



Police Officers' Knowledge and Attitudes Toward Brain Death and Organ Donation in Korea

H.S. Kim^a, Y.S. Yoo^{b,*}, O.-H. Cho^c, C.E. Lee^a, Y.-H. Choi^a, H.J. Kim^a, J.Y. Park^a, H.S. Park^a, and Y.J. Kwon^a

^aOrgan Transplantation Center, Seoul St Mary's Hospital, Seoul, Korea; ^bCollege of Nursing, The Catholic University of Korea, Seoul, Korea; and ^cDepartment of Nursing, The Kongju National University, Kongju, Korea

ABSTRACT

Background. Administrative processing by the police may affect the process involved in organ donation in the event of an accidental brain injury. The purpose of this study was to evaluate the knowledge and attitude of police toward brain-dead donors and organ donation.

Methods. This was a descriptive research study using a 41-item questionnaire. As of July 19, 2017, 11 police stations in Seoul had collected questionnaires completed by 115 police officers. Data were analyzed using SAS (version 9.4) software.

Results. There were statistically significant differences in the scores on knowledge about brain death/donation according to religion ($P = .022$). Attitude was significantly positively correlated with the knowledge about brain-death organ donation ($P = .029$).

Conclusion. It is necessary to understand and cooperate with the police when processing brain death organs from accidents. Education about organ donation can enhance the information and knowledge of the police and can also help to establish a positive attitude about organ donation.

IN Korea, when brain death occurs due to an accident, the accident is reported to the police and investigated while the paperwork, known as the "Approval for Organ Procurement Prior to Autopsy," is approved by the prosecutor's office, if the family has approved organ donation.

During the processes of filing the accident report with the police, undergoing police questioning, and preparing the paperwork, some families feel hurt and give up do not follow through with organ donation. Also, organ donation may be delayed during the investigation. At such times, the police officer's attitude is critical in communicating with the family. Hence, research should be conducted to understand police officers' knowledge and attitude on organ donation and help complete the organ donation procedure smoothly through mutual understanding and cooperation.

Studies have been conducted to facilitate brain-death organ donation, mostly with the public, college students, medical professionals, and government workers in the public health area, but research has not been conducted to assess the knowledge and attitude of the police in Korea.

Accordingly, the present study was conducted with the aim to understand Korean police officers' knowledge of and attitude toward brain death and organ donation and to help improve the procedure of organ donation in circumstances involving accidental death.

MATERIALS AND METHODS

The survey was distributed to 120 police officers at 11 police stations in Seoul, between June 28 and July 19, 2017. Of the 120 surveys, 5 had insufficient content and a total of 115 were submitted to data analysis.

The items on the survey were revised from the instruments used by Jeon et al [1]. The final version of the survey consisted of 11 items regarding knowledge of brain death, 16 items regarding attitude toward brain death and organ donation, and 14 items regarding general characteristics, for a total of 41 items.

*Address correspondence to Yang Sook Yoo, PhD, College of Nursing, The Catholic University of Korea, 222 Banpo-daero, Secho-gu, Seoul 06591, Korea. E-mail: ysyoo@catholic.ac.kr

The reliability of the tool to assess knowledge was 0.65 (Kuder-Richardson formula-20). Scores for knowledge of brain death ranged from 0 to 11: the higher the score, the higher the level of the knowledge of brain-death organ donation. The reliability of the tool to assess attitude was 0.75 (Kuder-Richardson formula-20). Scores for attitude toward brain-death organ donation ranged between 0 and 16: the higher the score, the more positive the attitude. The study was approved by the institutional review board at Catholic University St Mary's Hospital (KC17QESI0402).

The data were analyzed using SAS version 9.4 (SAS Institute, Inc, Cary, NC). We performed a *t* test, an analysis of variance, and a Scheffé test to assess differences in knowledge and attitude according to subject's general characteristics, and a Pearson correlation coefficient was obtained to determine the relationship between knowledge and attitude.

RESULTS

Subjects' mean age was 40.2 years. Of the subjects, 87.8% were male, 65.2% were married, 18.3% had completed high school, 35.6% had a religious affiliation, 24.4% had experience in work relevant to brain-death organ donation, and 7% had received education about organ donation (Table 1).

