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Original research article

# Understanding healthcare professionals' perspectives on factors influencing public decisions to donate organs after brain death: a qualitative study

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**Abstract**
*Introduction:* Organ transplantation is often the only effective and successful treatment for end-stage organ failure, but it still faces many challenges today, one of which is the shortage of donors after brain death. The aim of the study was to determine the attitudes and beliefs of healthcare professionals about people's willingness to donate organs after brain death.
*Methods:* A qualitative research method was used. Six focus groups were conducted in February and March 2024 with a purposive quota sample of 24 healthcare professionals. The data collected was analysed using thematic analysis.
*Results:* Six themes were identified: (1) healthcare professionals' attitudes towards organ donation after brain death, (2) healthcare professionals' knowledge and education about organ donation after brain death, (3) the population's beliefs and awareness about organ donation (perspective of healthcare professionals), (4) the decisions of individuals regarding organ donation after brain death, (5) the confrontation of relatives with the decision to donate organs (perspective of healthcare professionals) and (6) the systemic regulation of the field of organ donation.
*Conclusion:* The willingness of people to donate organs and the number of entries in the donor register could be increased by better informing the public and raising awareness about the benefits of donation and by removing obstacles that influence individual decisions. The education of healthcare professionals is also crucial, as they are the most important link in the transplantation process and serve as a reliable source of information for others.

**Keywords:** Attitudes; Donor registration; Organ donation; Relatives' role; Transplantation medicine

## Introduction

Transplantation is a complex medical intervention, often representing the only effective treatment option for patients with acute or advanced chronic organ failure. It has proven to be an exceptionally successful therapeutic approach in many such cases (Logar, 2003; Muco et al., 2024; Svetina and Zupanič Slavec, 2016). For end-stage liver, lung and heart failure, transplantation is the only effective treatment, while for kidney and pancreas failure it significantly improves patients' quality of life (Lušicky and Avsec, 2019).

Despite the fact that transplantation medicine is logistically and technically one of the most complex interdisciplinary branches of medicine, it still faces numerous challenges today (Buturović Ponikvar, 2019). The biggest is the lack of donors after confirmed brain death and thus of human body parts for the purpose of treatment (Avsec and Šimenc, 2020). Čož and Kamin (2020) noted that countries are addressing the problem of organ shortage in various ways, e.g., through legislation, improving protocols for the donation process, encouraging individuals to actively choose post-mortem organ donation by registering as a donor, or obtaining consent from relatives in the event of a family member's brain death. The latter is not possible if society is not prepared to accept the concept of brain death (Šimenc, 2016). Therefore, raising awareness among both healthcare professionals and the general public is one of the most important tasks of donor activity (Lušicky and Avsec, 2019). To this end, Slovenia-Transplant conducts various activities to raise awareness and inform the public, with a focus on education and information about the deceased donor programme after confirmed brain death (Avsec and Šimenc, 2013).

In Slovenia, the most established and widespread system is the deceased donor programme. This is based on confirmed brain death, which must be diagnosed accurately and immediately (Avsec, 2016). Despite numerous efforts by the responsible institutions, there is also a gap in Slovenia between the reported willingness to donate organs after death and registration in the donor register. Studies from 2008 and 2010 show that up to 70% of Slovenians are in favour of organ donation after death for the purpose of treatment, but only a small

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percentage of them identify themselves as donors (Avsec, 2016). A recent Slovenian study shows that although a large majority of the population expresses support for post-mortem organ donation, overall awareness of the process remains relatively low, with only 15.5% reaching a good knowledge level, and knowledge correlates only weakly with willingness to donate (Božič et al., 2024).The problem of so-called 'passive affirmation' has also been identified in other Slovenian (Berzelak et al., 2019; Logar, 2003) and international studies (Irving et al., 2012a; Lewis et al., 2021). To understand this phenomenon, we need to identify the factors that encourage or discourage a person's decision to donate organs. Therefore, the aim of the study was to investigate the experiences, attitudes, and beliefs of healthcare professionals in relation to people's willingness to donate organs after brain death, because only by identifying factors that influence people's attitudes towards organ donation and registration in the donor register can we effectively plan interventions to encourage people to donate organs after brain death (Kotler and Lee, 2008; Parsa et al., 2019). The central research question was: What are the experiences, attitudes, and beliefs of healthcare professionals regarding the factors that influence people's willingness to donate organs after brain death?

