Nurses' Values, Beliefs and Roles Regarding Organ Donation

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Abstract: The shortage of organs for transplantation is caused by the increasing demand for organ transplants but the number of organ donors is constant. Exploring values and beliefs regarding organ donation and nurses' roles in promoting the decision of family members is essential. This study explored Thai nurses' values and beliefs regarding organ donation and their roles in promoting decision of potential organ donors' family. The study took place at a regional hospital located in the southern part of Thailand. Fifty Thai nurses responded to two questionnaires: the Values and Beliefs of Organ Donation-Nurse Questionnaire and the Nurses' Roles in Promoting Decision of Potential Organ Donors' Family Questionnaire. Descriptive statistics and independent t-test were used. Over a quarter of the nurse participants (28%) had made requests for organ donation 1-2 times. For personal values and beliefs, the nurses attributed the highest importance on conformity and the least importance on power. For professional values and beliefs, they rated justice as highest importance and activism as least importance. Nurses rated the highest score regarding their role in providing care after donation. Nurses who worked in the critical care and neurological units had scores of personal values and beliefs, professional values and beliefs, and nurses' roles significantly higher than those who worked in medical and surgical units. The findings indicate that nurses should be prepared to play more roles before and during this process.

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Introduction

Advancement in medical technology helps many individuals successfully receive transplant organs, helps them survive and increase the quality of their lives. Although the success and benefits of organ transplantation are well acknowledged worldwide, a gap between the growing number of individuals in

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needs of organ donation and the number of organ donors is extremely large resulting in the scarcity of donated organs.[1] This phenomenon is also observed in Thailand. A report from the Organ Donation Center of Thai Red Cross Society shows that in 2012 there were 3,515 cases awaiting a donor organ. Only 334 recipients had underwent organ transplantation from the organs of 136 donors.[2] It is therefore necessary to increase the number of organ donors. Several factors contribute to a successful organ donation rate. These include family acceptance and an adequate approach of professional nurses to the family of potential organ donors as well as how well the nurses supporting the family during the procurement [3,4].

Nurses play important roles in a successful process of harvesting organs. Nurses are involved in approaching family member responsible for a potential brain dead donor. However, receiving bad news of their loved one about brain death produces a series of emotional responses as a part of grieving process[4]. It is therefore likely that a family will refuse to donate if a request is not done properly. Nearly half of families refused to donate due to exhaustion unless the patient explicitly communicated a desire to donate[5]. In this integrative review, families' receipt of understandable information was the strongest predictor of consent to donate.[5] Moreover, quality of care and emphatic or a sensitive request were identified as influencing factors. Thus, a nurse who directly handles the family situation should have ability to promote adequate approach to the family and to further improve their communication skills when discuss with the family about organ donation. A qualitative study[6] involving 15 Swedish ICU nurses revealed that although their primary role was to save the patients' lives, their focus changed from the brain dead patient to the potential organ donor and possible organ recipients. These nurses expressed that caring for an organ donor required high commitment and emotional engagement. It was necessary for them to study the "Organ Donation Manual" so that they could collaborate with the physician and the transplant coordinator as well as performing other roles in the more effective manners.

In Thailand, nurses are actively involved in the process of organ procurement. However, there is no known study that explored what Thai nurses thought about issues relating to organ donation. We were interested in exploring how they perceived their roles in promoting the decision of potential organ donor's family at each phase of organ donation, starting from preparation, requesting, and after donation phases. Moreover, since performing such roles might relate to how they had given importance and thought about organ donation, it was imperative to also explore their values and belief system regarding organ donation.

