that it is a family that is on the other side and they have the right to say no (N9).

The involvement of the multidisciplinary team, working in an integrated way, is favorable for the effectiveness of organ and tissue donation. In this sense, it is important to invest in training about effective communication, teamwork, and workflows.

The remuneration for working in the Cihdott does not follow a pattern in the healthcare institutions. In some, there is a fixed team that works only in the commission, but in other institutions the nurse is linked to care areas and performs Cihdott activities parallel to their duties, as an extra-activity, without necessarily being paid for it. Thus, many feel overloaded, undervalued, and unmotivated, generating, as a consequence, higher turnover in the commission team:

> I work six hours in the ICU and I am part of the commission, but if I stay after my schedule, I get nothing for it. It is in love, and in love it works for a while, but it can't work forever, because people get tired, people get discouraged and end up looking for another place to work (N2).
> As we don't have, ahn, any specific remuneration for Cihdott, we are paid on call (N5).

Despite the recognition and the investments aimed at the transplant area, there are no regulations in Brazil that support the remuneration of coordinators or members of Cihdott. Many professionals who work on the commission are not paid for this function and have other parallel functions in the hospital, which ends up causing demotivation, dissatisfaction, and a feeling of lack of recognition of professionals, in addition to work overload.[29] Even so, many institutions keep professionals with double function and without extra remuneration, just to meet the determinations of the Ordinance No. 1,752/GM/MS5, from September 2005, which brings the compulsory presence of Cihdott in all hospitals with more than 80 beds.[3,29]

The limitations of the study are related to the small number of nurses that comprised the sample, and to the fact that they belonged to only one region of the country.

FINAL CONSIDERATIONS

The study made it possible to identify the competencies of the nurse members of Cihdott, besides showing that they are involved in the entire process of organ and tissue donation and that their role is fundamental from the family welcoming until the delivery of the body to the family. Among the main activities performed, the following stand out: active search, family interview, donor maintenance, follow-up during the organ and tissue removal and transplant process, organ packaging for transplant, body reconstitution follow-up, body return to the donor family, and team training. Furthermore, administrative and bureaucratic attributions are part of the routine of the Cihdott nurses, such as: being in contact with the STC, following the influx determined by the Brazilian legislation about the communication that involves the donation and transplant process; filling out documents, reports, and records that legitimize the donation; working as a team; and mediating the processes between the different teams involved in the donation and transplant process.

It is worth pointing out that, in addition to knowledge and technical skills, personal qualities are essential for nurses to be successful in their duties. Sensitivity, empathy, and effective communication must be part of the professionals' profile. Such qualities favor the relationship with the potential donor's family, which is essential for the actual donation, through the family interview.

It is noteworthy that organ donation is the fruit of society's solidarity in order to save the life or contribute to the improvement in life expectancy of people with organ failure and who are on the waiting list for transplantation. In this context, the nurse, along with the multidisciplinary team, has the responsibility to work as a team, following the Brazilian legislation and the ethical principles that involve this macroprocess, in order to contribute to the donation and transplantation of organs and tissues.

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