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Developing and Pilot Testing a Semi-structured Interview Guide to Explore Greek Pediatric ICU Leaders' Attitudes Toward Pediatric Organ Donation

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Konstantinos Kyriakoulis [1], Andreas Karabinis [2], Ioanna Prasini [3], Iraklis Tsangaris [4], Frantzeska Frantzeskaki [4]

1. Department of Pediatric Critical Care Medicine, Onassis Cardiac Surgery Center, Athens, GRC 2. Department of Critical Care Medicine, Therapis General Hospital, Athens, GRC 3. Department of Home Care Services, Galilee Palliative Care Center, Athens, GRC 4. 2nd Department of Critical Care Medicine, University General Hospital Attikon, Athens, GRC

Corresponding author: Konstantinos Kyriakoulis, ckyriakoulis@med.uoa.gr

Abstract

Introduction: This study aimed to describe the development, pilot testing, and refinement of a semi-structured interview guide designed to explore Greek Pediatric Intensive Care Unit (PICU) leaders' attitudes toward pediatric organ donation.

Methods: The interview guide was developed through a multi-step methodological process. First, a literature review was conducted to determine conceptual and methodological appropriateness. A preliminary version of the guide was then drafted and evaluated by a committee of three academics with experience in transplantation science and one qualitative research specialist. Following approval by the institutional Bioethics Committee, three pilot interviews were conducted with senior healthcare professionals working in pediatric intensive care settings. Feedback from the pilot interviews and the expert committee informed iterative refinements to improve clarity, neutrality, and thematic coherence.

Results: Pilot testing demonstrated that the guide was clear, logically structured, and acceptable to participants. Revisions primarily involved rephrasing and refining interview questions to enhance clarity, consistency, and thematic coherence. Particular attention was given to improving neutrality, avoiding presuppositions, eliciting open-ended and experience-based responses, and ensuring alignment with the study objectives. Question sequencing was also refined to enhance the overall flow of the interview.

Conclusions: The final interview guide was found to be clear and suitable for use in exploring Greek PICU Leaders' attitudes toward pediatric organ donation. Its structured development process supports transparency, reproducibility, and practical usability in qualitative research conducted in pediatric intensive care environments.

Categories: Other, Transplantation, Pediatrics
Keywords: healthcare professionals' attitudes, interview guide development, organ donation, pediatric intensive care, pilot testing

Introduction

Pediatric organ transplantation has become an increasingly successful therapeutic option for children with end-stage organ failure, offering substantial improvements in survival and quality of life. Nonetheless, it also presents significant clinical, organizational, and psychosocial challenges, as families are often required to make decisions regarding organ donation during periods of profound grief and emotional distress [1,2].

Although Greece has made notable progress in organ donation overall, the availability of pediatric donor organs remains limited, and the country still lacks an established deceased-donor transplant program for children [3,4]. Despite legislation defining criteria for determining circulatory death, Greece has not yet implemented donation after circulatory death (DCD) in any age group. In contrast, pediatric DCD is well established internationally and continues to expand, contributing significantly to increased organ availability and reduced waiting-list mortality [5,6].

Understanding the attitudes of healthcare professionals in Pediatric Intensive Care Units (PICUs) toward organ donation is essential for designing initiatives that strengthen a donation-supportive culture [7-10]. However, the complexity of clinicians' perceptions cannot be adequately captured through closed-ended questionnaires alone. Previous research has highlighted the complex interpersonal, emotional, and organizational dimensions of organ donation for both families and healthcare professionals [9,11,12]. While

survey-based studies provide important insights into clinicians' attitudes and experiences, some contextual factors and underlying perspectives may be difficult to capture fully through structured questionnaire items alone [13]. Therefore, qualitative approaches can complement quantitative findings by exploring these issues in greater depth.

