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RESEARCH

SITUATIONS OF STRESS EXPERIENCED BY NURSING STAFF IN THE CARE OF THE POTENTIAL ORGAN DONOR

SITUAÇÕES DE ESTRESSE VIVENCIADAS PELA EQUIPE DE ENFERMAGEM NO CUIDADO AO POTENCIAL DOADOR DE ÓRGÃOS*

SITUACIONES DE ESTRÉS VIVIDAS POR EL EQUIPO DE ENFERMERÍA EN EL CUIDADO DEL POTENCIAL DONADOR DE ÓRGANOS

Silvia Silva Souza[1], Miriam Süsskind Borenstein[2], Denise Maria Guerreiro Vieira da Silva[2], Sabrina da Silva de Souza [4], Juliana Bonetti de Carvalho[5]

ABSTRACT

Objective: the objective is to identify situations of stress experienced by the members of the nursing staff of Intensive Care Unit to care for a potential organ donor. **Method:** Qualitative, exploratory and descriptive research, with fourteen members of the nursing staff who work with the potential organ donor. The data were collected through semi-structured interviews and analyzed on the basis of the analysis of thematic content. **Results:** Health professionals feel threatened to identify with the situation of the person in brain death, by the fear of the death itself, with the doubt in relation to brain death and also because of the feeling of failure as a professional. **Conclusion:** The nursing staff in front of the potential organ donor comes under stressful situations, having to overcome the challenges and to mobilize strategies from the situations that are presented. **Descriptors:** Nursing, Nursing staff, Psychological stress, Brain death.

RESUMO

Objetivo: Objetivou-se identificar situações de estresse vivenciadas pelos membros da equipe de enfermagem de uma Unidade de Terapia Intensiva ao cuidar de um potencial doador de órgãos. **Método**: Pesquisa qualitativa, exploratória e descritiva, realizada com quatorze integrantes da equipe de enfermagem que atuam com o potencial doador de órgãos. Os dados foram coletados através de entrevistas semiestruturadas e analisados com base na análise de conteúdo temático. **Resultados**: Os profissionais da saúde sentem-se ameaçados ao se identificarem com a situação da pessoa em morte encefálica, pelo medo da própria morte, com a dúvida em relação à morte encefálica e também pela sensação de fracasso como profissional. **Conclusão**: A equipe de enfermagem frente ao potencial doador de órgãos vem sofrendo situações estressantes, tendo que superar os desafios e mobilizar estratégias de enfrentamento a partir das situações que se apresentam. **Descritores**: Enfermagem; Equipe de enfermagem, Estresse psicológico, Morte encefálica.

RESUMEN

Objetivo: Se objetivó identificar situaciones de estrés vividas por los miembros del equipo de enfermería de una Unidad de Terapia Intensiva al cuidar de un potencial donante de órganos. **Método:** Investigación cualitativa, exploratoria y descriptiva, realizada con catorce integrantes del equipo de enfermería que actúan con el potencial donante de órganos. Los datos fueron recolectados a través de entrevistas semiestructuradas y analizados con base en el análisis de contenido temático. **Resultados:** Los profesionales de la salud se sienten amenazados al identificarse con la situación de la persona con muerte encefálica, por miedo a la propia muerte, con dudas en relación a la muerte encefálica y también por la sensación de fracaso como profesional. **Conclusión:** El equipo de enfermería frente al potencial donante de órganos viene sufriendo situaciones estresantes, teniendo que superar los desafíos y movilizar estrategias de enfrentamiento a partir de las situaciones que se presentan. **Descriptores:** Enfermería, Equipo de Enfermería, Estrés Psicológico, Muerte encefálica.

*This is an excerpt from the essay "Coping strategies in nursing care of the potential organ donor", presented to the Graduate Program in Nursing, Federal University of Santa Catarina (PEN / UFSC), in 2010.

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INTRODUCTION

Actions/activities/functions that lead the health professionals to stress at work, although for a long time are recognized and emphasized in investigative studies are barely worked on the daily lives of healthcare institutions. [1]

The stress is almost always viewed as something negative that causes loss in the performance of the individual and is characterized as a relationship between that person and the environment. [2] Stressor is a situation or experience that generates feelings of tension, anxiety, fear or threat being an internal or external cause.

