ORIGINAL ARTICLE

Intensive critical care nurses' with limited experience: Experiences of caring for an organ donor during the donation process

Johan Simonsson MSc, RN, Nurse1 | Karl Keijzer MSc, RN, Nurse2 | Theres Södereld RN, ICCN, Doctoral Student3,4 | Angelica Forsberg PhD, RN, ICCN, Senior Lecturer3,4

1Intensive Care Unit, Karolinska Institutet, Stockholm, Sweden
2Intensive Care Unit, Östersund Hospital, Östersund, Sweden
3Intensive Care Unit, Sunderby Hospital, Luleå, Sweden
4Division of Nursing, Department of Health Science, Luleå University of Technology, Luleå, Sweden

Correspondence
Angelica Forsberg, Department of Health Science, Luleå University of Technology, SE-971 87 Luleå, Sweden. Email: angelica.forsberg@ltu.se

Abstract

Objective: To describe how intensive critical care nurses, whose experience is limited, experience caring for an organ donor during the donation process.

Background: Intensive critical care nurses are involved in the care of organ donors and their relatives. This may be challenging and evoke a sense of providing an inhumane care. Few studies have explored how intensive critical care nurses whose experience is limited experience caring for an organ donor during the donation process.

Design: An interview study with an inductive qualitative approach was conducted. The study was reported according to COREQ guidelines.

Methods: This study was performed during 2019. Participants were intensive critical care nurses (n = 7) from different hospitals (n = 4) with <3 years of experience and involvement in the donation process at least once but no more than three times. Data were analysed using qualitative content analysis.

Findings: Five categories emerged: the donation process is emotionally challenging; supporting relatives is an essential but demanding task; a complex and multifaceted process involving a high level of responsibility; needing appropriate prerequisites in the form of education and collegial support; and providing a dignified care based on respect for the organ donor.

Conclusions: Having limited experience as an intensive critical care nurse may not automatically mean that caring for an organ donor is experienced as more challenging than it is for a more-experienced colleague. However, certain intensive critical care nurses whose experience caring for an organ donor is limited found it to be highly demanding due to its complexity, specifically in regard to informing relatives of the loss of their loved one and providing them with support.

Relevance to clinical practice: Our study revealed a need for further education. This need could be met by simulation tasks during the specialist education in intensive critical care nursing, where primarily ethical aspects and strategies for meeting with and supporting relatives should be examined and practiced.
1 | INTRODUCTION

Intensive critical care nurses (ICCNs) are involved in the care of organ donors and their relatives (Flodén & Forsberg, 2009; Pearson, Robertson-Malt, Walsh, & Fitzgerald, 2001). The donation process begins when a potential organ donor is identified during mechanical ventilation and includes several elements, such as diagnosis of death, examining informed consent, coordination with the transplant centre, withdrawal surgery and the provision of support to relatives throughout the process (National Board of Welfare & Health, 2019a). Caring for an organ donor may be challenging, and ICCNs have described a sense of providing inhumane care. ICCNs are educated to save lives; thus, death is seen as a failure (Flodén & Forsberg, 2009; Virgino et al., 2014). However, ICCNs have also experienced that caring for an organ donor may imply a positive feeling of generating new life (Flodén & Forsberg, 2009). ICCNs with limited experience may experience caring for an organ donor during the donation process as highly challenging, which warrants this topic worthy of study.

2 | BACKGROUND

Nowadays, organ transplantation is an established treatment option and offers prolonged life for many patients living with mortal organ dysfunction (Bugge, 2009; Loughery et al., 2018). Organ transplantation is a cost-effective medical option because alternative life-sustaining treatments are more expensive. Moreover, organ transplantation often means that a patient can resume an active life (SOU, ). During 2018 in Sweden, 640 organs from 182 deceased organ donors were transplanted to patients in need of new organs (Scandiatransplant, 2019), and the transplantation of organs has increased in recent decades in Sweden (National Board of Welfare & Health, 2019a). However, a significant need for organs is ongoing, and in January 2019, the Swedish waiting list had 807 persons in need (Scandiatransplant, 2019). This situation is not specific to Sweden; the shortage of viable organs is a growing problem worldwide. Enabling more organ donations is essential on an individual level as well as from a societal perspective (Berntzen & Bjørk, 2014; Loughery et al., 2018), and education on donor eligibility and perceived barriers could increase donation rates (Loughery et al., 2018).