Review of Literature

Values are what we think are important to us in our life. One's values and belief system has motivational power and guides an individual's choices of actions.[7] These include a choice or a decision regarding organ donation of family members[8] and nurses who play active roles in the organ donation procurement process. Nurses may hold similar ideas to general public in their view regarding organ donation. Schwartz[9] delineated ten basic human values that people in all cultures recognize: self-direction (indepent thought and action), stimulation (excitement, novelty, and challenge in life), hedonism (pleasure or sensuous gratification for oneself), achievement (personal success), power (social status and prestige, control or dominance over others), security (safety, harmony, stability of society, of relationships, and of self), conformity (restraint of actions likely to upset or harm others), tradition (respect, commitment, and acceptance of the customs or ideas that one's culture or religion provides), benevolence (preserving and

enhancing the welfare of close contact persons), and universalism (protection for the welfare of all others). Schwartz's personal values are structured in similar way within and across culturally diverse groups. In other words, they are universal in driving human motivations. Although these values are universal, individuals and groups differ substantially in the relative importance they attribute to the values.[9] A study examining personal values as personality traits were investigated among American university students. Students higher in benevolence, universalism, achievement, and stimulation were more likely to have registered to donate their organs.[10] To date there is no known study invetigating nurses' personal values in this regard. For this reason, Schwartz's conceptualization of personal values was chosen to guide an investigatation of how Thais, Thai nurses in particular, prioritize such values concerning with belief system embedded in Thai culture and whether this would be similar or different from people of other cultures.

Not only do nurses hold basic human or personal values and beliefs to guide their human actions as human beings, but as professional practitioners, they also hold nursing professional values to guide their nursing actions. The nursing profession and its members are responsible for people's health in all kinds of health situations and across human life span. They are expected by society to perform professional practice that meets expectations, standards, and codes of ethics. For this reason, nurses have been educated and developed a set of professional values reflecting standards for actions preferred by practitioners of the nursing community. Unlike personal values that nurses consider to be important for their own life, professional values are important for their work. Weis and Schank[11] highlighted the importance of these values that should be educated during basic nursing education. Five dimensions of nursing professional values were empirically identified: caring, activism, trust, professionalism, and justice. Weis and Schank's work was selected because these five values were considered universal and comprehensive enough to apply for exploring nurses' professional values and beliefs in a situation of organ donation.

Nurses can be involved in an organ procurement process, particularly nurses who have cared for patients likely to have or develop brain death, such as intensive care (ICU) nurses. They are requested to consider each time they care for a patient with severe brain lesion to perform the following: search for potential organ donors, prepare family before beginning a request, coordinate the procurement team, and provide bereavement care to grieving families.[3,4,6] Nurses who are in different units may have different perspectives on what they could do.[12] Nurses whose working units have more cases to become potential organ donors, may develop and prioritize different set of values and beliefs and be more responsive to their nursing roles as opposed to nurses whose working units have less cases.

Study Aims

The aims of this study were to explore; nurses' perception towards personal and professional values and beliefs regarding organ donation, towards their roles in promoting decision of potential organ donors' family and to examine if there are differences between nurses working at different working units.

Methods

Design

This was a descriptive, cross-sectional study.

Sample and Setting

The study was carried out at a tertiary care, provincial hospital located in southern Thailand. This hospital is one of the network hospitals to the Organ

Donation Center of the Thai Red Cross Society that has high volume of brain dead individuals due to traffic accidents but it still has a limited number of donors. Sixty-one nurses from a total of 460 (13.3%) who had experienced in caring for potential organ donors, specifically patients potentially diagnosed with brain death, were approached. They worked in critical care, neurological, medical, or surgical units. Fifty of them returned completed questionnaires (response rate = 82%).

Instruments

The instruments used in this study consisted of three parts. The first part was personal characteristics and work experiences composing of 11 items. These included age, gender, marital status, religion, education, years of work at the current ward, monthly income, experience of making organ request (yes/no), number of time in making organ request, training to be an organ transplantation coordinator (yes/no), and wish for donating their own organs.