## Materials and methods

A qualitative research paradigm was used for the study. Within the qualitative methodology, we adopted a descriptive-interpretive approach by conducting semi-structured focus group interviews to explore the attitudes and beliefs of healthcare professionals regarding people's willingness to donate organs after brain death (Thompson Burdine et al., 2021).

### *Participants and setting*

For the purposes of the study and in accordance with the chosen methodological approach, a purposive quota sampling strategy was used (Asiamah et al., 2017). The sample included medical students, nursing students, and healthcare professionals, who varied in terms of gender, age, education level, field of work and years of service.

The study comprised 24 healthcare professionals who were divided into six focus groups of four participants each. Gundumogula and Gundumogla (2020) notes that there are various recommendations regarding the appropriate number of focus groups and the number of participants within each focus group. Research suggests that approximately 90% of all themes are discovered within three to six focus groups (Guest et al., 2017), while a single focus group typically consists of four to twelve participants (Poplas Susič, 2014). In this context, Banjac (2020) adds that smaller focus groups with two to five participants are ideal if you are working with knowledgeable participants who are happy to engage in longer discussions about the research problem.

The age of the participants ranged from 21 to 59 years, with an average age of 35.3 years. The sample consisted of five students (nursing students and one medical student), sixteen healthcare professionals (nurses, nurse practitioners, and holders of a master's degree in nursing), and three physicians specialising in anaesthesia, resuscitation, and perioperative intensive care.

### *Data collection*

Data were collected through focus groups. Semi-structured interviews guided the focus groups, with essential open-ended questions prepared in advance to direct the discussion, and additional sub-questions formulated as needed to probe deeper into emerging topics (Polit and Beck, 2020). Based on a review of the literature and the research objectives, a topic guide comprising 24 questions was developed to structure the group discussions. The questions initially addressed broad issues to encourage narrative responses, before focusing more specifically on organ donation after brain death. The first set of questions explored healthcare professionals' experiences and opinions, the second set examined their views on public information and willingness, the third addressed possible improvements to increase willingness and donor registration, and the fourth considered the systemic regulation of organ donation after brain death. Basic demographic data (gender, age, education, field of work or study, and years of experience) were also collected.

Potential participants were personally invited and informed about the research purpose, objectives, and methods. To ensure ethical standards, all participants signed an informed consent form prior to the interview. A pilot study involving one interviewee was conducted prior to the main research to assess the clarity and relevance of the questions (Lowe, 2019). As the questions were found to be clear and effective, no changes were made to the topic guide, and the pilot study was excluded from the main research.

All interviews were conducted between February and March 2024 at locations chosen by the participants, ensuring privacy and a comfortable environment. One focus group was conducted virtually via Zoom to accommodate participants' availability; participants received a secure active link to join the session. Each focus group discussion lasted approximately 45 minutes.

### *Data analysis*

After completing the interviews, we transcribed the recordings verbatim. Detailed data analysis was then conducted using the method of thematic analysis of texts, specifically narrative data analysis, which facilitates the identification of themes and important features within the content (Polit and Beck, 2011). The analysis involved reading the transcripts multiple times, coding the data, grouping the codes into sub-themes, and forming and naming overarching themes (Gibson and Brown, 2009).

### *Rigour and trustworthiness*

To ensure the rigour and trustworthiness of this qualitative study, multiple methodological strategies were applied throughout the research process. Credibility was strengthened through prolonged engagement with participants during focus group discussions, providing rich insights into healthcare professionals' attitudes and beliefs (Polit and Beck, 2020). Semi-structured interviews, guided by a topic guide, ensured systematic exploration of all relevant areas while allowing participants' experiences and opinions to emerge naturally. To support reliability, a transparent protocol documented all stages of the study. Data were analysed thematically through repeated transcript readings and collaborative team discussions to check coding consistency and minimise individual researcher bias (Gibson and Brown, 2009). Continuous reflexivity addressed potential biases arising from the researchers' professional backgrounds (Fusch and Ness, 2015). Transferability was facilitated by detailed descriptions of the research context, participant characteristics and data-collection settings, enabling readers to assess applicability to other contexts (Hennink et al., 2017). Confirmability was reinforced by maintaining verifiable records of raw data, coding frames and analytic notes, and by triangulating findings across focus groups to ensure that results reflected participants' perspectives rather than researchers' assumptions (Polit and Beck, 2020). Ethical integrity was maintained through strict anonymity and confidentiality, supporting open discussion. Informal participant verification of key points during interviews provided an additional credibility check (Fusch and Ness, 2015).