The guide will serve as the qualitative component of a larger nationwide mixed-methods study investigating healthcare professionals' perceptions of pediatric organ donation across the vast majority of public PICUs in Greece. The study will employ a convergent mixed-methods design, in which qualitative interview data and quantitative survey data will be collected in parallel and integrated during interpretation. The survey, based on the Greek version of the questionnaire developed by Kentish-Barnes et al. [13], will provide standardized data on healthcare professionals' experiences, attitudes, and perceptions regarding pediatric organ donation from brain-dead donors in PICUs. In contrast, the interviews will focus on PICU leaders and explore experiences, contextual influences, organizational factors, and perspectives in greater depth, while also examining selected emerging issues related to DCD. The integration of both data sources is expected to provide a more comprehensive understanding of the factors contributing to the low rate of pediatric organ donation in Greece.

Materials And Methods

Design

A qualitative design was used to develop and pilot test a semi-structured interview guide exploring attitudes and experiences of PICU healthcare leaders. The methodological process was based on the five-phase framework proposed by Kallio et al. [14]. The overall process for developing the interview guide is summarized in Figure *1*. The data from the main study will be analyzed using experiential thematic analysis following Braun and Clarke's six-phase framework [15].

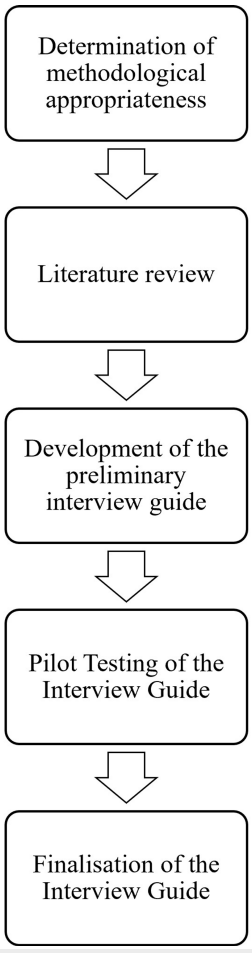


FIGURE 1: Overview of the interview guide development

Setting

The interview guide was developed for use in public PICUs in Greece. These units care for critically ill children and are responsible for end-of-life decision-making processes, including discussions with families

about organ donation.

Development of the preliminary interview guide

The first phase involved identifying the prerequisites for using semi-structured interviews by defining the study objectives, establishing the need for an in-depth exploration of PICU leaders' perspectives on pediatric organ donation, and determining the target participant group. The preliminary guide was developed through an extensive review of international literature on pediatric organ donation and intensive care. The preliminary questions were informed by recurring themes and knowledge gaps identified in the literature review and aligned with the objectives of the study. The initial version included a series of questions directed at PICU leaders.

An expert committee comprising three academics and one qualitative research specialist oversaw and coordinated the guide development process. Experts were selected based on their established academic and clinical expertise in fields relevant to the study, including organ donation, transplantation, critical care, and qualitative research. The committee organized the guide into seven thematic domains, which were derived from themes consistently identified in the relevant literature and aligned with the study objectives.

Experience and emotions, communication with parents, attitudes and perceptions, and social and organizational challenges were among the domains most consistently identified across the reviewed literature. Following the introduction of circulatory death legislation in Greece in December 2024, themes related to the ethical considerations and clinical implementation of DCD were identified in the literature and incorporated into a dedicated section. The guide commenced with introductory questions and concluded with a debriefing section in which participants were invited to provide feedback on the interview guide. The development process was primarily guided by the objectives and research questions of the forthcoming study rather than by a predefined theoretical framework.

Ethical considerations

Ethics approval was obtained for the main forthcoming study prior to pilot testing by the Bioethics Committee of the National and Kapodistrian University of Athens (protocol number 1111, 24.11.25). Participation was voluntary, and informed consent was obtained prior to each interview. All data were collected in coded form to ensure privacy and confidentiality.

Participants

Participants were recruited from the only two private PICUs in Athens, as eight of the nine public PICUs had already approved participation in the forthcoming nationwide mixed-methods study for which this interview guide was being developed. Three healthcare professionals agreed to participate in the pilot phase: two PICU head nurses and one PICU director. Their roles closely matched those of the intended study population.

Researcher role and reflexivity

The interviews were conducted by the principal investigator, a pediatric intensivist. Given the highly specialized subject of the study, professional familiarity facilitated discussion on a rare and sensitive topic. Although no formal supervisory relationship existed, the potential influence of such familiarity could not be fully eliminated and is acknowledged as a study limitation. Reflexivity was practiced by actively considering how the investigator's professional background might affect data collection and interpretation. Potential assumptions and interpretations were discussed with the expert committee during guide refinement.

