Identification by nurses of the dimension of emotions present in the organ and tissue donation process

RESUMO | OBJETIVO: Conhecer as emoções identificadas por enfermeiros no processo de doação ao transplante de órgãos e tecidos. METODOLOGIA: Estudo qualitativo descritivo-exploratório, fundamentado na perspectiva Sociopoiética. O Grupo-Pesquisador foi desenvolvido em 2015 e composto por 8 enfermeiros que trabalhavam há mais de 6 meses no processo de doação/transplantes de órgãos de um hospital geral do extremo sul do estado da Bahia, Brasil. A produção de dados foi orientada por desenhos, para estímulo dos sentidos. Os áudios foram transcritos, textualizados e categorizados segundo análise de conteúdo de Bardin. As exigências éticas da pesquisa com seres humanos do país foram cumpridas. RESULTADOS: As principais dimensões dos enfermeiros sobre as emoções no trabalho de doação para transplante de órgãos e tecidos foram agrupadas nos seguintes temas: prazer do resultado, da incerteza da doação à satisfação do transplante, a motivação para transformar a aflição em contentamento, e da dor da perda ao júbilo por receber um órgão e finalmente obter qualidade de vida. CONCLUSÕES: Concluiu-se que a identificação das dimensões das emoções presentes no processo de doação de órgãos e tecidos, por enfermeiros, tem a possibilidade de promover aprimoramento de suas atividades cotidianas dentre outros fatores que influenciam o trabalho desses profissionais.

Palavras-chaves: Pessoal de Saúde; Enfermagem; Transplantes; Trabalho.

ABSTRACT | OBJECTIVES: To investigate the process of organ and tissue donation for transplantation from the perspective of nurses. METHODS: Qualitative descriptive-exploratory study, based on the Sociopoietic perspective. The Researcher Group was developed in 2015 and consists of 8 nurses who had worked for more than 6 months in the organ donation / transplantation process of a general hospital in the extreme south of the state of Bahia, Brazil. The production of data was guided by drawings, to stimulate the senses. The audios were transcribed, textualized and categorized according to Bardin’s content analysis. The ethical requirements of research with human beings in the country have been met. RESULTS: The principal dimensions of the emotions of the nurses in the work of donation for the transplant of organs and tissues were grouped in the following topics: pleasure of the result, the uncertainty of donation, satisfaction, motivation to transform the distress in contentment, and the pain of loss to jubilation for receiving an organ and ultimately obtaining quality of life. CONCLUSIONS: It was concluded that the identification of the dimensions of the emotions present in the organ and tissue donation process, identified by nurses, has the possibility of promoting improvement in their daily activities, among other factors that influence the work of these professionals.

Keywords: Health Personnel; Nursing; Transplants; Work.

RESUMEN | OBJETIVOS: Investigar el proceso de donación de órganos y tejidos para trasplante desde la perspectiva de las enfermeras de un hospital de referencia general para una organización de obtención de órganos. METODOLOGÍA: Estudio cualitativo descriptivo-exploratorio, basado en la perspectiva Sociopoiética. El Grupo de Investigadores se desarrolló en 2015 y está integrado por 8 enfermeras que habían trabajado durante más de 6 meses en el proceso de donación / trasplante de órganos de un hospital general en el extremo sur del estado de Bahía, Brasil. La producción de datos fue guiada por dibujos, para estimular los sentidos. Los audios se transcribieron, textualizaron y categorizaron de acuerdo con el análisis de contenido de Bardin. Se han cumplido los requisitos éticos de la investigación con seres humanos en el país. RESULTADOS: Las principales dimensiones de las emociones de las enfermeras en el trabajo de donación para el trasplante de órganos y tejidos se agruparon en los siguientes temas: placer por el resultado, desde la incertidumbre de la donación hasta la satisfacción del trasplante, la motivación para transformar la angustia en alegría y el dolor de pérdida de alegría por recibir un órgano y finalmente obtener calidad de vida. CONCLUSIONES: Se concluyó que la identificación de las dimensiones de las emociones presentes en el proceso de donación de órganos y tejidos, identificadas por los enfermeros, tiene la posibilidad de promover la mejora en sus actividades diarias, entre otros factores que influyen en el trabajo de estos profesionales.

Palabras claves: Personal sanitario; Enfermería; Trasplantes; Trabajo.