## Results

Through the analysis of the interviews, six themes were identified: (1) healthcare professionals' attitudes towards organ donation after brain death, (2) healthcare professionals' knowledge and education about organ donation after brain death, (3) the population's beliefs and awareness about organ donation (perspective of healthcare professionals), (4) the decisions of individuals regarding organ donation after brain death, (5) the confrontation of relatives with the decision to donate organs (perspective of healthcare professionals), and (6) the systemic regulation of the field of organ donation (Table 1).

Participants generally viewed organ donation after brain death as highly important yet insufficiently recognised in society. Most were in favour of donation; three were registered donors and two carried donor cards obtained during their studies. Eleven non-registered professionals stated they were considering registration. Two expressed ambivalence, personally declining donation while supporting it for others:

*"Organ donation is important, but I wouldn't donate myself. I want to stay whole. [...] Nevertheless, I would encourage others to do it"* (INT_14).

Healthcare professionals considered themselves key facilitators of donation through providing accurate information, sharing positive experiences, and supporting communication with families. Nevertheless, they stressed that physicians and transplant coordinators hold a more central, formal role. About half had discussed their own wishes with relatives, but others avoided such talks due to cultural taboos, superstition, or fear of "bad energy":

*"I don't talk about it with my parents because we are not supposed to talk about bad things – it brings bad energy"* (INT_6).

Comprehension of organ donation after brain death varied. Those with formal training or direct clinical experience demonstrated the best understanding. All agreed that brain death is irreversible and constitutes actual death, but only a few could give a precise clinical definition:

*"The definition of brain death is the death of the cerebral cortex and brain stem – no longer supplied with blood"* (INT_5).

**Table 1. Themes and sub-themes**

| Themes | Sub-themes |
|---|---|
| Healthcare professionals' attitudes towards organ donation after brain death | Healthcare professionals' views on organ donation |
| | Attitude towards organ donation |
| | The role of healthcare professionals |
| | Attitude and influence of the family |
| Healthcare professionals' knowledge and education about organ donation after brain death | Knowledge of the field of organ donation after brain death |
| | Previous education |
| | Desire to renewing and acquiring new knowledge |
| The population's beliefs and awareness about organ donation (perspective of healthcare professionals) | Beliefs and associations when thinking about organ donation |
| | Method of obtaining information |
| | Understanding the concept of brain death |
| | Informing the general population |
| The decisions of individuals regarding organ donation after brain death | Factors influencing an individual's decision |
| | Reasons for favouring organ donation |
| | Reasons for reluctance to donate organs |
| | Reasons for entry in the donor register |
| | Reasons for not being entered in the donor register |
| | Suggestions for increasing willingness to donate organs |
| | Suggestions for increasing the number of entries in the donor register |
| | Specific methods to increase favourability and enrolment in the donor register |
| The confrontation of relatives with the decision to donate organs (perspective of healthcare professionals) | Feelings about organ donation |
| | Easier decision making |
| | Consent to organ donation |
| | Refusal of organ donation |
| The systemic regulation of the field of organ donation | System regulation – opt in |
| | System regulation – opt out |
| | System regulation – mandatory consent |
| | Opportunities for improvement |

Many were unaware that no strict age limits exist or that no major religion forbids donation. Most felt inadequately informed, reporting that education is often limited to those with specific professional interest:

*"More emphasis could be placed on organ donation at the faculty. We hardly mentioned it"* (INT_4).

Participants expressed strong interest in continuous education, regular workshops, updates on procedures for registering as a donor, clearer explanations of the diagnosis of brain death, and guidance on communicating with relatives and understanding legal requirements. Participants observed that public understanding of brain death remains limited and that negative perceptions are widespread. Common fears included organ trafficking, lower quality of medical care for registered donors, disfigurement of the body, misuse of data, and even deliberate killing to obtain organs:

*"People think, 'If you're an organ donor, you won't get 100% medical care,' which is complete nonsense"* (INT_24).