The second part, the Values and Beliefs of Organ Donation Questionnaire-Nurse version (VBODQ-N) measured nurses' personal (30 items) and professional values and beliefs (20 items). The VBODQ-N was developed for use in this study based on the conceptualization of personal[9] (10 subscales) and professional values[10] (five subscales) with an integration of beliefs regarding organ donation embedded in the Thai cultural context. The third part, the Nurses' Roles in Promoting Decision of Potential Organ Donor's Family Questionnaire (NRPDQ-24 items) measured nurses' perception regarding their roles covering three phases (subscales): preparation, requesting, and after donation. Both VBODQ-N and NRPDQ used a 5-point Likert scale with the scores ranging from 1 to 5. For the VBODQ-N, the higher score on its subscale indicated that they gave importance in concerning with their beliefs to that subscale higher than other subscales. For the NRPDQ, the higher score on its subscale indicated that they had practiced their roles according to that phase higher than other phases.

The psychometric properties including validity and reliability of these two questionnaires were examined. A panel of five experts including one medical doctor and one nurse coordinator for organ donation and three nursing faculty who had expertise in nursing ethics and tool development validated the contents. They were asked to validate the questionnaires for two rounds. On the first round, the item-content validity indexes (I-CVIs) of the VBODQ-N ranged from 0.6 to 1.00 and those of the NRPDQ ranged from 0.8-1.00. Items that had the I-CVI less than 1.00 were revised according to comments of the experts. Mainly the revisions were related to wording for lessening frightening feelings and for clarity. For example, one of the items in the VBODQ-N initially was stated as "Donating the organs makes my relative, who is sick now, unable to rest peacefully before he/she dies," was revised to be "Donating the organs makes my relative, who is sick now, disturbed and cannot leave peacefully." Another example was in the NRPDQ; the initial statement was that "Expressing your sympathy and willingly helping patient's relative when they are feeling sad," was changed to be "Willingly helping patient's relative when they are feeling sad with sympathy." After the revision, the second round content validation was examined by the same experts and yielded I-CVIs of 1.00 in all items of both questionnaires. The reliability was examined by administering the questionnaires to 32 nurses of another hospital in southern Thailand (pilot samples) and was inspected again with the actual samples. The internal consistency reliability of the subscales of the VBODQ-N showed the acceptable Cronbach's alpha coefficients based on pilot samples and actual samples (personal values: 0.88 and 0.99, and professional values: 0.98 and 0.94). The NRPDQ also showed high internal consistency with Cronbach's alpha coefficients of the

entire scale to be 0.99 equally from pilot samples and actual samples. All subscales of the NRPDQ were also highly reliable demonstrating coefficients of 0.97 to 0.99 for both of pilot samples and actual samples.

Ethical Consideration

Ethics approval for the study was obtained from the Research Ethics Committee of Faculty of Nursing, Prince of Songkla University and the Clinical Research Ethics Committee of the study hospital. Questionnaire packets were distributed to eligible participants with a cover letter and an informed consent form. Autonomy, anonymity, confidentiality, and voluntariness were ensured to all participants. They were also informed that their completion of the questionnaires was an indication of consent.

Data Collection

After obtaining approval from involved authorities, one of the researchers (SK) explained the study's objectives and its data collection procedures to the head nurses of each study unit and asked them to assist in selecting nurse participants who met the inclusion criteria. The eligible nurse participants were approached and the informed consent procedure was executed. They were asked to respond to the set of questionnaires and returned the questionnaires to SK within seven days.

Data Analysis

Data were analyzed using descriptive statistics for describing the study variables. Independent t-test was used to examine the differences between nurses working in different working units (critical care and neurological units VS medical and surgical units). The assumptions of normality and homogeneity of variance were met.

Results

The results were structured into four parts: nurses' characteristics, nurses' values and beliefs regarding organ donation: personal and professional, nurses' roles in promoting decision of potential organ donors' family, and comparison between working units.

