



Caring Dilemmas and Coping Strategies for Organ Transplant Recipients and Their Families: Perspective of Health Professionals in Taiwan

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ABSTRACT

Background. Organ transplant health professionals (OTHP) are challenged by more and more sophisticated caring dilemmas raised by organ transplant recipients (OTR) and their families. The purposes of this study were to explore caring dilemmas and the reliable coping strategies applied by OTHPs in Taiwan.

Methods. A qualitative design was used with a purposive sample of OT surgeons and nurses. Data were collected by face-to-face in-depth interviews and analyzed by content analysis.

Results. Sixty subjects (43 females, 17 male) participated in this project. They were 16 OT surgeons and 44 nurses, including RNs (n = 29), nurse practitioners (NP, n = 6), and assistant/head nurses (n = 9). Their ages ranged from 25 to 66 (mean = 38.2) years old. Their OT careers ranged from 3 to 40 (mean = 24.7) years for OT surgeons and 0.5 to 15 (years = 4.3) years for the nursing group. Five types of coping strategies for caring dilemmas were reported: (1) developing clinical paths for complex multiple-OT cases, (2) developing OT-expert training programs for interdisciplinary team members, (3) integrating acute and long-term care teams for difficult OT cases and families, (4) holding case conferences for successful and failed cases, and (5) implementing humanistic care training programs.

Conclusions. The findings of this research provide important coping strategies that can help empower OTHPs to care for complex multiple-OT cases with humanitarian expressions. More discussion about cultivation of interdisciplinary OT experts programs, and integration of caring resources are needed in the near future.

WITH the advancements in surgery and immunosuppressive drugs, organ transplantation (OT) has been acknowledged as an epoch-making breakthrough in modern surgery and one of the main modes of treatment for irreversible organ failure, both prolonging and improving the quality of life [1–3]. The OT survival rate often relies on the quality of surgery and nursing care.

Organ transplant recipients (OTRs) need to go through a long, complex adjustment process that ranges from preoperative end-stage organ failure across the critical post-transplantation recovery stages, and strives to reach a stable condition with the new organ in place. Some OTRs report the experience of a dark recovery stage, characterized by complex physiological, psychological, social, and spiritual

aspects and requiring close assistance from OT health professionals (OTHP) to overcome [4–6]. OTHPs are reported to play an important professional role, providing individualized professional assistance to facilitate the adaptation of OTRs and their families. Nevertheless,

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OTHPs are challenged by heavy workloads, lack of manpower, and more and more sophisticated caring dilemmas raised by OTRs and their families. As a result, they frequently live with physical and mental exhaustion [7–9]. The purpose of this study was to explore caring dilemmas and the reliable coping strategies applied by OTHPs in Taiwan.

METHODS

A qualitative design was used. A purposive sample of the interdisciplinary OTHP including OT surgeons, registered nurses, and nurse practitioners was obtained from 2 medical centers in Taiwan. The major tasks for the OT surgeons (OTS) in delivering holistic care were (1) diagnosing disease and establishing treatment, (2) hosting OT case conferences and making the final decisions, and (3) providing updated medical information for OTRs and their families. The roles of nurse practitioners (NP) were (1) carrying out medical prescriptions under the coaching of OTS, (2) collecting and integrating all medical information from all the OTHPs before each case conference, and (3) serving as liaisons between the OTHP, OTRs, and their families to help clarify their concerns. The registered nurses (RNs) are required to conduct all nursing care for OTRs and their families to help promote their physical, psychological, social, and spiritual well-being. They were expected to (1) deliver all physical care prescribed by OTS and NPs, (2) help OTS explain the medical information to OTRs and their families, (3) comfort OTRs and their families, (4) expedite the communication between the OTHPs and OTRs and their families, and (5) help OTRs obtain financial and spiritual support as needed. The primary roles of the assistant/head nurses were (1) managing the nursing manpower, (2) facilitating communication between the RN and the other OTHPs, (3) serving as resource personnel for the NP and RN, and (4) ensuring the quality of nursing care. Face-to-face, in-depth interviews with the participants were conducted using a semi-structured interview guide. Narrative data were analyzed using a qualitative content analysis mode.