There are work environments that are considered stressful, i.e. contribute decisively to the worker's physical and mental wear, causing significant changes in their performance. [4] The hospital is particularly one of those places that can be considered very exhausting to nursing worker, because it is a complex institution, composed of several subsystems, with strict rules of operation which ask to know and know how to do it. In this institution are active professionals from different areas of knowledge that, daily, live with emotionally intense situations, related with diseases, life and death. For this reason, the hospital is considered a stressful environment, because feelings of pain and suffering are present and will affect those who work there. [5]

However, the Intensive Care Units (ICU), are the place where pain and suffering are more present, especially with those individuals who are considered serious and that have Brain Death (BD), which can cause intense stress on the team´s health. BD is defined as the total and irreversible stem activity and cerebral hemispheres, requiring clinical and neurological examination and complementary graphic exam to diagnose it. In this situation, the respiratory function is maintained through equipment and medications. [6] Individuals with BD have great possibilities to be potential donors of organs and, thus, they need to be kept for a period of time, until the donation process is done.

In Brazil, the organ donation process is guided by the National Policy of Transplants of Organs and Tissues that is based on Legislation (Law No. 9,434/97 and law No. 10,211/01), as a donation gratuity guidelines the charity in relation to receivers and non-maleficence in relation to living donors. It also lays down guarantees and rights to patients who need these procedures and regulates all care network through operating authorizations and reauthorizations of teams and institutions. [7]

In recent years, the country has been exponent developing in the field of transplants. In the year 2005, 15,527 organ and tissue transplants. This number is 18.3% bigger than in 2003, when there were 13,131 procedures, and 36.6% higher compared to 2002, with 11,365 transplant procedures. This growth is a result of the stimulus and raising awareness of the Brazilian population, the performance of competent teams and institutions authorized by the National Transplant System of the Ministry of Health and the regulation of NTS based on current legislation. [7]

Currently, the hospitals have adequate material resources, for example: modern mechanical ventilators and multifunction monitors that help in maintaining the potential donor of organs, making feasible the transplant.[8] But, it is important to note that these technological advents require human resources prepared for handling them and provide adequate assistance to the potential organ donor. There is need for qualification of intensive care nurse and his team to identify a potential donor in BD and do care for his maintenance, allowing in this way, his organs and tissues for donation. [8]

> The care taken with the potential donor of organs begin with a review of the medications prescribed and used for the

> treatment of neurological frame maintenance, but also for maintaining high bedside to 30 degrees, change of decubitus, aspiration of lung secretions, catheter care, blood pressure, heart rate, temperature and pulse oximetry, which should be measured continuously. The measures of PVC, debit, urinary density and capillary blood glucose should be performed every hour. Using heated blankets help to prevent the decrease of the temperature. Enteral diets should be kept, because there is evidence that providing nutrients to specific organs can improve the function of receptors grafts, especially when it comes to liver and intestine transplant. [9:41]

The nursing staff develops activities that include direct assistance to potential donor, as well as other related to family care and health team, regarding the concern with the organs and with the receptor[4]. Is the same team that lives together with the critical patient and seeks to assist him as well as his family in case of death. Some situations, such as in the process of obtaining organs for transplant, arouse in these professionals, internal conflicts, insecurity and suffering, especially because they have their own cultural, social values, religious beliefs, philosophical and ethical positions.[10]

The model of stress and confrontation that the authors developed, involves the understanding that: a) confrontation is a process of interaction that occurs between the individual and the environment; b) its function is administration of the stressed situation; c) confrontation processes assume the notion of evaluation, as the phenomenon is perceived, interpreted and cognitively represented in the mind of the individual; d) the confrontation process consists in mobilizing cognitive and behavioral efforts to manage (reduce, minimize or tolerate) internal or external demands that create stress arising from their interaction with the environment. [11]

For this reason, the professional nursing staff providing care to the potential donor in BD, could face internal and external stress, especially by the condition experienced by this individual. This situation occurs when treatment is no longer possible and the patient's condition does not allow the return to his healthy state. Thus, the members of the nursing staff are facing a real problem, for which usually are not prepared and feel threatened to take care of these patients.

With this in mind and experiencing as nurses this experience over many years, this study aimed to identify the situations experienced by the members of the nursing staff of a ICU by taking care of a potential organ donor, based on the theoretical framework of Lazarus and Folkmann on confrontation.