Nurses' Characteristics

The majority of the nurses were female (94%) and Buddhists (86%). Only 12% earned postgraduate nursing education (master's degree). The average working period was 7.86 years (SD = 4.88). Above one-fourth of participants (28%) had direct experience in making requests for organ donation with a mean of 1.72 times. Only 6 (12%) had been trained to be an organ transplantation coordinator. When asked if they had ever wished to donate their own organs, less than a quarter (22%) indicated this and more than half (52%) had never thought about it (**Table 1**).

Table 1. Frequency Distribution of the Nurses' Characteristics

Characteristics	N	%
Gender		
Male	3	6
Female	47	94
Education		
Baccalaureate	44	88
Postgraduate (Master degree)	6	12
Religion		
Buddhism	43	86
Islam	7	14

Table 1. Frequency Distribution of the Nurses' Characteristics (continued)

Characteristics	N	%
Working Period (years) (M = 7.86 years, SD = 4.88, Minimum-Maximum = 1-25 years)		
≤ 5	20	40
6-10	16	32
> 10	14	28
Experience in Making Requests		
Yes	14	28
No	36	72
Number of Time in Making Requests (times) (M = 1.72, SD = 0.45, Minimum-Maximum = 0-10 times)		
0	36	72
1-2	4	8
3-5	7	14
>5	3	6
Training of Organ Donation Coordination		
Yes	6	12
No	43	66
Willing to become an Organ Donar		
Yes	11	22
No	13	26
Have never thought of or unsure	26	52

Nurses' Values and Beliefs Regarding Organ Donation

Nurses' Personal Values and Beliefs

The nurses attributed highest importance on conformity (M = 4.69, SD = 0.55), followed by security (M = 4.47, SD = 0.66) and tradition (M = 4.36, SD = 0.69). They rated least importance on power (M = 2.55, SD = 0.94), followed by hedonism (M = 2.57, SD = 0.90) (Figure 1).

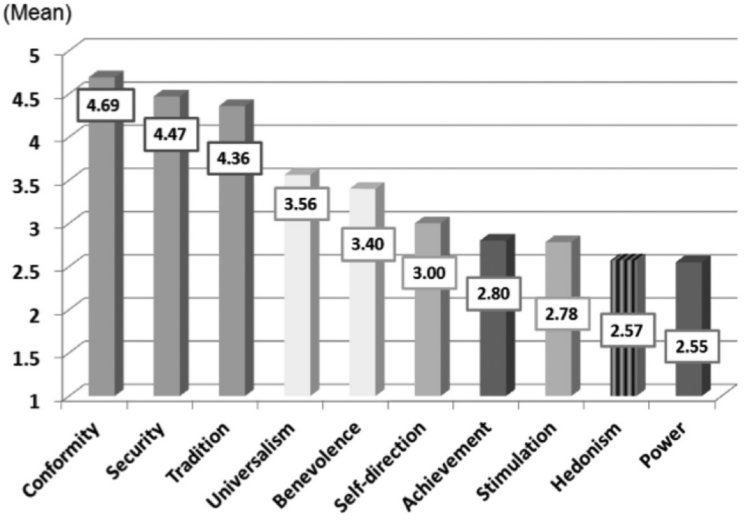

Figure 1. Nurses' Personal Values and Beliefs Regarding Organ Donation

Nurses' Professional Values and Beliefs

For nurses' professional values and beliefs regarding organ donation, the nurses attributed highest importance on justice (M = 4.22, SD = 0.71), followed by caring (M = 3.78, SD = 0.91) and expressed least importance on activism (M = 3.33, SD = 0.91) (Figure 2).

