

Organ donation: attitude and knowledge of the nursing team in surgical intensive care

Donación de órganos: actitud y conocimientos del equipo de enfermería en cuidados intensivos quirúrgicos

Doação de órgãos: atitude e conhecimento da equipe de enfermagem em terapia intensiva cirúrgica

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Abstract

This study evaluated the knowledge of nursing professionals working in surgical intensive care units at a university hospital regarding the organ and tissue donation process for transplantation and the influence of their profile and knowledge on their self-perception as donors. A cross-sectional, quantitative study was conducted with 62 professionals from two surgical intensive care units in Rio de Janeiro. A structured questionnaire was used to assess sociodemographic variables, professional characteristics, attitudes, and knowledge about the donation process. Data were analyzed using descriptive statistics, Student's t-test, ANOVA, and Chi-square test. The sample was predominantly female (80.33%), with 45.16% aged between 25 and 34 years, and 46.77% nursing technicians. The majority (81.97%) considered themselves donors. The concept of brain death was correctly understood by 98.39%, but the age range for donation showed the lowest accuracy (66.13%). There was no significant difference in knowledge scores between sociodemographic and professional characteristics; however, education level ($p=0.013$) and profession ($p=0.004$) were associated with self-perception as a donor. A good level of general knowledge was observed, with occasional gaps regarding the age range for donation. The association between education level, profession, and intention to donate highlights the need for continuing education to strengthen the culture of donation and improve professional practice.

Descriptors: Knowledge; Nursing; Organ and Tissue Donation; Brain Death; Intensive Care Units; Professional Training.

Resumen

Este estudio evaluó el conocimiento de los profesionales de enfermería que trabajan en unidades de cuidados intensivos quirúrgicos en un hospital universitario sobre el proceso de donación de órganos y tejidos para trasplante y la influencia de su perfil y conocimiento en su autopercepción como donantes. Se realizó un estudio transversal y cuantitativo con 62 profesionales de dos unidades de cuidados intensivos quirúrgicos en Rio de Janeiro. Se utilizó un cuestionario estructurado para evaluar variables sociodemográficas, características profesionales, actitudes y conocimiento sobre el proceso de donación. Los datos se analizaron utilizando estadística descriptiva, prueba t de Student, ANOVA y prueba de chi-cuadrado. La muestra fue predominantemente femenina (80,33%), con un 45,16% de edad entre 25 y 34 años y un 46,77% de técnicos de enfermería. La mayoría (81,97%) se consideraban donantes. El concepto de muerte cerebral fue comprendido correctamente por el 98,39%, pero el rango de edad para la donación mostró la menor precisión (66,13%). No hubo diferencia significativa en las puntuaciones de conocimiento entre las características sociodemográficas y profesionales; Sin embargo, el nivel educativo ($p=0,013$) y la profesión ($p=0,004$) se asociaron con la autopercepción como donante. Se observó un buen nivel de conocimiento general, con algunas lagunas respecto al rango de edad para la donación. La asociación entre el nivel educativo, la profesión y la intención de donar subraya la necesidad de formación continua para fortalecer la cultura de la donación y mejorar la práctica profesional.

Descriptores: Conocimiento; Enfermería; Donación de Órganos y Tejidos; Muerte Encefálica; Unidades de Cuidados Intensivos; Capacitación Profesional.

Resumo

Avaliou-se o conhecimento de profissionais de enfermagem atuantes em terapias intensivas cirúrgicas de um hospital universitário sobre o processo de doação de órgãos e tecidos para transplantes e a influência do perfil e do conhecimento na autopercepção como doadores. Estudo transversal, quantitativo, com 62 profissionais de duas unidades de terapia intensiva cirúrgica no Rio de Janeiro. Utilizou-se questionário estruturado para avaliar variáveis sociodemográficas, profissionais, atitudes e conhecimento sobre o processo de doação. Os dados foram analisados por estatística descritiva, testes t de Student, Anova e Qui-quadrado. A amostra foi predominantemente feminina (80,33%), com 45,16% entre 25 e 34 anos e 46,77% de técnicos de enfermagem. A maioria (81,97%) considerou-se doadora. O conceito de morte encefálica foi corretamente compreendido por 98,39%, porém a faixa etária para doação apresentou menor acerto (66,13%). Não houve diferença significativa nos escores de conhecimento entre as características sociodemográficas e profissionais; contudo, escolaridade ($p=0,013$) e profissão ($p=0,004$) associaram-se à autopercepção como doador. Observou-se bom nível de conhecimento geral, com lacunas pontuais sobre a faixa etária para doação. A associação entre escolaridade, profissão e intenção de doar evidencia a necessidade de educação contínua para fortalecer a cultura da doação e qualificar a prática profissional.