This study could contribute in the identification of stressed situations faced by nursing staff in the care of the potential organ donor, for reflections about this subject still controversial and for possible solutions to minimize the effects of stress and also, for the improvement of health professionals in this area.

METHODOLOGY

It is a qualitative research of exploratory and descriptive type, held in the ICU of a Regional General Hospital of Western Santa Catarina. In this unit, it is accustomed to hospitalize polytraumatized and neurological patients from all over the State, particularly from the West and Midwest and other regions of the country. The qualitative method is the way to study relations, representations, beliefs, perceptions and opinions of humans about their relations, lifestyle and of himself. It is best used in the delimited group research, focusing on the perception of a situation. [12]

The study was conducted with members of the nursing staff (14 nursing professionals, 13 nurse technicians and 1 nurse) who work directly with a potential organ donor in the ICU. As a criterion for inclusion, these participants should have attended at least three captivation processes

of organs, criterion related to the experience, the experience and the feelings of the professional in patient care with BD, showing better conditions to relate their confrontations with the situations experienced. This criterion has limited the number of participants, because there were a large number of employees who had been recently integrated into the team.

Among the participants, thirteen were female and one male. These had ages ranging between twenty-two and forty years; eleven were catholic and three evangelicals. Among catholic, the majority manifested as a non-churchgoer. Eight were married, one separated and five singles. The time of operation on the unit varied between six months and ten years.

The data collection was through semi-structured interviews, using an instrument prepared by the authors with questions that were based on the Confrontation Theory[2]. The questions that initially guided the research were: Report situations that occurred in front of the brain-dead patient and how you behave. Fid you find some difficulty in taking care of potential organ donor? What are these difficulties? What do you do to face these difficulties? (Do you become aggressive and hostile?). This data collection took place during September and October 2009.

Before realization of the interview given above, the interviewee were oriented about the Free Clarified Consent (FCC), the right to participate or not, the right to give up at any time from the research, without suffering any kind of sanction. They were still oriented on the anonymity and about the purpose and importance of the study. To avoid being identified, they received a number in sequential order of the interviews, that is, the respondent 1 (I1) and so on. The project was approved by the Ethics Committee of the University Regional Community of Chapecó (UNOCHAPECO) under the Protocol N° 173/09.

For the analysis of data thematic[13] content analysis was used, consisting of three phases. At first it was held a floating reading of the interviews transcribed in full. It is important to note that the transcription was made shortly after the interviews, which facilitated their understanding. In addition to these, it was recorded the annotations about the impression on the interviewee, the gestures and facial expressions. In the second, it was held a reading of the interviews with greater depth in order to get the coding of speech, being established units of meaning. From the codes, the categories were established based on the Confrontation Theory[2]: Threats and Challenges, and from the Threats category were established subcategories: identification with the situation of the person in BD; fear of their own death; doubt in relation to BD and the feeling of failure as a professional. In the third and final step, it was established the relationship between the results of the study, the Confrontation Theory[2] and the literature pertinent to the topic: organ donation, transplantation and ICU.

RESULTS AND DISCUSSION

From the analysis of the data, the stress-generating situations were organized into two categories based on the Confrontation Theory: Threats and Challenges.

THREATS

The threats are anticipated losses related to events that have not occurred and which arouse the individual to an assessment about the possibility of these events occur, when can occur and the consequences that may bring. It is arouse in the individual the need for an assessment of his ability to manage the situation, the resources he has and what can be done to reduce the possible damage. When the commitment of the individual

is big in relation to the situation, the greater would be his vulnerability. [2]

Professionals in the nursing staff that were interviewed, demonstrated feeling threatened in some situations, such as: when identified with the situation of the person in BD; by the fear of their own death; with questions regarding BD; and also by the feeling of failure as a professional. A stress factor, reported by interviewees, was related to the fact that the vast majority of potential donors, have been constituted by young people that had their lives abruptly stopped and unexpectedly, as can be seen below:

> For me, one of the patients who most touched me was a girl who had an accident with her boyfriend. She left home to go study with colleagues. And she went out with her boyfriend. There they had the accident. Her mother said she was all set to celebrate the 15 years of the daughter (dress, Hall and everything else). It was the only child. The suffering of the mother and father, I think I'll never forget [...]. At that moment you feel impotent, incapable, on everything we do especially when we loss the patient at the end. It is very sad [...]. (I7).