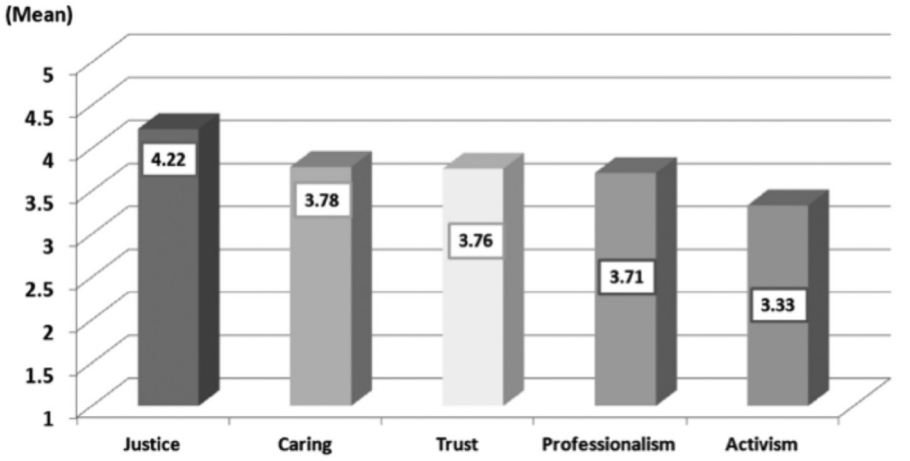

Figure 2. Nurses' Professional Values and Beliefs Regarding Organ Donation

Nurses' Roles in Promoting Decision of Potential Organ Donors' Family

The nurses rated the highest mean score at the after donation phase (M = 3.89, SD = 1.00), followed by the requesting phase (M = 3.71, SD = 1.05). The lowest mean score was at the preparation phase (M = 3.21, SD = 0.89) indicating that the nurses had practiced their roles for preparing family members of the potential organ donors lower than other phases (Figure 3).

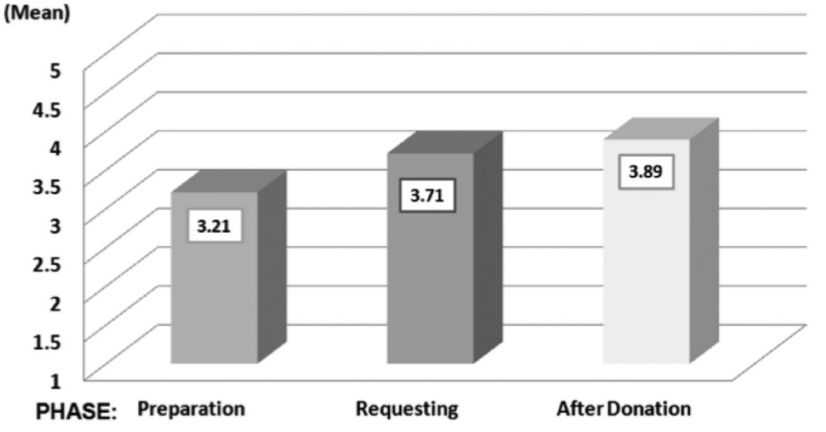

Figure 3. Nurses' Roles in Promoting Decision of Potential Organ Donors' Family

Comparison Between Working Units

In order to examine if nurses working in different units would differ in their values and beliefs regarding organ donation and roles in promoting decision of potential organ donors' family, we divided the nurses into two groups: nurses working at the critical care and neurological units (n = 27) and nurses working at the medical and surgical units (n = 23). There were significant differences between the two groups ($p < 0.01$). Nurses working at the critical care and neurological units rated significantly higher scores than those working at the medical and surgical units with regard to nurses' personal and professional values and beliefs regarding organ donation and nurses' roles in promoting decision of potential organ donors' family in total and in each phase of organ donation (Table 2).

