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### Promoting Organ Donation Among Adults

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# Promoting Organ Donation Among Adults

by

Susan Hammitt

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
degree of Master of Science in Nursing

Boiling Springs, NC

2022

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### **Abstract**

Organ donation is an important component of the American healthcare system however, the issue of low organ donation rates among the average American population is an ever-growing problem. In the United States, more than 135,000 people are waiting for an organ transplant, and as of 2019, only 39,000 donors have consented to donation. The purpose of this project is to develop an evidence-based approach to promote organ donorship among adults. The goal is to promote organ donation through hospital-based educational intervention to give patients, their families, and hospital staff the information to help promote consent for donation.

*Keywords:* organ donor, organ transplant, deceased donor referral, organ donor designation, organ donation consent

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## **CHAPTER I**

### **Introduction**

Organ donation is an important component of the American healthcare system, in that this practice enables many individuals who require a transplanted organ to obtain one without needing to find a compatible living donor. The transplantation of an organ from a deceased donor can provide recipients with years of life, as well as better health and functionality. However, among Americans, the demand for organ donors far exceeds the number of Americans who actually donate (Kernodle et al., 2021). In the United States, each state government established its own distinct laws and policies that regulate how organ donation occurs, which can lead to considerable variations regarding how easily individuals can declare themselves to be organ donors, and what types of information are provided to prospective donors, among other aspects of the donation process. However, all 50 states, as well as the District of Columbia, have in common an approach to organ donation that is “opt-in”, meaning individuals must specifically request in advance to have their organs donated after death, or the next of kin must request donation of a deceased person's organs at the time of death (Vela et al., 2021). Recruiting donors while addressing potential concerns about donation is therefore important to improve the nation's ability to meet the rising need for organ transplants. The purpose of this proposed project is to promote organ donorship in the state of North Carolina, through a hospital-based program.

## **Problem Statement**

This project addresses the issue of low organ donation rates among the average American population. As of 2019, there were 39,000 organ transplants per year, although 29,000 of those organs were obtained from living donor sources, meaning that, prior to the COVID-19 global pandemic, which reduced organ donations worldwide, there were just around 10,000 donations from deceased donors in the United States (Havekost, 2019). Although there has been a slight rise in total donations per year from American donors over the past decade, with an increase of around 10,000 donations per year, the increase in donations from deceased donors in that time was much smaller, only around 2,500 donations per year (Ahmad & Iftikhar, 2016; Havekost, 2019).

While these figures may seem to represent a large number of organ donations in the United States, they must be taken into context. At any given time, there are around 135,000 persons on the waiting list for organ transplants in the United States, meaning that most of the people who require organ donations do not receive them (Ahmad & Iftikhar, 2016). Moreover, the demand for organ transplants is increasing much faster than the rise in donors, with an increase in the wait list of 25,000 people during the last decade (Glazier & Mone, 2019). Therefore, there is a real need to increase the number of donors among the American public.

The need to increase the donors among the American public must necessarily focus on interventions that strive to inform people about organ donation as well as address their fears and concerns about organ donations. The American public expresses a high level of support for organ donation, roughly 95%, but only around 28% of American adults actually opt-in for organ donation (Glazier & Mone, 2019). That said, a variety of



organ donation interventions have served to increase the rate of people who are willing to provide organs after their death (Bambha et al., 2020).

### **Significance**

This project will be significant for multiple reasons. The foremost reason for the project's significance stems from the fact that it will help to address a crucial issue facing the American healthcare system. Inadequate numbers of people opting in for organ donation in the United States lead to thousands of individuals each year who fail to receive the transplanted organs they require to live a healthy life, and in many cases, they require to survive (Vela et al., 2021). As a result, there is an average of 20 to 22 Americans who experience premature mortality each day that could have been prevented had they received a transplanted organ from a deceased donor (Vela et al., 2021). The proposed project will help to address the shortfall in organ donations directly, to a small extent, but even a modest increase in organ donors who opt in for deceased donation status will represent lives saved and transplant recipients who are able to enjoy fuller, more functional lives. Moreover, the project will enable other healthcare professionals to model similar interventions after the project's approach, encouraging other points of care interventions to promote organ donation, thereby widening the impact of the intervention. Lastly, the project will contribute to the body of literature on this important topic, helping to encourage future research on the most effective way to promote organ donation.