According to Swedish regulations, a human being is declared dead when brain functions are absolutely and irreversibly lost (SFS, ), a condition referred to as a total cerebral infarction (National Board of Welfare & Health, 2019b). In order to declare death, that is a suspected total cerebral infarction, a physician with the required competence should perform at least two clinical neurological tests. These may be complemented with cerebral angiography to exclude signs of residual cerebral circulation (SOFS, ). ICCNs have described the challenges associated with medical care during the donation process (Bugge, 2009; Flodén & Forsberg, 2009; Lima Pestana Magalhães et al., 2018). Immediately following death, a number of physiological changes occur, implying the potential loss of organ viability if management such as adequate fluid treatment and vasoactive drugs is not performed (Bugge, 2009). ICCNs have described that providing care during the donation process is dramatic from a medical perspective. Being comfort in one’s professional role and having knowledge about what an organ donation involves can facilitate one’s understanding (Flodén & Forsberg, 2009).

Relatives have expressed that their loved one’s sudden death and the decision-making process regarding organ donation were extremely stressful. ICCNs have described challenges related to supporting relatives in such situations (Guido, Linch, Andolhe, Conegatto, & Tonini, 2009). Relatives have reported experiencing ICU staff as unprofessional and intrusive when the issue subject of organ donation was approached (Berntzen & Bjørk, 2014; Eatough, Shaw, & Lees, 2012; Fernandes, Bittencourt, & Boin, 2015). The process surrounding informed consent has been shown (Berntzen & Bjørk, 2014) to have a strong impact on how relatives remember their experience of organ donation as a whole. However, several studies (Bellali & Papadatou, 2006; Ralph et al., 2014) have demonstrated that relatives who consent to their loved one’s organ donation later experience that they made the right decision. Flodén, Berg, and Forsberg (2011) noted that organ donation is often presented by ICU staff as an opportunity for a deprived family to provide a critically ill person with a life-giving gift from their loved one.
Each ICCN has a specific professional responsibility to ensure that relatives are offered adequate and appropriate psychological support following their loved one’s sudden death (Flodén & Forsberg, 2009; Meyer, Bjark, & Eide, 2012; Vargas et al., 2017). ICCNs have described ethical challenges related to executing medical interventions after death, knowing that the relatives have not yet been informed that their loved one is a potential organ donor (Flodén & Forsberg, 2009). Commonly, it is difficult to develop professional competence related to the topic of organ donation (Meyer et al., 2012). There is a great variance in the frequency of organ donations at different hospitals in Sweden, and related professional competence varies based on how frequently ICCNs care for potential organ donors (Swedish Intensive Care Registry, 2019). Aligned with an increasing donation rate, the frequency of ICCNs with limited experience who are required to care for organ donors during the donation process will increase. Meyer et al. (2012) found that the amount of prior experience of the donation process reflected the ICCNs’ views of their own competence in regard to this topic.

To our knowledge, no studies have yet described specifically how ICCNs, whose experience is limited, experience caring for an organ donor during the donation process. At every occurrence, including an organ donation, it is essential to respect the deceased patient’s integrity as well as his or her relatives’ needs for support. However, the donation process must function correctly and with precision with regard to critically ill patients who are awaiting potentially life-saving treatments in form of organ transplantation. To achieve this, every ICCN has a critical role, and those whose experience is limited may experience the care during the donation process as challenging. Therefore, it is essential to describe how these ICCNs experience caring for an organ donor during the donation process. This may provide enhanced knowledge, which can, in turn, generate better support for relatives who have lost their loved one.

2.1 Framework

The general nursing education in Sweden lasts 3 years and takes place at a university. The degree received is a Bachelor in Nursing. After graduation, the general registered nurses (RNs) commonly work on wards or in municipal elderly care. In Sweden, the specialist education in intensive care nursing is based on the regular nursing education, lasts 1 year, takes place at the university and includes about 3 months of vocational education at ICUs. This education includes a master degree in nursing. In order to work at ICUs where donations take place, a specialist education in intensive critical care nursing is normally required, and therefore, this study focuses on ICCNs experiences.