Pilot testing procedures

Three pilot interviews followed the structure of the draft interview guide, with limited probing where clarification was required. The primary objective was to evaluate the functionality of the interview guide rather than to generate in-depth qualitative data. The pilot interview data were used solely to refine the interview guide and will not be included in the analysis of the forthcoming study. Emphasis was placed on question clarity, sequencing, and participant feedback. Interviews were audio-recorded, transcribed verbatim, and lasted 25-30 minutes. The reported duration referred to administration of the interview guide and did not include the post-interview debriefing discussion. Following each interview, participants were invited to comment on the clarity, relevance, sequencing, and wording of the questions during a brief debriefing discussion. Field notes were recorded by the principal investigator. All pilot interviews were conducted in Greek. The English version presented in this manuscript was translated by the research team for reporting purposes and was not used during data collection.

Results

Pilot data were analyzed using a targeted qualitative approach focused on evaluating clarity, coherence, and neutrality. The guide was revised after all three interviews. Participant feedback and field notes were reviewed independently by the principal investigator and subsequently discussed with the expert committee during a second consensus meeting. The committee evaluated all proposed modifications and determined

the final revisions to the interview guide. Any disagreements regarding modifications were resolved through consensus. The preliminary version of the guide comprised 22 questions, while the final version included 21 questions following revision and refinement. Each comment or observation was linked to a specific modification of the guide.

Audit trail of interview guide development and revisions

An audit trail was maintained throughout interview guide development, expert review, pilot testing, and subsequent revisions based on reviewer feedback. All modifications and their rationale were systematically documented to enhance methodological transparency. The revisions are summarized in Table *1*.

Item	Revision	Rationale
Q3	Rewording: the term “end stage organ failure” was replaced with “need for transplantation	Enhanced focus and alignment with study objectives
Q4	Rewording: the word “experience” was replaced with emotions	Minimized redundancy across questions
Q7	Rephrasing and addition of probes: Do you apply any specific strategy when you are called to discuss the sensitive issue of organ donation with parents? => Can you describe how discussions about organ donation are initiated with parents in your unit, and what role you typically play in this process?	Encouraged open-ended responses and reduced yes/no answers
Q10	Rephrasing and addition of probes: In your view, what is the attitude of physicians and nurses toward organ donation after brain death in children? => In your experience, how do physicians and nurses in your unit perceive pediatric organ donation after brain death?	Improved neutrality and elicited experience-based responses
Q11	Relocation from Section A to D	Moved to a later section to facilitate rapport building before sensitive questioning
Q12	Relocation from Section A to D, rephrasing and addition of probes: In your view, which factors contribute to the low rate of brain death diagnoses in children in our country compared with other European countries? => In your view, what factors contribute to the low rate of brain-death diagnoses in children in our country?	Facilitated rapport building before sensitive questioning and avoided presupposing knowledge of European comparisons
Q13	Rephrasing and addition of probes: Have you encountered cases where there was clinical suspicion but hesitation in diagnosing brain death? => Can you tell me about situations in which determining brain death was difficult or delayed?	Improved neutrality
Q14	Addition of probes	Elicited richer and more detailed responses
Q15	Rephrasing and addition of probes: How do cultural and religious factors influence the organ donation process in children? => Do religious factors play a role in the organ donation process in children?	Focused specifically on religious factors and avoided presupposing influence
Q16	Addition of probes	Elicited richer and more detailed responses
Q17	Relocation from Section A to D, rephrasing and addition of probes: Do you follow specific medical protocols for managing patients in end-of-life situations? => Can you describe the protocols or procedures used in your unit when managing end-of-life situations?	Improved logical sequencing and thematic coherence, and encouraged open-ended responses
Q18	Rephrasing and addition of clarifications: Are you familiar with organ donation after circulatory death? => What is your understanding of organ donation after circulatory death (DCD)?	Encouraged open-ended responses, reduced yes/no answers, and enhanced clarity
Q19	Rephrasing and addition of probes & clarifications: Do you agree that a 5 minute period of circulatory arrest is sufficient to determine death in a child? => Recent Greek legislation introduced a 5-minute period of continuous absence of cardiorespiratory function as a criterion for determining death. What are your views on the use of this criterion in children?	Avoided implying agreement or disagreement and facilitated open discussion of the criterion
Q20	Rephrasing and addition of probes & clarifications: Would you agree with organ donation after the death of patients in an irreversible, end stage condition for whom withdrawal of life sustaining treatments has been agreed upon with the family? => What are your views on organ donation following withdrawal of life-sustaining treatment in patients with irreversible end-stage conditions?	Avoided implying agreement or disagreement, facilitated open discussion, and improved clarity

