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Appendices

Appendix 1

Literature search strategy

Key words/terms

The key words, terms or phrases used in the search for literature were those used in the area of organ donation and transplantation. Both Australian and American spelling and combination of terms were also used. These included the following examples: transplant coordinator; transplant co-ordinator, donor coordinator, donor co-ordinator, recipient coordinator, recipient co-ordinator, organ donor coordinator, organ donor co-ordinator, organ procurement coordinator, organ procurement co-ordinator, clinical transplant coordinator, clinical transplant co-ordinator, OPO coordinator, OPO co-ordinator, in-house coordinator, in-house co-ordinator, organ transplant coordinator, organ transplant co-ordinator, organ recovery coordinator, organ recovery co-ordinator, transplant nurse, organ recovery nurse, mobile transplant coordinator nurse, mobile transplant co-ordinator nurse, mobile transplant coordinator, mobile transplant co-ordinator, organ procurement manager, organ procurement consultant, transplant coordination, transplant co-ordination, organ procurement organisation, organ procurement organization, organ donor agency, organ donor agencies, organ coordination, organ co-ordination, donor coordination, donor co-ordination, recipient coordination, recipient co-ordination, transplant unit, procurement agency, post mortem nursing, organ donor consultant, transplant consultant, medical donor coordinator, medical donor co-ordinator, organ manager, transplant manager, cadaver, organ procurement, transplantation, organ, organ transplants, donor families, organ donors, organ recipients, organ recovery coordinator, trauma nurse coordinator, trauma nurse co-ordinator, donor and recipient.

Sources

Guidelines

The following manuals were hand searched: The Australasian Transplant Coordinators Association Incorporated (ATCA) National Operating Theatre Guideline for Organ & Tissue Donation and The National Intensive Care Guidelines for Organ & Tissue Donation.

Manuals

The literature from the International Course for Organ Donor Coordinators 1997 and 1999 and the International Course for Organ Donor and Transplant Recipient Coordinators 2001, 2003 and 2006 were also hand searched. Other sources searched included the Australian and New Zealand Organ Donation Registry reports from 1993 -2005.

Websites

Websites accessed were:

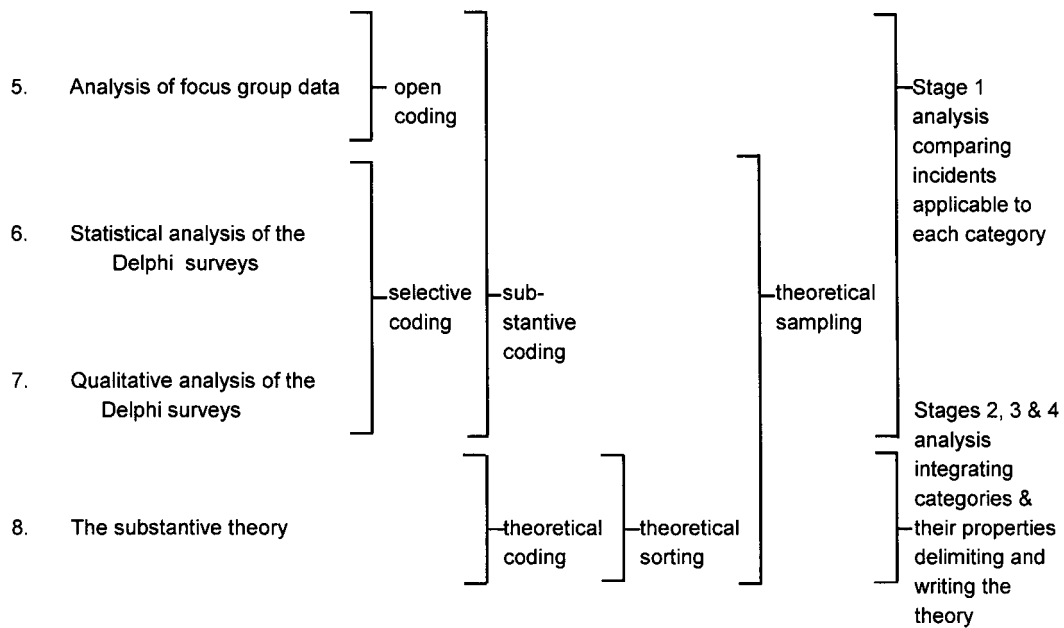
- Transplant Nurses Association (TNA):
<http://www.tna.asn.au>
- Australasian Transplant Coordinators Association (ATCA):
<http://www.atca.org.au>
- Australian and New Zealand Organ Donation Registry (ANZODA):
<http://www.anzdata.org.au>
- Australian Heart/Lung Transplants Association:
<http://www.span.com.au/ahlta/index.html>

- Coordinating Centre for Organ and Tissue Donation:
<http://www.organ.redcross.org.au>
- Australian Lung Foundation:
<http://www.lungnet.org.au/wa-transplant-sg.html>
- Queenslanders Donate:
<http://www.health.qld.gov.au/queenslandersdonate>
- Australians Donate:
<http://www.australiansdonate.org.au>
- Transplantation Society of Australia and New Zealand Inc:
<http://www.racp.edu.au/tsanz/index.htm>
- The Organ Donors Association Inc:
<http://www.multiline.com.au/~donor>
- New Zealand Liver Unit:
<http://www.nzliver.org>
- Transweb Inc:
<http://www.transweb.org>
- US Department of Health Organ Donation Information:
<http://www.organdonor.gov>
- United Network of Organ Sharing:
<http://www.unos.org>
- Nicholas Green Foundation Inc:
<http://www.greenfoundation.com>
- International Transplant Coordinators Society:
<http://www.med.kuleuven.be/itcs/home.html>
- International Society of Heart and Lung Transplantation:
<http://www.ishlt.org>
- Heart Surgery and Transplantation:
<http://www.angelfire.com/ab/cardiosv>
- British Organ Donation Society:
<http://www.argonet.co.uk/body/index.html>
- Collaborative Transplant Study:
<http://www.ctstransplant.org>
- UK Transplant Support Service Authority:
<http://www.uktransplant.org.uk>
- Websites associated with Organ & Tissue Donation & Transplantation:
<http://argonet.co.uk/body/lnks.html>

Appendix 2

Overview of the study as it relates to grounded theory methodology

1. Transplant coordinators
2. Literature review
3. Methodology – grounded theory
4. Research methods



Appendix 3

Letter to ATCA and TNA members

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

My name is Mary Kelly and I am employed as a transplant coordinator with the South Australian Organ Donation Agency (SAODA). The purpose of my letter is to inform you that I am currently studying for my PhD at Adelaide University and my research is titled 'A descriptive study of the issues that impact on the practice of transplant coordinators'. My research is independent of SAODA.

I would like to invite you to participate in this study. To be involved you must be or have been a donor or recipient coordinator involved in some aspect of solid organ donation and transplantation.

I would greatly value your contribution to this research. If you would like to participate would you kindly contact me as soon as possible on the provided phone numbers or address and I will explain the research to you and forward an information sheet and consent form.

If convenient I would appreciate it if you would contact me even if you are unable to participate so I know you have received this correspondence. Thank you in anticipation of your help.

Kind regards,

Mary Kelly

Appendix 4

Letter to potential participants

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Please find enclosed an information sheet and consent form. I have also enclosed a stamped self-addressed envelope for your convenience in returning the consent form. Thank you for agreeing to participate in my research. If you have any questions now or in the future please feel free to contact me on the telephone numbers provided or send an email. I look forward to your involvement in the study.

Kind regards,

Mary Kelly

Appendix 5

Information sheet

A descriptive study of the issues that impact on the practice of transplant coordinators

This information sheet is to invite you to participate in a research project, which I am planning to conduct to fulfil the requirements for the award of a Doctor of Philosophy at Adelaide University. I am currently employed as a transplant coordinator with the South Australian Organ Donation Agency and a registered nurse in the Intensive Care Unit at Royal Adelaide Hospital.

The purpose of this research is to identify the issues that impact on the practice of transplant coordinators during the organ donation and transplantation process. It will also examine the implications of these issues for organ donation and transplantation in Australia and New Zealand. It will provide transplant coordinators with an opportunity to voice their opinions and contribute to the body of knowledge on organ donation and transplantation. It will also provide baseline data for future research, education and policy development in regard to the transplant coordinators' role and practice. In addition it will highlight for other health professionals and interested parties the complexities and diversity of the transplant coordinators' practice.

If you would like to participate in this study it is important that you understand that you will be asked to share your ideas, opinions, thought and knowledge as a transplant coordinator. You will be asked to participate in one of the following: a focus group interview that will be taped and take approximately one hour of your time, a survey that will involve filling out a questionnaire on two or three separate occasions, with each taking approximately thirty minutes or a one to one interview that will be taped and take approximately one hour of your time.

The research information obtained will be written up in thesis form and then be published in appropriate journals and presented at appropriate conferences.

All information provided will be treated in the strictest confidence and will not be revealed to any other individual. Names and/or any distinguishing features will be removed from the thesis and any subsequent presentations to protect the privacy and identities of participants, agencies or institutions involved in the study.

If you would like to participate in this research please complete the accompanying consent form. Participation in this study is entirely voluntary and if you wish to withdraw from the research at any time, you are free to do so.

Any enquires about the study can be directed to me or alternatively you may contact my supervisors Dr Helen McCutcheon or Professor Mary FitzGerald. Phone numbers and email addresses are listed below. If you wish to speak to an independent person from the Adelaide University Human Ethics Committee please see the attached form for contact details.

Thank you for considering this request.

Kind regards,

Mary Kelly

Researcher:

Mary Kelly

<home address>

<home telephone>

<pager number>

<Email address>

Principal Supervisor:

Dr Helen McCutcheon
Head of the Department
Department of Clinical Nursing
University of Adelaide

Work (08) 8383-6291

E-mail: helen.mccutcheon@adelaide.edu.au

Co-Supervisor:

Professor Mary FitzGerald
Clinical Nursing Research
University of Newcastle

Work: (02) 4322-1950

E-mail: Mary.FitzGerald@newcastle.edu.au

THE UNIVERSITY OF ADELAIDE

HUMAN RESEARCH ETHICS COMMITTEE

Document for people who are subjects in a research project

CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research subjects with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

Project title: A descriptive study of the issues that impact on the practice of transplant coordinators.

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

Name: <Name>

Telephone: <Telephone >

2. If you wish to discuss with an independent person matters related to making a complaint, or
 - raising concerns on the conduct of the project, or
 - the University policy on research involving human subjects, or
 - your rights as a participant

contact the Human Research Ethics Committee's Secretary on phone (08) 8303 4014

Appendix 6

Consent form

Research Title A descriptive study of the issues that impact on the practice of transplant coordinators

Researcher Mary J Kelly

Supervisors Dr Helen McCutcheon & Professor Mary FitzGerald

- I have read the information sheet and the nature and the purpose of the research project have been explained to me. I understand and agree to take part.
- I give permission to be interviewed and for those interviews to be tape-recorded.
- I give permission for the data obtained in the interview(s) or survey(s) to be used for research and publication in a thesis.
- I understand that I may not directly benefit from taking part in the study.
- I understand that while information gained during the study may be published, I will not be identified and my personal information will remain confidential.
- I understand that I can withdraw my consent to participate at any time and that the information I have provided will not be used in the study if I so desire.

Name of Subject

Signature

Date

I have explained the study to the participant and consider that she/he understands what is involved.

Researcher's signature & date

Appendix 7 Ethics approval



OFFICE OF THE VICE-CHANCELLOR

7 December 00

Ms M Kelly
CLINICAL NURSING

Dear Ms Kelly

H/64/00 A DESCRIPTIVE STUDY OF THE ISSUES THAT IMPACT ON THE PRACTICE OF
TRANSPLANT COORDINATORS

I write to advise you that the Human Research Ethics Committee has approved the above project noting that you will arrange an independent person to conduct the focus group interviews and teleconference, as suggested by the Committee.

A copy of the endorsed application form is enclosed for your records.

Approval is current for one year. The expiry date for this project is: **31 December 2001**

Where possible, subjects taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any change to the project which may affect its ethical aspects will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval.

A renewal/status report form is enclosed for future use. Please fill this in prior to the above expiry date and send to the Committee's Secretary. Applications for renewal must include a brief report on the project's progress and any ethical issues which may have arisen. Similarly, the Committee should be informed if the project has been completed, has lapsed, or been withdrawn.

