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# Evaluation of the Human Transplantation (Wales) Act: Baseline Survey of NHS Wales Staff

Research Summary

Social research

Number: 68/2014

**On the 1st December 2015, the Human Transplantation (Wales) Act will come into full effect, introducing a soft opt-out system for consent to organ and tissue donation.**

**In light of this change to the organ and tissue donation system the Welsh Government commissioned GfK NOP to carry out a programme of research that aims to explore and benchmark the attitudes of NHS staff in Wales to the change in the organ donation consent system.**

In particular the Welsh Government wishes to:

- Understand attitudes, expectations and level of knowledge about the new system
- Identify staff whose work may be impacted by the introduction of the new system
- Measure changes over time in the views of NHS staff and the expected impact on their work
- Identify changes to working practices as a result of the implementation of the Act
- Identify any unexpected issues caused by the move to the soft opt-out system

This study complements other research commissioned by Welsh Government with Specialist Nurses and Clinical Leads for organ donation.

Fieldwork was conducted by telephone using Computer Assisted Telephone Interviewing (CATI) and interviewing took place between 4th December 2013 and 31st January 2014, using a questionnaire designed by GfK NOP in discussion with the Welsh Government.

Interviewing took place from GfK NOP's telephone interviewing centre. The company is a member of the Interviewer Quality Control Scheme (IQCS) and all interviewers were fully trained and monitored.

A letter from the Welsh Government was available to email to respondents who required further reassurance before completing the interview.

Interviews were conducted with NHS staff in their work place, and contact lists were provided by Binleys who are a specialist provider of lists of NHS staff and organisations.

Data were weighted at the analysis stage to ensure findings were representative of all NHS staff within the occupations included in the survey. The weights re-balanced the deliberate over-representation of certain occupations in the sample and ensured Health Board regions were in-line with the national profile.

## **Summary**

Overall, staff were broadly supportive of the change to the organ donation system but in-depth knowledge of the changes was limited. Support for the change in legislation was linked to awareness of it; with those who were not aware of the change to organ donation system significantly less likely to be in favour of the new legislation.

## **Awareness and support**

Positively, the majority of staff were aware of the change to the organ donation consent system. Three quarters (76%) of staff were aware of the change to the organ donation consent system, prior to prompting. Awareness, before prompting, was almost universal among clinical leaders and was high (84%) among specialist nurses in ITU or A&E. Hospital doctors (65%) and hospital nurses (70%) who do not work in either A&E or ITU were the occupation groups least likely to be aware, before prompting, of the changes to the system. These relatively low scores for awareness were particularly the case amongst

junior hospital doctors and general ward nurses (both 59%).

Overall awareness rose to nearly nine in ten (89%) after staff were given an explanation of the changes. Again hospital doctors and hospital nurses who did not work in A&E or ITU (79% and 86% respectively) were the least likely occupation to be aware of the change to the organ donation consent system but four fifths of these groups were still aware after prompting.

Around seven in ten (71%) staff were in favour of the legislation but a fifth (22%) said that they needed more information. Only 6% were against the change to the system. Awareness of the changes was a factor in support for the change in legislation, not entirely unexpectedly, those staff that were not aware of the change to the system, before the interview, were less likely to be in favour of the change in legislation (42% compared with 75% aware of change). Clinical leaders (89%) were the staff group with the highest proportion of supporters for the change in legislation

Staff were asked their own personal intentions relating to organ donation and the change to the consent system. Only 6% said that they would register to not be a donor i.e. they will opt-out, whilst the same proportion said they did not yet know what they would do.

### **Knowledge of change to organ donation system**

Although the majority of staff were aware of and in favour of the change in legislation, fewer felt that they were yet knowledgeable about the changes, with only 3% saying that they knew a great deal about the changes. Overall, over half (57%) said that they knew at least a fair amount about the change to the organ donation system and nearly two thirds (64%) of staff understood that the system would change from an 'opt-in' to 'opt-out' system. Specialist nurses who worked in A&E or ITU (67%) and clinical leaders (68%) had the highest proportions of staff who knew at least a fair amount.

Attitudes to the change in the organ donation system were generally

positive with more than four fifths agreeing that the new 'soft opt-out' for Wales will result in more lives being saved (80%) and that the 'soft opt-out' system maintains freedom of choice because anyone can opt-out from organ donation if they want to (86%). However, it should be noted that hospital doctors working in A&E or ITU had the lowest proportion of staff agreeing that the new 'soft opt-out' for Wales will result in more lives being saved (66% compared with 80% amongst other staff groups).

The level of knowledge staff had about the role of the family was variable. The majority of staff (92%) did not think it was true that the family would have no role to play in the organ donation process but nearly a half (47%) incorrectly thought that it was true that the family can override the wishes of the deceased. Hospital doctors were more likely than other staff to be aware that the family cannot override the wishes of the deceased, with six in ten (61%) saying the statement was not true compared with two fifths (43%) of other staff groups.

Nearly three quarters of staff correctly said it was true that if the family is in distress over the decision to donate, clinicians will not proceed (74%) and that the family can provide evidence that the deceased objected to donating their organs (76%). It is however worth noting that hospital doctors who do not work in A&E or ITU were more likely to disagree that if the family is in distress over the decision to donate, clinicians will not proceed (30% compared with 14% of all other staff groups).

### **Answering questions**

Well over half (62%) of staff said that they would be confident answering questions from the general public and patients about the change to the organ donation consent system. Confidence increased with knowledge, with four fifths of those who said they knew at least a fair amount about the change to the organ donation consent system saying they were confident answering questions (84%, compared with 49% who did not know much or nothing at all).

If asked questions about the organ

donation process more than a half of staff would contact a member of the organ donation team/staff (54%) and this rose to more than four fifths of staff who worked in A&E or ITU (hospital doctors in A&E or ITU, 81%; specialist nurses in A&E or ITU, 83%).

### **Impact on job**

Fewer than half (41%) of staff thought that the change to the organ donation system would impact on their job. Those who worked in A&E or ITU (doctors, 67%; specialist nurses, 66%) were more likely to report that their jobs would be impacted compared with other occupations.

Staff who felt that their jobs would be impacted by the change to the organ donation consent system said that the main impact on their job would be around spending more time answering questions (45%), particularly from patients (28%) and patients' families (38%).

### **Advertising or media coverage**

A quarter (26%) of staff had seen advertising or media coverage

about the change in the organ donation consent system in the past few weeks, with TV (59%) being the most commonly mentioned source. Awareness of the advertising or media coverage about the change in the organ donation consent system did not affect attitudes and knowledge of the change to the system.

### **Future communications**

The three most popular methods for receiving future communications about the change in the organ donation system were all written methods i.e. email bulletins or newsletters (88%), leaflet/pamphlet (78%) and through websites (73%). However, personal communication methods were mentioned by about two-thirds of staff – through internal staff meetings (68%) and being told by managers in the organisation (68%).

### **Monitoring**

This survey is due to be repeated in 2016 to assess any changes that have taken place following the implementation of the soft opt-out system. It will be important at this

stage to monitor a number of key issues including:

- staff awareness that the Act will have come into force
- whether a greater proportion of staff feel that they have at least a fair amount of knowledge about the changes made to the organ donation consent system
- whether staff are more confident in their level of knowledge about the role of the family
- has the proportion of staff who know who to contact if a member of the public, or patient, wishes to discuss organ donation increased?
- the concerns of those who are less positive about the change to the organ donation consent system
- the impact on jobs and whether this was as expected.

**GfK NOP**

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