TABLE 1: Audit trail of revisions to the preliminary interview guide

This table summarizes the modifications made to the preliminary interview guide throughout the expert review, pilot testing, and final refinement stages.

Finalization of the interview guide

Following pilot testing, the guide was finalized to ensure clarity, internal consistency, and practical usability. Additional revisions were subsequently incorporated in response to peer reviewer feedback, resulting in the final version of the interview guide presented in this article. These revisions included rewording and rephrasing of selected questions, relocation of interview items, addition of probe questions, inclusion of standardized opening and closing scripts and demographic items, and clarification of key concepts.

Opening script

Thank you for taking the time to participate. The purpose of this interview is to explore your experiences and perspectives on pediatric organ donation. We are interested in hearing your views in your own words, and there are no right or wrong answers. Please feel free to share any experiences or reflections you consider relevant. Before we start, do you have any questions about the interview?

Demographic items

Demographic items include the age group, gender, profession, current position, years of PICU experience, years in a leadership role, hospital type (tertiary/university/general), and geographic region.

Clarifications

End-of-life situations refer to cases in which a severe deterioration of health, due to disease progression and/or significant failure of vital organs, is no longer compatible with the continuation of life. DCD refers to death determined after cardiopulmonary arrest, when there is continuous absence of electrical and mechanical cardiac activity for at least five minutes. Maastricht III is defined as organ donation following controlled circulatory death after planned withdrawal of life-sustaining therapies.

Closing script

We have reached the end of the interview. Thank you for your participation and for sharing your experiences and perspectives. Before we conclude, is there anything else you would like to add that you feel is important and has not been discussed?

The final interview guide is provided in Appendix A. The reporting of this study was guided by the Standards for Reporting Qualitative Research (SRQR) guidelines, and the completed SRQR checklist is provided in Appendix B.

Discussion

Pilot testing highlighted key methodological considerations for exploring pediatric organ donation in intensive care settings. The value of this phase lies in demonstrating how structured refinement enhances clarity, neutrality, and conceptual precision. This aligns with previous qualitative studies showing that organ donation discussions are shaped by emotional complexity, role ambiguity, and variability in clinicians' familiarity with donation pathways [16,17].

A central methodological need was the inclusion of explicit definitions. International qualitative work on controlled DCD indicates that clinicians often struggle with terminology, procedural criteria, and ethical boundaries when DCD is newly introduced or not yet implemented [18,19]. Incorporating standardized definitions strengthened conceptual clarity and supported consistency in data collection. Iterative pilot testing informed further refinement of the interview guide.

Several limitations should be acknowledged. The pilot sample was small, geographically homogeneous, and composed exclusively of PICU leaders, whose perspectives may differ from those of frontline staff. As the interviews were conducted by a pediatric intensivist who shared a professional background with the participants, some degree of social desirability bias may have been present. Guide revisions were informed by participant feedback obtained through debriefing rather than cognitive interviews. Finally, the guide was translated by experts within the study team and was not re-tested following modification.

Despite these limitations, the study addresses an area that has received little attention in Greece. To our knowledge, this is the first attempt to explore pediatric organ donation practices in Greek PICUs and to examine factors that may contribute to the country's low organ donation rates. Improved understanding of the perspectives of PICU professionals may help inform future strategies, policies, and educational initiatives aimed at enhancing organ donation opportunities for children in Greece.

