

Evaluation of the Motivation to Consent to and to Refuse Organ Donation Among Participants of Educational Meetings Concerning Organ Transplantation

I. Milaniak^{a,b,c,*}, E. Wilczek-Rużyczka^d, K. Wierzbicki^{a,e}, J. Sadowski^{a,e}, B. Kapelak^{a,e}, and P. Przybyłowski^{a,f,g}

From the ^aCardiovascular Surgery and Transplantology Department, John Paul II Hospital, Krakow, Poland; ^bFaculty of Health and Medical Science, Andrzej Frycz Modrzewski Krakow University, Krakow, Poland; ^cInstitute of Health, State Higher Vocational School, Nowy Sacz, Poland; ^dFaculty of Psychology and Humanities, Andrzej Frycz Modrzewski Krakow University, Krakow, Poland; ^eMedical College, Jagiellonian University, Krakow, Poland; ^fFirst Chair of General Surgery, Jagiellonian University, Medical College, Krakow, Poland; ^gSilesian Center for Heart Diseases, Zabrze, Poland

ABSTRACT

Background. Improvement of the consent rate for solid organ donation from deceased donors is a key component of strategies applied in many countries aiming to increase the availability of organs for transplantation. Attitudes toward living and posthumous donation are favorable. Research shows that the outlook on organ donation and the degree of the willingness to become an organ donor are associated with a wide range of variables. The main objective of this study was to identify factors that influence the willingness to donate organs and the reasons for refusing consent.

Materials and Methods. The study included 191 participants (135 female and 56 male) aged 16 to 61 years (mean age 26.86 ± 12.88). A cross-sectional study was conducted during educational meetings concerning organ donation that was addressed to students, teachers, and nurses. Survey tools included the Individual Questionnaire: Study of attitudes toward transplantation, consisting of 26 closed questions (with the consent of the Statistical Office in Krakow).

Results. In all, 97.4% of the respondents accepted transplantation from living donors, and 95.8% accepted deceased donations. Of the respondents, 78.5% agreed to posthumous life-saving organ donation. There was a significant difference between the respondents' sex, age, social group, place of living, and the reasons for their willingness to donate organs both posthumously and during their lifetime, as well as reasons for refusal.

Conclusions. Our findings showed that the study group in general had favorable views on treatment involving transplantation and declared willingness to make a posthumous organ donation. These views vary depending on demographic variables. The education on the subject of organ and tissue donation has a positive impact on donation and transplantation rates.

ORGAN transplantation provides a life-saving opportunity for those who have no other options. Men, women, and children of all ages, all ethnicities, and all walks of life have had organ transplantations. The first successful kidney transplantation was performed in Poland in 1966. Since then, more than 25,400 transplantations have been performed in Poland, and success rates have been increasing over a number of years following the procedure, with many

transplant recipients surviving for 25 years and more [1]. Not everyone who needs organ transplantation receives it, due to organ shortage. Nearly 1500 patients are now on

*Address correspondence to Irena Milaniak, RN, MSN, PhD, John Paul II Hospital, Department of Cardiovascular Surgery & Transplantation, ul. Pradnicka 80; 31-202 Kraków, Poland. E-mail: imilan@szpitaljp2.krakow.pl

waiting lists in Poland. The mortality rates among patients waiting for heart, liver, or lung transplants range between 15% and 30% [2]. In 2007, the number of transplantations plunged by 45% following a series of incidents that undermined the public's confidence in the procedures [1].

Due to legislative initiatives, policy changes, as well as educational and social campaigns, we can observe rising organ donation rates [1,3]. A growing body of research on organ donation has focused on individuals' attitudes and their willingness to become organ donors [4–6]. In 2012, the Public Opinion Research Centre (CBOS) determined that 74% of the Poles surveyed agreed to have an organ of theirs transplanted after death; nevertheless, over the years we have observed a decrease in percentage agreement. The main reasons for the lack of consent included religion (23%) and reluctance to interfere with the deceased body [7].