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INTRODUCTION

The following steps can be found in the donation process for organ and tissue transplantation in Brazil: identification and maintenance of potential donors; exams for the assessment of brain death and also for clinical, neurological and graphic evaluation; communication to family members of the diagnosis and, family interview for donation. At the end of these steps, after authorization from the family, the process of capturing and distributing the organs can be carried out. 1

Thus, those professionals who perform daily activities in the transplant donation process have a high number of attributions and deal with a significant range of emotions, which can compromise their mental health, due to the emergence of psychological distress, or even aggravation of preexisting conditions among workers. 7

Therefore, when observing how essential it is to elucidate and cooperate for the improvement of work-related experiences in the context of organ and tissue transplant donation, this study aimed to understand the emotions expressed by nurses in the organ and tissue donation process to transplantation.

METHODS

It is a qualitative research, based on the Sociopoietic method. 10 The Researcher Group (RG) was composed of eight nurses who had been working for more than six months in the organ donation and transplantation process, in the scope of an Organ Procurement Organization (OPO), in the south of the state of Bahia, Brazil.

Data were collected in the second half of 2015. The meeting with the GP took place in a classroom provided by a private educational institution, lasting three and a half hours. The Consolidated Criteria For Reporting Qualitative Research (COREQ) was also used to verify the items in the construction of dialogues with the RG. 10

This construction used creative techniques with drawing resources, which allowed the RG to express their most intrinsic emotions. (3) The questions that guided the dialogues arose from the participants’ own statements in the search for clarification of issues in the participants’ daily work.

After the initial relaxation dynamic, the meeting with the RG took place, based on the proposal to make a mandala, which reflected the process of organ donation and transplants, based on the sense organs: touch, sight, taste and hearing.

The group work was recorded with the permission of the RG and the audios were transcribed, textualized and categorized according to Bardin’s content analysis. 22

The study complied with all ethical requirements for research with human beings in the country, being approved by an Ethics Committee for Research with human beings, under protocol n.º 996.669, CAAE n.º
Table 1 - Dimensions of Emotions present in the organ donation work process, examples of the subjects’ speeches and frequency of individual themes.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Participants’ Speeches</th>
<th>Frequency of individual themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasure of the result</td>
<td>Even though it is arduous, the organ capture process always promotes enjoyment at the end of the donation.</td>
<td>2</td>
</tr>
<tr>
<td>From the uncertainty of the donation to the satisfaction of the transplant</td>
<td>I chose a magic cube, and I drew a rainbow afterwards... And the question of the wind for not knowing how to assemble the magic cube and the question of the rainbow because at the end of the process would be the beauty that happens in the end.</td>
<td>3</td>
</tr>
<tr>
<td>The Motivation to Turn Affliction into Contentment</td>
<td>In the bedroom, listening to my colleague’s heart... I heard her heart and I felt like it was a life, a hope and those that I drew a heart for, it was the heart of a very happy person.</td>
<td>5</td>
</tr>
<tr>
<td>From the pain of loss to the joy of receiving an organ and finally achieving quality of life</td>
<td>Regarding the taste and the whole process in the hospital, there is always this moment of hope... But there’s also the anguish of those who are working, the anguish of the family that is waiting in another place, the anguish of the family that is waiting for news of death and donation... And I think it’s the feeling that defines the taste buds.</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Research data, 2015.
ped by the social environment, respond-
ing to various personal and collective
motivations and institutional needs in
which they are inserted, in addition to
concentrating elements such as reli-
gious, economic, political, socio-cul-
tral and symbolic. (7) Most of the time,
family members accept the donation
and professionals who work in the area
experience emotions that trigger enor-
mous pleasure when faced with the
donation and when reflecting on future
occasions about the result of their at-
titude.

From the uncertainty of the donation to
the satisfaction of the transplant
With the stimulation of the senses accord-
ing to the production method-
ology, it is possible to observe, in
particular, in vision, the manifesta-
tion of uncertainty in the RG’s discourse.
However, when stimulating the taste
buds, another emotion countered the
uncertain one, satisfaction. From the
uncertainty of the donation to the sa-
tisfaction of the transplant, the main
difficulties faced by the family in con-
senting to the donation are related to
the perception of inadequate care for
the patient; (10) to the determination
of death by the occurrence of the diagno-
sis of brain death, which still happens
with the beating heart; (10) by not un-
derstanding the body as dead, the body
is artificially kept in the intensive care
unit (ICU).