Conclusions

The pilot testing process helped refine the interview guide by improving question wording, sequencing, and thematic organization. The resulting guide appeared acceptable to participants and suitable for use in the planned main study. Further evaluation in the forthcoming nationwide study will provide additional evidence regarding the guide's applicability across different PICU settings.

Appendices

Appendix A

Section	Question
A. Introductory Questions	1. Could you describe your professional experience in Pediatric Intensive Care Units?
	2. How do you perceive the importance of organ donation in contemporary medical practice?
	3. Are children in need of transplantation admitted to your unit? If yes, how do you manage them?
B. Experience and Emotions	4. How would you describe your emotions arising from your participation in the organ donation process involving a pediatric patient?
	5. What has been the most difficult or emotionally moving moment you have experienced in relation to organ donation?
	6. In your opinion, which stage of the process is the most difficult?
C. Communication With Parents	7. Can you describe how discussions about organ donation are initiated with parents in your unit, and what role you typically play in this process?
	Possible probes: How is the first contact usually established? Who is involved in these discussions? Are there specific communication approaches that you find helpful?
	8. How do you manage potential difficulties or resistance from the family?
	9. Are Local Transplant Coordinators involved in this discussion, and if so, at which stage?
D. Attitudes, Perceptions, and Barriers	10. In your experience, how do physicians and nurses in your unit perceive pediatric organ donation after brain death?
	Possible probes: Can you give some examples? Have you observed differences between physicians and nurses? Have these views changed over time?
	11. Do you know how many children died in your unit over the past year, and in how many of these cases a diagnosis of brain death was made?
	12. In your view, what factors contribute to the low rate of brain-death diagnoses in children in our country?
	Possible probes: Are these factors mainly clinical, organizational, or educational? Which factor do you consider most important? Have these factors changed over time?
	13. Can you tell me about situations in which determining brain death was difficult or delayed?
	Possible probe: Even if you have not personally encountered such situations, what circumstances do you think could make the determination of brain death more challenging?
	14. What do you consider to be the greatest barrier in the organ donation process for children?
	Possible probes: Could you provide an example? Is this barrier related to healthcare professionals, families, or the healthcare system? How could this barrier be addressed?
E. Social and Organizational Challenges	15. Do religious factors play a role in the organ donation process in children?
	Possible probes: If so, how would you describe their influence? Who do you think exerts the greatest influence in this regard (e.g., family beliefs, clergy, or the Church)? Can you provide an example from your experience?
	16. How do you perceive the role of the current legal and institutional framework in supporting organ donation?
	Possible probes: Are there aspects of the framework that facilitate the process? Are there areas requiring improvement?
F. Donation After Circulatory Death	17. Can you describe the protocols or procedures used in your unit when managing end-of-life situations?
	18. What is your understanding of organ donation after circulatory death (DCD)?
	19. Recent Greek legislation introduced a 5-minute period of continuous absence of cardiorespiratory function as a criterion for determining death. What are your views on the use of this criterion in children?
	Possible probes: What concerns, if any, do you have regarding this criterion? Do you think healthcare professionals would accept its implementation?
	20. What are your views on organ donation following withdrawal of life-sustaining treatment in patients with

	irreversible end-stage conditions?
	Possible probes: What factors influence your views? What challenges do you anticipate in clinical practice? How acceptable do you think this practice would be among healthcare professionals?
G. Suggestions for Improvement	21. Do you have any suggestions for improving organ donation procedures?