### **Purpose**

The purpose of the proposed project will be to implement an evidence-based intervention promoting organ donorship decisions among adults who have been hospitalized. The project will focus on a hospital setting for the project to address the fact

that few hospitals encourage the initiation of opting in for organ donation, even though the nature of hospital care is such that it is often highly possible to preserve organs for transplantation after death. As such, this project will help address a gap in care that currently exists regarding organ donation.

### **Theoretical Framework**

The theoretical framework this project will use is the Health Belief Model, developed in the 1950s by social psychologists Rosenstock, Hochbaum, Kegeles, and Leventhal, working in the U.S. Public Health Service, which will provide a guide for how to approach the issue of increasing organ donation rates by addressing information needs and various concerns of prospective donors. The Health Belief Model seeks to explain why some people are willing to take action on health-related issues and others do not. This model indicates health behaviors rely on a belief that individuals will be able to prevent or manage a health issue with a certain action. Their willingness to undertake a health behavior, in turn, relies on multiple components influencing behavioral outcomes.

There are six forms of influence on health beliefs and behaviors in this model. The first, perceived susceptibility, indicates how likely a person thinks they are to develop a given adverse health outcome. The second element, perceived severity, is the beliefs a person has about how serious of an impact an adverse health outcome will have on their lives. The third element is perceived benefits, which is a person's views on the advantages of taking certain actions to prevent or manage an adverse health event. Perceived barriers refer to the barriers against engaging in health behavior. The cue to action refers to a stimulus a person needs to initiate a healthy behavior. Self-efficacy refers to how well a person thinks they can perform a health behavior successfully under

real-world conditions. Maiman and Becker (1974) believe the Health Belief Model relates psychological theories of decision making (which attempt to explain the action in a choice situation) to an individual's alternative health behaviors. In turn, utilizing this model, when approaching a family/patient for organ donation, could help facilitate obtaining consent for organ donation.

### **Definition of Terms**

The project will use several terms that must be defined, which are provided in the following list:

- Deceased donation – Organ donation that occurs after the legal brain death of the donor;
- Donation after cardiac death – Organ donation that occurs after cardiac death;
- Organ donation – The process of providing another person with an organ from another person's body;
- Organ donor – The individual providing an organ to be transplanted into another individual; and
- Transplant recipient – The individual receiving an organ transplant.

## CHAPTER II

### Literature Review

This project was developed using a literature review to identify evidence and gaps in the literature that support the purpose, the use of the theoretical framework, the selected intervention, and the project's methodological elements. The literature review began with a series of searches that used the online databases Medline and Cumulative Index of Nursing and Allied Health Literature. All searches were conducted with the results limited to meet the inclusion criteria of being full-text articles, written in English, published in peer-reviewed journals, from the year 2016 or later, and focusing on organ donation after death among adults in the United States. The searches were based on the terms “organ donation”, “organ transplant”, “deceased donor referral”, and “organ donor designation”, along with the term “United States”. The abstracts were scanned to see which results were related most closely to the project topic and met the inclusion criteria. Then, the most relevant results offering the strongest evidence were chosen for inclusion in the literature review sections that follow.

#### Literature Related to Statement of Purpose

The literature on organ donations in the United States indicates that there is a pressing need for the proposed project. Multiple studies have reported a large disparity between American adults' stated support for posthumous organ donation, and the actual rates of registration for organ donation. Glazier and Mone (2019), using national statistics, reported that 95% of American adults support the idea of donating organs to patients on waitlists to receive transplants, but that just 28% of eligible adults register to donate their organs after death. Elmer et al. (2021), in their study of 9,792 patients

resuscitated from cardiac arrest, reported that 67% of their participants expressed approval of donorship and interest in becoming posthumous donors, but just 8% of participants, overall, were donors. This evidence aligns with other studies whose findings indicate a need for more organ donors in the United States.

