

Experiences of the intensive care unit nurse caring for a brain death donor

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Background

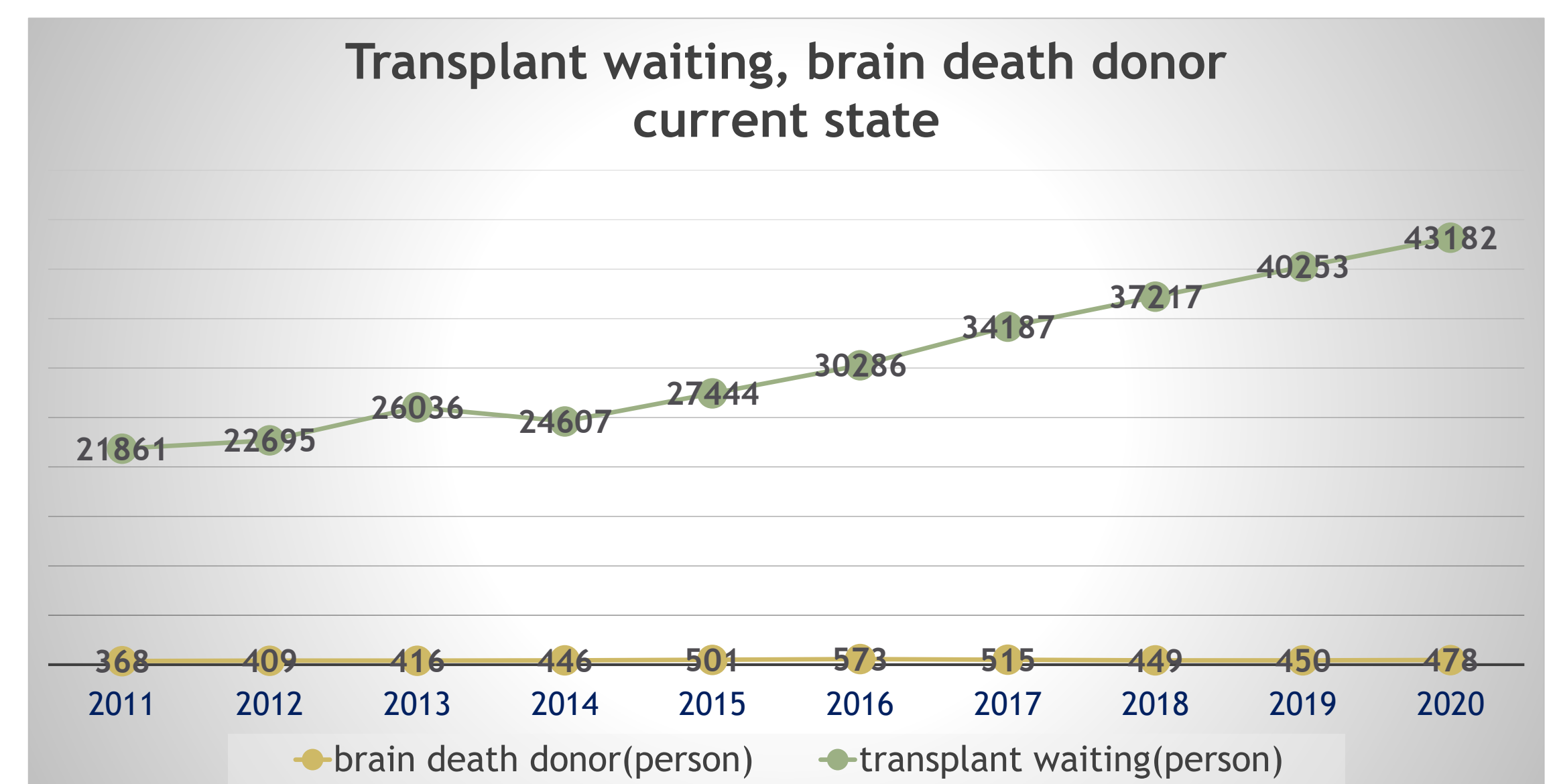
Development of Medical technology

With the development of modern medical technology, organ transplantation has become possible when chronic diseases are not cured, and the development of immunosuppressive drugs and organ transplantation techniques is activating organ transplantation. Brain death organ functions can be donated to at least people.

Role of intensive care unit nurses in brain death organ donation

Intensive care unit nurses continue to care for patients and their families who make organ donation decisions and take care of that procedure.

Increase in waiting list for transplant



Necessity for deeper understanding

Necessary to understand the experiences of ICU nurses caring for brain death donors more deeply and richly by using a phenomenological method that can explain and describe complex experiences.

METHODS

A qualitative study applying phenomenological analysis to in-depth understanding and description of the nursing experience of intensive care unit nurses for brain death donors. 10 intensive care unit nurses with 3+ years of intensive care experience at HOPO (hospital-based Organ Procurement Organization) by volunteer sampling. Data collected from 20th June 2022 to 30th July 2022.

RESULTS

As a result of analyzing the data by Giorgi's phenomenological method, there were identified 6 constituents and 18 sub-constituents. The six constituents derived from the results of this study were as follows: 'regretful care', 'white robed grim reaper', 'endless anguish', 'lack of support', 'take care with best efforts', 'keep distance in mind'

CONCLUSION

The ICU nurses respected the noble decision of the brain death donor and their family and, did their best to take care of the patient's life until death. In the process, ICU nurses experienced an ethical dilemma related to caring of brain death donors, suffered difficulties due to lack of education and obscure task, and recognized that they were gradually becoming apathetic and insensitive. There is a need for an educational program that regulations related to brain death donor caring. In addition, an emotional support program that can promote psychological healing of ICU nurses should be developed and implemented institutionally.

Constituents	Sub-constituents
Regretful care	Burdensome task Continuous work pressure Insufficient head space lost in priority
White robed grim reaper	Abnormal death People who unwilling to face Arising suspicion
Endless anguish	Pathetic patient and family A donor treated without respect Futile organ transplantation Persistent ambivalence
Lack of support	Lack of education and information Obscure task
Take care with best efforts	Respect as a living life Concerned about family
Keep distance in mind	Control myself Become numb to it Reconsider organ transplantation