Patricia Benner (1982) developed a theory of nursing that considered the profession from the novice to the expert level. She proposed that nursing skill is linked to working experience and level of education. The progression from novice to expert includes five levels: novice, advanced novice, competent, skilled and expert. Her theory was based on nurses in acute care settings. Within the first 3 years in a specific context, the nurse usually advances from novice to competent. The novice and competent levels include a rule-based and limited approach in the absence of overall knowledge, based on a plurality of experienced situations. The highest levels, skilled and expert, are developed after approximately 3–5 years in a specific context (Benner, 1993). Inspired by Benner’s theory, the sample selection for the present study was limited to ICCNs with <3 years’ working experience in an ICU and having cared for organ donors during the donation process no more than three times.

3 | OBJECTIVES

To describe how ICCNs whose experience is limited, experience caring for an organ donor during the donation process.

4 | METHODS

4.1 Design

An interview study with a qualitative method and an inductive approach was conducted; the aim controlled the choice of method. When searching for the meaning of a phenomenon, a qualitative method is appropriate; descriptions of a topic constitute the content for analysis (Polit & Beck, 2016). The study was reported according to COREQ guidelines (see Appendix S1).

4.2 Context

In accordance with the authors’ residence, the participants represented ICUs at county hospitals (n = 2) and university hospitals (n = 2) in different parts of Sweden. All ICUs have physicians and ICCNs who have the overall responsibility for organ donation, providing education to all ICCNs and anaesthetists about regulations and routines. At the hospitals included in the study, the frequency of potential or actual organ donors varied between 2–9 in 2018 (Swedish Intensive Care Registry, 2019).

4.3 Sample

PURposive sampling was performed, meaning that participants with the appropriate prerequisites were selected (Polit & Beck, 2016). The criteria for inclusion were specialist education as an ICCN, working experience as an ICCN of <3 years and involvement in the donation process at least once but no more than three times. After the department heads had approved the project, letters were sent by mail to potential participants. In total, 13 ICCNs were asked to participate. Those who expressed an interest in participating were contacted, and a time and place for the interviews were agreed upon. Seven participants participated, three men and four women between 26–37 years of age. They
had worked as ICCNs for between 10 months–2.5 years and as registered nurses between 1.5–12 years.

4.4 | Data collection

The data were collected through semi-structured interviews, which are appropriate when specific aspects of the donation process should be addressed (Polit & Beck, 2016). A guide with open-ended questions was used, and the participants were invited to freely describe their experiences caring for an organ donor during the donation process. In addition, exploratory questions were asked such as “How did you feel?” and “Can you tell me more?” in order to elicit detailed answers. The average duration of the interviews was 30 min, and all interviews were audio-recorded in order to enable transcription and active listening. The participants were given the opportunity to choose the place and time for the interview. Four interviews were conducted face-to-face at the participants’ workplaces, and three were conducted by phone due to geographic distance.

4.5 | Data analysis

The data analysis was performed using qualitative content analysis with an inductive approach according to Graneheim and Lundman (2004). The first and the second authors carefully transcribed the texts, and emotional expressions such as laughs and sighs were noted. The text was read several times to gain a sense of the content and meaning. With regard to maintaining the manifest content, the meaning units responding to the aim were extracted and condensed. The condensed meaning units were printed and processed manually. Initially, codes ($n = 20$) were developed in order to distinguish between different meanings. The categorisation started by merging meaning units with similar content. For each step in the process, fewer sub-themes with new designations were created, and the level of abstraction was raised (c.f. Graneheim & Lundman, 2004). When we assessed that it was no longer possible to merge sub-themes because each one reflected a different meaning, five themes remained.

4.6 | Ethical considerations

The managers of the clinics at the respective hospitals were informed about the study and its aim and gave their approval. Reviewers for the university’s ethical board examined the study from an ethical perspective and approved its performance. The subject of this project does not fall within the requirements specified in the Swedish Ethical Review Act (SFS, ) because the study population comprised healthy staff and no sensitive personal data were captured or stored. However, we identified a risk of emotional strain for the participants related to eliciting their feelings about death and dying; indeed, risks must be weighed against benefits. To generate new clinical knowledge, it is important to study areas experienced as ethically difficult.

Informed consent was obtained, and all participants received a written letter with information via mail, structured according to SFS, . The participants were informed about the aim and methods for the research, confidentiality, its voluntary nature and their right to withdraw at any time with no repercussions. Prior to the interviews, participants were also given information orally, and each signed a consent form. The collected data were stored in a locked space, and only the researchers had access to them.