This project's purpose will address a patient need that is increasingly unmet, despite modest increases in organ donors during the last decade. MacKay and Robinson (2016) as well as Ahmad and Iftikhar (2016) reported 29,000 organ donors, of which 7,500-8,000 were deceased donors, with a waitlist of roughly 113,000 Americans in need of transplants, during the years 2013-2016. Likewise, Kernodle et al. (2021) and Havekost (2019) agreed that, by 2019, there was an increase in donorship, with 39,000 total organ donors in the United States, including 10,000 deceased donors, but that the need for donations rose much faster, with 135,000 Americans on organ transplant waitlists. Ahmed et al. (2020) conducted a study of 17 American organ procurement organizations during the COVID-19 coronavirus pandemic and found authorization for donorship fell by 11%, the recovery of organs to be transplanted declined even more, by 17%, and overall, there was an 18% decrease in transplanted organs, although the demand for organ transplants had not declined since 2019. Therefore, the present need for organ donors could be considered to have reached a record high with the COVID-19 coronavirus pandemic.

The cohort study by Elmer et al. (2021) revealed another dimension to the issue of donor recruitment that this project's purpose attempts to address, which is the variation between hospitals in terms of obtaining organ donors. In the 112 hospitals that patients were sampled from in the study by Elmer et al. (2021), organ donor rates varied from

6.2% to 10.3%, with higher-volume hospitals also experiencing higher rates of donorship among patients. Vela et al. (2021), MacKay and Robinson (2016), Cardon et al. (2020), and Glazier and More (2019) each described variations in deceased donor rates that occurred among hospitals in the United States, according to the policies for organ donor registration where hospitals had been located. In states where individuals had to opt-in to organ donation but did not have to indicate themselves as donors or non-donors, such as North Carolina, the donor rates at hospitals varied from 7% to 23% but tended to be on the lower end of the spectrum (MacKay & Robinson, 2016; Glazier & More, 2019). In contrast, hospitals located in states where individuals had to register specifically as edonors or non-donors as a mandatory choice when obtaining a driver's license or state identification card reported higher organ donor rates, ranging from 13% to 65% (Cardon et al., 2020; Glazier & More, 2019; Vela et al., 2021). North Carolina is the setting for the proposed project, and these findings suggest there is a particular need to promote organ donation among patients in hospitals within this state.

### **Literature Related to Theoretical Framework**

The scholarly literature has demonstrated the validity of the Health Belief Model, which is the theoretical framework selected for this project. Ghorbani-Dehbalaei et al. (2021) noted that, although the Health Belief Model was formulated in the 1950s, it was quickly and repeatedly shown to have both explanatory values, in terms of revealing why certain people did or did not undertake health behaviors, and predictive value, in terms of making accurate predictions about whether people would utilize certain health behaviors. The constructs of the Health Belief Model were found to be valid, in that they corresponded to measurable, real-world phenomena and similar constructs in other

theories, and validated measures have been developed to evaluate the components of the Health Belief Model and make accurate assessments or predictions about health behaviors (Shafer et al., 2018). This theory has been successfully incorporated into descriptive as well as intervention studies for a range of health behaviors, including organ and tissue donation.

Other research articles have established that the Health Belief Model is relevant to the topic of using interventions to promote organ donorship among hospital patients. Williamson et al. (2017), in a focus group study of 62 American adults, determined that the Health Belief Model was a valid way of understanding decisions to register as an organ donor or not register as a donor. Individuals who believed they would not receive a transplanted organ if they needed one reported lower perceived benefits and were less likely to donate (Williamson et al., 2017). However, intervention studies by Bambha et al. (2020) and Cardon et al. (2020) indicated that adults could become more likely to register as organ donors when they participated in interventions that promoted increases in perceived susceptibility and severity for health conditions that could require an organ transplant, and increases in perceived benefits through messages that organ donation registration could encourage others to register, making people more likely to receive transplants if they require them. Cardon et al. (2020) and Dailey et al. (2017) specifically found that in-person interventions to promote deceased donor registration that was based on the Health Belief Model were effective in hospital inpatient settings. Shafer et al. (2018) also conducted a successful intervention study grounded in the Health Belief Model to promote tissue donor registration and found the intervention was similarly effective in hospital inpatient and outpatient care settings.

## **Strengths and Limitations of Literature**

The sources of evidence that were included in the present literature review possess multiple notable strengths. The sources included quantitative and mixed-methods studies, which indicated that the project's orientation toward unmet patient needs, its use of an effective intervention approach, and its inclusion of a valid theoretical basis are grounded in robust, high-quality evidence. The findings between the various studies included in the literature review were also generally consistent with one another and did not reveal any outlier findings or outcomes that disagreed with the other sources, which helps support the strength and appropriateness of the sources. Because the sources also describe recent studies conducted with large samples of participants from the United States, the literature was also relevant to the project and reflects the most recent state of knowledge on organ donation.