Descritores: Conhecimento; Enfermagem; Doação de Órgãos e Tecidos; Morte Encefálica; Unidades de Terapia Intensiva; Capacitação Profissional.



Introduction

Organ transplantation is one of the greatest achievements of modern medicine, and organ donation is a strategic and essential tool of public health, as it involves highly complex actions that require integration between public policies, institutions, and professionals from different areas¹. In Brazil, the National Transplant System (SNT), coordinated by the Ministry of Health, is globally recognized for guaranteeing universal and free access to transplants through the Unified Health System (SUS), a concrete expression of equity and comprehensiveness².

However, the country still faces an imbalance between the supply and demand for organs and tissues, which keeps thousands of people on waiting lists. According to the Brazilian Association of Organ Transplantation (ABTO), the conversion rate to effective donors remains below ideal, mainly due to family refusal and failures in the clinical maintenance of potential donors. Despite the worrying situation, notifications of potential donors have increased³. In this context, the nursing team plays an essential role, as it is on the front line of care for critically ill patients, being responsible for early recognition of potential donors, maintaining their hemodynamic stability, and offering sensitive and humane support to the family⁴.

This role demands technical and scientific preparation, ethical discernment, and communication skills, since care involves not only the biological body, but also emotional and symbolic aspects related to finitude⁵. However, studies indicate that the level of knowledge among nursing professionals regarding organ donation is still heterogeneous, with gaps in fundamental areas such as legal criteria, identification of brain death, and management of potential donors^{6,7}.

Furthermore, it is observed that continuing education in this area is insufficient in many institutions, revealing weaknesses in academic training that impact integration with healthcare practices within the Brazilian Unified Health System (SUS)⁸. A cross-sectional study with 278 nursing students showed that those willing to donate their organs had greater knowledge (7.33 ± 3.23) compared to those unwilling to donate their organs (5.21 ± 3.09), $p < 0.001$. Therefore, it is relevant to improve knowledge about organ donation through nursing curricula and research, which could potentially improve care and increase the number of donors in population⁹.

Professional insecurity in the face of brain death, coupled with the difficulty in dealing with family grief and the absence of established protocols, constitutes another significant challenge¹⁰. These factors, when combined, compromise the continuity of the process and can lead to the loss of potential donors. Thus, this study is justified by the need to understand how the knowledge of nursing professionals working in surgical intensive care influences the practice and outcome of the donation process.

Considering this dimension allows us to identify specific gaps and propose capacity-building strategies integrated into public health policies, strengthening the culture of donation and expanding access to transplant therapy¹¹. The qualification of teams involved in the public

transplant policy, reaffirming the role of nurses as agents of change and promoters of patient care^{12,13}. Therefore, this study aimed to evaluate the knowledge of nursing professionals working in surgical intensive care units at a university hospital regarding the organ and tissue donation process for transplantation, and to verify the influence of the profile and knowledge of nursing professionals on their self-perception as organ donors.

Methodology

This was a quantitative cross-sectional study. The work followed the Strengthening the Reporting of Observational Studies in Epidemiology Statement (STROBE) guidelines for the presentation of observational studies, ensuring transparency and integrity in the methodological reporting of the results.

The research was conducted between May and September 2025 in two Surgical Intensive Care Units of a university hospital in Rio de Janeiro, RJ, Brazil, a reference center for the National Transplant System (SNT). The units consist of seven and ten inpatient beds and are intended for patients undergoing major surgeries in various specialties, individuals with serious systemic diseases, and those at risk for unfavorable clinical outcomes. Therefore, the relevance of these units was justified by the important role that nurses play in identifying and maintaining potential organ donors.