Table 2. Comparisons of Nurses' Personal and Professional Values and Beliefs Regarding Organ Donation, and Their Roles Among Nurses Working at Different Settings

Variables	n	M (SD)	t	p	Mean difference (SE)	95%CI
Nurses' Personal Values and Beliefs						
Critical Care and Neurological Units	27	3.70 (0.42)	4.752	.000	0.62 (0.13)	0.36-0.88
Medical and Surgical Units	23	3.08 (0.51)				
Nurses' Professional Values and Beliefs						
Critical Care and Neurological Units	27	4.03 (0.45)	3.278	.002	0.63 (0.18)	0.26-1.01
Medical and Surgical Units	23	3.39 (0.83)				
Nurses' Roles in Promoting Decision Total						
Critical Care and Neurological Units	27	3.87 (0.59)	3.688	.001	1.13 (0.28)	0.57-1.69
Medical and Surgical Units	23	2.74 (1.27)				
Preparation Phase						
Critical Care and Neurological Units	27	3.46 (0.66)	4.456	.000	1.51 (0.34)	0.82-2.21
Medical and Surgical Units	23	1.94 (1.51)				
Requesting Phase						
Critical Care and Neurological Units	27	4.04 (0.68)	4.556	.000	1.85 (0.41)	1.02-2.68
Medical and Surgical Units	23	2.19 (1.84)				
After Donation Phase						
Critical Care and Neurological Units	27	4.22 (0.67)	4.613	.000	1.89 (0.41)	1.05-2.74
Medical and Surgical Units	23	2.33 (1.87)				

Discussion

In this study, we integrated values and beliefs regarding organ donation as one construct. We are cognizant that values and beliefs are distinct but they are related entities. Some scholars conceptualize them as a function of one another.[13, 14] Applying Schwartz's theory of basic human values[9] and Weis and Schank's professional values,[11] in integration with belief system in the Thai cultural context to explore issues pertaining to organ donation, offers introductory insights into this field. As values indicate what are important and worth striving for, it is useful to understand how nurses who are at frontline working

with potential organ donors and their family members express their values in concerning their beliefs towards organ donation. Similar to norms, values and beliefs vary from culture to culture, although they may share the core contents.[9, 13] Personally and professionally, values and beliefs influence the way nurses have practiced their duties including organ donation procurement.

Personally, our Thai nurses attributed highest importance to conformity, security, and tradition and least importance to power and hedonism. Conformity, security, and tradition emphasize order, self-restriction, preservation of the past, and resistance to change form a dimension, namely, conservation. They primarily regulate how one relates socially to others and affects his/her interests.[9] One major explanation for our findings may be related to gender matter. Similar to many countries, the majority of Thai nurses are female, and comprised 94% of our participants. In the South Asian region, women tend to be subordinate and isolated through the perception of South Asian patriarchal culture.[15] A recent report about the women of Thailand delineates a clear picture that to date Thai women are still not being treated equally to men but the gap is narrowing.[16] In addition, the hierarchical system in Thai culture causes Thai people to follow "senior" people quite easily. The concept of "kreng-jai" practiced by most Thais, a tendency not to argue with elders or higher authorities and to make their lives comfortable, is well-acknowledged internationally.[17]

Not surprisingly, the nurses participating in this study attributed least importance to power in which males are dominant with this type of values. Pursuing power may harm others and destroy social relations.[9] For Thais, women's work and the wages they earn are gender discriminated. They are known to have job as nurses and teachers. Men also exert their dominance over their wives in the household.[16] Interestingly, our finding conforms to another study conducted in the US.[10] Male university students assigned greater importance to power than did female students. In this same study, power values and all three conservation values were not related significantly to organ donation registration.[10]

Professionally, our Thai nurses expressed their views towards organ donation by prioritizing highest importance on values and beliefs concerning justice and caring and least importance on activism (Figure 2). Since values are learned and arise from personal experiences, nurses' professional values are developed through education and socialization during school years and work.[11,18] Thai nurses are educated and perform professional practice in concerning with the Codes of Professional Conduct.[19] With this regard, our findings that justice and caring received the highest priorities is not surprising. The highest score on justice indicates that our nurses gave priority and responsibility for meeting health needs, in this case, potential organ donors and their family, and organ recipients who come from the culturally diverse population. They also promoted equal access to care, and protected health and safety for them.