The sources of evidence described and analyzed in this literature review also have a few weaknesses. Although the studies in the literature used a range of research approaches, there were no intervention studies that employed randomized controlled trial designs, which would have provided the highest level of evidence to support the use of a hospital intervention to promote organ donor registration, as these designs permit causal conclusions to be drawn from the results. The sources that were included in this literature review must, therefore, be interpreted in the context of these weaknesses as well as in the context of their strengths. While these weaknesses should certainly not be overlooked, none of the weaknesses are so serious as to merit the rejection of any of the articles in this literature review as being sources that are excessively irrelevant, biased, or low quality.



## **CHAPTER III**

### **Needs Assessment**

This section describes the needs assessment for the proposed project, which involves the use of an educational intervention to promote organ donation among adults in North Carolina at potential sites of donation or where individuals could legally declare themselves to be donors, such as hospitals. This section is divided into several subsections that will now be briefly outlined. First, the target population for the project is described, followed afterward by a description of the target setting. The various sponsors and stakeholders for the project are provided afterward. The fourth sub-section provides a strengths, weaknesses, opportunities, and threats (SWOT) analysis for the project. The fifth sub-section outlines the available resources that will be used for the project. Then, this section describes the desired and expected outcomes for the project, followed by a discussion of the project team members, and lastly, a cost-benefit analysis is provided.

#### **Target Population**

This project will be aimed at a certain target population that will comprise both the individuals who would participate in it as well as the primary beneficiaries of the project. In essence, this project would have a target population consisting of all the adults in the state of North Carolina. The United States Census Bureau (2022) gives the population of North Carolina as 10.4 million, of whom 78.1% are aged 18 years and older. This gives a target population that is around 8.1 million adults in the state. However, as Glazier and Mone (2019) noted, 28% of Americans already choose to opt-in for organ donation, which would leave an estimated 5.8 million people in the target population. The target population would be somewhat constrained further in that it would

be limited to adult residents of North Carolina who are served by the hospitals where the interventions for the project would take place, although by including major urban centers in the state alone, this would enable the project to potentially reach large numbers of people comprising sizable proportions of the target population. It should also be pointed out that the target population for the project would be considered as such not only for the purposes of participation but also for being beneficiaries from the project due to the members also being more likely to receive organ donations if they should require them if they take part in increasing the number of organ donors statewide (Dailey et al., 2017). The defining characteristics of this population, according to the United States Census Bureau (2022), include the fact that roughly 1.5 million adults in North Carolina are over the age of 65 years, while 51.4% are female. In terms of race, 70% of the population is white, 22.2% are African American, and 9.8% are Hispanic (United States Census Bureau, 2022).

### **Setting**

The setting for the proposed project will include locations where individuals can legally declare themselves or the individuals for whom they have the power to make medical decisions to be organ donors. The main setting for the project would be hospital inpatient units. Other projects to promote organ donation in the past have been undertaken at hospitals, as there are several advantages to doing so (Elmer et al., 2021; MacKay & Robinson, 2016). Such advantages include being able to access the persons who are legally able to make decisions on organ donation, whether that is the individual patient or their medical decision-maker, along with being able to access and provide information to family members who may otherwise attempt to oppose organ donation

upon the death of the patient (Dailey et al., 2017; Darnell et al., 2020). Moreover, talking to these individual stakeholders about organ donation, which can be a difficult topic for some to discuss, can be achieved effectively in hospital inpatient units because there is ample time to provide information and discuss these issues with the stakeholders. The settings will include major hospitals serving large proportions of the North Carolina population in the major urban centers throughout the state, provided that the hospitals allow the project intervention to be conducted there.