The study population consisted of nursing professionals (nurses and technicians) working in selected surgical intensive care units. The sample size calculation for a finite population of 80 professionals, considering a 94% confidence level and a 6% margin of error, would indicate a minimum need for 60 participants. The final sample consisted of 62 professionals, selected by convenience, representing all professionals working in the units during the data collection period, exceeding the calculated minimum number. Professionals over 18 years of age and working in the units were included. Professionals who were not permanent staff members of the units, being temporarily reassigned due to service needs, were excluded from the study.

A structured, self-administered online questionnaire was developed, based on the Donation and Transplantation Manual of the Brazilian Association of Organ Transplants (ABTO), which included sociodemographic, professional, and knowledge variables about the donation process. To ensure the robustness of the instrument, objective questions about the donation process were used, grounded in the thematic areas of the ABTO Manual: identification of potential donors, maintenance of potential donors, and communication with the family³.

The questionnaire was divided into three main sections: 1. Sociodemographic variables: Age range, gender, education level, profession, and whether the individual considers themselves an organ and tissue donor; 2. Knowledge: Objective questions about the donation process addressing the thematic axes of the (ABTO); 3. Attitude and Self-Perception: Questions that address the attitude towards organ and tissue donation and the professional's self-perception as a potential donor. In this section, the Likert



scale was used, which varies in five response options: strongly disagree, disagree, neutral, agree, and strongly agree¹⁴. Participation in the questionnaire was voluntary, and for this purpose, an Informed Consent Form was used.

The knowledge score was constructed from the sum of the correct answers (a maximum of 7 points) in the knowledge section of the questionnaire. Each correct answer is awarded 1 point. The data were analyzed using descriptive and inferential statistics (Student's t-test, ANOVA, and Chi-square) with Stata/IC 16.0 software, adopting a significance level of 5%¹⁵.

The study was conducted in accordance with national and international research ethics guidelines¹⁶ and approved by the Research Ethics Committee of the Pedro Ernesto University Hospital of the State University of Rio de Janeiro (HUPE/UERJ), under Opinion No. 7,373,515, approved on February 11, 2025, and CAAE: 86046225.0.0000.5259.

Results

We present the study results in three stages: the sociodemographic and professional characterization of the sample (Table 1), the analysis of self-perception as a donor and its association with profile variables (Table 2), and the comparison of knowledge scores (Table 3).

Sixty-two nursing professionals participated in the study, predominantly female (80.33%), with the profession of nursing technician (46.77%) and the statutory technical employment status (34.62%). Regarding age range, the predominant age group was between 25 and 34 years (45.16%), followed by 35 to 44 years (32.26%). Only 6.45% were under 25 years old, 11.29% were between 45 and 54 years old, and 4.84% were between 55 and 64 years old, demonstrating a predominantly young adult group. As for education, it was observed that 37.10% had completed

postgraduate studies, 17.74% had incomplete postgraduate studies, 11.29% had completed higher education, and 14.52% had incomplete higher education. Technical high school education was reported by 19.35% of participants, indicating a high level of qualification among professionals.

Regarding profession, 46.77% were nursing technicians, 38.71% were nurses, and 14.52% were residents. As for their affiliation with the institution, 34.62% were tenured technicians, 30.77% were scholarship-holding technicians, 15.38% were resident nurses, 9.62% were scholarship-holding nurses, and 9.62% were tenured nurses. The group was predominantly composed of female professionals, young adults, with higher education degrees and postgraduate studies in progress or completed, with a greater representation of nursing technicians.

Table 1 presents the distribution of responses from nursing professionals regarding their knowledge and attitudes related to organ and tissue donation for transplantation. Most participants (81.97%) declared themselves to be organ and tissue donors. Regarding the diagnosis of brain death, 93.55% identified that this should be made through a series of clinical and complementary examinations that prove the irreversible absence of brain activity.