5 | FINDINGS

From the analysis, five themes emerged. The results are presented in Table 1 and the following text.

5.1 | The donation process is emotionally challenging

Intensive critical care nurses with limited experience described the donation process as emotionally challenging and distressing. They become emotionally affected when relatives told them about their loved one’s life. Being emotionally affected was described as energy-consuming, and after a day caring for an organ donor, ICCNs described feelings of fatigue related to emotional impressions. An ICCN expressed this as the sense that energy was drained from her.

Caring for an organ donor the first time was described as one of the most demanding days in their professional career.

yes, that is... it is like being thrown into a centrifuge of impressions and things to do... and when you go home after nursing an organ donor... you are completely drained because you have worked with just every part of yourself

Intensive critical care nurses with limited experience expressed that it felt strange to step up the level of intensive care after death had been declared. Caring for a deceased patient implied that care was centred on preserving the organs and not on the person, which was experienced as difficult. Simultaneously, ICCNs understood the critical importance of such care in order to enable transplantation. They described experiencing a shift of focus from working to save the patient’s life. Then, an objective approach was taken whereby the deceased patient’s name was no longer used. This was experienced to be a difficult but significant part of the donation process in

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<th>TABLE 1</th>
<th>Overview of themes ($n = 5$)</th>
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<td>The donation process is emotionally challenging</td>
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<td>Supporting relatives is an essential but demanding task</td>
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<td>A complex and multifaceted process involving a high level of responsibility</td>
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<td>Needing appropriate prerequisites in the form of education and collegial support</td>
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order to understand what had happened and what the next step in the process should be.

it is... it is a strange feeling... first you... you go all in to save the patient's life and then... then you switch focus... the patient is no longer here... only his/her body is left

Intensive critical care nurses with limited experience expressed that caring during the donation process places heavy demands on one's personal characteristics, such as the ability to show empathy. They described fast shifts between being a fellow human being and an executive nurse, balancing between supporting the relatives and executing interventions to preserve the organs. This was explained as placing greater demands on one's personal characteristics than years of working experience.

I think that's a bit how you are as a person too... how this contact with relatives is developed... that is probably what is going on... because I hadn't even worked half a year when this first organ process started...

### 5.2 | Supporting relatives is an essential but demanding task

Intensive critical care nurses with limited experience described that the most demanding part of the donation process was providing information and support to relatives who had lost a loved one. ICCNs expressed that it was difficult to create a consensus among relatives about the care to come, which centred on caring for the organs and not the person. They worked to increase the relatives understanding by taking care not to use the deceased patient's name. ICCNs described the importance of participating when the subject of organ donation was initiated in order to ensure that relatives understood the information they were being given. ICCNs expressed that they felt empathy for the relatives' agony when the question about their loved one's attitude towards organ donation was raised.

there I think we got a really good contact... both me and the doctor with these relatives.... and it was a very straining conversation to have...

Intensive critical care nurses with limited experience did not feel that their relations with relatives during the donation process were restricted because they had less nursing experience. They described the importance of continuity and the same ICCNs caring recurrently for the patient as a prerequisite to building a good relationship with relatives. ICCNs expressed that this continuity could be experienced as stressful, but it increased their understanding of the relatives' needs for support during the donation process.

but it was just this with relatives... that was the hard thing... and rewarding too, it was very rewarding...

### 5.3 | A complex and multifaceted process involving a high level of responsibility

Intensive critical care nurses with limited experience described that they felt great responsibility during the donation process. They experienced their role as extremely important and that they had to perform significant work. In spite of the tragic outcome, the ICCNs experienced their work as comforting, rewarding and fruitful when an organ could be recovered. Moreover, they felt proud of their efforts and the teamwork with the anaesthetist. This feeling of pride was described as generating a sense of good nursing care that included the organ donor as well as his or her relatives.

maybe you could use some organ... and then it becomes very much worth all the trouble.... thinking ... that somewhere in Sweden, there is someone whose searcher beeps, and then it will be the start of something completely new ...