Research shows that attitudes toward organ donation and the degree of willingness to register as an organ donor are associated with a wide range of variables, including humanitarian and charitable feelings, formerly performed voluntary actions, secular and religious beliefs, altruism, empathy, fear, willingness to communicate donation intentions to family members, as well as anxiety about body integrity and death [3,4,8,9]. Many factors are considered when an individual is making a decision about organ donation. In certain countries, reasons for refusal may be based on strong local cultural and religious beliefs. The following causes are the most common [10]: relatives not wishing surgery to the body, or concerns regarding disfigurement, feelings that the patient had suffered enough already, uncertainty regarding the patient's wishes, disagreements among the family unit, religious/cultural reasons, dissatisfaction with health care staff and the process, concerns over delayed funeral/burial arrangements, inability to accept death, lack of understanding of brain death, concerns regarding the integrity of the procedure (unfair organ allocation, organ trafficking), and long-standing negative views on organ donation.

The literature reviews concerning factors connected with family consent to organ donation divide them into 2 categories: modifiable and nonmodifiable. The modifiable factors identified by Simkin et al in their review [11] are presented below:

- Providing adequate information on the process of organ donation and its benefits
- The perceived provision of high-quality care of potential organ donors
- Ensuring that relatives have a clear understanding of brain death
- Separating the request for organ donation from death notification
- Making the request in a private setting
- Appointing well-trained and experienced professionals (physicians, psychologists, transplant coordinators) to make a request

The nonmodifiable factors are mostly related to demographic characteristic of the family and/or the donor.

The following nonmodifiable factors were found in the research:

- Demographics: familial consent rates were found to be higher when the donor was male, younger, or of white ethnicity [12,13]
- Certain religions are associated with low rates of consent (i.e. Jehovah's Witnesses, Shinto) [14,15]
- Circumstances or reasons of death; consent rates were higher when the cause of death was trauma as opposed non-trauma-related death [15].

The main objective of the present study was to identify the factors that affect the willingness to donate organs and the reasons for refusal. This knowledge should prove helpful in designing educational interventions aimed at improving organ donation rates.

MATERIALS AND METHODS

Participants

The study included 191 adults (aged 16 to 61 years; 135 female and 56 male) who were recruited from among students, teachers, and nurses during educational meetings concerning organ donation issues held between January 2012 and June 2013. The characteristics of the participants are shown in Table 1.

Instruments

The study used a single self-report completed by the participants. The questionnaire titled "Individual Questionnaire: a Study of Attitudes Towards Transplantation" was developed by the Statistical Office in Krakow and was used with its permission. The questionnaire consisted of 27 questions pertaining to demographics ($n = 3$), age, sex, place of living, and the following issues: attitudes, beliefs, intentions, and medicolegal issues ($n = 24$). The questions varied in structure, and they were largely assessed on a 5-point scale ranging from 1 (strong agreement) to 5 (strong disagreement), with 3 response options (Yes/No/Don't Know) or a binomial response (Yes/No).

Statistical Analysis

All statistics were carried out using Statistica version 8.0 software and Microsoft Office Excel. The Mann-Whitney U test and the Kruskal-Wallis test were applied to compare the quantitative traits of the subgroups. The χ^2 test, the Pearson χ^2 test, and the Fisher test were used to examine qualitative variables. The Shapiro-Wilk test was used to investigate normal distribution and skewness parameters. Multiple regression was used to predict the dependent variable (the willingness to donate organs). The statistical significance level was determined at $\alpha = 0.05$.

Table 1. Characteristics of the Study Participants

Subgroup	n (%)	Age (SD)	Sex	Place of Residence (%)
Students	109 (57.1)	17.80 (2.17)	M 51	Urban area 75 (68.8)
			F 58	Rural area 34 (31.2)
Teachers	37 (19.4)	38.91 (12.37)	M 3	Urban area 29 (78.37)
			F34	Rural area 8 (21.62)
Nurses	45 (23.6)	39.23 (9.98)	M 2	Urban area 33 (73.33)
			F 43	Rural area 12 (26.67)
Total	191 (100.0)		191	

Abbreviations: F, female; M, male.

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