The majority (85.48%) correctly answered that two doctors are needed to confirm the diagnosis, according to current legislation. On the other hand, when questioned about actions such as dealing with situations of family refusal regarding organ donation, maintaining organs until transplantation is carried out, participating in discussions with the multidisciplinary team and the family about organ donation, and contacting the Organ Notification, Procurement and Distribution Center (CNCDO), greater dispersion in responses was observed, as shown in Figure 1.

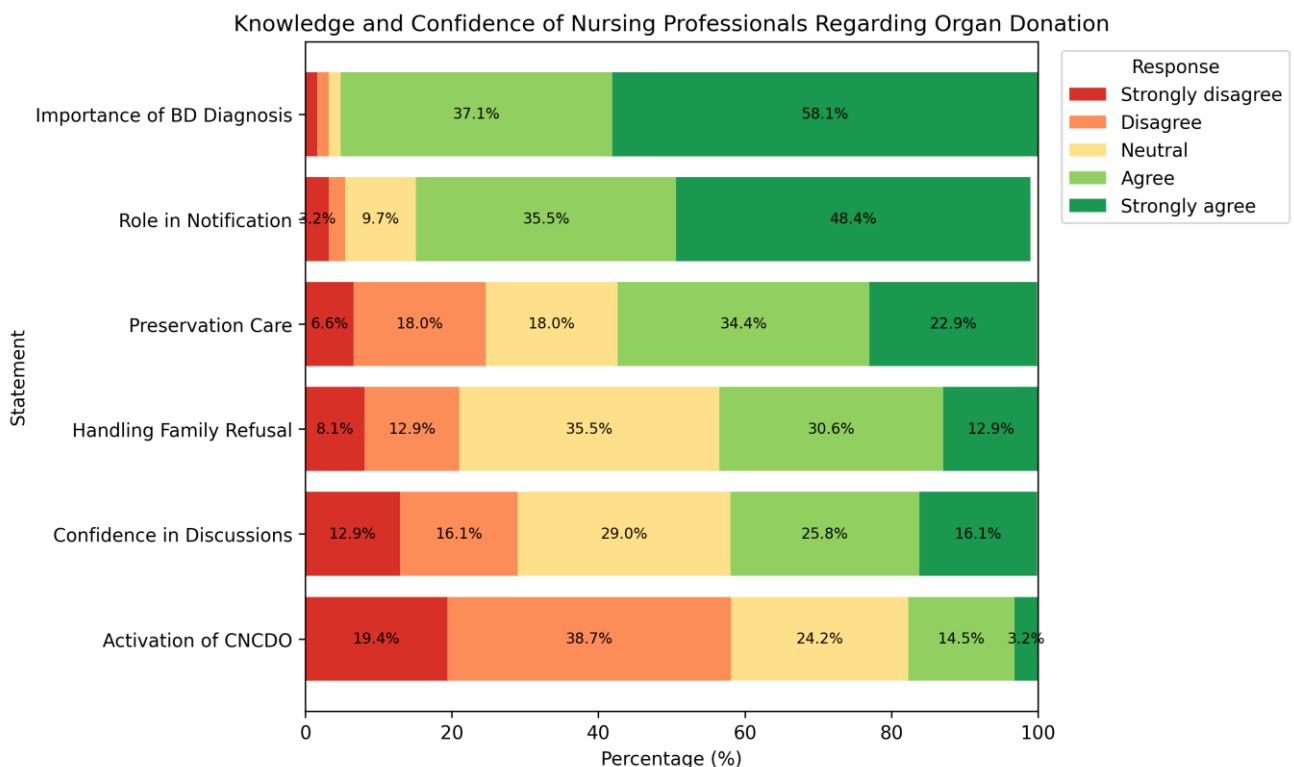
Table 1. Characterization of responses regarding knowledge and attitudes of nursing professionals concerning organ and tissue donation. Rio de Janeiro, RJ, Brazil, 2025