Yours sincerely,

Subject: Ethical clearance
Date: Tue, 02 Jul 2002 12:35:51 +0930
From: helen.malby <helen.malby@adelaide.edu.au>
Organization: The University of Adelaide
To: "Kelly, Mary" <mary.kelly@student.adelaide.edu.au>
"Fitzgerald, Mary" <Mary.Fitzgerald@newcastle.edu.au>

Dear Mary

Ref: H-64-00 - A descriptive study of the issues that impact on the practice of transplant coordinators

This is to confirm previously agreed amendments to the ethical approval applying to your research - that you may conduct the proposed focus group interviews notwithstanding the proviso applying to approve that an independent person would do the interviewing

Advice was received from Dr Mary Fitzgerald by email on 11.12.01 regarding the proviso and setting out justification for this to be changed. She stressed particularly that the possibility of bias in the data would be guarded against

The Committee accepted the case made and agreed that the proviso would be removed

Although I left a phone message for Dr Fitzgerald on 4.12.01 I didn't put it in writing and am pleased to do so now

Yours sincerely
Helen
11.12.02

CE MORTENSEN
Convenor
Human Research Ethics Committee

Helen Malby
Secretary Animal Ethics Committee
Secretary Human Research Ethics Committee
Division of the University Secretary
ADELAIDE UNIVERSITY SA 5005
AUSTRALIA

Phone: 830 14014
Fax: 830 33417
helen.malby@adelaide.edu.au

Enquiries: Helen Malby, Secretary, Human Research Ethics Committee

Postal Address: ADELAIDE UNIVERSITY, SA 5005, AUSTRALIA
Tel: (08) 830-34014 Fax: (08) 830-33417 Email: helen.malby@adelaide.edu.au

Appendix 8
Letter from SAODA



South Australian
Organ Donation Agency

To SA Health Commission
11 Pulteney Street
Adelaide SA 5000

Postal Address
PO Box 65 Rundle Mail
Adelaide SA 5000 Australia
Telephone: 81 8 8207 2117
Fax: 81 8 8207 7102

Enquiries: Professor Geoffrey Dahlenburg
Telephone: (08) 8331-8733

25th September 2000

To Whom It May Concern:

The purpose of this letter is to inform you that the South Australian Organ Donation Agency is pleased to support Mary Kelly with her research:

A descriptive study of the issues that impact on the practice of
Transplant Coordinators.

Yours sincerely,

Professor Geoffrey W. Dahlenburg MBBS, MD (Melb), FRACP, FRCPCB
DIRECTOR
SOUTH AUSTRALIAN ORGAN DONATION AGENCY

Appendix 9
Letter to those randomly assigned to the focus group
interviews

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

The purpose of this letter is to let you know that you have been randomly allocated to the focus group section of the research. I will be contacting you by telephone within the next two weeks to organise a time to conduct the teleconference focus group that is convenient for you and the other participants.

If you have any questions now or in the future please feel free to contact me on the telephone numbers provided or send an email. I look forward to your involvement in the study. If you happen to change your address or telephone number at any time would you please kindly let me know so that I can stay in touch?

Kind regards,

Mary Kelly

Appendix 10

Letter to those randomly assigned to the Delphi survey

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

The purpose of this letter is to let you know that you have been randomly allocated to the Delphi survey section of the research. I am anticipating that I will be commencing this aspect of the study in <date>.

If you have any questions now or in the future please feel free to contact me on the telephone numbers provided or send an email. I look forward to your involvement in the study. If you happen to change your address or telephone number at any time would you please kindly let me know so that I can stay in touch?

Kind regards,

Mary Kelly

Appendix 11

Letter to focus group participants

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Thank you for agreeing to participate in the focus group section of my research. Listed below are the details of the teleconference focus group and the phone number I have listed as your contact number for the teleconference. On the night of the focus group Telstra will ring you on the number listed below and link you into the teleconference.

Date: <date>

Time: <time>

Telephone: <telephone>

If there are any problems with these arrangements it is important that you contact me as soon as possible. I look forward to talking with you and the other group members in the focus group.

Kind regards,

Mary Kelly

Appendix 12

Pilot focus group interview guide

- 1. Thank focus group members for participating.**
- 2. Introduce myself.**
- 3. Introduce Dr Mary FitzGerald.**
- 4. Discussion regarding consent, confidentiality and anonymity.**
- 5. Short general description of the aim of the research.**
 - The purpose of this study is to identify and explore the issues that impact on the practice of Intensive Care Nurses caring for patients in Intensive Care.
 - It will then investigate what the Intensive Care Nurses believe are the implications of these issues for patient care in their unit and Australia wide.
 - This study will also highlight the role and practice of Intensive Care Nurses in Australia.
 - I anticipate that both positive and negative issues will be discussed in this focus group. This may lead to ways that the research can contribute to increasing the positive issues and decrease the negative issues which impact on the Intensive Care nurses' practice.
- 6. How the focus group will be conducted.**
 - Each person will have an opportunity to speak
 - Participants will be asked to give their name and speak clearly
 - The focus group will be audio taped
 - Participants will be given a transcript of the focus group for review
 - Participants may add comments to the transcript prior to returning them to the researcher
 - Participants will be asked not to photocopy the transcript when they receive it
 - Transcripts will be typed without names and participants will be given a number to indicate their individual contributions.
- 7. The following questions will be asked.**
 - What are the good things or issues that help you or enhance your practice?
 - What are the negative things or issues that hinder you or detract from your practice?
- 8. Summary.**
- 9. At the end of the focus group, participants will be thanked for their input and informed that transcripts will be posted to them for their perusal and comment.**
- 10. Participants will be advised that they are welcome to contact the researcher for debriefing if there were any issues discussed during the focus group that they found uncomfortable or distressing.**
- 11. Goodbyes.**

Appendix 13

Letter of thanks to the pilot group participants

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Thank you for assistance with my research. Your support and valuable contribution to the focus group on Monday night was very much appreciated.

Kind regards,

Mary Kelly

Appendix 14

Focus group interview guide

- 1. Introduce myself and Dr Mary FitzGerald.**
- 2. Thank focus group members for participating.**
- 3. Discussion regarding consent, confidentiality and anonymity.**
- 4. Short general description of the aim of the research.**
 - The purpose of this study is to identify and explore the issues that impact on the practice of transplant coordinators.
 - It will then investigate what the transplant coordinators believe are the implications of these issues for organ donation and transplantation in Australia and New Zealand.
 - This study will also highlight the role and practice of transplant coordinators in Australia and New Zealand.
 - I anticipate that both positive and negative issues will be discussed in this focus group. This may lead to ways that the research can contribute to increasing the positive issues and decrease the negative issues which impact on the transplant coordinators practice.
- 5. How the focus group will be conducted.**
 - Each person will have an opportunity to speak
 - You will be asked to give your name and to speak clearly
 - The focus group will be audiotaped
 - You will be given a transcript of the focus group for review
 - You may add comments to the transcript prior to returning them to me
 - Please do not photocopy the transcript
 - Transcripts will be typed without names and you will be given a number to indicate your individual contributions.
- 6. The following questions will be asked.**
 - What are the good things or issues that help you or enhance your practice?
 - What are the negative things or issues that hinder you or detract from your practice?
- 7. At the end of the focus group, participants will be thanked for their input and informed that transcripts will be posted to them for their perusal and comment.**
- 8. Participants will be advised that they are welcome to contact the researcher for debriefing if there were any issues discussed during the focus group that they found uncomfortable or distressing.**

Appendix 15

Letter with focus group interview code number

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Please find enclosed the transcript of the focus group interview in which you participated. Instead of your name appearing in the transcript each participant has been assigned a code and your code is ____.

Would you please kindly read through the transcript and make comments as you wish. Feel free to write on the transcript and add additional comments. If you have thought of any other issues (positive and/or negative) which impact on the practice of transplant coordinators please also include them on the transcript.

I ask that you return the transcript to me by <date> in the enclosed reply paid envelope. Once again thank you for your valuable input into this study and I look forward to reading your comments. If you have any questions regarding the study or the enclosed transcript please feel free to contact me at any time.

Kind regards,

Mary Kelly

Appendix 16
Delphi survey No. 1

MK Code

SPSS Code

Part 1 – Socio-Demographic Data:

1. Gender.

- Female
- Male

2. How old are you? (**Whole number only**. Please note your age will be aggregated so that you will not be identified by your age)

.....

3. Are you/were you a registered nurse?

- Yes
- No **Go to Question 6.**

4. How many years have you been/were you registered (**Whole number only**)?

.....

5. What are your qualifications?

- **Hospital:** - undergraduate and post-registration qualifications – please list
.....
.....
.....
.....
- **Tertiary** - undergraduate and post-registration nursing qualifications – please list
.....
.....
.....
.....

6. If you do not have a nursing background please describe your professional background (eg teacher, social worker)

.....
.....
.....
.....

7. What are your qualifications? Please list.

.....
.....
.....
.....

8. Have you any qualifications in organ donation & transplantation?

- Yes
- No

If yes, please list.

.....
.....
.....
.....

9. What **best** represents/represented your role? (**One answer only please**)

- Donor Coordinator
- Recipient Coordinator
- Other (please elaborate)
- Go to Question 10
- Go to Question 11

10. If you are/were a **Donor Coordinator**, what solid organs/tissues are/were you involved in retrieving?

- Heart only
- Lungs only
- Heart & lungs only
- Liver only
- Kidneys only
- Pancreas only
- Kidneys & pancreas only
- Multiple solid organs
- Multiple solid organs & tissues
- Other (please elaborate)

11. If you are/were a **Recipient Coordinator**, what solid organs/tissues do/did you organise for transplantation?

- | | | | |
|----------------------|--------------------------|-----------------------------------|--------------------------|
| • Heart only | <input type="checkbox"/> | • Pancreas only | <input type="checkbox"/> |
| • Lungs only | <input type="checkbox"/> | • Kidney & pancreas only | <input type="checkbox"/> |
| • Heart & lungs only | <input type="checkbox"/> | • Multiple solid organs | <input type="checkbox"/> |
| • Liver only | <input type="checkbox"/> | • Multiple solid organs & tissues | <input type="checkbox"/> |
| • Kidneys only | <input type="checkbox"/> | • Other (please elaborate) | <input type="checkbox"/> |
| | | | |

12. How many years experience in total have you had/did you have as a Transplant Coordinator? (**Whole number only**).

.....

13. Who is/was your employer?

- Hospital
- Organ Donation Agency
- Other (please elaborate)

.....
.....
.....
.....

14. What is/was your employment status?

- Full time
- Part time

15. On average how many days are you/were you 'On Call' per fortnight? (One whole number only eg. 4 days per fortnight)

.....

Part 2 – Questionnaire:

Please circle one number only.

(NB Transplant coordinator = both donor & recipient coordinators)

Section A.

1. Debriefing is important to me.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

2. There are support people in my job.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

3. Networking with my colleagues is an essential component of my role.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

4. My work responsibilities encroach on my private life.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

5. I experience professional isolation.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

6. The monetary reward does not reflect the responsibility of my position.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

7. There are occupational health and safety issues in my role.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

Section B.

8. My job is satisfying and rewarding.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

9. In my position there is considerable autonomy.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

10. I have power in my position.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

11. I am shown respect in my position.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

12. A high level of organ donation and transplantation knowledge is required in my position.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

13. I think 'on the job' experience is important in this job.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

14. My position enables me to use many skills.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

15. **The coordinator role is one that can be done by non-nursing health professionals.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

16. **The roles of transplant coordinators throughout Australia & New Zealand need to be standardised.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

Section C.

17. **There are aspects of my role that can be frustrating.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

18. **It is important to me to see the organ donation & transplantation process through from start to finish.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

19. I experience difficulties with other coordinators.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

20. There is an element of competitiveness between coordinators.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

21. The management of organ donation & transplantation has moved from being an altruistic endeavor to one that's managed/dictated by bureaucracy.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

22. Donor families and recipients should be allowed unrestricted contact with each other.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

Section D.

23. Relationships with intensivists/transplant surgeons & physicians can be difficult at times.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

24. The teamwork between the transplant coordinators is excellent.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

25. Recipient & donor coordinators do not have a good understanding of each others' roles.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

26. Donor and recipient coordinators have shared goals.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

27. Members of the medical profession often think they know what is best for transplant coordinators.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

28. There is a lack of professional acknowledgement in my job.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

Appendix 17

Delphi survey No. 1 - letter

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Please find enclosed the first Delphi survey. If you have any questions regarding the survey please contact me on the telephone numbers or email address above. I have enclosed a stamped addressed envelope for your convenience in returning the questionnaire.

I would like to thank you for your involvement in this study and look forward to receiving your completed questionnaire by <date>.

Note: your survey has been coded for the purpose of sending you feedback and the next round of the Delphi survey.

If you change your address or telephone number at any time would you please let me know so that I can stay in touch?

Kind regards,

Mary Kelly

Appendix 18

Delphi survey information sheet round 1

There are two parts to this questionnaire. The first part is a socio-demographic data collection sheet. You will only be required to fill in this sheet once, in the first round of the Delphi survey. When completing the data sheet please use a cross (X) to indicate your answer.

The second part of this questionnaire is the **first** round of the Delphi survey. After this survey has been completed and returned an analysis will be conducted and feedback given to the participants with each subsequent Delphi survey round.

In the Delphi survey there are a series of statements that require you to indicate your opinion. Each statement has five possible choices, these being, strongly disagree, disagree, unsure, agree or strongly agree. You are asked to circle the corresponding number with the response that **best indicates** your opinion or feelings at the time.

Please indicate a response for **all** statements.