One ICCN with limited experience stated that she felt privileged to be involved in the donation process. Another ICCN expressed that feelings of guilt arose when the subject of donation was raised and reported feeling a duty to give something back with the knowledge that it is difficult to see a loved one be prepared for an organ donation. ICCNs described that they hoped for a successful organ donation as it could help other persons to survive.

my role as a nurse... I feel that it is special... or you almost see it as a privilege that you have the opportunity... or that you get the opportunity to care for this patient group because it is so unique and potentially can help so many other people ...

Intensive critical care nurses with limited experience described that they lacked clinical knowledge about the different elements of the donation process the first few times, but they experienced a responsibility to search for information. ICCNs felt especially responsible regarding achieving the treatment goal of preserving the organs and performing the sampling correctly, and they expressed fear about making mistakes during the sampling.

because then I did not have much relatives and it was quite simple but still stressful because you do not want to do wrong and sabotage everything... that there would be no donation for making a mistake yourself...

Intensive critical care nurses experienced the donation process as intense and as being a highly individual workload. The situation was described as complex and involving numerous tasks that needed to be performed simultaneously. They described that the care performed during the donation process was multifaceted, including all aspects of an ICCN's competence to execute good nursing care. In addition, ICCNs emphasised the necessity of having medical insight about each
aspect of the process in order for them to be prepared and able to intervene in regard to physical reactions that precedes a total cerebral infarction.

but you have to be well acquainted with the physical reactions also that occur ... be prepared for it to be able to protect the organs but also be prepared for it to be able to explain to relatives ... so it’s really the “spider-in-the-net” function here at its highest level ...

5.4 | Needing appropriate prerequisites in the form of education and collegial support

Intensive critical care nurses described that previous experiences caring for critically ill patients and encounters with relatives who had a loved one nearing the end of life helped them to be prepared for caring for an organ donor. They also expressed that their previous experiences as general registered nurses (RNs) facilitated their ability to organise care during the donation process. Moreover, some ICCNs noted that seminars and lectures they had attended as part of the specialised education and training to become an ICCN provided prerequisites for managing the donation process. Participating in the donation process during the vocation was described as preparatory.

Yes... there is a difference in the way you know a little more [about] what to expect... you know, you are more mentally prepared for there to be a lot to do ... you make sure to jaw and upload like... start picking up for sampling in time and so ...

Certain ICCNs with limited experience expressed that the prerequisites provided by the specialised education and the employer were inadequate, and these were described as impairing the conditions needed to provide good care during the donation process. In spite of a desire for better preparation, ICCNs expressed that it is impossible to fully prepare oneself prior to caring for an organ donor the first time. This is because there is an emotional element involved that is different each time. ICCNs emphasised the need for further education, specifically in regard to working with relatives and the ethical aspects of the donation process.

... I don’t think you know how to feel before you face the situation... no matter how many courses I have taken... for emotions, there is nothing you can learn in a text, in a book... what I feel when I'm there...

Intensive critical care nurses with limited experience felt that they lacked support from their employer. They expressed a need for debriefing and time to recover from the experience of emotional strain. Other ICCNs described that their employer provided good prerequisites. Easily accessible information and guidelines that were written in a clear and understandable way were experienced as facilitating. A positive culture provided great opportunities to reflect on their experiences of the donation process as a team. It was essential to receive support from more-experienced colleagues.

many people knew that I was new... and they were especially interested then... I felt... in supporting me... so I got really nice support, and what can be difficult is the process itself... what is important to think about...

5.5 | Providing a dignified care based on respect for the organ donor

Intensive critical care nurses with limited experience described that it is essential to provide dignified care based on respect for the organ donor and his or her relatives. ICCNs experienced that caring for an organ donor is not distinguished much from caring for other ICU patients. Providing high-quality medical care, staying close to the patient and being accessible to the relatives and listening to their stories about their loved one were described as important in order to preserve the dignity of both organ donors and families during the donation process.

you are a lot with the patient anyway... although it is like before a donation... so my role in this is to care for the patient, just as I care for any other patient...

Intensive critical care nurses with limited experience expressed that they showed respect for the organ donor by continuing to care for the body with dignity after death was declared. ICCNs described that they no longer directed the information about what should happen in regard to the patient. They experienced that they were caring for the body, but they emphasised the importance of treating it carefully. ICCNs also stated that having limited experience could be an advantage that allowed them to be more sensitive in this difficult situation.

