

## Organ Donation Among Health Care Providers: Is Giving and Receiving Similar?

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### ABSTRACT

**Background.** Health care providers encourage organ donation on a regular basis. The objective of this study was to analyze the coherence of the attitudes of health care providers toward organ donation, their willingness to receive organs and the differences among different health care practitioners and other hospital workers regarding to this ethical issue.

**Methods.** A 33-question survey was conducted among staff members from 9 different health care institutions in different sites from North and Central America. The confidential and anonymous questionnaire addressed personal opinions regarding organ donation as well as other ethical/religious issues.

**Results.** Of 858 surveys conducted, 853 were completed. Among the participants, physicians accounted for 21.1% ( $n = 180$ ), nurses 37.1% ( $n = 317$ ), and other hospital workers 41.7% ( $n = 356$ ). Respondents were almost equally divided into organ donors 45.7% ( $n = 392$ ) and nondonors 53.7% ( $n = 461$ ). Doctors and nurses were significantly more likely to be organ donors than other hospital workers ( $P < .043$ ). An overwhelming majority of responders would accept an organ transplant if required (90.2%;  $n = 774$ ). Organ donors were more likely to accept an organ transplant if required than nonorgan donors (96.4% [ $n = 370$ ] vs 88.7% [ $n = 400$ ], respectively;  $P < .001$ ).

**Conclusions.** Among health care providers, physicians and nurses tended to be more likely to be in favor of organ donation. The majority of the participants were willing to accept an organ, and there was a statistical correlation between disposition to donation and willingness to receive an organ.

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**O**RGAN donation is accepted as the only real cure for several chronic diseases. Increasing the number of potential organ donors could minimize the shortage of organs for transplantation [1]. Since the first successful inter-twin kidney transplantation in 1954, important techniques have developed to make transplantation procedures more effective [2–5]. The increasing success of this therapeutic intervention, as well as advances in post-transplantation care, have increased life expectancy after such procedures and have led to a boom in the number of transplant candidates [1]. Conversely, despite multiple policy changes and campaigns to promote organ donation, the number of people listed as organ donors has not increased as exponentially as hoped [1,6–10].

Since the beginning of organ transplant programs, many new ethical issues have emerged. Among these are issues

such as organ donation for money, cross-country organ transplantation, and conflicts with religious perceptions and personal value judgments [11–17]. However, the attitude of the public in general toward organ donation can be strongly influenced by the attitude of the hospital staff toward this issue [18–21]. During hospital admission, families of critically ill patients are most likely to consult with the health care professionals in their immediate surroundings (eg, nurses, physicians) regarding organ donation from their loved ones [21]. It is generally assumed that health care workers would be more aware of the importance of organ

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donation and would be more sensitive to the impact of donation because of their proximity to patients that could potentially be cured by organ transplants [18]. However, health care providers working in acute care facilities may be conflicted precisely owing to their direct exposure to peritransplantation issues such as suffering and failures. The objective of the present study was to analyze the coherence of health care providers' attitudes toward organ donation and their willingness to donate and, if needed, to receive an organ. We also studied the differences between various health care professionals and other hospital workers regarding these ethical issues.

## METHODS

The study was a cross-sectional survey of attitudes conducted among the staff members of 9 acute care facilities located in North and Central America: the authors surveyed the staff of institutions in Mexico, Panama, and Texas. The survey was generated through staff discussions occurring at University General Hospital, Houston, Texas. These multidisciplinary discussions included intensive care physicians and nurses, a palliative care specialist, the hospital religious staff, and a group of medical students. This same staff provided both content and expert validity to the questionnaires. The completed questionnaire underwent professional translation into Spanish for use in the Spanish-speaking countries participating in the survey. The clarity of the questions and international relevance was validated by external intensive care consultants based in several countries.