The death, despite being part of the evolutionary cycle of the human being, when occurs with young people and even children, can be interpreted as an early break of the cycle, causing the family feelings of powerlessness, suffering and intense pain. After all, it's the natural order of life to expect that older people die before the young, parents before the children. [14]

Associated with this question, the fact they were young people who were to death, causes the most diverse reactions within the family, such as: desperation, cry, feeling of profound sadness, sorrow and even the difficulty of accepting the loss. [4] what to say to parents faced with such a situation, it is very difficult, in general there is not much to say but it is possible to listen to family members, being close, placing at the disposal. According to some authors[4,] this situation causes intense stress in nursing staff.

> Death, universal event for all living beings, does not refer only to the elderly. At any age, the unnamable, the infamous, the horrendous death Western qualifying that can appear without asking permission, and without bothering with the long or short time lived by its victim.[15:855]

This situation countless times reported by interviewees, showed intense suffering. What happened is that the same stressed situations are perceived in a very particular, singular way. Probably, the way of how they felt, are directly related to the culture, religiosity and their different life experiences.

Identification with the situation of the person in BD

The situation of people who are in BD generates in nursing professionals the perception of own finitude, that in a fraction of seconds could be in the same situation of those people, because many of them were there for a sudden accident.

> The patient who I remember that showed brain death was a lady. She was about forty years old and was at home with the small child, then she had a strong headache. When she came to the ICU, I remember her talking, talking with us, telling of her son. Then on the next day, when I got to work, she was in the Protocol, making the second examination to confirm brain death. It was very strange, really difficult. There, I realized, how this can happen at any time with anyone. I also thought about me. I have only one child as she had. I keep thinking, it can be with anyone, even with us ... (I10).

This situation experienced by one of the interviewee to provide care to the potential organ donor may exceed its resources to adapt, causing some type of damage. It is characterized according to the Confrontation theory, how a

threat, which can cause pain, suffering or even interfere with the performance of professional. [2] Another stressful situation characterized as a threat, was expressed by an interviewee:

> I remember a man, he must be about forty years. He had an accident working at home, he fell from the roof. His wife was desperate, without knowing what to do. The couple had four small children. She said she has always been a housewife, she lived in the countryside, her husband was responsible for everything in the house. The woman was completely lost without knowing what to do, how she would take care of the house, the children. After all, she had never worked, she did not have an own rent. It is sad to realize how much the structure of the family is shaken [...]. We think that this can also occur with us. (I9).

During the interviews, nursing professionals, in addition to expressing shocked and distressed to remember the different situations experienced, they had facial expressions that showed intense sadness, anguish and fear, in particular, when the potential donor is characterized by being the maintainer of the family, primarily responsible for the financial and emotional support.

Fear of their death

The interviewees, providing care to the potential organs, donor directly encountered with the great fear of death, as can be viewed in the following testimonial:

> “I don't like to think too much about the condition of these patients [...]. To think that they are dead. In fact, I don't like to think about death, I'm afraid to die, I can't even imagine this, you know [...]”. (I7).

The interviewee reflecting about the death, the death of patients and even about his own death, has defined it as an end, clearly demonstrating his sorrows and frustrations. These findings corroborate the results of other studies, in which health professionals, such as: doctors, nurses and nursing assistants experiencing the death of their patients, they feel sad and frustrated, lamenting their losses. [16] They also deeply evidence how the nursing professionals engage emotionally with their work and to providing the care, they are always contrasting the situation of the subject who care with his own experience/existence.

On the other hand, the life, the continuity of the individual, has been increasingly prized with the discovery of new technologies, treatments of the most varied and extension methods in an attempt to deny the death itself and the human finitude. This occurs primarily with health professionals who invest more and more in the recovery of patients, being considered a failure when it does not occur.[17,18]

Doubt in relation to Brain Death

The doubt about BD that it might not be real is always present between these professionals. Questions about how to accept those bodies which are dead that are still hot, still have life expressed by heartbeat. Even because the concept of brain death began in 1959, with the description of "coma depassé" which was characterized by individuals with assisted breathing, areflexia, irreversible loss of consciousness and electric inactivity. Only in 1968, was established and published the first protocol for evaluation of brain death from Harvard Medical School. In Brazil, the concept of brain death was used in 1981, associated with the structural or functional disabilities of the brain, such as integrating and critical function organ to the human body. [9] However, some members of the nursing staff are not always sufficiently prepared, as referred to in the following interviewees.