Regarding knowledge of brain death, 42.6% of subjects responded "yes" to: "Brain death is legally recognized in

Korea"; 43.5% to "A single member of the family of a brain-death donor can agree with the intention of organ donation"; and 53.0% to "A brain-dead individual's organ cannot be donated if the family does not want to do so, even if the individual had consented to organ donation before death" (Table 2). Mean score for knowledge of brain death was 7.37 ± 2.28 out of a total score of 11. Subjects with a religious association scored significantly higher (8.02 ± 2.40) than those without a religion ($t = 2.32$, $P = .022$) (Table 1).

Mean score for attitude toward brain death and organ donation was 13.00 ± 2.59 out of a total score of 16. With respect to attitude toward brain-death organ donation, 23.5% responded "yes" to "If I express the intention to donate my organs, doctors will not do their best to prolong my life" (Table 3). Mean score for attitude toward brain death and organ donation was 14.10 ± 1.37 for those with a high school education and 11.78 ± 3.06 for those who graduated from junior college, showing that the former group has a significantly more positive attitude ($F = 4.10$, $P = .019$) (Table 1).

There was a positive correlation between knowledge and attitude toward brain-death organ donation ($r = 0.20$, $P = .029$) (Table 4).

Table 1. Differences in Knowledge and Attitude According to General Characteristics (N = 115)

Characteristics	Knowledge			Attitude	
	n (%)	Mean \pm SD	t/F (P)	Mean \pm SD	t/F (P)
Gender					
Male	101 (87.8)	7.34 \pm 2.31	-0.47 (.640)	13.09 \pm 2.49	0.99 (.324)
Female	14 (12.2)	7.64 \pm 2.13		12.36 \pm 3.27	
Age (years)	40.2 \pm 8.1				
≤ 35	33 (28.7)	6.73 \pm 2.43	1.93 (.150)	12.76 \pm 2.29	1.33 (.268)
36-45	49 (42.6)	7.57 \pm 2.27		13.45 \pm 2.46	
≥ 46	33 (28.7)	7.73 \pm 2.08		12.58 \pm 3.00	
Marital status					
Yes	75 (65.2)	7.60 \pm 2.27	1.46 (.147)	12.96 \pm 2.67	-0.23 (.822)
No	40 (34.8)	6.95 \pm 2.29		13.08 \pm 2.45	
Education					
High school (a)	21 (18.3)	7.48 \pm 2.52	1.38 (.255)	14.10 \pm 1.37	4.10 (.019)
Junior college (b)	18 (15.6)	6.56 \pm 2.64		11.78 \pm 3.06	a > b*
College	76 (66.1)	7.54 \pm 2.11		12.99 \pm 2.62	
Religion					
Yes	41 (35.6)	8.02 \pm 2.40	2.32 (.022)	12.49 \pm 2.96	-1.59 (.115)
No	74 (64.4)	7.01 \pm 2.15		13.28 \pm 2.33	
Police experience (years)					
≤ 5	26 (22.6)	6.92 \pm 2.12	1.24 (.294)	12.27 \pm 2.97	1.78 (.174)
6 ~ 10	27 (23.5)	7.11 \pm 2.74		13.59 \pm 1.53	
≥ 11	62 (53.9)	7.68 \pm 2.13		13.05 \pm 2.74	
Experience in handling brain-death organ donation cases					
Yes	28 (24.4)	8.11 \pm 2.13	1.98 (.050)	13.36 \pm 2.11	0.84 (.404)
No	87 (75.6)	7.14 \pm 2.29		12.89 \pm 2.73	
Educated about organ donation					
Yes	8 (7.0)	8.25 \pm 1.49	1.13 (.263)	13.50 \pm 1.85	0.56 (.573)
No	107 (93.0)	7.31 \pm 2.32		12.96 \pm 2.64	
Experience of receiving information on brain-death organ donation					
Yes	19 (16.5)	8.26 \pm 1.88	1.88 (.063)	13.47 \pm 1.98	0.87 (.385)
No	96 (83.5)	7.20 \pm 2.32		12.91 \pm 2.69	

*Comparison based on Scheffé test.

Download English Version:

<https://daneshyari.com/en/article/8827148>

Download Persian Version:

<https://daneshyari.com/article/8827148>

[Daneshyari.com](https://daneshyari.com)