6 | DISCUSSION

Our study shows that ICCNs with limited experience perceive that caring for an organ donor during the donation process places greater demands on their personal characteristics than the years of experience working as an ICCN. This is in contrast to Benner (1982), who assumed that nursing skill is acquired through years of working experience in a specific context, and if the context is changed, the level of competence decreases. Benner’s theory was criticised by Hargreaves and Lane (2001), who proposed that knowledge can be acquired and that the nurse can maintain the level of skill or expertise in a new context. In accordance with our study, Moghaddam, Manzari, Heydari, and Mohammadi (2018) showed that the process of caring for an organ donor is unique and that more-experienced ICCNs experienced it as stressful as the first times.
In our study, ICCNs described that previous experiences caring for critically ill patients and personal characteristics such as the ability to empathise and maintain a balance between supporting relatives and executing medical interventions prepared them to care effectively for an organ donor. Arbon (2004) highlighted that work experience related to nursing skill needs to be understood also in relation to nonclinical experiences. Gaining experience is not just a linear process, whereby the passage of time and the accumulation of experiences lead to higher levels of profession nursing skills. The nursing profession is described by nurses rather as a way of being and interacting with the lived world, which does not contradict the learning of technical skills. This can be understood as experience working in intensive critical care does not constitute the only circumstance affecting ICCNs’ experiences of caring for an organ donor during the donation process.

Certain ICCNs in the present study described that their possibilities to support relatives during the donation process were not affected by their limited experience as ICCNs. In contrast, Benner (1982) theorises that real situations need to be experienced in order to gain overall knowledge and understanding. Pelleriaux et al. (2008) noted that ICCNs with more than 5 years of nursing experience perceived increased confidence regarding their ability to support relatives. In the expert stage, the nurse has developed a sharpened perception based on numerous experiences and an intuitive perception of every situation, without wasting time on choosing between actions (Benner, 1982). However, similar to our study, previous research (Meyer & Bjørk, 2008; Orøy, Strømskag, & Gjengedal, 2013, 2015; Vargas et al., 2017) found that regardless of nurses experiences, it was demanding and a challenge to support and inform relatives who had lost their loved one, specifically to ensure that relatives understood the information surrounding the diagnostics of death. In accordance with previous research (Collins, 2005; Meyer et al., 2012; O’Leary, 2018), ICCNs in our study specified a need for education regarding encountering relatives and ethical issues within the topic of organ donation. This kind of education can be obtained through a proven concept, the European Donor Hospital Education Programme (EDHEP). EDHEP is directed to staff working with organ donation and includes interventions such as role-playing, group-reflections and training in communication with relatives (Muthny, Wiedebusch, Blok, & van Dalen, 2006).

Our study shows that ICCNs, in spite of limited experience, expressed a positive attitude towards organ donation, as well as experiencing a sense of pride and of having an extremely important role during the donation process. Forsberg et al. (2015) found circumstances predisposing positive attitudes towards organ donation including nursing experience and previous experience caring for organ donors. Similar to the study by Orøy, Strømskag, and Gjengedal (2013), ICCNs in our study described that having the opportunity to contribute to helping persons awaiting new organs conveyed a sense of meaning and comfort in a difficult situation. Moreover, a positive workplace culture regarding organ donation was highlighted as being helpful. Meyer et al. (2012) noted that management at ICUs should encourage a culture that promotes an open reflection of different aspects during the donation process. Benner (1982) states that through the opportunity to face and reflect, the nurse can come to the sense that the problems are approachable and manageable.

Our study indicates that ICCNs with limited experience need particular support during the donation process from more experienced colleagues, which aligns with the findings of Meyer et al. (2012). Benner (1982) theorises that RNs during their novice stages have a great need for guidance and supervision from more-experienced RNs. Moreover, ICCNs in our study, in certain cases, wished that the specialist education had better prepared them as the sense of competence regarding caring for an organ donor varied. Previous studies (Collins, 2005; Pelleriaux et al., 2008) indicated that the majority of newly graduated ICCNs felt unprepared to care for an organ donor and wanted more in-depth knowledge from their specialist education. Pelleriaux et al. (2008) found that this included all aspects of the donation process. According to Benner (1982), there is an unfortunate gap between clinical nursing practice and higher education, which adversely affects the students’ learning. Clinical practice is always more complex and presents more realities than can be captured by a theory. An explanation for why competence varies may be that ICCNs are located at different levels, according to Benner’s theory; the self-confidence and ability to solve complex problems increases as one reaches higher levels within the profession. ICCNs in our study worked at four different hospitals, which may further explain their varying experiences of being prepared. Those ICCNs who had previously cared for organ donors during their vocation expressed having a sense of being better prepared, which is consistent with the findings of Salehi, Kanani, and Abedi (2013). This can be linked to Benner’s theory proposing that previous experiences within the same context imply that the nurse becomes more skill.