> “I sometimes understand when the family has doubts to be a donor because it is hard to believe that is dead, how can? The heart is beating, it is warm and when it has that thing of

> reflection is more difficult, because the patient still moves [...]". (I3).
> "You know, sometimes you are half in doubt about this thing of being dead and the heart still beats, then you know about people who says he heard from people who had organs stolen, or others who stayed a while in the ICU and said that he was dead and nowadays are well alive [...] is to stay thinking, right [...]". (I11).

The complexity of the situation raises questions about them, and we need more than just statements of other professionals about BD. They express the need for broader and profound discussions on the subject, to feel more secure and can adequately support the family of these people. This needs of discussions about BD and the clarification of the doubts generated by it, goes beyond the work environment.

According to a study of graduates of Nursing and Medicine at a University of Minas Gerais, it was noticed that these students had insufficient knowledge about the physiology and pathophysiology of BD. These were not being properly prepared and with sufficient knowledge and skills to work effectively in the process of definition of BD and in the maintenance of the potential organ and tissue donor. [8]

Another study involving nurses and nurse technicians at a hospital in the southern region of the country, revealed that 71.44% of nurses and 50% of technicians considered themselves averagely prepared, whereas only 14.28% of nurses and 16.66% of technicians considered themselves as little prepared to care for the patient in BD. [4] However, what we see is that with the acquisition of knowledge, i.e., the more trained health professionals, they will feel more secure and confident in the diagnosis of BD and in providing its care.

In Brazil, there is a protocol with clearly defined criteria for the diagnosis of BD, according to the Decree n° 10.211 which regulates law No. 9434/97, which provides on the issues of post mortem tissues, organs and human body parts for transplant. This same law designates, as criteria for diagnosis of BD, the resolution No. 1480/97 of the Federal Council of Medicine (FCM). This Resolution in its 1º article provides that to BD will be characterized by conducting clinical and complementary examinations during variable time intervals, suitable for certain age groups, among other articles that serve as Protocol for determination of BD. [19]

The human being, throughout history, has always shown to be afraid of death, assigning to numerous causes. Currently, there is a possibility of not being correctly diagnosed and the fear of being buried alive, taphophobia. This fear is the basis of distrust to the definition and diagnosis of BD, creating the myth of the living donor. Currently, there is evidence of death from cardio-respiratory failure that can be related to permanent injury resulting from cerebral anoxia. However, this concept took years to overlap the cardiocentric vision. With the need to establish a diagnosis of brain death, arises technical necessity to define the use of technologies of maintenance of organs of a potential donor and not philosophical or ethical need. [20]

Feeling of failure as a professional

Another feeling present in some members of the nursing staff is the feeling of helplessness, of not being able to fulfill his role. Even though Nursing is not focused on healing, its objective is to care and act for the maintenance of life. Health professionals can face this situation as a failure, which may be related to resistance to perceive death as something natural, inherent in the human being. [21]

> "With this patient, I think that sometimes we have the feeling of failure, you do everything for him and then you see that it did not avail anything. Nobody likes to lose the patient and with this, you know that

> it's not enough anymore, that for him there is nothing more to do". (I7).
>
> "On the first day that I worked in the ICU, was the end for me, because he was a young patient, who had his leg amputated. Then I remember that I took care of him the entire duty and at the end of the duty he died. Then I remember that I came home and cried so much, so much. I just thought everything was done and he died at the end. Not fair!!!" (I8).

The nursing staff, including health workers, possibly, is that who experience with greater intensity the feelings of anguish and frustration, because "literally" is the one that remains for more time with the patients. How these professionals realize death is related to their life experiences, their perspective, vocational training and religious beliefs.