TABLE 2: The final interview guide

Appendix B

No.	Topic	Item	Manuscript location
S1	Title	Development and pilot testing of a semi-structured interview guide for exploring PICU leaders' attitudes toward pediatric organ donation	Title
S2	Abstract	Includes study aim, methods, results, and conclusions	Abstract
S3	Problem formulation	Absence of an established deceased-donor pediatric transplant program in Greece and lack of evidence regarding pediatric organ donation	Introduction, Discussion
S4	Purpose or research question	To develop, pilot test, and refine a semi-structured interview guide for a nationwide mixed-methods study exploring healthcare professionals' attitudes toward pediatric organ donation	Introduction
S5	Qualitative approach and research paradigm	Qualitative methodological study based on the five-phase interview guide development framework proposed by Kallio et al.	Materials & Methods, Design
S6	Researcher characteristics and reflexivity	The principal investigator's professional background, potential influence on the research process, and reflexivity practices are described	Materials & Methods, Interview Guide Development
S7	Context	Public Pediatric Intensive Care Units (PICUs) in Greece	Materials & Methods, Setting
S8	Sampling strategy	Purposive recruitment of PICU leaders from the two private PICUs in Athens whose roles closely matched those of the intended study population	Participants
S9	Ethical issues pertaining to human subjects	Ethics approval was obtained prior to pilot testing, participation was voluntary, informed consent was obtained from all participants, and data were collected in coded form to ensure confidentiality	Ethical Considerations
S10	Data collection methods	Pilot interviews were conducted to assess the clarity, relevance, and acceptability of the interview guide. Findings informed subsequent revisions	Interview Guide Development; Pilot Testing
S11	Data collection instruments and technologies	A semi-structured interview guide was used during pilot testing and subsequently refined based on participant feedback, field notes, and expert committee review	Pilot Testing Procedures
S12	Units of study	Three PICU leaders participated in pilot testing: one PICU director and two head nurses	Participants
S13	Data processing	Pilot interview feedback and field notes were reviewed, linked to specific guide modifications, and used to refine the interview guide	Pilot Testing Procedures
S14	Data analysis	Feedback was analyzed to evaluate the clarity, coherence, neutrality, flow, and acceptability of interview questions	Data Analysis
S15	Techniques to enhance trustworthiness	Trustworthiness was enhanced through expert committee review, pilot testing, audit trail documentation, and iterative refinement of the interview guide	Interview Guide Development;

			Pilot Testing
S16	Synthesis and interpretation	Pilot testing findings informed iterative revisions and final refinement of the interview guide	Results
S17	Links to empirical data	Examples of interview guide revisions and their rationale are presented in Table *1*	Results; Table *1*
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	The study builds on existing pediatric organ donation literature and contributes a context-specific interview guide for exploring the perspectives of PICU leaders. The guide is intended to support future qualitative and mixed-methods research investigating barriers and facilitators to organ donation in Greece	Discussion
S19	Limitations	Limited pilot sample, exclusive inclusion of PICU leaders, lack of re-testing following guide revision, reliance on participant debriefing rather than cognitive interviewing, potential social desirability bias, and limited transferability beyond the Greek healthcare context	Discussion
S20	Conflicts of interest	Declared by the authors	Declarations
S21	Funding	Funding source or statement of no funding	Declarations

TABLE 3: Standards for Reporting Qualitative Research (SRQR) checklist

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Concept and design: Konstantinos Kyriakoulis, Iraklis Tsangaris, Frantzeska Frantzeskaki, Ioanna Prasini, Andreas Karabinis

Acquisition, analysis, or interpretation of data: Konstantinos Kyriakoulis, Iraklis Tsangaris, Frantzeska Frantzeskaki, Ioanna Prasini, Andreas Karabinis

Drafting of the manuscript: Konstantinos Kyriakoulis

Critical review of the manuscript for important intellectual content: Konstantinos Kyriakoulis, Iraklis Tsangaris, Frantzeska Frantzeskaki, Ioanna Prasini, Andreas Karabinis

Supervision: Konstantinos Kyriakoulis, Iraklis Tsangaris, Frantzeska Frantzeskaki, Ioanna Prasini, Andreas Karabinis

Disclosures

Human subjects: Informed consent for treatment and open access publication was obtained or waived by all participants in this study. Bioethics Committee of the National and Kapodistrian University of Athens issued approval 1111. **Animal subjects:** All authors have confirmed that this study did not involve animal subjects or tissue. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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References

1. LaRosa C, Baluarte HJ, Meyers KE: Outcomes in pediatric solid-organ transplantation. Pediatr Transplant. 2011, 15:128-41. 10.1111/j.1399-3046.2010.01434.x