Despite these concerns, several participants highlighted positive aspects, noting that families sometimes find comfort in knowing that a loved one's organs can help others:

*"Family members may feel their loved one's soul lives on in another person"* (INT_23).

Healthcare professionals emphasised the need for stronger, multi-channel public education to explain the finality of brain death, the non-commercial nature of transplantation, and the medical safeguards ensuring equal treatment of all patients:

*"First and foremost, people need to understand that brain death is final and that medical staff will do everything possible for the patient"* (INT_20).

Participants reported that the decision to donate depends on personal, family, and social factors. Altruism, previous positive experiences with transplantation, and knowing someone on a waiting list encouraged willingness to donate:

*"People are more willing to donate if they know someone waiting for a transplant or if they are well informed about the process"* (INT_18).

Barriers included misinformation, fear of death, misunderstandings about brain death, mistrust in medical ethics, and a desire to preserve bodily integrity:

*"Many older people want to be buried whole and fear the body will look empty at the funeral"* (INT_4).

Even those favouring donation often postponed registration due to forgetfulness or uncertainty about where and how to register. Suggested ways to increase registration included easy on-site opportunities (e.g., hospitals, primary care), campaigns on social media platforms such as Instagram, TikTok and YouTube, and sharing stories of transplant recipients to highlight the life-saving impact of donation.

According to participants, relatives frequently have to decide about organ donation while coping with shock and grief. Consent was more likely when the deceased's wishes were known in advance, when family support and prior positive experiences existed, and when professionals communicated clearly and compassionately:

*"If things are clarified in advance, the decision becomes much easier. It's already been made"* (INT_18).

Conversely, refusal often arose from denial of brain death, confusion about medical terminology, fear of physical disfigurement, or time pressure:

*"In such an emotional moment, it's often easier for relatives to say no than yes"* (INT_3).

Several participants stressed the importance of early and open family conversations, which can transform organ donation from a purely clinical procedure into a meaningful ethical gesture that provides solace during loss. Most participants described Slovenia's current opt-in system as legally protective but practically limiting because it discourages discussion and results in low registration rates:

*"You simply don't come into contact with it because there is no system that forces you to do so"* (INT_10).

Some criticised the possibility for families to override a deceased person's documented decision:

*"If you can decide everything in your life, it is not right not to decide what happens after your death"* (INT_8).

Many supported an opt-out approach or mandatory early decision-making (e.g., at the time of obtaining a driving licence), provided that education ensures informed consent:

*"The best option would be to decide when you get your driving licence, combined with a short course on organ donation"* (INT_17).

Others proposed strengthening the current opt-in model with stricter respect for recorded donor wishes and with structured opportunities to declare preferences at key life stages such as school graduation or routine health checks.

## Discussion

In order to develop effective methods to promote registration or discussion of organ donation, it is vital to understand how healthcare professionals perceive public views and attitudes, as they play a key role in the transplant process and serve as an important source of information. Therefore, this study explored the experiences, attitudes, and beliefs of healthcare professionals in relation to willingness to donate organs after brain death and the factors they believe influence such decisions.

Our findings show that while healthcare professionals recognise the importance of organ donation after brain death, they believe that it is still under-discussed, leading to lower awareness. Nevertheless, studies worldwide show that healthcare professionals are generally in favour of organ donation, similar to the general population, but are slightly less willing to donate their own organs or those of relatives (Bilgel et al., 2006). In our study, all 24 interviewees were also generally in favour of organ donation, although two of them expressed personal reservations about donation after death. This dichotomy is explained by Weiss et al. (2017), who point out that while people may be willing to accept an organ, they are not necessarily willing to donate their own. Despite the positive attitude, few of the interviewees were registered as organ donors or had a donor card, reflecting the findings of Damar et al. (2019), according to which only 17.7% of the healthcare professionals surveyed in Turkey had a donor card.

Our study also showed that understanding of organ donation after brain death is limited even among healthcare professionals, with the exception of physicians and those with a vested interest. While all interviewees recognised brain death as irreversible, few were able to define it precisely. Similarly, De la Longuiniere et al. (2016) found that nurses often only vaguely described brain death, although they were familiar with diagnostic confirmation procedures. Interviewees in our study also talked about brain death diagnosis, donor registration, the role of next of kin and the organisation of the system, often adding to each other's knowledge.