### **Sponsors and Stakeholders**

The sponsors and stakeholders for this project encompass multiple groups described below. This project would seek out a sponsor organization that already has experience with promoting organ donations among adults in North Carolina, such as Donate Life NC or Honorbridge. The purpose behind finding a sponsor organization would not be to obtain financial or material support, but to be able to draw on the expertise of individuals within the organization that have experience with recruitment for organ donation, and on the professional networks of the organization in order to achieve cooperation for the project among hospitals that could potentially serve as project settings. The main stakeholders for the project would include the adult hospital patients and legal decision-makers of hospital patients who have not already opted in to become organ donors. This stakeholder group would include most adults contacted through the project, as only 28% of Americans are organ donors (Glazier & Mone, 2019). However, the members of this group are likely to support organ donation in principle, as 95% of American adults do (Glazier & Mone, 2019). They may lack information about the process and do not understand what it entails, however, which usually keeps people from

opting in to donate organs despite their support for organ donation (Cardon et al., 2020). The family members of the patients are also an important stakeholder group because in some cases they can facilitate or prevent the donation of organs after death (Darnell et al., 2020). Although these individuals are also likely to support organ donation, they may feel that ethical constraints or time constraints prevent them from allowing organs to be donated, which is why it is important to address organ donation before death (Darnell et al., 2020). The recipients of organ donations and members of organ donation waitlists also comprise a stakeholder group who would stand to benefit from the project, as there are an estimated 10,000 persons in North Carolina who are awaiting an organ donation, while only around 3,300 transplants are performed in the state annually (Donate Life NC, 2022). The hospital leadership and potentially the members of an institutional review board at each hospital requested to assist with the project would comprise another stakeholder group who would determine whether the project would be able to be implemented at their specific facilities. The hospital staff would comprise the final stakeholder group, as they would inform the project team members about potential patients to speak with and what times would be appropriate to speak with them.

### **Desired Outcomes**

This project has specific outcomes that it would be desirable to achieve, and others that it would be expected to achieve. The desired outcome that would be ideal for the team members to achieve through the project would be to encourage all of the individual patients they contact to agree to donate their organs upon death. Assuming that a team of four persons could contact eight persons per hour at the hospitals, then a project time of 100 hours of education total would result in 800 persons agreeing to become

organ donors, which is what the desired outcome of the project would be. However, the expected outcome for the project is that the team members would successfully encourage around 100-200 persons out of 800 potential contacts made through the project to become organ donors. This percentage of encouraging 12.5% to 25% of individuals contacted to become donors is expected given that 28% of Americans already have registered as donors (Glazier & Mone, 2019).

### **SWOT Analysis**

This project has certain characteristic strengths, weaknesses, opportunities, and threats that are important to articulate before actually moving forward. The results of the SWOT analysis for this project can be found in Table 1. The strengths of the project would include the project leader and prospective team members, who are knowledgeable about the issues surrounding organ donation and why some people refuse it and are highly motivated to encourage others to donate organs. The project strengths also include that it could be effectively implemented with a relatively small budget and within a rapid time frame, upon receiving permission to conduct the project at hospital sites. The weaknesses of the project include the lack of a single specific target site to conduct the project, which may require the project to adhere to different guidelines and rules depending on the hospital where the project is being implemented. The project team also could not directly opt-in to organ donation on the participants' behalf, but rather, could only provide them with resources to do so themselves. The opportunities of the project include aligning with a sponsor organization whose members already have experience with educating people on becoming organ donors, and that would already have a potential network of hospitals to contact in the state of North Carolina that have a history of

working with organ donation education efforts. The threats to the project include a potential resurgence of the coronavirus pandemic, which could keep project team members from being able to interact with hospital inpatients or family members due to concerns about disease transmission. Another possible threat would be changed perspectives on organ donation among the American public that would be conducive to less support for donating organs. One final threat that must be considered is the possible refusal of hospitals to be involved with the project at all.

**Table 1**

*SWOT Analysis*

SWOT Analysis	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Knowledgeable project team</li> <li>• Highly motivated team members</li> <li>• Rapid deployment of project</li> <li>• Project has limited budget requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Project lacks single site for implementation</li> <li>• Potential different rules and guidelines governing project implementation</li> <li>• Project team cannot opt in for donation on behalf of patients</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Aligning with experienced organization to promote organ donation</li> <li>• Use of networks within experienced organizations to obtain permission to utilize project from surrounding hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Resurgence of pandemic</li> <li>• Changes in perception of organ donation</li> <li>• Hospital non-participation</li> </ul>