You are encouraged to **add your comments** in the spaces provided under each statement. If there is insufficient room for your comments please add them to the blank page at the end of this questionnaire, making sure that you indicate clearly by numbering each comment with the corresponding number in the questionnaire.

At the end of the questionnaire is **space to document issues that you consider impact on your practice** but have not been addressed in this round of the Delphi survey.

Thank you.

Appendix 19

Controlled statistical feedback – Delphi survey No. 1

Descriptive analysis of the responses to statements 1-28

The mode is the most frequent score or result. Please note that participants agree and strongly agree responses and disagree and strongly disagree responses have been combined for analysis. Therefore the statistical mode will be one, two or three.

S1 - Debriefing is important to me.

The statistical mode was 3. 84.3% of participants selected agree or strongly agree, 7.8% of participants were unsure and 6.9% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S2 - There are support people in my job.

The statistical mode was 3. 73.5% of participants selected agree or strongly agree, 5.9% were unsure and 19.6% disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S3 - Networking with my colleagues is an essential component of my role.

The statistical mode was 3. 95.1% of participants selected agree or strongly agree, 2.9% were unsure and 2.0% selected disagree or strongly disagree on the Likert scale.

S4 - My work responsibilities encroach on my private life.

The statistical mode was 3. 79.4% of participants selected agree or strongly agree, 4.9% were unsure and 15.7% selected disagree or strongly disagree on the Likert scale.

S5 - I experience professional isolation.

The statistical mode was 3. 57.8% of participants selected agree or strongly agree, 10.8% were unsure and 31.4% selected disagree or strongly disagree on the Likert scale.

S6 - The monetary reward does not reflect the responsibility of my position.

The statistical mode was 3. 77.5% of participants selected agree or strongly agree, 8.8% were unsure and 13.7% selected disagree or strongly disagree on the Likert scale.

S7 - There are occupational health and safety issues in my role.

The statistical mode was 3. 76.5% of participants selected agree or strongly agree, 13.7% were unsure, and 9.8% selected disagree or strongly disagree on the Likert scale.

S8 - My job is satisfying and rewarding.

The statistical mode was 3. 90.2% of participants selected agree or strongly agree, 7.8% were unsure and 2.0% selected disagree or strongly disagree on the Likert scale.

S9 - In my position there is considerable autonomy.

The statistical mode was 3. 90.2% of participants selected agree or strongly agree, 6.9% were unsure and 2.9% selected disagree or strongly disagree on the Likert scale.

S10 - I have power in my position.

The statistical mode was 3. 54.9% of participants selected agree or strongly agree, 19.6% were unsure and 24.5% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S11 - I am shown respect in my position.

The statistical mode was 3. 81.4% of participants selected agree or strongly agree, 11.8% were unsure and 6.8% selected disagree or strongly disagree on the Likert scale.

S12 - A high level of organ donation and transplantation knowledge is required in my position.

The statistical mode was 3. 97.0% of participants selected agree or strongly agree, 2.0% were unsure and 1.0% selected disagree or strongly disagree on the Likert scale.

S13 - I think 'on the job' experience is important in this job.

The statistical mode was 3. 98.0% of participants selected agree or strongly agree, 1.0% were unsure and 1.0% selected disagree or strongly disagree on the Likert scale.

S14 - My position enables me to use many skills.

The statistical mode was 3. 100% of participants selected agree or strongly agree on the Likert scale.

S15 - The coordinator role is one that can be done by non-nursing health professionals.

The statistical mode was 1. 24.5% of participants selected agree or strongly agree, 23.5% were unsure and 52.0% selected disagree or strongly disagree on the Likert scale.

S16 - The roles of transplant coordinators throughout Australia and New Zealand need to be standardised.

The statistical mode was 3. 47.1% of participants selected agree or strongly agree, 31.4% were unsure and 18.6% selected disagree or strongly disagree on the Likert scale. 3 participants did not answer.

S17 - There are aspects of my role that can be frustrating.

The statistical mode was 3. 97.0% of participants selected agree or strongly agree, 1.0% were unsure and 1.0% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S18 - It is important to me to see the organ donation and transplantation process through from start to finish.

The statistical mode was 3. 64.7% of participants selected agree or strongly agree, 8.8% were unsure and 26.5% selected disagree or strongly disagree on the Likert scale.

S19 - I experience difficulties with other coordinators.

The statistical mode was 1. 37.2% of participants selected agree or strongly agree, 9.8% were unsure and 52.0% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S20 - There is an element of competitiveness between coordinators.

The statistical mode was 3. 39.2% of participants selected agree or strongly agree, 24.5% were unsure and 36.3% selected disagree or strongly disagree on the Likert scale.

S21 - The management of organ donation and transplantation has moved from being an altruistic endeavor to one that is managed/dictated by bureaucracy.

The statistical mode was 3. 45.1% of participants selected agree or strongly agree, 32.3% were unsure, and 20.6% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S22 - Donor families and recipients should be allowed unrestricted contact with each other.

The statistical mode was 1. 4.9% of participants selected agree or strongly agree, 21.6% were unsure and 73.5% selected disagree or strongly disagree on the Likert scale.

S23 - Relationships with intensivists/transplant surgeons and physicians can be difficult at times.

The statistical mode was 3. 72.5% of participants selected agree or strongly agree, 6.9% were unsure, and 20.6% selected disagree or strongly disagree on the Likert scale.

S24 - The teamwork between the transplant coordinators is excellent.

The statistical mode was 3. 75.5% of participants selected agree or strongly agree, 12.7% were unsure and 11.8% selected disagree or strongly disagree on the Likert scale.

S25 - Recipient and donor coordinators do not have a good understanding of each other's roles.

The statistical mode was 1. 39.2% of participants selected agree or strongly agree, 18.6% were unsure, and 42.2% selected disagree or strongly disagree on the Likert scale.

S26 - Donor and recipient coordinators have shared goals.

The statistical mode was 3. 69.6% of participants selected agree or strongly agree, 11.8% were unsure and 16.6% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S27 - Members of the medical profession often think they know what is best for transplant coordinators.

The statistical mode was 3. 53.9% of participants selected agree or strongly agree, 28.4% were unsure and 16.7% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S28 - There is a lack of professional acknowledgement in my job.

The statistical mode was 3. 53.9% of participants selected agree or strongly agree, 11.8% were unsure and 34.3% selected disagree or strongly disagree on the Likert scale.

Appendix 20

Delphi survey No. 2

Questionnaire No. 2:

MK Code

SPSS Code

Part 2 – Questionnaire:

Please circle one number only.

(NB Transplant coordinator = both donor & recipient coordinators)

1. Transplant coordinators have control over their role and how it should be performed/carried out.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

2. There is a lack of national focus among coordinators.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

3. There are times when dealing with other coordinators is difficult.

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

4. **The management of organ donation and transplantation is overly bureaucratic.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

5. **The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each other's roles.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

6. **Other health professionals do not acknowledge the complexity of my role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

7. **As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

8. **Other health professionals see transplant coordinators as expendable.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

9. **The role of the transplant coordinator is unique. (Please comment on why you think the role is or isn't unique.)**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

10. **There are strong intrinsic rewards in the transplant coordinator role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

11. **Medical staff through the Transplant Society of Australia and New Zealand (TSANZ) have enabled transplant coordinators to have a voice by allowing Australasian Transplant Coordinators' Association (ATCA) members to join their professional organization.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

12. **Transplant coordinators are 'generalists' not 'specialists' as they wear many different hats in their role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

13. **There is no career structure for transplant coordinators.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

14. **Agency/transplant unit managers need a transplant coordination background.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

15. **Professional isolation is a concern for me.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

16. **The roles of transplant coordinators throughout Australia and New Zealand need industrial standardisation (i.e. standardised awards, pay rates, holiday entitlements, 'on call' allowances, etc.).**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

17. **Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

18. **A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

19. **The amount of 'on call' for transplant coordinators is excessive.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

20. **I feel ambivalent about my role as a transplant coordinator.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

21. **Transplant coordinators experience horizontal violence (e.g. bullying, harassment) in their role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

22. **There is a high turnover of transplant coordinators due to the amount of 'on call' they are required to do.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

23. **I often feel fatigued in this role.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

24. **Transplant coordinators often have minimal time with no 'on call' commitments.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

25. **A nursing qualification should be the minimum required for transplant coordinators.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

26. **Transplant coordination is a specialised area of practice.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

27. **There needs to be a specific university qualification for transplant coordinators.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

28. **An appropriate third party, other than organ donation agencies and transplant units, could facilitate the meetings between donor families and recipients if both parties agree.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

29. **The selection criteria for transplant recipients needs reviewing.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

30. **The premortem wishes of the deceased to donate their organs should not be overridden.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

31. **Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

32. **There is tension among transplant coordinators when marginal organs (organs of questionable condition) are offered to transplant units.**

<i>strongly disagree</i>	<i>disagree</i>	<i>unsure</i>	<i>agree</i>	<i>strongly agree</i>
1	2	3	4	5

Comments: _____

Appendix 21

Delphi survey No. 2 - letter

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Please find enclosed the second Delphi survey. If you have any questions regarding the survey please contact me on the telephone numbers or email address above. I have enclosed a stamped addressed envelope for your convenience in returning the questionnaire.

I would like to thank you for your continued support and involvement in this study and look forward to receiving your completed questionnaire by <date>.

Note: your survey has been coded for the purpose of sending you feedback and the next round of the Delphi survey should a subsequent third survey be required.

If you change your address or telephone number at any time would you please let me know so that I can stay in touch?

Kind regards,

Mary Kelly

Appendix 22

Delphi survey information sheet round 2

This questionnaire is the second round of the Delphi survey.

After this questionnaire has been completed and returned an analysis will be conducted and feedback given to the participants.

In the Delphi survey there are a series of statements that require you to indicate your opinion. Each statement has five possible choices, these being: strongly disagree, disagree, unsure, agree or strongly agree. You are asked to circle the corresponding number with the response that **best indicates** your opinion or feelings at the time.

Please indicate a response for **all** statements.

You are encouraged to **add your comments** in the spaces provided under each statement. If there is insufficient room for your comments please add them to the blank page at the end of this questionnaire, making sure that you indicate clearly by numbering each comment with the corresponding number in the questionnaire.

At the end of the questionnaire is **space to document issues that you consider impact on your practice** but have not been addressed in this round of the Delphi survey.

Thank you.

Appendix 23

Controlled statistical feedback – Delphi survey No. 2

Descriptive analysis of the responses to statements 1-32

The mode is the most frequent score or result. Please note that participants agree and strongly agree responses and disagree and strongly disagree responses have been combined for analysis. Therefore the statistical mode will be 3- agree, 2- unsure or 1- disagree.

S1 – Transplant coordinators have control over their role and how it should be performed/carried out.

The statistical mode was 3. 71.6% of participants selected agree or strongly agree, 7.8% of participants were unsure and 20.6% selected disagree or strongly disagree on the Likert scale.

S2 – There is a lack of national focus among coordinators.

The statistical mode was 3. 54.9% of participants selected agree or strongly agree, 14.7% were unsure and 30.4% disagree or strongly disagree on the Likert scale.

S3 – There are times when dealing with other coordinators is difficult.

The statistical mode was 3. 66.7% of participants selected agree or strongly agree, 2.9% were unsure and 29.4% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S4 – The management of organ donation and transplantation is overly bureaucratic.

The statistical mode was 1. 40.2% of participants selected agree or strongly agree, 18.6% were unsure and 41.2% selected disagree or strongly disagree on the Likert scale.

S5 – The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each other's roles.

The statistical mode was 3. 75.5% of participants selected agree or strongly agree, 19.6% were unsure and 2.0% selected disagree or strongly disagree on the Likert scale. 3 participants did not answer.

S6 – Other health professionals do not acknowledge the complexity of my role.

The statistical mode was 3. 83.3% of participants selected agree or strongly agree, 2.0% were unsure and 13.7% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S7 – As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved.

The statistical mode was 3. 58.8% of participants selected agree or strongly agree, 16.7% were unsure and 22.5% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S8 – Other health professionals see transplant coordinators as expendable.

The statistical mode was 1. 31.4% of participants selected agree or strongly agree, 19.6% were unsure and 48.0% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S9 – The role of the transplant coordinator is unique.

The statistical mode was 3. 89.2% of participants selected agree or strongly agree, 3.9% were unsure and 6.9% selected disagree or strongly disagree on the Likert scale.

S10 – There are strong intrinsic rewards in the transplant coordinator role.

The statistical mode was 3. 87.2% of participants selected agree or strongly agree, 4.9% were unsure and 5.9% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S11 – Medical staff through the Transplant Society of Australia and New Zealand (TSANZ) have enabled transplant coordinators to have a voice by allowing Australasian Transplant Coordinators' Association (ATCA) members to join their professional organisation.

The statistical mode was 3. 54.9% of participants selected agree or strongly agree, 32.3% were unsure and 11.8% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S12 – Transplant coordinators are 'generalists' not 'specialists' as they wear many different hats in their role.