Compatible to justice, caring was rated the second most important professional values and beliefs. This is because nurses put high concern on protecting rights, maintaining confidentiality, acting as advocates, and providing appropriate nursing practice to their patients. The following explanation is plausible. At school and during clinical practices, nursing students have learned through observing and interacting with their nurse educators and clinical instructors. They are socialized to value their professional practice in line with the codes. A large scale, descriptive study[20] exploring role model behaviors of nursing faculty members in Thailand offers an explanation to our finding. Nursing faculty members participating in this study (n = 320) reported they "almost always" showed their beliefs and values of nursing practice and the nursing profession to their students, arriving at a high level of this role model behavior.[20] On the contrary, activism, reflecting the provision of a focus on the social nature of the nursing profession and its

responsibility to the public with regard to organ donation, was rated to be least important. Nowadays nurses are expected to be more involved in professional and political activities. When this applies to the situation of organ donation, our finding implies that Thai nurses may not value or believe that they were able to get involved in such process.

Regarding nurses' roles, nurses perceived that they performed their roles at the preparation phase lower than did the after donation and requesting phases. In Thailand, physicians and nurses who are taking care of patients with potential brain death are the ones responsible for starting the procurement process. Diagnosing of brain death requires strict physical, laboratory and other investigations before brain death can be declared by neurologists or trained physicians in other fields.[21] Nurses' lack of confidence and knowledge may also contribute to this finding. In a survey study,[22] nurses lacked confidence in approaching relatives for donation consent and had inadequate knowledge regarding brain death testing and donor criteria. In addition, to date, there is no law allowing both Thai physicians and nurses to make a mandatory request for organ donation, unless the deceased donor has indicated his/her wish in advance.[21] Additionally, they may find it difficult to make a transition from caring of an injured brain patient to maintaining of a brain dead organ donor.[23] For the above reasons, nurses may wait for physicians to do so without preparing the family.

The care given at the after donation phase received the highest mean score indicating that our nurses had practiced their roles needed at this phase higher than the other two phases. This may be because nursing activities given at this phase are the ones they usually perform, similar to other patients with critical illnesses or dying patients. However, nurses may encounter ethical challenges when the goal of care for dying donors is to save vital organs alive and that would conflict with their caring values about how to arrange for a peaceful death.[24]

Working environment and culture may determine nurses' personal and professional values and beliefs regarding organ donation as well as their perceived roles in promoting decision of potential organ donors' family in this current study. We found that nurses working at the critical care and neurological units rated significantly higher scores than those working at the medical and surgical units in all three variables ($p < 0.01$). The former group of nurses may have more opportunities to work with potential brain dead individuals than the latter group. Unit climates may make them be aware and sensitive to issues pertaining to organ donation and transplantation. A study with ICU nurses reported that caring for an organ donor was interesting and they welcomed this opportunity.[6] More importantly, they perceived that organ donation was a part of their work and a part of an ICU culture. They also described that establishing good contact with the family was essential. With this regard, the way they acted out would be in accordance with their values and beliefs towards organ donation and related issues including brain death. Dealing with patients with brain death and potential organ donor was perceived as tense and could become stressful when sharing the family member's suffering.[25]

It is worth mentioning that in this study, we started off conceptualizing personal and professional values and beliefs regarding organ donation based on the western models. We added and emphasized the contribution of Thai cultures that in many regards are quite similar to many other Asian countries. Our study focused on nurses, physicians and other health care professional working in this area may or may not hold the same values and beliefs. Further study is needed.