## **Resources**

The proposed project will require a set of resources to be made available in order to complete it successfully. The project would require relatively few resources to implement. The resource needs would include permission, time, and appropriate point of care locations at hospitals to implement the project by discussing organ donation with adults, which in turn would require permission and potentially institutional review board approval at the hospitals to go forward. A team of 2-8 persons would also be needed for the project who would undertake their involvement on a volunteer basis. This team would require a meeting room with audiovisual equipment and 45-60 minutes of training time in order to provide information to the project team members. The project team would also require printed materials with information on organ donation and the process of registering as an organ donor. Potentially, there would also be a website and/or social media account set up for the project with similar information for stakeholders to consult in lieu of or in addition to printed information. Team members would also require clipboards, paper, and pens to keep track of participant information and donorship decisions.

## **Team Members**

The proposed project would be able to be accomplished with a relatively small team for its implementation. The team would require the project leader to contact the hospitals and obtain permission from the hospitals and institutional review boards, if need be, and the project leader would also provide training and oversee the actual project implementation, as well as directly provide education to stakeholders in the course of the project. The other project team members would be responsible for delivering education

on organ donation to hospital patients in the course of the projects. Team members would include nursing staff volunteers, family services, organ recovery coordinators, and members of the hospital development teams.

### **Cost-Benefit Analysis**

A comparison of the costs and benefits of the proposed project indicates that it is a project that would be worthwhile to implement. The costs of the project include the time and resources required to obtain volunteers for the project team, as well as the meeting room and the materials for training the team members and implementing the project. However, as all of the team members and the team leader would be involved with the project on a volunteer basis, there would not be any need to account for compensation in the costs of the project. The benefits of the project would include some intangible benefits such as educating people about organ donation who may decide at some point to become organ donors themselves or to encourage other people to do so. The main benefit, however, would be to encourage people to become organ donors who had not previously been registered as such, as even 100 individuals registered in this way would help address the donor needs of the 10,000 people waitlisted in the state of North Carolina by 1%.



## **CHAPTER IV**

### **Project Design**

This section of the proposal provides detailed information on the various aspects of the design of the proposed project, which will educate adults at hospital sites in North Carolina in order to promote organ donation. This section is comprised of six sub-sections that are divided topically. The first sub-section presents the goal or overall purpose of the project. The second sub-section lists the project objectives that would need to be accomplished in order to achieve the larger goal of the project. The third sub-section details the project plan and methods for developing materials in the course of the project. Then, this section presents a timeline for when the project would need to be accomplished, along with a budget for actually completing the project within reasonable constraints. The final sub-section describes the plan for evaluating the project.

#### **Goals**

The goal of the proposed project is to increase the percentage of adults in the United States who register to become organ donors. Providing hospital patients with the information needed to make an informed decision about becoming an organ donor and sharing that information with their families may, in turn, potentially provide the needed organs for transplant in the future.

#### **Objectives**

The objectives of this project are as follows:

- Execute comprehensive professional knowledge, developing evidence-based strategies that will help promote registering to become an organ donor.

- Evaluate scholarship that will guide and influence patients to register to become organ donors.
- Apply values of respect and professionalism that foster the understanding of the importance to become an organ donor.
- Illustrate effective leadership that guides those involved in the project.
- Analyze how the support team can develop a plan for ongoing education to sustain the project's ongoing progress.

### **Plan and Material Development**

The plan for the proposed project is to utilize the Organ Procurement Organization, Hospital Development, and Family Services responsible for the facilities in the initial plan implementation area. Hospital Development is the liaison between the clinical nurse managers and unit directors to help facilitate scheduling a meeting to discuss the project. During the initial meeting, Hospital Development, Family Services, clinical nurse manager, unit directors, and the project leader will discuss who would be the most appropriate personnel, based on volunteer sign ups on each unit, to present the information to the patients. The number of the volunteers needed would depend on the size of the units and how many patients are available. Family Services are the experts in approaching families for donation consent so they would be the ones who give the most appropriate verbiage for the selected personnel to utilize. Materials for this project would include a PowerPoint presentation and a printed handout to provide information to help patients understand the importance of organ donation. Materials would be discussed, and any changes or improvements could be made at that time. Family Services and the project leader would schedule educational sessions with the volunteers from each unit, and

provide the information, materials, and guidelines for who would be the most appropriate patients to approach. After each educational session, Family Services would meet with the volunteers to answer any questions and provide support when they make their first approach.