2. Committee on Hospital Care, Section on Surgery, and Section on Critical Care: Policy statement--pediatric organ donation and transplantation. Pediatrics. 2010, 125:822-8. 10.1542/peds.2010-0081
3. Hellenic Transplant Organization. Transplantation activity reports . (2026). https://www.eom.gr/apologismoi-metamoscheytikis-drastiriotitas/.
4. Johnston-Webber C, Prionas A, Wharton G, et al.: The national organ donation and transplantation program in Greece: gap analysis and recommendations for change. Transpl Int. 2023, 36:11013. 10.3389/ti.2023.11013
5. Weiss MJ, Siebelink MJ, Cavazzoni E, et al.: The Bucharest International European Society for Organ Transplantation consensus on pediatric controlled donation after circulatory determination of death. Pediatr Transplant. 2026, 39:10.26187/deakin.32841524
6. Kucera JA, Wolf SE, Skalla L, Turek JW, Overbey DM: Comprehensive options for pediatric donation after circulatory death donors. Semin Thorac Cardiovasc Surg Pediatr Card Surg Annu. 2026, 29:102-8. 10.1053/j.pcsu.2025.11.001
7. Douville F, Godin G, Vézina-Im LA: Organ and tissue donation in clinical settings: a systematic review of the impact of interventions aimed at health professionals. Transplant Res. 2014, 3:8. 10.1186/2047-1440-3-8
8. Arizmendi-Villarreal MA, Ugalde-Flores AC, Sanchez-Maldonado J, et al.: Strategic insights into organ donation: perceptions, attitudes, and the impact of disincentive removal in current and future medical professionals. Front Public Health. 2025, 13:1691544. 10.3389/fpubh.2025.1691544
9. Simpkin AL, Robertson LC, Barber VS, Young JD: Modifiable factors influencing relatives' decision to offer organ donation: systematic review. BMJ. 2009, 338:b991. 10.1136/bmj.b991
10. Giugni C, Cecchi C, Giometto S, et al.: What Italian PICU healthcare providers think about donation after cardiocirculatory determination of death: a national survey. Pediatr Transplant. 2024, 28:e14806. 10.1111/petr.14806
11. Shafer TJ: Improving relatives' consent to organ donation. BMJ. 2009, 338:b701. 10.1136/bmj.b701
12. Al-Haboubi M, McLaughlin L, Williams L, et al.: Perceptions and experiences of healthcare professionals of implementing the Organ Donation (Deemed Consent) Act in England during the COVID-19 pandemic. BMC Health Serv Res. 2025, 25:183. 10.1186/s12913-025-12224-8
13. Kentish-Barnes N, Duranteau J, Montlahuc C, et al.: Clinicians' perception and experience of organ donation from brain-dead patients. Crit Care Med. 2017, 45:1489-99. 10.1097/CCM.0000000000002581
14. Kallio H, Pietilä AM, Johnson M, Kangasniemi M: Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. J Adv Nurs. 2016, 72:2954-65. 10.1111/jan.13031
15. Braun V, Clarke V: Using thematic analysis in psychology . Qual Res Psychol. 2006, 3:77-101. 10.1191/1478088706qp063oa
16. Kentish-Barnes N, Cohen-Solal Z, Souppart V, et al.: Being convinced and taking responsibility: a qualitative study of family members' experience of organ donation decision and bereavement after brain death. Crit Care Med. 2019, 47:526-34. 10.1097/CCM.0000000000003616
17. de Groot J, van Hoek M, Hoedemaekers C, Hoitsma A, Smeets W, Vernooij-Dassen M, van Leeuwen E: Decision making on organ donation: the dilemmas of relatives of potential brain dead donors . BMC Med Ethics. 2015, 16:64. 10.1186/s12910-015-0057-1
18. Yang X, Chen C, Geng K, et al.: Organ donation decision-making in ICU patients: from the perspectives of organ coordinators and physicians in China-a qualitative study. BMJ Open. 2023, 13:e075433. 10.1136/bmjopen-2023-075433
19. Denise T, Cœur M, Martin-Lefevre L, Reignier J, Kentish-Barnes N, Laurent A: Experience of clinicians and relatives with donation after controlled circulatory death: a prospective qualitative study. Ann Intensive Care. 2026, 16:100002. 10.1016/j.aicoj.2025.100002