The statistical mode was 1. 24.5% of participants selected agree or strongly agree, 5.9% were unsure and 69.6% selected disagree or strongly disagree on the Likert scale.

S13 – There is no career structure for transplant coordinators.

The statistical mode was 3. 72.6% of participants selected agree or strongly agree, 8.8% were unsure and 18.6% selected disagree or strongly disagree on the Likert scale.

S14 – Agency/transplant unit managers need a transplant coordination background.

The statistical mode was 3. 47.0% of participants selected agree or strongly agree, 10.8% were unsure and 40.2% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S15 – Professional isolation is a concern for me.

The statistical mode was 1 & 3. 46.1% of participants selected agree or strongly agree, 6.8% were unsure and 46.1% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S16 – The roles of transplant coordinators throughout Australia and New Zealand need industrial standardisation.

The statistical mode was 3. 76.5% of participants selected agree or strongly agree, 8.8% were unsure and 12.7% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S17 – Doctors’ attitudes can impact on the transplant coordinators’ ability to undertake their role.

The statistical mode was 3. 87.2% of participants selected agree or strongly agree, 4.9% were unsure and 6.9% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S18 – A large percentage of the transplant coordinators’ work is invisible labour and therefore difficult to quantify.

The statistical mode was 3. 87.3% of participants selected agree or strongly agree and 12.7% selected disagree or strongly disagree on the Likert scale.

S19 – The amount of ‘on call’ for transplant coordinators is excessive.

The statistical mode was 3. 62.7% of participants selected agree or strongly agree, 9.8% were unsure and 26.5% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S20 – I feel ambivalent about my role as a transplant coordinator.

The statistical mode was 1. 15.7% of participants selected agree or strongly agree, 11.8% were unsure and 69.6% selected disagree or strongly disagree on the Likert scale. 3 participants did not answer.

S21 – Transplant coordinators experience horizontal violence in their role.

The statistical mode was 3. 50.0% of participants selected agree or strongly agree, 9.8% were unsure and 39.2% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S22 – There is a high turnover of transplant coordinators due to the amount of ‘on call’ they are required to do.

The statistical mode was 3. 48.0% of participants selected agree or strongly agree, 23.5% were unsure and 27.5% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S23 – I often feel fatigued in this role.

The statistical mode was 3. 70.6% of participants selected agree or strongly agree, 2.9% were unsure and 26.5% selected disagree or strongly disagree on the Likert scale.

S24 – Transplant coordinators often have minimal time with no ‘on call’ commitments.

The statistical mode was 3. 58.8% of participants selected agree or strongly agree, 13.8% were unsure and 24.5% selected disagree or strongly disagree on the Likert scale. 3 participants did not answer.

S25 – A nursing qualification should be the minimum required for transplant coordinators.

The statistical mode was 3. 70.6% of participants selected agree or strongly agree, 4.9% were unsure and 23.5% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S26 – Transplant coordination is a specialised area of practice.

The statistical mode was 3. 98.0% of participants selected agree or strongly agree and 2.0% selected disagree or strongly disagree on the Likert scale.

S27 – There needs to be a specific university qualification for transplant coordinators.

The statistical mode was 1. 33.3% of participants selected agree or strongly agree, 22.5% were unsure and 42.2% selected disagree or strongly disagree on the Likert scale. 2 participants did not answer.

S28 – An appropriate third party, other than organ donation agencies and transplant units, could facilitate the meetings between donor families and recipients if both parties agree.

The statistical mode was 3. 54.9% of participants selected agree or strongly agree, 18.6% were unsure and 25.5% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S29 – The selection criteria for transplant recipients needs reviewing.

The statistical mode was 3. 49.0% of participants selected agree or strongly agree, 21.6% were unsure and 28.4% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S30 – The pre mortem wishes of the deceased to donate their organs should not be overridden.

The statistical mode was 3. 68.6% of participants selected agree or strongly agree, 11.8% were unsure and 18.6% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S31 – Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation.

The statistical mode was 3. 96.0% of participants selected agree or strongly agree, 1.0% were unsure and 2.0% selected disagree or strongly disagree on the Likert scale. 1 participant did not answer.

S32 – There is tension among transplant coordinators when marginal organs are offered to transplant units.

The statistical mode was 3. 46.1% of participants selected agree or strongly agree, 21.6% were unsure and 27.4% selected disagree or strongly disagree on the Likert scale. 5 participants did not answer.

Appendix 24

Letter of thanks to Delphi survey participants

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

Please find enclosed the statistical feedback for the second Delphi survey. Analysis of the data showed considerable consensus on many of the items such that no further rounds of the Delphi survey are necessary. I would like to take this opportunity to thank you for your continued support and involvement in this study.

I look forward to completing my research within the next eighteen months. If you have any questions or would like information regarding the research findings when complete I would be happy to discuss this with you. You can contact me on the telephone numbers or email address above.

Kind regards,

Mary Kelly

Appendix 25

Letter of thanks to the focus group participants

<address>

<emailaddress>

<telephone (H)>

<telephone (W)>

<date>

Dear <firstname>,

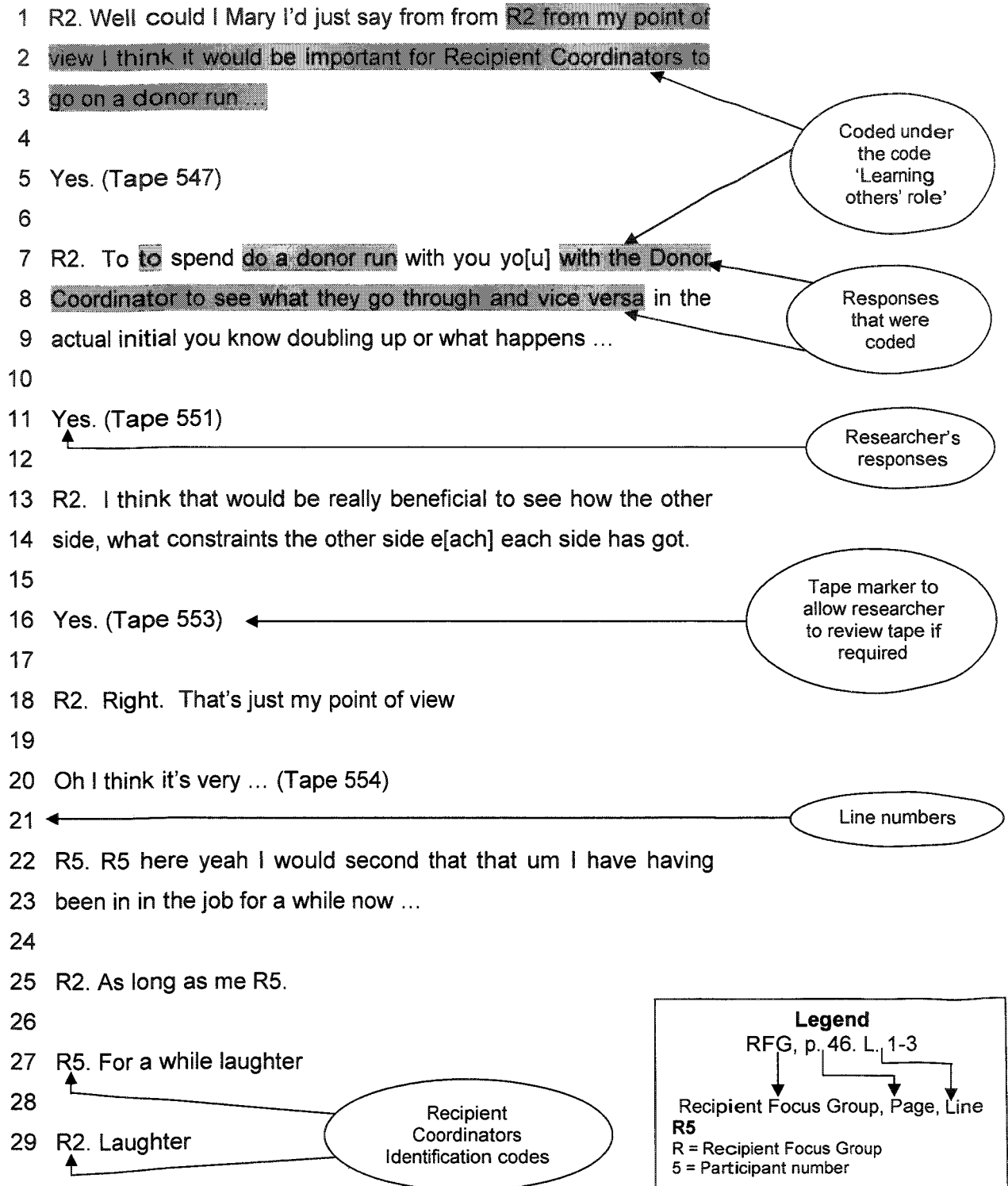
Thank you for taking the time to read the focus group transcript I sent you. Your support and valuable contribution to my research is very much appreciated. Should you have any questions regarding this study now or in the future please feel free to contact me at the above email address or telephone numbers.

Kind regards,

Mary Kelly

Appendix 26

Example of the coding process



1 R5. Remember when I started I use to be traumatized by the
2 Donor coordinators.

3

4 R2. Laughter.

5

6 R5. It's all I could say. I find Donor Coordinators now a
7 pleasure to work with. Occasionally I have a hiccup and
8 invariably everybody is stressed or the circumstances are
9 getting out of control from a number of perspectives. I mean
10 there's times when I think God I'm not gonna pull this together
11 It's just getting ...

12

13 Yeah. (Tape 564)

14

15 R5. To and I'm sure the Donor Coordinator's feel the same
16 thing and if it happens that the two of us feel the same thing at
17 the same time BANG [laughter]. And I think we're old enough
18 and mature enough ta appreciate that you know you can let off
19 steam and and be big enough to get over it.

20

21 Yeah. (Tape 570)

22

23 R5. But um

24

25 **Tape Side B Telstra Tape**

26

27 R5. I would support what R2 said you know that it's being
28 understanding er er each others issues and the only way p'haps
29 you can have that understanding is to have a knowledge and
30 going and doing their job with them on one occasion or vice
31 versa I think would increase that knowledge.

32

Coded as
'Relationships
with Donor
Coordinators'

To indicate to the
researcher the tape
was turned

'Learning others role' (code)
Coded under Relationships -
The Professional Team
(sub category)

1

2 R2. But R5 we both we all want the same outcome ...

3

4 R5. Yes, absolutely.

5

6 R2. I mean a person has died so therefore we want the best
7 use of these organs that we can possibly get.

8

9 R5. Mm mm.

10

11 R2. And and that's where I think some degree of flexibility has
12 to come in because there are constraints in this country
13 on aircraft, on blood re[sults], you know or pathology on all that
14 sort of stuff ...

15

16 R5. Yeah.

17

18 Yeah. (Tape 5)

19

20 R3. Pilots.

21

22 R1. It's R1 here ...

23

24 Yes R1. (Tape 6)

25

26 R1. Um can I just say I'm probably in a slightly different boat
27 than everyone else, um because I'm not in Australia. Um in
28 Work the w[ay] way we work here is because there is so fe[w]
29 even few of us here um which probably reflect the problems that
30 you guys might you know have have you know um been
31 through because we know each other so well and um we work
32 with each

33

Responses from participants

Page number

Appendix 27

Examples of sets two - five

Example of 'set 2' focus group analysis

1 R5. And that um we can develop our practice er you know it's
2 almost individual. You can individualise.

3

4 R2. It's R2 here. Um I agree with R5 on the autonomy bit, I
5 think that um we each of us have got a different client base and
6 therefore or different patient base and therefore we can we can
7 um it's a challenge for us to to tailor the job to suit the the the
8 population of the kids that oh my case the kids that we're
9 dealing with.

10

11 **Yeah. (Tape 97)**

12

13 R2. The fe[edback] the best feedback I've ever had is post
14 cards from kids doing things that they never thought they'd be
15 able to do again.

16

17 **Yes. (Tape 98)**

18

19 R2. Um I received a post card from a lung transplant recipient,
20 a post card of Ayers Rock and all she wrote on it was "I did it".
21 Now I knew exactly what that meant, that that said it all, I
22 n[eeded] didn't need anything else.

23

24 **Yeah. (Tape 100)**

25

26 R2. And I think that, okay they don't always go as well as that
27 but um there the things that you get out of it. You feel as if okay
28 all those long hours and all the effort and all the phone calls in
29 the middle of the night you get a feedback, you get a positive
30 feedback like that and that just restores everything.