### **Timeline**

The proposed project has been developed to be implemented within 3 months, utilizing facilities in a small geographical area first, then expanding throughout North Carolina. Beginning with the hospitals in a smaller area will make developing and implementing the project easier because most of the hospitals are with the same healthcare system.

### **Budget**

Because the resource demands for this project are not large, the project will be able to be completed within a relatively limited budget. Utilizing volunteers, who are already working in the units, will help lower the cost. The projected budget for this project is summarized in Table 2.

**Table 2**

*Project Budget*

Budget	
Project Materials	Cost
PowerPoint Slide Handouts	\$500.00
Informational Handout	\$300.00
Subtotal	\$800.00

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**Budget**

---

**Meeting Space and Logistics**

Conference Room	\$200.00
Education Classroom	\$250.00
Subtotal	\$450.00
Total Expenses	\$1,250.00

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**Evaluation Plan**

The evaluation plan that has been developed for this project will ensure that its impact can be easily evaluated. Each patient who decides to become an organ donor and those who do not will be documented in their electronic medical record (EMR). Over the course of 1 year after the project implementation, data can be pulled from the EMR. With this data, a percentage of “yes” and “no” will be calculated into separate categories.

## **CHAPTER V**

### **Dissemination**

Although the vast majority of Americans support the idea of organ donation, less than one-third of adults in the United States have actually elected to donate their organs after death via an opt-in process (Glazier & Mone, 2019). The purpose of this project was to introduce an evidence-based intervention to promote organ donor decisions among adult inpatients in a hospital, by providing them with information on the need for donors as well as the ability to opt-in for organ donation. This chapter discusses the way that the project's information will be disseminated after completion, as well as the limitations that it has and the impact it will have on the nursing field.

#### **Dissemination Activity**

The outcomes from this project will be disseminated to the hospital leadership as one of the key stakeholder groups during one of the group's regular weekly meetings. The presentation will be delivered to the hospital's chief executive officer, chief medical officer, head surgeon, chief nursing officer, chief quality officer, public relations officer, nurse practitioner, and physician who oversee organ donation procedures at the hospital, and the director of the inpatient unit in which the project took place. A half-hour will be needed to deliver an audiovisual presentation, including PowerPoint slides and handouts for all the participants. The content will include a brief introduction to the project, its methods, the sample, the outcomes, and recommendations for future actions.

The presentation was presented in person to the medical director, director, and chief clinical officer for Western North Carolina's Organ Procurement Organization. After introductions were made and the purpose of this meeting was established,

participants were provided with a copy of this project, and a PowerPoint presentation was utilized as a visual component for project discussion. After completing the presentation, feedback was received and gratitude was expressed by all present. All agreed with the project design and no revisions were suggested.

### **Limitations**

This project could have certain limitations that would not be addressed in the design or implementation. Because the project involves convincing patients to donate who have not already opted in for organ donation, the nature of the project would essentially prevent any type of pre-intervention/post-intervention comparison from being made, which would limit how informative the results are. Moreover, the descriptive design and the limited sampling frame would hinder the generalizability of the project as a whole.

### **Implications for Nursing**

The project's significance for nursing is that there is a need for nurse-led interventions that could improve organ donation rates in the United States. In turn, the premature mortality that kills up to 22 Americans per day due to lacking a transplanted organ could be prevented (Vela et al., 2021). This project may demonstrate that a brief intervention implemented at a hospital could conceivably improve organ donation rates among inpatients.

### **Recommendations**

The recommendations for this project will be based on the outcomes that are obtained. If the project is able to obtain the expected outcome of 25% in convincing patients to donate their organs after death, then the project will be considered a success.

In that case, the recommendation will be for the project to be sustained over time, and also expanded to other inpatient units in the hospital. Further projects might involve replication at other hospitals or adding culturally competent elements to the intervention.

### **Conclusion**

Low rates of organ donation in the United States lead to premature deaths and patient suffering each day. This project will implement an intervention to encourage organ donation after death among hospital inpatients. It is hoped that the project will demonstrate that even a brief informational intervention can promote higher rates of organ donation among American adults.

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