The questionnaire included no personal identifiers and only minimal details regarding respondent demographics, to ensure both confidentiality and anonymity. It also included questions addressing personal organ donation preferences and pertinent ethical/religious issues. After receiving local Institutional Review Board approval, with waiver of informed consent, we applied the questionnaires to the full staff of the selected institutions. To ensure that all of their staff would be surveyed, each hospital administration provided the research team with a list naming all the medical and nonmedical staff working in their facility. Employee names were crossed out at the time of questionnaire distribution to each particular individual. All questionnaires were in printed format. The survey was self-administered. During distribution, participants were instructed to select only 1 response per query. Surveys were completed on location and were collected by the same interviewer who applied them shortly after distribution. There was no follow-up on initial nonrespondents. Data were collected in March and April 2015. Each questionnaire was assigned a code number for computerized data entry.

## Statistical Analysis

All data were entered into a dedicated SPSS database (IBM SPSS Statistics for Windows, version 21.0; IBM, Armonk, New York). Analysis was performed with the use of the same software. Only 0.58% ( $n = 5$ ) of the questionnaires were excluded for lack of data ( $\geq 10\%$  incomplete responses). Statistical analysis included descriptive statistics (eg, number and percent of respondents who chose each response option). We used either the chi-square test or the Fisher exact test for comparisons after studying whether variable distribution was normal.  $P < .05$  was considered to be significant. We used the Cramer  $V$  to assess the strength of the associations studied. Missing responses to specific questions in the

completed questionnaires were coded as missing. Percentages were calculated from the total number of respondents, including those missing a response.

## RESULTS

Our final database included 853 completed questionnaires. Most participants were female (62.7%;  $n = 538$ ), married or single (41.5% [ $n = 356$ ] and 39.9% [ $n = 342$ ], respectively), and parents to children (57.0%;  $n = 489$ ). Physicians accounted for approximately one-fifth of the participants (21.1%;  $n = 180$ ), nurses accounted for approximately one-third (37.1%;  $n = 317$ ), and other hospital workers for the rest (41.7%;  $n = 356$ ). The latter group included biotechnicians, patient care assistants, medical students, housekeeping, security, pharmacists, case managers, psychologists, culinary staff, dentists, and nutritionists.

Participants were almost equally divided into organ donors (45.7%;  $n = 392$ ) and nondonors (53.7%;  $n = 461$ ). Only religion and profession were associated with organ donation status (Table 1). Doctors were significantly more likely to be organ donors than other hospital workers

**Table 1. Comparison of Organ Donors and Nondonors**

Characteristic	Nondonors	Donors	P Value
Sex			
Male	53.6% (171)	46.4% (148)	.887
Female	54.3% (290)	45.7% (244)	
Marital status			
Not married	56.4% (281)	43.6% (217)	.109
Married	50.7% (180)	49.3% (175)	
Parenthood			
Parent	55.1% (267)	44.9% (218)	.530
Nonparent	52.6% (189)	47.4% (170)	
Spirituality			
None	43.6% (24)	56.4% (31)	.57
Slight	53.9% (55)	46.1% (47)	
Moderate	50.9% (170)	49.1% (164)	
High	55.6% (129)	44.4% (103)	
Extremely high	65.1% (69)	34.9% (37)	
Religion			
Christian	52.3% (340)	47.7% (310)	.042
Nonchristian	60.6% (120)	39.4% (78)	
Profession			
Doctors	46.9% (84)	53.1% (95)	.046
Nurses	53.3% (168)	147 (46.7%)	
Other hospital workers	206 (58.2%)	148 (41.8%)	
Years working in health care environment			
<1	54.8% (34)	45.2% (28)	.237
1–5	47.9% (104)	52.1% (113)	
6–10	51.2% (84)	48.8% (80)	
11–15	52.8% (56)	47.2% (50)	
16–20	65.6% (40)	34.4% (21)	
19–25	44.0% (22)	56.0% (28)	
>25	56.7% (34)	43.3% (26)	
Country of practice			
Mexico	57.4% (187)	42.6% (139)	.078
USA	50.1% (208)	49.9% (207)	
Panama	58.9% (66)	41.1% (46)	

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