Example of 'set 3' focus group analysis

1 R5. And that um we can **develop our practice** er you know it's
2 almost individual. You can individualise it.

3

4 R2. It's R2 here. Um I agree with R5 **on the autonomy** bit, I
5 think that um we each of us have got a different client base and
6 therefore or different patient base and therefore we can we can
7 um **it's a challenge for us to to tailor the job to suit the** the the
8 **population of the kids** that oh my case the kids **that we're**
9 **dealing with.**

10

11 **Yeah. (Tape 97)**

12

13 R2. The fe[edback] **the best feedback I've ever had is post**
14 **cards from kids doing things that they never thought they'd be**
15 **able to do again.**

16

17 **Yes. (Tape 98)**

18

19 R2. Um **I received a post card from a lung transplant recipient,**
20 **a post card of Ayers Rock and all she wrote on it was "I did it".**
21 **Now I knew exactly what that meant, that that said it all. I**
22 **n[eeded] didn't need anything else.**

23

24 **Yeah. (Tape 100)**

25

26 R2. And I think that, okay they don't always go as well as that
27 but um there the things that you get out of it. You feel as if okay
28 **all those long hours** and **all the effort** and **all the phone calls in**
29 **the middle of the night** you **get a feedback,** **you get positive**
30 **feedback** like that **and that just restores everything.**

Example of 'set 4' focus group analysis

... variety of the people that we meet as a recipient coordinator
(RFG, p. 7, L. 24).

... variety of personalities ... (RFG, p. 7, L. 25).

... wide culture ... (RFG, p. 7, L. 25).

... diversity of people (RFG, p. 7, L. 26).

... actual personalities regardless of the work and what you do
(RFG, p. 7, L. 20-31).

... whole variety of people that you get to know over the time
you know over the years and such like which I think is really
good (RFG, p. 7, L. 31: p. 8. :L. 1-2).

... the most positive thing for me is seeing them [transplant
recipients] after their three-month transition fro[m] through
transplant (RFG, p. 8, L. 29-31).

Walking out the door and saying goodbye going back to their
life ... (RFG, p. 8, L. 31: p. 9, L. 1}.

... that's the most positive thing you see them you know after
the three months of seeing them every week or three times a
week ... (RFG, p. 9, L. 1-3).

... seeing them walk out that door and knowing that they are off
to start their life again (RFG, p. 9, L. 7-8).

... the most positive thing for me (RFG, p. 9, L. 8).

Very uplifting (RFG, p. 9, L. 14).

... following the patient through from the initial referral to recovery ... (RFG, p. 9, L. 22-23).

... variety of personalities and situations I think that you know we we deal with ... (RFG, p. 9, L. 24-25).

Example of 'set 5' focus group analysis

1. Variety of people: RC=16

... variety of the people ... (RFG, p. 7, L. 24).

... variety of personalities ... (RFG, p. 7, L. 25).

... wide culture ... (RFG, p. 7, L. 25).

... diversity of people (RFG, p. 7, L. 26).

... Actual personalities ... (RFG, p. 7, L. 30).

... whole variety of people ... (RFG, p. 7, L. 31: p. 8. L. 1).

... variety of personalities and situations ... (RFG, p. 9, L. 24).

... when new doctors come to to the unit you train them ...
(RFG, p. 19, L. 18-19).

... The personalities personalities you're working with that um
working them out and what triggers a response or what triggers
a negative response (RFG, p. 40, L. 6-9).

... that's all part of pause ah the job because we do work
closely with personalities (RFG, p. 40, L. 13-14).

... clearly strong personalities ... (RFG, p. 40, L. 14-15).

... the strong personalities that we have to deal with (RFG, p.
40, L. 24-25).

In transplantation, you look around there's not one meek or
meager person in transplantation should that be a surgeon, a
doctor um and coordinators even the coordinators ... (RFG, p.
40, L. 29-31).

... any meeting of coordinators and they showing strong strong
personalities (RFG, p. 41, L. 1-2).

... the recipients and their families as well are very strong
personalities (FG, p. 41, L. 12-13).

... empower themselves themselves with information and a lot
of them are are very strong personalities as well, that you have
to deal with (RFG, p. 41, L. 18-20).

2. Job satisfaction/rewards/positive feedback/personal growth: RC=81

... seeing them [transplant recipients] after their three-month transition fro[m] through transplant (RFG, p. 8, L. 30-31).

Walking out the door and saying goodbye going back to their life ... (RFG, p. 8, L. 31; p. 9, L. 1).

... you see them you know after the three months of seeing them every week or three times a week ... (RFG, p. 9m L. 2-3).

... seeing them walk out that door and knowing that they are off to start their life again (RFG, p. 9, L. 7-8).

... the most positive thing for me (RFG, p. 9, L. 8).

Very up lifting (RFG, p. 9, l. 14).

... Following the patient through from the initial referral to recovery ... (RFG, p. 9, L. 22-23).

... best feedback I've ever had is post cards from kids doing things that they never thought they'd be able to do again (RFG, p. 10, L. 13-15).

... a post card of Ayers Rock and all she wrote on it was "I did it". Now I knew exactly what that meant, that that said it all, I n[eeded] didn't need anything else (RFG, p. 10, L. 20-22).

... okay they don't always go as well as that but um there the things that you get out of it (RFG, p. 10, L. 26-27).

... all those long hours and all the effort and all the phone calls in the middle of the night you get a feedback, you get positive feedback like that and that just restores everything (RFG, p. 10, L. 28-30).

... you're in there at the foundation of the program you can develop ... can develop your coordination of the services to the patients requirements (RFG, p. 12, L. 8-11).

... not just the um emotional support, family support but there are little things that you can do for the patients ... (RFG, p. 12, L. 16-17).

... it's those little things, accommodating them ... (RFG, p. 12, L. 25-26).

... just accommodating her to do something different ... (RFG, p. 13, L. 29-30).

Including myself ... (RFG, p. 15, L. 1).

... it did make me feel a bit important to be in that decision making process (RFG, p. 15, L. 11-12).

... my decision um counted (RFG, p. 15, L. 16).

... involving the nurses a lot more in ah the decision making process, all around in patient management (RFG, p. 15, L. 19-21).

... I've been listened to ... (RFG, p. 16, L. 22).

... if I was an RN on the ward and rang up a consultant I wouldn't have been listened to (RFG, p. 16, L. 22-23).

Appendix 28

The 55 codes that emerged following the analysis of the donor coordinator focus group interview

1. Advocacy
2. Autonomy
3. Bad behaviour
4. Budget issues
5. Bullying, put-downs and undervalued
6. Care of the donor families
7. Challenges
8. Communication
9. Competition
10. Compromise/flexibility
11. Consensus
12. Control issues
13. Debriefing
14. Difficulties with doctors and nurses
15. Donor family outcomes
16. Donor family – recipient contact
17. Education
18. Expendability
19. Experience
20. Frustration
21. Inequity in funding
22. Intimacy of the job
23. Job satisfaction
24. Knowledge
25. Lack of acknowledgement
26. Learning others' role
27. Leaving the job
28. Making changes
29. Negative outcomes
30. Non-supportive colleagues
31. Nurse non-nurse
32. Occupational health and safety
33. On call demands
34. Organ donation as a business
35. Others knowing best
36. Political-bureaucratic issues
37. Power
38. Professional isolation
39. Recipient outcomes
40. Relationships with donor coordinators
41. Relationships with donor families
42. Relationships with health professionals
43. Relationships with recipient coordinators
44. Respect
45. Responsibility
46. Seeing the process through
47. Shared goals
48. Strong personalities
49. Support people
50. Teamwork
51. Uniqueness
52. Use of skills
53. Variety of people
54. Voice not heard
55. Workload

Appendix 29

The 34 common codes shared by both focus

1. Advocacy
2. Autonomy
3. Budget issues
4. Communication
5. Compromise/flexibility
6. Debriefing
7. Difficulties with doctors and nurses
8. Education
9. Experience
10. Frustration
11. Job satisfaction
12. Knowledge
13. Learning others' role
14. Making changes
15. Negative outcomes
16. Nurse non-nurse
17. Occupational health and safety
18. On call demands
19. Power
20. Professional isolation
21. Recipient outcomes
22. Relationships with donor coordinators
23. Relationships with health professionals
24. Respect
25. Responsibility
26. Seeing the process through
27. Shared goals
28. Strong personalities
29. Support people
30. Teamwork
31. Uniqueness
32. Use of skills
33. Variety of people
34. Workload

Appendix 30

The 10 codes that were recipient coordinator specific

1. Correct information
2. Credibility
3. Going back to their lives
4. Patients' lack of gratitude
5. Positive feedback
6. Relationships with recipients
7. Relationships with recipient families
8. Standardisation
9. The extra mile
10. Trust

Appendix 31

The 21 codes that were donor coordinator specific

1. Bad behaviour
2. Bullying, put-downs and undervalued
3. Care of donor families
4. Challenges
5. Competition
6. Consensus
7. Control issues
8. Donor family outcomes
9. Donor family – recipient contact
10. Expendability
11. Inequity in funding
12. Intimacy of the job
13. Lack of acknowledgement
14. Leaving the job
15. Non-supportive colleagues
16. Organ donation as a business
17. Others knowing best
18. Political and bureaucratic issues
19. Relationships with donor families
20. Relationships with recipient coordinators
21. Voice not heard

Appendix 32

Summary of the Likert scale responses to the statements in the first Delphi survey questionnaire

Delphi survey one – statements	Code 1 Disagree	Code 2 Unsure	Code 3 Agree	Non- responses	Mode
1. Debriefing is important to me.	6.9% (n = 7)	7.8% (n = 8)	84.3% (n = 86)	1.0% (n = 1)	3
2. There are support people in my job.	19.6% (n = 20)	5.9% (n = 6)	73.5% (n = 75)	1.0% (n = 1)	3
3. Networking with my colleagues is an essential component of my role.	2.0% (n = 2)	2.9% (n = 3)	95.1% (n = 97)	Nil	3
4. My work responsibilities encroach on my private life.	15.7% (n = 16)	4.9% (n = 5)	79.4% (n = 81)	Nil	3
5. I experience professional isolation.	31.4% (n = 32)	10.8% (n = 11)	57.8% (n = 59)	Nil	3
6. The monetary reward does not reflect the responsibility of my position.	13.7% (n = 14)	8.8% (n = 9)	77.5% (n = 79)	Nil	3
7. There are occupational health and safety issues in my role.	9.8% (n = 10)	13.7% (n = 14)	76.5% (n = 78)	Nil	3
8. My job is satisfying and rewarding.	2.0% (n = 2)	7.8% (n = 8)	90.2% (n = 92)	Nil	3
9. In my position there is considerable autonomy.	2.9% (n = 3)	6.9% (n = 7)	90.2% (n = 92)	Nil	3
10. I have power in my position.	24.5% (n = 25)	19.6% (n = 20)	54.9% (n = 56)	1.0% (n = 1)	3
11. I am shown respect in my position.	6.8% (n = 7)	11.8% (n = 12)	81.4% (n = 83)	Nil	3
12. A high level of organ donation and transplantation knowledge is required in my position.	1.0% (n = 1)	2.0% (n = 2)	97.0% (n = 99)	Nil	3
13. I think 'on the job' experience is important in this job.	1.0% (n = 1)	1.0% (n = 1)	98.0% (n = 100)	Nil	3
14. My position enables me to use many skills.	Nil	Nil	100% (n = 102)	Nil	3

Legend: Statistical mode 3 – indicates agreement with the statement.
Statistical mode 1 – indicates disagreement with the statement.

Appendix 32: Summary of the Likert scale responses to the statements in the first Delphi survey questionnaire (cont.)

Delphi survey one – statements		Code 1 Disagree	Code 2 Unsure	Code 3 Agree	Non- responses	Mode
15.	The coordinator is one that can be done by non-nursing health professionals.	52.0% (n = 53)	23.5% (n = 24)	24.5% (n = 25)	Nil	1
16.	The roles of transplant coordinators throughout Australia & New Zealand need to be standardised.	18.6% (n = 19)	31.4% (n = 32)	47.1% (n = 48)	2.9% (n = 3)	3
17.	There are aspects of my role that can be frustrating.	1.0% (n = 1)	1.0% (n = 1)	97.0% (n = 99)	1.0% (n = 1)	3
18.	It is important to me to see the organ donation & transplantation process through from start to finish.	26.5% (n = 27)	8.8% (n = 9)	64.7% (n = 66)	Nil	3
19.	I experience difficulties with other coordinators.	52.0% (n = 53)	9.8% (n = 10)	37.2% (n = 38)	1.0% (n = 1)	1
20.	There is an element of competitiveness between coordinators.	36.3% (n = 37)	24.5% (n = 25)	39.2% (n = 40)	Nil	3
21.	The management of organ donation and transplantation has moved from being an altruistic endeavour to one that is managed/dictated by bureaucracy.	20.6% (n = 21)	32.3% (n = 33)	45.1% (n = 46)	2.0% (n = 2)	3
22.	Donor families and recipients should be allowed unrestricted contact with each other.	73.5% (n = 75)	21.6% (n = 22)	4.9% (n = 5)	Nil	1
23.	Relationships with intensivists or transplant surgeons and physicians can be difficult at times.	20.6% (n = 21)	6.9% (n = 7)	72.5% (n = 74)	Nil	3
24.	The teamwork between the transplant coordinators is excellent.	11.8% (n = 12)	12.7% (n = 13)	75.5% (n = 77)	Nil	3
25.	Recipient and donor coordinators do not have a good understanding of each others' role.	42.2% (n = 43)	18.6% (n = 19)	39.2% (n = 40)	Nil	1
26.	Donor and recipient coordinators have shared goals.	16.6% (n = 17)	11.8% (n = 12)	69.6% (n = 71)	2.0% (n = 2)	3
27.	Members of the medical profession often think they know what is best for transplant coordinators.	16.7% (n = 17)	28.4% (n = 29)	53.9% (n = 55)	1.0% (n = 1)	3
28.	There is a lack of professional acknowledgement in my job.	34.3% (n = 35)	11.8% (n = 12)	53.9% (n = 55)	Nil	3

Legend: Statistical mode 3 – indicates agreement with the statement.
Statistical mode 1 – indicates disagreement with the statement.