The protagonism achieved by hav-
ing been the professional advisor of
family members regarding the donation
process, regardless of the occurrence of
an acceptance for donation or a refusal,
empowering them to decide, is one of
the great causes of satisfaction, where
small details and clarifications make all
the difference. (10) When they are cla-
ified and understood, the satisfaction
that the transplant brings becomes an
excellent promoter of self-esteem.

The Motivation to Turn Affliction into
Contentment
With the nurses’ statements, it was
also possible to understand that the mo-
tivation to transform the affliction into
contentment was evidenced, when the
senses of hearing and taste were stimu-
lated. At the audition, the RG expres-
sed hope as a motivating element for
the work. However, when stimulating
the taste buds, the affliction caused by
the anguish was identified, which can
be overcome by the contentment that
appeared in the speech while stimula-
ting the taste buds.

Thus, the need for emotional sup-
port to help family members is iden-
tified, especially in two moments when
faced with brain death: acceptance of
the reality of the loss, followed by grief.
(10, 11)

When family members authori-
ze the donation, this act brings relief,
comfort and helps to make sense of the
family member’s death, on the other
hand, not being able to know the re-
cipients is a great frustration for the
family, which lives with this expectation.
(12)

Therefore, the emergence and elu-
cidation of motivating elements in the
organ donation process in the hospi-
tal must permeate the work process of
professionals working in this field. The
afflictions – of family members and
professionals – can be overcome by the
contentment that comes with realizing
that the donation was successful.

From the pain of loss to the joy of recei-
ving an organ and finally achieving qua-
ity of life
The theme of pain from loss to joy
for receiving an organ and finally ob-
taining quality of life arises from the
stimulus to taste, when the RG expressed
in the speech the pain that can cause
the loss of a loved one. But, still stimu-
lating this same sense, another emo-
tion made a counterpoint - the joy of
happiness of the recipient’s family, the
expectation of providing that recipient
with a greater and better quality of life,
an emotion that also arose when the
Group was encouraged to listen.

Sadness and pain are the emotions
that stand out in the experiences of fa-
milies regarding the approach to organ
donation at the time of brain death. (11)
These emotions need to be noted at the
time of the family interview. Thus, pro-
essionals need to be careful not to in-
terfere in the grieving process and they
still need to make family members un-
derstand that they can help other fa-
milies, perhaps not go through the same
suffering of losing a loved one.

It can be observed that all domains
of quality of life of patients showed
improvement after transplantation, especially in relation to the general perception of quality of life. In turn, the pain of losing a loved one can be eased by understanding how to help another person who needs an organ to continue to live.

**CONCLUSION**

In the process of organ donation and transplants, nurses deal, both in relation to themselves and to the families involved, with a variety of emotions, identified by the expression of: pleasure of the result, uncertainty of the donation to the satisfaction of the transplant, motivation to transform the infliction of contentment, and the pain of loss to the joy of receiving an organ and finally obtaining quality of life.

Even with all the daily problems, professionals and family members keep the hope alive in the final resolution of situations. This hope proved to be a motivator for the continuation of tasks and overcoming barriers and difficulties.

In this, it is understood that organ donation and transplantation professionals see the relevance of their activities, especially the elements that enhance their motivation in their daily work. These professionals must also use sensitivity as a tool to overcome the possible obstacles that may arise as a result of the actions they need to take in their daily lives.

Thus, it is identified that in the daily work process of professionals who work in the process of donating organs and tissues for transplantation, there are times of overload that constantly promote body fatigue and emotional stress. The members of teams from organ donation to transplantation carry great responsibilities.

Thus, it is recommended that professionals who work with organ donation use sensitivity as a tool to overcome possible daily obstacles and have the proper institutional support so that they can deal with their contradictory emotions.

As a limitation of the study, the absence of the participation of professionals from other categories, active in the transplant donation process in the scenario in question, is pointed out. In turn, the exclusive participation of nurses allowed these authors a closer look and reflections with potential for instrumental support to Nursing, in the context of organ and tissue donation.

Finally, as implications for Clinical Practice, it is possible to come to the understanding that it is necessary to broaden the understanding of the process of donation to organ and tissue transplantation so that, with this, the rate of family acceptance is increased. It can be highlighted that, for this, the following must occur: the opportunity to apply new knowledge, learn to work in a team, enrichment of learning through the mobilization of internal resources, and understanding the need for diversification of activities in scenarios where labor practices are developed.

**References**