RESULTS

Sixty subjects (43 women, 17 men) participated in this project. There were 16 OTS and 44 nurses, including RNs

(n = 29), assistant/head nurses (n = 9), and NPs (n = 6). Their ages ranged from 25 to 66 (mean = 38.2) years. Their OT careers ranged from 3 to 40 (mean = 24.7) years for OTS, and 0.5 to 15 (mean = 4.3) years for the nursing group. Most of the OTS (n = 15, 94%), RNs (n = 39, 86%), and NPs (n = 6, 83%) had received professional OT training.

Caring Dilemma

Fifteen caring dilemmas were reported by both surgeons (s) and nurses (n): (1) lack of standardized OT protocol (s = 50%, n = 57%), (2) lack of continuity of resource inheritance (s = 44%, n = 55%), (3) lack of professional OT care competence (s = 38%, n = 41%), (4) lack of a comprehensive training program (s = 38%, n = 41%), (5) lack of clinical learning opportunities for junior OTHPs (s = 25%, n = 34%), (6) insufficient professional competence (s = 38%, n = 41%), (7) tough care process (s = 25%, n = 34%), (8) lack of good communication channels (s = 38%, n = 41%), (9) different philosophies among the OTHPs (s = 44%, n = 59%), (10) impact of transplant failure (s = 69%, n = 75%), (11) heavy physical and mental load (s = 63%, n = 70%), (12) helplessness when trying the console the patient's family (s = 56%, n = 64%), (13) lack of preoperative and postoperative discussion (s = 56%, n = 64%), (14) different perceptions between doctors and nurses (s = 56%, n = 64%), and (15) lack of coordination within the medical team (s = 31%, n = 41%).

Coping Strategies

Five types of coping strategies were further identified for the caring dilemmas (Table 1). First, developing clinical paths for complex multiple-OT cases was applied by many OTHPs (s = 56%, n = 61%). Because newly recruited OTHPs are not familiar with OT protocols, they often encounter difficulties while providing care to OTRs. Because of manpower limitations, the senior staff does not have time to provide guidance to the junior staff; consequently, care experience is

Table 1. Dilemmas and Coping Strategies Perceived by Organ Transplant Health Professionals in Taiwan (n = 60)

Dilemmas	Coping Strategies
(1) Lack of standardized OT protocol (s = 50%, n = 57%)	Developing clinical paths for complex multiple-OT cases (s = 56%, n = 61%)
(2) Lack of continuity of resource inheritance (s = 44%, n = 55%)	
(3) Lack of professional OT care competence (s = 38%, n = 41%)	Developing OT-expert training program for interdisciplinary team members (s = 69%, n = 80%)
(4) Lack of a comprehensive training program (s = 38%, n = 41%)	
(5) Lack of clinical learning opportunities for junior OTHPs (s = 25%, n = 34%)	Integrating acute and long-term care teams for difficult OT cases and families (s = 63%, n = 70%)
(6) Insufficient professional competence (s = 38%, n = 41%)	
(7) Tough care process (s = 25%, n = 34%)	Implementing humanitarian care-training program (s = 63%, n = 70%)
(8) Lack of good communication channels (s = 38%, n = 41%)	
(9) Different philosophies among the OTHPs (s = 44%, n = 59%)	Holding case conference for successful and failed cases (s = 50%, n = 59%)
(10) Impact of transplant failure (s = 69%, n = 75%)	
(11) Heavy physical and mental load (s = 63%, n = 70%)	
(12) Helplessness when trying the console the patient's family (s = 56%, n = 64%)	
(13) Lack of preoperative and postoperative discussion (s = 56%, n = 64%)	
(14) Different perceptions between doctors and nurses (s = 56%, n = 64%)	
(15) Lack of coordination within the medical team (s = 31%, n = 41%)	

Abbreviations: OT, organ transplant; OTHP, organ transplant health professionals; s, surgeons; n, nurses.

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