Appendix 33

Spearman's Rank Order Correlation Coefficient (rho)

weak and moderate correlations

General analysis

Age:

S 8 My job is satisfying and rewarding. $r_s = .204$, $n = 102$, $p = .039$

Years as a transplant coordinator:

S 1 Debriefing is important to me. $r_s = -.246$, $n = 98$, $p = .014$

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.282$, $n = 96$, $p = .005$

On call:

S1 Debriefing is important to me. $r_s = .236$, $n = 97$, $p = .019$

S10 I have power in my position. $r_s = .203$, $n = 97$, $p = .045$

S12 A high level of organ donation and transplantation knowledge is required in my position. $r_s = .233$, $n = 98$, $p = .020$

S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .225$, $n = 98$, $p = .025$

S 28 There is a lack of professional acknowledgement in my job. $r_s = .234$, $n = 98$, $p = .020$.

---oOo---

Stratified statistical analysis:

Gender – female

Years as a transplant coordinator:

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.255$, $n = 85$, $p = .018$

On call:

S1 Debriefing is important to me. $r_s = .310$, $n = 88$, $p = .003$

S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .265$, $n = 88$, $p = .012$

S28 There is a lack of professional acknowledgement in my job. $r_s = .216$, $n = 88$, $p = .042$

---oOo---

Professional background – registered nurse

Years as a transplant coordinator:

S1 Debriefing is important to me. $r_s = -.251$, $n = 93$, $p = .015$

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.283$, $n = 91$, $p = .006$

S25 Recipient and donor coordinators do not have a good understanding of each other's roles. $r_s = -.210$, $n = 94$, $p = .041$

On call:

S1 Debriefing is important to me. $r_s = .233$, $n = 93$, $p = .024$

S10 I have power in my position. $r_s = .214$, $n = 93$, $p = .039$

S12 A high level of organ donation and transplantation knowledge is required in my position. $r_s = .206$, $n = 94$, $p = .046$

S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .223$, $n = 94$, $p = .030$

S28 There is a lack of professional acknowledgement in my job. $r_s = .212$, $n = 94$, $p = .039$

---oOo---

Organ donation and transplantation qualifications

Age:

S22 Donor families and recipients should be allowed unrestricted contact with each other. $r_s = .411$, $n = 32$, $p = .019$

Years registered:

S15 The coordinator role is one that can be done by non-nursing health professionals. $r_s = -.457$, $n = 28$, $p = .014$

Years as a transplant coordinator:

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.412$, $n = 32$, $p = .018$

S22 Donor families and recipients should be allowed unrestricted contact with each other. $r_s = .373$, $n = 32$, $p = .035$

On call:

S10 I have power in my position. $r_s = .461$, $n = 30$, $p = .010$

No - Organ donation and transplantation qualifications

Age:

S8 My job is satisfying and rewarding. $r_s = .386$, $n = 68$, $p = .001$

S24 The teamwork between the transplant coordinators is excellent. $r_s = .275$, $n = 68$, $p = .023$

Years registered:

S8 My job is satisfying and rewarding. $r_s = .275$, $n = 65$, $p = .026$

Years as a transplant coordinator:

S1 Debriefing is important to me. $r_s = -.248$, $n = 64$, $p = .047$

S2 There are support people in my job. $r_s = -.405$, $n = 64$, $p = .000$

S15 The coordinator role is one that can be done by non-nursing health professionals. $r_s = .277$, $n = 65$, $p = .025$

S20 There is an element of competitiveness between coordinators. $r_s = .257$, $n = 65$, $p = .038$

S28 There is a lack of professional acknowledgement in my job. $r_s = .250$, $n = 65$, $p = .044$

---oOo---

Role type – donor coordinator

Years as a transplant coordinator:

S4 My work responsibilities encroach on my private life. $r_s = .282$, $n = 49$, $p = .049$

On call:

S1 Debriefing is important to me. $r_s = .403$, $n = 50$, $p = .003$

S10 I have power in my position. $r_s = .288$, $n = 49$, $p = .044$

Role type – recipient coordinator

Years as a transplant coordinator:

S1 Debriefing is important to me. $r_s = -.293$, $n = 49$, $p = .041$

S2 There are support people in my job. $r_s = -.296$, $n = 49$, $p = .038$

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.399$, $n = 49$, $p = .004$

On call:

S4 My work responsibilities encroach on my private life. $r_s = .364$, $n = 48$, $p = .010$

---oOo---

Employer – hospital

Age:

S8 My job is satisfying and rewarding. $r_s = .276$, $n = 67$, $p = .023$

S12 A high level of organ donation and transplantation knowledge is required in my position. $r_s = .245$, $n = 67$, $p = .045$

Years as a transplant coordinator:

S1 Debriefing is important to me. $r_s = -.331$, $n = 65$, $p = .007$

S2 There are support people in my job. $r_s = -.340$, $n = 65$, $p = .005$

S15 The coordinator role is one that can be done by non-nursing health professionals. $r_s = .294$, $n = 66$, $p = .016$

S21 The management of organ donation and transplantation has moved from being an altruistic endeavour to one that is managed/dictated by bureaucracy. $r_s = .251$, $n = 65$, $p = .043$

S27 Members of the medical profession often think they know what is best for transplant coordinators. $r_s = .256$, $n = 66$, $p = .038$

S28 There is a lack of professional acknowledgement in my job. $r_s = .285$, $n = 66$, $p = .020$

On call:

S7 There are occupational health and safety issues in my role. $r_s = .292$, $n = 65$, $p = .018$

S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .292$, $n = 65$, $p = .018$

S21 The management of organ donation and transplantation has moved from being an altruistic endeavour to one that is managed/dictated by bureaucracy. $r_s = .277$, $n = 64$, $p = .026$

S27 Members of the medical profession often think they know what is best for transplant coordinators. $r_s = .276$, $n = 65$, $p = .025$

S28 There is a lack of professional acknowledgement in my job. $r_s = .279$, $n = 65$, $p = .024$

Employer – agency

Years as a transplant coordinator:

S14 My position enables me to use many skills. $r_s = -.494$, $n = 17$, $p = .043$

S27 Members of the medical profession often think they know what is best for transplant coordinators. $r_s = -.486$, $n = 17$, $p = .047$

---oOo---

Employment status – full-time

Age:

S14 My position enables me to use many skills. $r_s = .278$, $n = 69$, $p = .020$

Years registered:

S8 My job is satisfying and rewarding. $r_s = .313$, $n = 64$, $p = .011$

S14 My position enables me to use many skills. $r_s = .269$, $n = 64$, $p = .031$

Years as a transplant coordinator:

S1 Debriefing is important to me. $r_s = -.316$, $n = 67$, $p = .009$

S4 My work responsibilities encroach on my private life. $r_s = .279$, $n = 68$, $p = .021$

S5 I experience professional isolation. $r_s = .243$, $n = 68$, $p = .045$

S28 There is a lack of professional acknowledgement in my job. $r_s = .248$, $n = 68$, $p = .040$

On call:

S7 There are occupational health and safety issues in my role. $r_s = .254$, $n = 65$, $p = .040$

S12 A high level of organ donation and transplantation knowledge is required in my position. $r_s = .336$, $n = 65$, $p = .006$

S17 There are aspects of my role that can be frustrating. $r_s = .262$, $n = 64$, $p = .035$

Employment status – part-time

Age:

S1 Debriefing is important to me. $r_s = -.351$, $n = 32$, $p = .048$

S5 I experience professional isolation. $r_s = -.499$, $n = 32$, $p = .003$

S6 The monetary reward does not reflect the responsibility of my position. $r_s = -.393$, $n = 32$, $p = .025$

Years registered:

S3 Networking with my colleagues is an essential component of my role. $r_s = -.456$, $n = 30$, $p = .011$

S6 The monetary reward does not reflect the responsibility of my position. $r_s = -.405$, $n = 30$, $p = .026$

Years as a transplant coordinator:

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.474$, $n = 30$, $p = .008$

On call:

- S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .382$, $n = 32$, $p = .030$
- S28 There is a lack of professional acknowledgement in my job. $r_s = .375$, $n = 32$, $p = .034$

---oOo---

Country – Australia

Years registered:

- S1 Debriefing is important to me. $r_s = -.214$, $n = 86$, $p = .047$
- S8 My job is satisfying and rewarding. $r_s = .213$, $n = 87$, $p = .047$

Years as a transplant coordinator:

- S1 Debriefing is important to me. $r_s = -.248$, $n = 89$, $p = .018$
- S4 My work responsibilities encroach on my private life. $r_s = .214$, $n = 90$, $p = .042$
- S7 There are occupational health and safety issues in my role. $r_s = .219$, $n = 90$, $p = .037$
- S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. $r_s = -.256$, $n = 87$, $p = .016$
- S24 The teamwork between the transplant coordinators is excellent. $r_s = .208$, $n = 90$, $p = .048$

On call:

- S1 Debriefing is important to me. $r_s = .225$, $n = 88$, $p = .034$
- S10 I have power in my position. $r_s = .272$, $n = 88$, $p = .010$
- S12 A high level of organ donation and transplantation knowledge is required in my position. $r_s = .253$, $n = 89$, $p = .016$
- S18 It is important to me to see the organ donation and transplantation process through from start to finish. $r_s = .232$, $n = 89$, $p = .028$
- S21 The management of organ donation and transplantation has moved from being an altruistic endeavour to one that is managed/dictated by bureaucracy. $r_s = .221$, $n = 87$, $p = .039$
- S28 There is a lack of professional acknowledgement in my job. $r_s = .210$, $n = 89$, $p = .047$

---oOo---

Appendix 34

Kruskal-Wallis test: contingency tables for statistically significant results

Age groups

Table 6.13: Contingency table: age groups & response percentages to statement 6

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
21-30	0 0.00	3 23.08	0 0.00	3 23.08	7 53.85	13
31-40	0 0.00	3 6.12	3 6.12	22 44.90	21 42.86	49
41-50	1 3.57	5 17.86	5 17.86	13 46.43	4 14.29	28
51-60	0 0.00	2 16.67	1 8.33	5 41.67	4 33.33	12
Total	1	13	9	43	36	102

S6 The monetary reward does not reflect the responsibility of my position. KW = .10.26, df = 3, p = .016

---oOo---

Gender

Table 6.14: Contingency table: gender & response percentages to statement 4

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	2 2.20	13 14.29	5 5.49	40 43.96	31 34.07	91
Male	0 0.00	1 9.09	0 0.00	2 18.18	8 72.73	11
Total	2	14	5	42	39	102

S4 My work responsibilities encroach on my private life. KW = .4.92, df = 1, p = .026

Table 6.15: Contingency table: gender & response percentages to statement 24

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	1 1.10	10 10.99	13 14.29	54 59.34	13 14.29	91
Male	0 0.00	1 9.09	0 0.00	5 45.45	5 45.45	11
Total	1	11	13	59	18	102

S24 The teamwork between the transplant coordinators is excellent. KW = 4.88, df = 1, p = .027

Table 6.16: Contingency table: gender & response percentages to statement 1

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	0 0.00	5 5.49	7 7.69	43 47.25	36 39.56	91
Male	1 10.00	1 10.00	1 10.00	6 60.00	1 10.00	10
Total	1	6	8	49	37	101

Frequency Missing = 1

S1 Debriefing is important to me. KW = 4.46, df = 1, p = .034

Table 6.17: Contingency table: gender & response percentages to statement 16

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	1 1.14	13 14.77	29 32.95	28 31.82	17 19.32	88
Male	1 9.09	4 36.36	3 27.27	2 18.18	1 9.09	11
Total	2	17	32	30	18	99

Frequency Missing = 3

S16 The roles of transplant coordinators throughout Australia and New Zealand need to be standardised. KW = 4.07, df = 1, p = .043

Table 6.18: Contingency table: gender & response percentages to statement 23

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	2 2.20	19 20.88	7 7.69	48 52.75	15 16.48	91
Male	0 0.00	0 0.00	0 0.00	8 72.73	3 27.27	11
Total	2	19	7	56	18	102

S23 Relationships with intensivists or transplant surgeons and physicians can be difficult at times. KW = 3.90, df = 1, p = .048

---oOo---

Professional background

Table 6.19: Contingency table: registered nurses/non-nurses & response percentages to statement 15