What it is observed in the daily lives of health institutions, is that the nursing staff, especially who acts next to the critical patient, is opposite to a duality of feelings: the struggle for life, the denial of death and, on the other hand, the need to provide a dignified and quality death to the patient. [10,18] The more an individual is committed to a situation or environment, the greater will be the risk of stress. In front of death, the team may suffer intense stress. [3]

CHALLENGES

Stressful situations can be evaluated as a challenge due to the efforts of cognitive confrontation, which enable the person to check the episodes through a more positive perspective or through changes in the environment that improve the troubled relationship of the individual with this. Challenge has important implications for adaptation, as for example: people who are encouraged by the circumstances to feel challenged. These probably have more advantages over those that feel threatened, their self-esteem and health. The challenges are more likely to get better self-esteem, because the challenge might mean a positive feeling, accompanied by pleasant sensations. It tends to be beneficial, because the individual feels more confident, less overwhelmed emotionally, more able to assess the resources available to deal with the inhibition or blocking. [2]

In this study, two situations were presented as challenges: the little knowledge and organ donation. During the interviews done, the challenge expressed by the team need to have greater knowledge about BD. Even speaking of a past time, it seems that their doubts are always present and they realize they need to have more knowledge to act in a more responsible and safe way in order to provide care to the patient, to keep him as a potential donor.

> "At first, I had difficulty, I did not understand very well that thing of brain death. How can be dead the patient with heart beating. I thought that, this is kind of weird, I had to go to study, learn about it, to be able to understand and take better care of the patient [...]". (I2).

With the change in how the death happened to be seen/noticed, it was created a new situation for the nursing staff. These professionals had to prepare to take care of a human being who had his death established, but he should keep his living organs for donation. They had to live with the life/death duality and all ethical, moral and legal implications involved with the subject, in order to maintain the life of another human being. After all, the nursing staff is directly involved with the maintenance process of the potential donor. He is responsible for caring for the receiver of the organs, as well as being part of the process of death. [22] So the nursing staff working in an ICU with severe patients that require specialized care must be permanently taking part in trainings and updates in order to be prepared for the challenges in daily life. [4]

It realizes the need to discuss and reconsider the role of nursing staff and their

concepts about death, life, solidarity, in order to improve the care of the potential donor and facilitate their involvement in the process of obtaining organs, as can be viewed:

> "Working with these patients shakes us a lot. I try to see him in the direction of another, to whom he will donate the organs. For him, it's not enough anymore, but at least it is not in vain. I take care of him thinking on the receiver, I have to do all that is possible to keep organs functioning, in order to help as many people and keep a part of him alive". (I4).

It is possible to realize how the nursing staff suffer during the performance with the potential donor, facing situations of stress, and in front of them, search strategies to reduce their suffering and facilitate action. In the care of these people in BD, existential issues that involve the finitude, mortality, the purpose of life, among others arise among professionals members team that they do not have sufficient preparation and specific preparation, as well as personal conditions for dealing with those situations in which the stress is appeared by overloading the adaptability, damaging exponentially his performance.

CONCLUSION

From the data obtained, it can be seen clearly that the nursing staff that works with the potential organ donor has suffered a strong impact on the care of them. They experience the most diverse feelings, ambiguous and contradictory that contributes decisively to the stress. In this way, it is confirmed in this study that it has already been demonstrated in other stress related to potential organ donor. According to reports, at any time, the team signals any kind of institutional support, clearly demonstrating a solitary work, individual, prone to making bad decisions because they are vulnerable.

As a result, it is believed to be crucial that the hospital health institution offers a more favorable structure for this team, providing therapeutic support by psychologists that can strengthen and redirect some actions/decisions and provide emotional support. As well as, offer training courses in specific area, as well as offer continuing education that might serve to ponder the team members through technical and scientific knowledge. And finally, the ability of the institution to provide the nursing staff, moments of systematic leisure and recreation and even religious support. These strategies, of course, will help to keep the team's health and motivation for a job of this magnitude.

The care provided to the patient in brain death and potential donor are stressful by virtue of several physiological changes that occur with this, especially with regard to hemodynamic conditions, which if not managed quickly and effectively, can compromise the maintenance and donation of one or more organs. The members of the nursing staff suffer on this situation and need to mobilize confrontation strategies from the stressful situations that are presented.

This study also points to the urgent need for the Government to worry and establish strategies that go beyond captivation and organ donation, worrying also in provide to health teams that work in this area, the most appropriate conditions facing a cruel and difficult reality that are presented: the reality of the death of one to provide life to another.

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