



Assessment of Attitude and Knowledge of Personnel in the Intensive Care Unit of Tabriz University of Medical Sciences Hospitals Toward Organ Donation

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ABSTRACT

Background. The increasing gap between organ supply and demand remains a worldwide problem and can be attributed to several reasons. Because health care workers play an important role in management of brain dead patients, we performed a survey to evaluate the attitude and knowledge of personnel in the intensive care unit (ICU) at Tabriz University of Medical Sciences hospitals toward organ donation.

Materials and Methods. This cross-sectional study was included personnel from 8 university affiliated ICUs in Northwest of Iran from May to July 2014. The questionnaire included parts of demographic data and socioeconomic situations as well as status of knowledge and attitude of personnel regarding organ donation.

Results. Gender, age, marital status, and type of department in which personnel work did not affect attitude toward organ donation. The most common reasons for disagreement for organ donation were religious considerations, fear of surgery, and body mutilation. Nurses have a better acceptance rate than assistants and nonmedical personnel.

Conclusions. Increasing the knowledge of health care workers in ICUs has strong impact on transplantation rate. The most important thing that should be clarified for this group is the concept of brain death to achieve a multidisciplinary team that believes in organ donation and transplantation.

ORGAN transplantation is a life-saving procedure for patients with end-stage organ disease. Organ retrieval from deceased donors has been performed from many years in Iran. In the beginning, only kidney transplantation was possible, but after pioneering effort by Dr Ali Malek-Hosseini in Shiraz, transplantation was extended to include liver, and pancreas and then all other possible organs [1]. Improving pharmacologic intervention for immunosuppression and new surgical techniques have led to increased total number of persons who awaiting transplantation. Thus, the supply of organs or tissues is the main limitation for this rescue therapy [2], which resulted in a critical national shortage of sufficient organs available for donation. Annually there are almost 15,000 cases of brain death in Iran, but unfortunately the rate of organ donation is so less compared with industrialized countries,

which leads to more problems in managing organ transplantation [3]. Based on a recent report, almost 106 people are added to an organ waiting list daily and almost 18 persons die every day awaiting an organ [4]. Literature review shows that conflicting attitudes and inadequate knowledge regarding organ transplantation and donation were common among intensive care unit (ICU) personnel [5–8]. Critical care unit workers play a crucial role in the preprocurement process because they provide care for individuals with organ failure who are awaiting organ donation, for patients who are candidates for organ donation,

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and are in close contact with family members during their visit. So to increase the number of donation the awareness and knowledge of populations who involve in organ donation is a key point in increasing the organ donation rate and also the quality of organs that will be harvested. In Iran, because of religious issues many people regret the organ donation from their family members [9] and some people think that only living persons can donate the body parts. They wrongly believe that disfigurement of dead bodies is prohibited [10]. The deceased donor organ donation program in Iran is a well-developed system supervised by the government; the most important limiting factor for its further progress is the lack of adequate awareness about organ donation among people, especially health care workers. Family refusal of donation in some studies causes a loss of almost 20% in organ donation, which is less than predicted [11]. Lack of knowledge among health care workers about legal and procedural details of organ donation is also an important rate-limiting factor [12]. It is so important for ICU personnel to be involved in education programs regarding organ donation. If health care providers who work in donation process do not believe in the importance of this process, the rate of detection of possible donors and the attitudes of family members toward the consent for donation, will be negatively impacted [13–15].

To increase the likelihood of targeted behavior, donation rate, and developing the educational intervention, we performed a survey to evaluate the attitude and knowledge of ICU personnel of Tabriz University of Medical Sciences hospitals toward organ donation.

MATERIALS AND METHODS

After obtaining ethics committee approval, 353 health care workers were enrolled in this cross-sectional study. Permission was obtained from all ICU directors, the nursing coordinator for the nursing personnel, and an administrator for non-health care personnel. The respondents were assured of confidentiality, privacy of their responses, and ethical principles that would be followed, and before the questionnaires were distributed, the background and purpose of the study were explained. Between May and July 2014, all nurses in 8 ICUs at the university hospitals of Tabriz University of Medical Sciences (4 medical and 4 surgical ICUs) were enrolled in this study. Participants were invited to fill the questionnaire. A self-administered questionnaire consisting of demographic data and items, including awareness, attitudes, and beliefs about organ donation, was prepared. The respondents indicated their responses as either agree/disagree/don't know, or yes/no/don't know. Topics related to personal willing to receive or donate an organ for transplantation, and objection to donation, and religious and other beliefs about donation were studied. A pilot test was performed to clarify the questions' comprehensibility and time taken to response which was almost 10 minutes. The following information was included in the questionnaire: (1) demographic data: gender, age, and marital status; (2) profession: type of clinical service, type of hospital, service according to its relationship with transplantation, type of personnel, and job category; (3) knowledge and attitude toward organ donation and transplantation: personal experience of organ donation and

transplantation, a belief in the possibility of needing a transplant for oneself in the future, knowledge of the concept of brain death, attitude toward the possible body mutilation after donation; (4) social interaction and prosocial behavior: attitude toward donating a family member's organs, a discussion within the family about donation and transplantation; and (5) religious variables: health care worker's religion and knowledge of the attitude toward donation and transplantation.

The data were analyzed by SPSS for Windows version 16 statistical software (SPSS, Inc, Chicago, IL). Descriptive statistical analysis was done on each of the variables, and Student's *t*-test and the χ^2 test were used for the comparison of the different variables. A logistical regression analysis was done using the variables in the bivariate analysis that had a statistically significant association, for the determination and evaluation of multiple risks. $P < .05$ was considered statistically significant.

RESULTS

Questionnaires were completed by 353 health care providers, 72.2% of whom were nurses, 21.2% nursing assistants, and 6.6% nonmedical personnel (Table 1). Demographic characteristics are shown in Table 2. The most common ways for getting information about organ donation were radio and television, friends and family, the Internet, seminars and congresses, and newspapers. Gender, age, and marital status did not affect attitude toward organ donation. Regarding the type of department (surgical/medical) where they work, the attitude did not have significant differences between personnel. Also for the type of service as it relates to donation and transplantation there was significant difference in favor of organ donation (87% vs 71%). The most common reasons for disagreement with organ donation were religious considerations, fear of the surgery, and body mutilation. Almost 30% of personnel who disagreed with organ donation also disagreed with becoming an organ transplant recipient. Previous personal experience with donation and transplant process favors the acceptance of organ donation compared with those who have none (87% vs 75%; $P < .01$). Regarding occupational status, nurses have a better acceptance rate than assistants and nonmedical personnel (82% in favor of donation compared with 70% and 68% respectively; $P < .01$). So, nurses have a better acceptance of donations than nursing assistants and nonmedical personnel. Of the health care providers surveyed, those who did not care about possible body mutilation after donation were more in favor of organ donation (77% vs 51%; $P < .01$). Regarding religion, those believing that their doctrine is in favor of organ donation and transplant are more in favor of donation than those who consider that their religion is against it (80% vs 54%; $P < .01$). Having discussed the donation and transplant issue with family promotes a positive stance (88% vs 56%; $P < .01$) as well as a spouse with positive attitude to donation; thus, explaining the subject of donation and transplantation to the family encouraged acceptance of organ donation. Nurses who understood the concept of

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