Variables	n*	%
Do you consider yourself an organ and tissue donor for transplantation?		
Yes	50	81.97
No	11	18.03
What is brain death?		
It is the irreversible death of all brain functions	61	98.39
It is the loss of motor functions, but with preserved brain activity	1	1.61
How is brain death diagnosed?		
Through a series of clinical and complementary examinations that prove the irreversible absence of brain activity	58	93.55
Through imaging exams such as CT scans or MRI	3	4.84
Only through clinical evaluation of the patient	1	1.61
How many doctors are needed to confirm the diagnosis of brain death?		
One doctor	6	9.68
Two doctors	53	85.48
Three doctors	3	4.84
What are the main criteria for maintaining a brain-dead patient?		
Maintain cardiac and respiratory functions with advanced support	60	96.77
Turn off life support to avoid suffering	1	1.61
Use only medication for pain control	1	1.61
What parameters should be monitored to ensure the viability of organs for transplantation?		
Body temperature, heart rate, and oxygenation	60	96.77
Glucose level and pulse oximetry	1	1.61
There is no need for monitoring	1	1.61

What type of document is needed to authorize organ and tissue donation after brain death?		
Written consent from the family or a declaration of wishes made during one's lifetime	51	82.26
Verbal statement from a family member	7	11.29
Identification document indicating donor status	3	4.84
Authorization from the medical team	1	1.61
What is the permitted age range for organ and tissue donation for transplants in Brazil?		
Individuals of any age, provided they are healthy and have family consent.	41	66.13
Anyone, regardless of age	9	14.52
Only adults between 18 and 60 years old	6	9.68
Children from 12 years old and adults up to 65 years old	6	9.68

Note: *n: number.

Figure 1. Distribution of nursing professionals' responses on a Likert scale regarding knowledge and confidence in the organ donation process. Rio de Janeiro, RJ, Brazil, 2025



A comparison was made between self-perception as an organ and tissue donor and the sociodemographic variables of nursing professionals, as shown in Table 2. Most participants, regardless of sex, declared themselves donors - 83.33% of women and 75% of men, with the highest proportions of positive responses among professionals aged 25 to 44 years. Education level showed a significant association with self-perception as a donor ($p=0.013$).

Among participants with completed postgraduate studies, 90.91% considered themselves donors, in contrast to those with a technical high school education (50%). Similarly, profession showed a statistically significant difference ($p=0.004$). All residents (100%) and most nurses (95.83%) considered themselves donors, compared to 64.29% of nursing technicians.

Table 2. Comparison of self-perception as an organ and tissue donor for transplantation, by characteristics of nursing professionals. Rio de Janeiro, RJ, Brazil, 2025

Variables	Yes n*	Yes %	No n*	No %	p-value
Sex					0.505†
Female	40	83.33	8	16.67	
Male	9	75.0	3	25.0	
Age range					0.255
Under 25 years old	3	75.0	1	25.0	
Between 25 and 34 years old	24	85.71	4	14.29	
Between 35 and 44 years old	17	85.0	3	15.0	
Between 45 and 54 years old	5	83.33	1	16.67	
Between 55 and 64 years old	1	33.33	2	66.67	
Education level					0.013

Technical high school diploma	6	50.0	6	50.0	
Incomplete higher education	5	71.43	2	28.57	
Completed higher education	8	88.89	1	11.11	
Incomplete postgraduate studies	11	100.0	0	0	
Completed postgraduate studies	20	90.91	2	9.09	
Profession					0.004
Nurse	23	95.83	1	4.17	
Nursing Technician	18	64.29	10	35.71	
Resident	9	100.0	0	0	

Note: † Chi-square test. || Fisher's exact test. *n: number.

Table 3 presents a comparison of knowledge scores on organ and tissue donation among nursing professionals, according to sociodemographic and professional variables. Average knowledge scores ranged from 5.5 to 6.66, indicating a good level of knowledge among the participants. A slight increase in scores was observed with advancing age, with the highest average value recorded among

professionals aged 55 to 64 years (6.66 ± 0.57). Regarding profession, nurses presented an average of $6.33 (\pm 0.63)$, slightly higher than that of nursing technicians (6.20 ± 1.08) and residents (5.77 ± 0.83). The findings corroborate that nursing professionals possess satisfactory and homogeneous knowledge about organ and tissue donation, regardless of sex, age, training, or professional category.