Furthermore, our study revealed that ICCNs with limited experience found that it was essential to care for the organ donor with respect and dignity. This finding aligns with findings of previous research (Flodén & Forsberg, 2009; Forsberg et al., 2014; Meyer & Bjørk, 2008) underlining that dignity and respect constitute the two main components of caring, including how the nurse relates to the deceased patient and his or her relatives. An explanation for the ICCNs in our study experiencing that the general care given to an organ donor does not differ much from the care given to other ICU patients may be that respect is deeply engrained in regard to caring for all patients, regardless of diagnosis or prognosis. When a life cannot be saved, one should do whatever it takes to enable a dignified death with respect for the patient and his or her relatives.

7 | LIMITATIONS

In our study, seven ICCNs participated, which is a rather small number and may be seen as a weakness. However, qualitative methods do not purpose quantifying the experiences of numerous people. Instead, obtaining participants’ descriptions of different experiences in regard to a topic in order to capture multiple meanings is essential (Polit & Beck, 2016). A strength of this study is that the interviews contain rich descriptions with a large variation in experiences.
described. The goal of qualitative research is to generate rich data that explain patterns of the phenomenon under study (Polit & Beck, 2016). In our study, no new information emerged in the last interview. Subsequently, we assessed that there was saturation in the data. A method used in this study to strengthen the credibility of the results is investigator triangulation (cf. Polit & Beck, 2016). This implies that the researchers performed the analysis and made decisions about interpretation together. To promote transparency, we presented citations in each category, and all participants are represented at least one time (cf. Graneheim & Lundman, 2004). In the present study, a purposive sampling was performed, meaning that participants with the appropriate prerequisites were selected (Polit & Beck, 2016). That could have affected our findings. The ICCNs with limited experience who participated in our study may be more interested in organ donation than those not choosing to participate.

8 | CONCLUSION

This study contributes to new knowledge and provides an increased understanding of how ICCNs with limited experience, experience caring for an organ donor during the donation process. Having limited experience as an ICCN may not automatically mean that caring for an organ donor is more challenging than it is for a more-experienced colleague. However, certain ICCNs with limited experience did express that caring for an organ donor was highly demanding due to the complexity of the tasks involved, specifically in regard to informing and supporting relatives who had lost a loved one. To prepare and create safety, ICCNs should be given the opportunity to participate in the donation process at an early stage before being independently responsible for providing care. This should be done during their education for specialist nurses and shortly after graduation, with support from more-experienced ICCNs. A national goal is to increase the organ donation rate, which implies that more ICCNs with limited experience will care for organ donors in the future. Thus, more research is needed to further increase the understanding about organ donation and, specifically, to investigate the meanings of experiences of conversations about donation after a sudden death from the perspective of ICCNs as well as relatives.

9 | RELEVANCE TO CLINICAL PRACTICE

Our study revealed that there is a need for further education. Teaching in regard to the topic of organ donation during specialist education and training was described as inadequate by several ICCNs. They had not foreseen that organ donation would comprise such critical significance within the area of intensive critical care. Specifically, education regarding encountering relatives and ethical issues linked to the donation process was requested. This could be satisfied by performance of simulation tasks during the specialist education in intensive critical care nursing, where primarily ethical aspects and strategies for meeting with and supporting relatives should be examined and practised.

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CONFLICT OF INTEREST

The authors declare there is no conflict of interest.

AUTHOR CONTRIBUTION

All listed authors meet the authorship criteria, and all authors are in agreement with the content of the manuscript. All authors have contributed significantly. JS, KK, TS and AF contributed to study design; JS, KK and AF contributed to data collection; JS, KK and AF contributed to data analysis; TS and AF contributed to drafting of the manuscript. AF supervised the study.

ORCID

Angelica Forsberg https://orcid.org/0000-0003-4789-7006

REFERENCES


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