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	0 0.00	0 0.00	0 0.00	3 60.00	2 40.00	5
Yes	29 29.90	24 24.74	24 24.74	18 18.56	2 2.06	97
Total	29	24	24	21	4	102

S15. The coordinator role is one that can be done by non-nursing health professionals. KW = 10.97, df = 1, p = .000

Table 6.20: Contingency table: registered nurses/non-nurses and response percentages to statement 9

Frequency Row Pct	Disagree	Unsure	Agree	S. Agree	Total
No	0 0.00	2 40.00	3 60.00	0 0.00	5
Yes	3 3.09	5 5.15	50 51.55	39 40.21	97
Total	3	7	53	39	102

S9. In my position there is considerable autonomy. KW = 5.24, df = 1, p = .021

Table 6.21: Contingency table: registered nurses/non-nurses & response percentages to statement 10

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	1 20.00	2 40.00	1 20.00	1 20.00	0 0.00	5
Yes	2 2.08	20 20.83	19 19.79	42 43.75	13 13.54	96
Total	3	22	20	43	13	101

Frequency Missing = 1

S10. I have power in my position. KW = 4.00, df = 1, p = .045

---oOo---

Organ donation and transplantation qualifications:

Table 6.22: Contingency table: organ donation and transplantation qualifications and response percentages to statement 24

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	0 0.00	6 8.82	6 8.82	41 60.29	15 22.06	68
Yes	1 3.13	5 15.63	6 18.75	17 53.13	3 9.38	32
Total	1	11	12	58	18	100

Frequency Missing = 2

S24. The teamwork between the transplant coordinators is excellent. KW = 5.57, df = 1, p = .018

Table 6.23: Contingency table: organ donation and transplantation qualifications and response percentages to statement 15

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	23 33.82	17 25.00	13 19.12	13 19.12	2 2.94	68
Yes	5 15.63	6 18.75	11 34.38	8 25.00	2 6.25	32
Total	28	23	24	21	4	100

Frequency Missing = 2

S15. The coordinator role is one that can be done by non-nursing health professionals. KW = 4.54, df = 1, p = .033

---oOo---

Role type

Table 6.24: Contingency table: role type & response percentages to statement 15

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Donor	10 19.23	8 15.38	16 30.77	15 28.85	3 5.77	52
Recipient	19 38.00	16 32.00	8 16.00	6 12.00	1 2.00	50
Total	29	24	24	21	4	102

S15. The coordinator role is one that can be done by non-nursing health professionals. KW = 10.66, df = 1, p = .001

Table 6.25: Contingency table: role type & response percentages to statement 6

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Donor	1 1.92	10 19.23	5 9.62	22 42.31	14 26.92	52
Recipient	0 0.00	3 6.00	4 8.00	21 42.00	22 44.00	50
Total	1	13	9	43	36	102

S6. The monetary reward does not reflect the responsibility of my position. KW = 5.52, df = 1, p = .018

Table 6.26: Contingency table: role type & response percentages to statement 24

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Donor	0 0.00	7 13.46	9 17.31	31 59.62	5 9.62	52
Recipient	1 2.00	4 8.00	4 8.00	28 56.00	13 26.00	50
Total	1	11	13	59	18	102

S24. The teamwork between the transplant coordinators is excellent. KW = 4.57, df = 1, p = .032

---oOo---

Employer

Table 6.27: Contingency table: employer & response percentages to statement 4

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	2 2.99	9 13.43	1 1.49	24 35.82	31 46.27	67
Agency	0 0.00	0 0.00	1 5.56	10 55.56	7 38.89	18
Other	0 0.00	3 30.00	2 20.00	5 50.00	0 0.00	10
Total	2	12	4	39	38	95

Frequency Missing = 7

S4. My work responsibilities encroach on my private life. KW = 9.15, df = 2, p = .010

Table 6.28: Contingency table: employer & response percentages to statement 24

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	1 1.49	6 8.96	4 5.97	40 59.70	16 23.88	67
Agency	0 0.00	3 16.67	5 27.78	9 50.00	1 5.56	18
Other	0 0.00	0 0.00	3 30.00	7 70.00	0 0.00	10
Total	1	9	12	56	17	95

Frequency Missing = 7

S24. The teamwork between the transplant coordinators is excellent. KW = 7.80, df = 2, p = .020

Table 6.29: Contingency table: employer & response percentages to statement 6

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	1 1.49	5 7.46	4 5.97	31 46.27	26 38.81	67
Agency	0 0.00	3 16.67	1 5.56	6 33.33	8 44.44	18
Other	0 0.00	3 30.00	3 30.00	3 30.00	1 10.00	10
Total	1	11	8	40	35	95

Frequency Missing = 7

S6. The monetary reward does not reflect the responsibility of my position. KW = 7.42, df = 2, p = .024

---oOo---

Employment status

Table 6.30: Contingency table: employment status & response percentages to statement 19

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Full-Time	6 8.82	26 38.24	7 10.29	26 38.24	3 4.41	68
Part-Time	11 34.38	10 31.25	2 6.25	8 25.00	1 3.13	32
Total	17	36	9	34	4	100

Frequency Missing = 2

S19. I experience difficulties with other coordinators. KW = 5.83, df = 1, p = .015

Table 6.31: Contingency table: employment status & response percentages to statement 15

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Full-Time	15 21.74	16 23.19	21 30.43	14 20.29	3 4.35	69
Part-Time	14 43.75	8 25.00	3 9.38	6 18.75	1 3.13	32
Total	29	24	24	20	4	101

Frequency Missing = 1

S15. The coordinator role is one that can be done by non-nursing health professionals. KW = 4.09, df = 1, p = .043

---oOo---

Country

Table 6.32: Contingency table: country & response percentages to statement 7

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Australia	1 1.08	6 6.45	12 12.90	44 47.31	30 32.26	93
New Zealand	0 0.00	3 33.33	2 22.22	3 33.33	1 11.11	9
Total	1	9	14	47	31	102

S7. There are occupational health and safety issues in my role. KW = 5.14, df = 1, p = .023

Table 6.33: Contingency table: country & response percentages to statement 28

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Australia	1 1.08	28 30.11	12 12.90	37 39.78	15 16.13	93
New Zealand	2 22.22	4 44.44	0 0.00	3 33.33	0 0.00	9
Total	3	32	12	40	15	102

S28. There is a lack of professional acknowledgement in my job. KW = 4.93, df = 1, p = .026

Table 6.34: Contingency table: country & response percentages to statement 11

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Australia	1 1.08	6 6.45	12 12.90	57 61.29	17 18.28	93
New Zealand	0 0.00	0 0.00	0 0.00	5 55.56	4 44.44	9
Total	1	6	12	62	21	102

S11. I am shown respect in my position. KW = 4.48, df = 1, p = .034

Table 6.35: Contingency table: country & response percentages to statement 17

Frequency Row Pct	Disagree	Unsure	Agree	S. Agree	Total
Australia	0 0.00	1 1.09	53 57.61	38 41.30	92
New Zealand	1 11.11	0 0.00	7 77.78	1 11.11	9
Total	1	1	60	39	101

Frequency Missing = 1

S17. There are aspects of my role that can be frustrating. KW = 4.27, df = 1, p = .038

---oOo---

Appendix 35

Summary of the Likert scale responses to the statements in the second Delphi survey questionnaire

Delphi survey two – statements	Code 1 Disagree	Code 2 Unsure	Code 3 Agree	Non- responses	Mode
1. Transplant coordinators have control over their role and how it should be performed or carried out.	20.6% (n = 21)	7.8% (n = 8)	71.6% (n = 73)	Nil	3
2. There is a lack of national focus among coordinators.	30.4% (n = 31)	14.7% (n = 15)	54.9% (n = 56)	Nil	3
3. There are times when dealing with other coordinators is difficult.	29.4% (n = 30)	2.9% (n = 3)	66.7% (n = 68)	1.0% (n = 1)	3
4. The management of organ donation and transplantation is overly bureaucratic.	41.2% (n = 42)	18.6% (n = 19)	40.2% (n = 41)	Nil	1
5. The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each others' roles.	2.0% (n = 2)	19.6% (n = 20)	75.5% (n = 77)	2.9% (n = 3)	3
6. Other health professionals do not acknowledge the complexity of my role.	13.7% (n = 14)	2.0% (n = 2)	83.3% (n = 85)	1.0% (n = 1)	3
7. As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved.	22.5% (n = 23)	16.7% (n = 17)	58.8% (n = 60)	2.0% (n = 2)	3
8. Other health professionals see transplant coordinators as expendable.	48.0% (n = 49)	19.6% (n = 20)	31.4% (n = 32)	1.0% (n = 1)	1
9. The role of the transplant coordinator is unique.	6.9% (n = 7)	3.9% (n = 4)	89.2% (n = 91)	Nil	3
10. There are strong intrinsic rewards in the transplant coordinator role.	5.9% (n = 6)	4.9% (n = 5)	87.2% (n = 89)	2.0% (n = 2)	3
11. Medical staff through TSANZ have enabled the transplant coordinators to have a voice by allowing ATCA members to join their professional organisation.	11.8% (n = 12)	32.3% (n = 33)	54.9% (n = 56)	1.0% (n = 1)	3

Legend: Statistical mode 3 – indicates agreement with the statement.
Statistical mode 1 – indicates disagreement with the statement.

Appendix 35: Summary of the Likert scale responses to the statements in the second Delphi survey questionnaire (cont.)

Delphi survey two – statements	Code 1 Disagree	Code 2 Unsure	Code 3 Agree	Non- responses	Mode
12. Transplant coordinators are 'generalists' not 'specialists' as they wear many different hats in their role.	69.6% (n = 71)	5.9% (n = 6)	24.5% (n = 25)	Nil	1
13. There is no career structure for transplant coordinators.	18.6% (n = 19)	8.8% (n = 9)	72.6% (n = 74)	Nil	3
14. Agency/transplant unit managers need a transplant coordination background.	40.2% (n = 41)	10.8% (n = 11)	47.0% (n = 48)	2.0% (n = 2)	3
15. Professional isolation is a concern for me.	46.1% (n = 47)	6.8% (n = 7)	46.1% (n = 47)	1.0% (n = 1)	1 & 3
16. The roles of transplant coordinators throughout Australia and New Zealand need industrial standardisation.	12.7% (n = 13)	8.8% (n = 9)	76.5% (n = 78)	2.0% (n = 2)	3
17. Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role.	6.9% (n = 7)	4.9% (n = 5)	87.2% (n = 89)	1.0% (n = 1)	3
18. A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify.	12.7% (n = 13)	Nil	87.3% (n = 89)	Nil	3
19. The amount of 'on call' for transplant coordinators is excessive.	26.5% (n = 27)	9.8% (n = 10)	62.7% (n = 64)	1.0% (n = 1)	3
20. I feel ambivalent about my role as a transplant coordinator.	69.6% (n = 71)	11.8% (n = 12)	15.7% (n = 16)	2.9% (n = 3)	1
21. Transplant coordinators experience horizontal violence in their role.	39.2% (n = 40)	9.8% (n = 10)	50.0% (n = 51)	1.0% (n = 1)	3
22. There is a high turnover of transplant coordinators due to the amount of 'on call' they are required to do.	27.5% (n = 28)	23.5% (n = 24)	48.0% (n = 49)	1.0% (n = 1)	3
23. I often feel fatigued in this role.	26.5% (n = 27)	2.9% (n = 3)	70.6% (n = 72)	Nil	3
24. Transplant coordinators often have minimal time with no 'on call' commitments.	24.5% (n = 25)	13.8% (n = 14)	58.8% (n = 60)	2.9% (n = 3)	3
25. A nursing qualification should be the minimum required for transplant coordinators.	23.5% (n = 24)	4.9% (n = 5)	70.6% (n = 72)	1.0% (n = 1)	3

Legend: Statistical mode 3 – indicates agreement with the statement.
Statistical mode 1 – indicates disagreement with the statement.

Appendix 35: Summary of the Likert scale responses to the statements in the second Delphi survey questionnaire (cont.)

Delphi survey two – statements	Code 1 Disagree	Code 2 Unsure	Code 3 Agree	Non-responses	Mode
26. Transplant coordination is a specialised area of practice.	2.0% (n = 2)	Nil	98.0% (n = 100)	Nil	3
27. There needs to be a specific university qualification for transplant coordinators.	42.2% (n = 43)	22.5% (n = 23)	33.3% (n = 34)	2.0% (n = 2)	1
28. An appropriate third party, other than organ donation agencies and transplant units could facilitate the meetings between donor families and recipients if both parties agree.	25.5% (n = 26)	18.6% (n = 19)	54.9% (n = 56)	1.0% (n = 1)	3
29. The selection criteria for transplant recipients needs reviewing.	28.4% (n = 29)	21.6% (n = 22)	49.0% (n = 50)	1.0% (n = 1)	3
30. The pre mortem wishes of the deceased to donate their organs should not be overridden.	18.6% (n = 19)	11.8% (n = 12)	68.6% (n = 70)	1.0% (n = 1)	3
31. Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation.	2.0% (n = 2)	1.0% (n = 1)	96.0% (n = 98)	1.0% (n = 1)	3
32. There is tension among transplant coordinators when marginal organs are offered to transplant units.	27.4% (n = 28)	21.6% (n = 22)	46.1% (n = 47)	4.9% (n = 5)	3

Legend: Statistical mode 3 – indicates agreement with the statement.
 Statistical mode 1 – indicates disagreement with the statement.