Table 3. Comparison of knowledge scores on organ and tissue donation for transplantation, by characteristics of nursing professionals. Rio de Janeiro, RJ, Brazil, 2025

Variables	Average	SD*	Minimum	Maximum	p-value
Sex					0.633†
Female	6.22	0.87	3	7	
Male	6.08	1.08	4	7	
Age range					0.398‡
Under 25 years old	5.5	0.57	5	6	
Between 25 and 34 years old	6.10	0.91	4	7	
Between 35 and 44 years old	6.35	0.98	3	7	
Between 45 and 54 years old	6.28	0.75	5	7	
Between 55 and 64 years old	6.66	0.57	6	7	
Education level					0.376‡
Technical high school diploma	6.16	1.02	4	7	
Incomplete higher education	6.14	0.89	5	7	
Completed higher education	6.33	0.70	5	7	
Incomplete postgraduate studies	5.72	0.78	4	7	
Completed postgraduate studies	6.39	0.94	3	7	
Profession					0.292‡
Nurse	6.33	0.63	5	7	
Nursing Technician	6.20	1.08	3	7	

Note: *SD: Standard deviation; †Student's t-test; ‡ANOVA.

Discussion

The results obtained in this study support the understanding of the interaction between technical knowledge, professional attitudes, and the effectiveness of the organ donation process in a complex work system. The sample studied was predominantly female (80.33%), comprising the age range of 25 to 44 years (77.42%), and is consistent with the nursing workforce in Brazil, which is predominantly female and has a significant base of workers at the technical level¹⁶.

The similarity to other studies reinforces that the challenges and potential identified here resonate with the reality of other healthcare institutions⁷. Furthermore, studies such as this one highlight that this female predominance reflects the care profile, in which the nurse plays a central role in the articulation between the multidisciplinary team and the family, reaffirming the nurse's leading role as a technical and emotional mediator throughout the donation process¹⁷.

The high percentage of correct answers regarding the concept of brain death (98.39%) is a positive and consistent aspect, since this diagnosis represents the initial and determining milestone for triggering the organ donation process. However, excellence in the general concept contrasts with the gaps in its practical implications.

The uncertainty regarding the number of physicians needed for diagnosis (85.48% accuracy) and, especially, the misconceptions about the age range for donation (66.13% accuracy) show that theoretical knowledge does not always translate into confidence to act in clinical protocols, a weakness also pointed out by Silva et al.⁴.

Maintaining the potential donor emerges as another critical point in assessing the participants' knowledge. According to Table 2, a high success rate was observed in questions about maintenance criteria (96.77%) and parameter monitoring (96.77%), indicating that professionals recognize the importance of preserving organ viability.



However, recent evidence indicates that, in practice, applying this knowledge still represents a challenge, reflected in low success rates in specific procedures, such as managing hypothermia and controlling blood glucose^{2,7}. This finding suggests that, although professionals possess the necessary theoretical knowledge - "they know what to do" - there may be limitations regarding confidence or experience in performing these actions in clinical practice, reinforcing the importance of training based on realistic simulation¹⁸.

The lack of knowledge about the organ donation process or the persistence of myths surrounding the topic, even among professionals, highlights the need for more effective communication from the Intra-Hospital Organ and Tissue Donation Committees for Transplants (CIHDOTT) and more comprehensive health education campaigns¹¹. The need for practical training and the active inclusion of professionals in the notification and maintenance stages of potential donors is crucial, as this fosters team confidence and reduces misinterpretations in the clinical assessment of brain death¹⁹.

However, a relevant finding from this study corroborates the predominance of a positive attitude among the professionals interviewed regarding donation, who declared themselves in favor of the process. This personal engagement is a fundamental pillar, but, as the literature points out, it does not in itself guarantee excellence in clinical practice, which depends on up-to-date technical and care skills¹⁷.

The positive correlation between education level, profession, and the intention to donate, found in our results ($p=0.013$ and $p=0.004$, respectively), reinforces the hypothesis that knowledge and professional training are transformative of engagement, changing intention into qualified action¹⁷.

The potential impacts of this effect are diverse. Firstly, incorporating content about organ donation into curricula during nursing degrees and other health-related courses could raise the level of knowledge and prepare future professionals for positive attitudes towards organ and tissue donation for transplants²⁰. In parallel, continuing education programs could continuously update professionals on protocols, legislation, and awareness strategies, strengthening daily practice, improving care in the donation process, and increasing the number of effective donors^{21,25}.