Conclusion and Implications for Nursing Practice

Whilst this is recognized as a small-scale study with distinct issue of limited generalizability,

the findings have shed some lights and offer implications and recommendations. A starting point is the need to recognize that both personal and professional values and beliefs are integral components of nursing practices of organ procurement. Assessment of nurses' values and beliefs regarding organ donation among nurses who are involved in caring for potential organ donors and their family is needed. Second is the need to train nurses or organ donation/transplantation coordinators in concerning with their values and beliefs and to play more roles at the preparation phase. Third, the instruments developed for use in this study were at the elementary stage, so further refinement and testing for psychometric properties is needed. Fourth, as our nurses hold values in conservation dimension, it becomes challenging to further develop organ procurement training program emphasizing this issue put effort on changing their values and beliefs to be more on power and hedonism, particularly when training nurses working in units other than critical and neurological care. Finally, cultural and environmental differences are well acknowledged in issues pertaining to values and beliefs, so future cross-cultural study is recommended.

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การสำรวจการให้คุณค่าและความเชื่อของพยาบาลเกี่ยวกับการบริจาคอวัยวะและบทบาทพยาบาล

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บทคัดย่อ: ปัญหาขาดแคลนอวัยวะเพื่อการปลูกถ่ายเกิดจากความต้องการอวัยวะที่เพิ่มมากขึ้น ในขณะที่จำนวนผู้บริจาคอวัยวะยังคงเท่าเดิม การศึกษาการให้คุณค่าและความเชื่อเกี่ยวกับการบริจาคอวัยวะของ รวมถึงบทบาทพยาบาลในการส่งเสริมการตัดสินบริจาคอวัยวะของครอบครัว มีความสำคัญ การวิจัยนี้ศึกษาการให้คุณค่าและความเชื่อเกี่ยวกับการบริจาคอวัยวะของพยาบาลไทยและบทบาทของพยาบาลในการส่งเสริมการตัดสินใจเรื่องการบริจาคอวัยวะของครอบครัวผู้ป่วยที่มีโอกาสบริจาคอวัยวะ กลุ่มตัวอย่างเป็นพยาบาลไทย 50 คน ตอบแบบสอบถามการให้คุณค่าและความเชื่อเกี่ยวกับการบริจาคอวัยวะของพยาบาล และแบบสอบถามบทบาทพยาบาลในการส่งเสริมการตัดสินใจของครอบครัวผู้ป่วยที่มีโอกาสบริจาคอวัยวะตามการรับรู้ของพยาบาล วิเคราะห์ข้อมูลโดยใช้สถิติบรรยายและการทดสอบทีอิสระ ผลการศึกษาพบว่ากลุ่มตัวอย่างมากกว่าหนึ่งในสี่ (ร้อยละ 28) เคยทำหน้าที่ขอบริจาคอวัยวะ 1-2 ครั้ง กลุ่มตัวอย่างพยาบาลให้คะแนนการให้คุณค่าและความเชื่อส่วนบุคคลและเชิงวิชาชีพเกี่ยวกับการบริจาคอวัยวะในระดับปานกลาง และมีคะแนนการรับรู้บทบาทพยาบาลในการส่งเสริมการตัดสินใจของครอบครัวในระยะการดูแลหลังการบริจาคอวัยวะสูงที่สุด พยาบาลที่ปฏิบัติงานในแผนกบริบาลผู้ป่วยหนักและผู้ป่วยระบบประสาทมีคะแนนการให้คุณค่าและความเชื่อส่วนบุคคลและเชิงวิชาชีพ ฯ และคะแนนการรับรู้บทบาทพยาบาล ฯ สูงกว่าพยาบาลที่ปฏิบัติงานในหอผู้ป่วยทางอายุรกรรมและศัลยกรรม ผลการศึกษาบ่งชี้ว่าพยาบาลควรได้รับการเตรียมเพื่อให้สามารถปฏิบัติงานตามบทบาทต่าง ๆ ได้มากขึ้นทั้งก่อนและระหว่างกระบวนการขอบริจาคอวัยวะ

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คำสำคัญ: บทบาทพยาบาล การบริจาคอวัยวะ พยาบาลไทย ความเชื่อและการให้คุณค่า

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