Although lectures on organ donation were formally included in the medical and health sciences curricula in Slovenia (Avsec and Šimenc, 2021), few of the interviewees recalled receiving such training, and those who did described it as minimal. Regardless of previous education, all interviewees expressed the need for further education. The importance of training, both undergraduate and ongoing professional development, has been similarly emphasised in the literature (Ando and Katahara, 2020; Damar et al., 2019; De la Longuiniere et al., 2016; Lawson et al., 2019).

To counteract misconceptions, it is important to provide accurate and accessible information through various channels. In line with our findings, other studies emphasise the importance of traditional and digital media (Chen et al., 2023; Shahsavarinia et al., 2016). However, as Marcon et al. (2022) and Jones et al. (2018) warn, the media can also spread misinformation, particularly in relation to brain death. Our interviewees noted that it is often difficult for families to understand brain death when the patient appears physically normal, a finding supported by Kerstis and Widarsson (2020).

In line with Weiss et al. (2017), altruism, saving lives and helping others, was cited as the most common motive for supporting organ donation in our study. In contrast, reluctance was associated with misinformation, fear of substandard care, concern about interference with funeral practices, and mistrust of medical procedures (Irving et al., 2012b; Miller et al., 2020; Teoh et al., 2020). Our interviewees also mentioned fears related to physical integrity, death itself, and the inability to influence the choice of recipient.

Our findings suggest that greater public awareness, education, and targeted campaigns are needed to increase donation and registration rates. As Marcon et al. (2022) argue, it is crucial to eliminate misinformation and misconceptions. Campaigns that utilise social media appear to be particularly effective as they reach younger populations and those who are less accessible through traditional media (Shi and Salmon, 2018).

Families of individuals diagnosed with brain death face profound emotional challenges when they have to decide about organ donation (Kentish-Barnes et al., 2019a; Kerstis and Widarsson, 2020). In our study, emotions such as fear, sadness, anxiety and doubt were frequently mentioned. Decision-making is facilitated when the wishes of the deceased are known (Ando and Katahara, 2020; Miller and Breakwell, 2018) and when families feel supported by healthcare professionals, are familiar with transplant experiences, or receive clear and understandable explanations (Kentish-Barnes et al., 2019b; Miller and Breakwell, 2018).

Despite these findings, our study has its limitations. It was conducted in a single geographic area and primarily included participants from a limited number of healthcare settings. Therefore, the results cannot be generalised to all healthcare professionals or other population groups. The different experiences of the participants and their level of engagement with the topic of organ donation may also have influenced the depth and direction of the discussions. Future research should include broader and more diverse samples of healthcare professionals, families who have agreed or declined organ donation, and a combination of qualitative and quantitative methods to deepen and validate the findings. It would also be valuable to investigate the impact of specific educational interventions on the knowledge, attitudes, and practices of healthcare professionals in relation to organ donation.

## Conclusion

Organ donation after brain death, which can save lives, is a decision that should be considered more often both individually and within the family. Registration in the donor registry clearly expresses one's wishes and helps avoid uncertainty and extra stress when families face sudden loss and must decide under time pressure without knowing the deceased's preferences. Although many people support transplantation in principle, indecision remains widespread and often burdens families emotionally. To increase willingness to donate and improve registration rates, it is essential to strengthen motivating factors and remove barriers. Targeted education campaigns providing accurate information on brain death and the donation process, and dispelling common doubts, are vital. Regular training for healthcare professionals is equally important, as their knowledge, attitudes, and communication strongly influence public opinion and informed decision-making on organ donation.

### *Author contribution*

*Anet Rožnik:* Conceptualisation, Methodology, Formal analysis, Data curation, Writing – Original draft, Writing – Review & Editing. *Mirko Prosen:* Methodology, Supervision, Formal analysis, Writing – Review & Editing.

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### *Ethical considerations*

Ethical approval for this study was obtained from the Commission of the University of Primorska for Ethics in Human Subjects Research (Approval No: 4264-16-3/2022).

### *Conflict of interest*

The authors have no conflict of interest to declare.

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