Furthermore, well-informed and engaged professionals are more likely to transform intention into practical action, registering as donors and serving as multipliers of information and pro-donation actions within institutions and society. This effect can contribute to the creation of an institutional culture favorable to donation, strengthening organ donation as a social practice and reducing the organ waiting list¹⁷.

The perception of a leading role for nurses (85.5%) and the high rate of professionals who understand the role of the team (83.87% agreement) show that there is a proactive and favorable base. However, low confidence in dealing with family refusal (only 43.55% agreement) and lack

of knowledge about how to contact the Notification Center (only 17.75% agreement) represent operational barriers that goodwill alone cannot overcome. This reinforces the importance of following the procedures recommended by the National Transplant System²².

Another highly relevant finding was the absence of statistically significant differences in knowledge scores when compared by sex, age group, education level, or profession. This indicates that knowledge gaps regarding the donation process are uniform across the different professional groups in the sample, suggesting that continuing education strategies do not need to be segmented by profile, but rather directed towards the areas of greatest weakness for the entire team.

This finding contradicts the initial hypothesis that there could be significant differences, for example, between nurses and technicians, and reinforces the need for cross-functional training. In this context, the active participation of nurses in awareness campaigns and in the family interview process helps to transform positive attitudes into effective practices^{17,23}. This involvement highlights the value of training that provides technical expertise and empathetic communication, critical factors for achieving successful donation outcomes.

In agreement, the authors highlight that strengthening educational practices and active listening between professionals and families generates greater support during the grieving process, resulting in greater acceptance of donation and more humanized care. The study reinforces that the educational role of the nurse transcends the technical, reaching ethical and social dimensions that underpin the culture of donation¹⁷.

Continuing education should not be seen merely as an update of protocols, but rather as an ongoing process of developing technical, communication, and emotional skills^{8,24}. The need for continuing education emerges as the most compelling path that can be drawn from the data, with the potential to reduce the identified operational barriers and transform knowledge into safe and humanized practice.

Finally, the implications of these findings for nursing care should be highlighted. The observed deficiencies are not merely individual failures but point to a systemic vulnerability in the education and continuing training of healthcare professionals. Implementing low-cost training programs, based on active methodologies and focused on the weaknesses detected, such as the consequences of brain death and communication with the family, is a strategy with high potential impact to increase the donor conversion rate and, ultimately, save more lives^{8,17,21,24-26}. Among the limitations of the research, the following stand out: conducting the study in a single center and using a non-validated instrument, which may restrict the generalizability of the results. Even so, the findings offer important insights into planning educational policies and strengthening the role of nursing in organ donation and transplantation.

Conclusion

The study achieved its objective, which consisted of evaluating the knowledge of nursing professionals working



in the transplants and intensive care units of a university hospital about the organ and tissue donation process for transplants, and verifying the influence of the profile and knowledge of nursing professionals on their self-perception as organ donors.

A good level of general knowledge was observed, especially regarding the concept of brain death, and a strong personal attitude favorable to donation. However, specific, yet critical, knowledge deficits were identified regarding practical aspects of the protocol, such as the age range for donation, uncertainty about the number of physicians needed for diagnosis, and procedures for contacting the Notification Center. The finding that there are no substantial differences in knowledge between different professional profiles (sex, age, education, and profession) is highly relevant to practice, as it suggests that continuing education strategies can be directed to the entire team without the

need for segmentation. Furthermore, the significant association between higher education/profession (nurse) and self-perception as a donor reinforces the hypothesis that qualified knowledge is a catalyst for personal and professional engagement.

It can be concluded, therefore, that optimizing the organ donation process necessarily involves strengthening continuing education programs. These programs should focus not only on transmitting theoretical knowledge but also on developing practical and communication skills, using active methodologies that prepare professionals for the operational and emotional challenges of daily practice.

Overcoming the identified barriers has the potential to transform the team's positive attitude into effective actions, contributing to an increase in the donation rate and giving hope to thousands of patients on the waiting list.

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