Appendix 36

Spearman's Rank Order Correlation Coefficient (rho)

weak and moderate correlations

General analysis

Age:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.287$, $n = 100$, $p = .003$
- S13 There is no career structure for transplant coordinators. $r_s = .195$, $n = 102$, $p = .048$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .270$, $n = 102$, $p = .005$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.204$, $n = 99$, $p = .041$

Years registered:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.213$, $n = 94$, $p = .038$
- S13 There is no career structure for transplant coordinators. $r_s = .227$, $n = 95$, $p = .026$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .208$, $n = 95$, $p = .042$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.260$, $n = 92$, $p = .012$

Years as a transplant coordinator:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.265$, $n = 97$, $p = .008$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.228$, $n = 96$, $p = .025$

On call:

- S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .261$, $n = 95$, $p = .010$
- S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.246$, $n = 96$, $p = .015$

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Stratified statistical analysis

Gender – female

Age:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.281$, $n = 90$, $p = .007$
- S10 There are strong intrinsic rewards in the transplant coordinators' role. $r_s = .218$, $n = 89$, $p = .039$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .260$, $n = 91$, $p = .012$

Years registered:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.233$, $n = 85$, $p = .031$
- S13 There is no career structure for transplant coordinators. $r_s = .216$, $n = 86$, $p = .045$
- S19 The amount of 'on call' for transplant coordinators is excessive. $r_s = -.219$, $n = 86$, $p = .042$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.243$, $n = 83$, $p = .026$

Years as a transplant coordinator:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.263$, $n = 87$, $p = .013$
- S17 Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role. $r_s = -.221$, $n = 87$, $p = .039$

On call:

- S12 Transplant coordinators are 'generalists' not 'specialists' as they wear many different hats in their role. $r_s = .228$, $n = 88$, $p = .032$
- S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.299$, $n = 86$, $p = .005$

Professional background – registered nurse**Age:**

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.235$, $n = 96$, $p = .020$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .283$, $n = 97$, $p = .004$

Years registered:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.213$, $n = 94$, $p = .038$
- S13 There is no career structure for transplant coordinators. $r_s = .227$, $n = 95$, $p = .026$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .208$, $n = 95$, $p = .042$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.260$, $n = 92$, $p = .012$

Years as a transplant coordinator:

- S5 The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each other's roles. $r_s = -.207$, $n = 92$, $p = .046$
- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.211$, $n = 93$, $p = .041$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.220$, $n = 91$, $p = .036$

On call:

- S3 There are times when dealing with other coordinators is difficult. $r_s = -.218$, $n = 93$, $p = .035$
- S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .247$, $n = 92$, $p = .017$

- S27 A high level of organ donation and transplantation knowledge is required in my position. $r_s = -.287$, $n = 92$, $p = .005$

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Organ donation and transplantation qualifications

Age:

- S26 Transplant coordination is a specialised area of practice. $r_s = .389$, $n = 32$, $p = .027$
- S27 There needs to be a specific university qualification for transplant coordinators. $r_s = .448$, $n = 31$, $p = .011$
- S28 An appropriate third party, other than organ donation agencies and transplant units could facilitate the meetings between donor families and recipients if both parties agree. $r_s = .475$, $n = 31$, $p = .006$

Years registered:

- S26 Transplant coordination is a specialised area of practice. $r_s = .390$, $n = 28$, $p = .039$
- S32 There is tension among transplant coordinators when marginal organs are offered to transplant units. $r_s = -.452$, $n = 27$, $p = .017$

Years as a transplant coordinator:

- S17 Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role. $r_s = -.357$, $n = 32$, $p = .044$
- S25 A nursing qualification should be the minimum required for transplant coordinators. $r_s = -.394$, $n = 32$, $p = .025$
- S28 An appropriate third party, other than organ donation agencies and transplant units could facilitate the meetings between donor families and recipients if both parties agree. $r_s = .451$, $n = 31$, $p = .010$

On call:

- S6 Other health professionals do not acknowledge the complexity of my role. $r_s = .412$, $n = 30$, $p = .023$
- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = .445$, $n = 29$, $p = .015$
- S22 There is a high turn over of transplant coordinators due to the amount of 'on call' they are required to do. $r_s = .391$, $n = 30$, $p = .032$
- S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .463$, $n = 30$, $p = .009$
- S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.375$, $n = 29$, $p = .044$

No - Organ donation and transplantation qualifications

Age:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.257$, $n = 67$, $p = .035$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .275$, $n = 68$, $p = .022$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.262$, $n = 65$, $p = .034$

Years registered:

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .244$, $n = 65$, $p = .050$

Years as a transplant coordinator:

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.293$, $n = 62$, $p = .020$

On call:

S3 There are times when dealing with other coordinators is difficult. $r_s = -.274$, $n = 65$, $p = .026$

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Role type – donor coordinator**Age:**

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.291$, $n = 51$, $p = .038$

S10 There are strong intrinsic rewards in the transplant coordinators role. $r_s = .284$, $n = 51$, $p = .043$

S15 Professional isolation is a concern for me. $r_s = .299$, $n = 51$, $p = .032$

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .365$, $n = 52$, $p = .007$

Years registered:

S10 There are strong intrinsic rewards in the transplant coordinators role. $r_s = .318$, $n = 46$, $p = .031$

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .290$, $n = 47$, $p = .047$

S19 The amount of 'on call' for transplant coordinators is excessive. $r_s = -.314$, $n = 47$, $p = .031$

Years as a transplant coordinator:

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.291$, $n = 48$, $p = .044$

Role type – recipient coordinator**Age:**

S13 There is no career structure for transplant coordinators. $r_s = .305$, $n = 50$, $p = .031$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.326$, $n = 50$, $p = .020$

Years registered:

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.318$, $n = 47$, $p = .029$

S13 There is no career structure for transplant coordinators. $r_s = .446$, $n = 48$, $p = .001$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.325$, $n = 48$, $p = .023$

Years as a transplant coordinator:

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.279$, $n = 50$, $p = .049$

S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.310$, $n = 50$, $p = .028$

S29 The selection criteria for transplant recipients needs reviewing. $r_s = -.280$, $n = 50$, $p = .048$

On call:

S2 There is a lack of national focus among coordinators. $r_s = .315$, $n = 48$, $p = .028$

S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .392$, $n = 46$, $p = .007$

S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.390$, $n = 48$, $p = .006$

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Employer – hospital

Age:

S17 Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role. $r_s = .271$, $n = 66$, $p = .027$

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .323$, $n = 67$, $p = .007$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.345$, $n = 65$, $p = .004$

S31 Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation. $r_s = .307$, $n = 66$, $p = .012$

Years registered:

S13 There is no career structure for transplant coordinators. $r_s = .304$, $n = 63$, $p = .015$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.328$, $n = 61$, $p = .009$

S31 Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation. $r_s = .287$, $n = 62$, $p = .023$

Years as a transplant coordinator:

S5 The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each other's roles. $r_s = -.257$, $n = 63$, $p = .041$

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.284$, $n = 65$, $p = .021$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.310$, $n = 64$, $p = .012$

On call:

S13 There is no career structure for transplant coordinators. $r_s = .277$, $n = 65$, $p = .025$

S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .431$, $n = 63$, $p = .000$

S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.246$, $n = 65$, $p = .048$

Employer – agency

Age:

S17 Doctors' attitudes can impact on the transplant coordinators' ability to undertake their role. $r_s = -.471$, $n = 18$, $p = .048$

Years registered:

S31 Medical staff uncomfortable with organ donation should delegate the task of approaching families to request organs for donation. $r_s = -.497$, $n = 16$, $p = .049$

On call:

S3 There are times when dealing with other coordinators is difficult. $r_s = -.492$, $n = 17$, $p = .044$

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Employment status – full-time**Age:**

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.329$, $n = 69$, $p = .005$

S9 The role of the transplant coordinator is unique. $r_s = .258$, $n = 69$, $p = .032$

S15 Professional isolation is a concern for me. $r_s = .291$, $n = 68$, $p = .015$

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .355$, $n = 69$, $p = .002$

S26 Transplant coordination is a specialised area of practice. $r_s = .277$, $n = 69$, $p = .021$

Years registered:

S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .259$, $n = 64$, $p = .038$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.261$, $n = 61$, $p = .041$

Years as a transplant coordinator:

S5 The International Course for transplant coordinators held in Australia has/will help donor and recipient coordinators understand each other's roles. $r_s = -.282$, $n = 66$, $p = .021$

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.408$, $n = 68$, $p = .000$

S11 Medical staff through the Transplant Society of Australia and New Zealand (TSANZ) have enabled transplant coordinators to have a voice by allowing Australasian Transplant Coordinators Association (ATCA) members to join their professional organisation. $r_s = -.263$, $n = 67$, $p = .030$

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.250$, $n = 65$, $p = .044$

S28 An appropriate third party, other than organ donation agencies and transplant units could facilitate the meetings between donor families and recipients if both parties agree. $r_s = .324$, $n = 67$, $p = .007$

On call:

S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.266$, $n = 62$, $p = .036$

S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .406$, $n = 65$, $p = .000$

Employment status – part-time**Years as a transplant coordinator:**

S6 Other health professionals do not acknowledge the complexity of my role. $r_s = -.438$, $n = 29$, $p = .017$

On call:

- S12 Transplant coordinators are 'generalists' not 'specialists' as they wear many different hats in their role. $r_s = .368$, $n = 32$, $p = .037$
- S25 A nursing qualification should be the minimum required for transplant coordinators. $r_s = -.385$, $n = 31$, $p = .032$

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Country – Australia**Age:**

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.307$, $n = 92$, $p = .002$
- S13 There is no career structure for transplant coordinators. $r_s = .231$, $n = 93$, $p = .025$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .368$, $n = 93$, $p = .000$

Years registered:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.217$, $n = 87$, $p = .042$
- S13 There is no career structure for transplant coordinators. $r_s = .247$, $n = 87$, $p = .020$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .323$, $n = 87$, $p = .002$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.276$, $n = 84$, $p = .010$

Years as a transplant coordinator:

- S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. $r_s = -.241$, $n = 89$, $p = .022$
- S18 A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. $r_s = .208$, $n = 90$, $p = .048$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.220$, $n = 87$, $p = .040$
- S28 An appropriate third party, other than organ donation agencies and transplant units could facilitate the meetings between donor families and recipients if both parties agree. $r_s = .213$, $n = 89$, $p = .044$

On call:

- S3 There are times when dealing with other coordinators is difficult. $r_s = -.237$, $n = 88$, $p = .025$
- S9 The role of the transplant coordinator is unique. $r_s = .260$, $n = 89$, $p = .013$
- S20 I feel ambivalent about my role as a transplant coordinator. $r_s = -.238$, $n = 86$, $p = .026$
- S24 Transplant coordinators often have minimal time with no 'on call' commitments. $r_s = .231$, $n = 88$, $p = .030$
- S27 There needs to be a specific university qualification for transplant coordinators. $r_s = -.219$, $n = 87$, $p = .041$

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Appendix 37

Kruskal-Wallis test – contingency tables for statistically significant results

Age groups

Table 6.43: Contingency table: age groups & response percentages to statement 13

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
21-30	0 0.00	2 15.38	2 15.38	7 53.85	2 15.38	13
31-40	3 6.12	11 22.45	1 2.04	22 44.90	12 24.49	49
41-50	0 0.00	3 10.71	5 17.86	16 57.14	4 14.29	28
51-60	0 0.00	0 0.00	1 8.33	3 25.00	8 66.67	12
Total	3	16	9	48	26	102

S13 There is no career structure for transplant coordinators. KW = .9.65, df = 3, p = .021

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Gender

Table 6.44: Contingency table: gender & response percentages to statement 32

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Female	2 2.33	25 29.07	21 24.42	33 38.37	5 5.81	86
Male	0 0.00	1 9.09	1 9.09	7 63.64	2 18.18	11
Total	2	26	22	40	7	97

Frequency Missing = 5

S32 There is tension among transplant coordinators when marginal organs are offered to transplant units. KW = .5.61, df = 1, p = .017

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Professional background

Table 6.45: Contingency table: nurses/non-nurses & response percentages to statement 25

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	2 40.00	2 40.00	0 0.00	1 20.00	0 0.00	5
Yes	2 2.08	18 18.75	5 5.21	43 44.79	28 29.17	96
Total	4	20	5	44	28	101

Frequency Missing = 1

S25 A nursing qualification should be the minimum required for transplant coordinators.
KW = 7.92, df = 1, p = .004

Table 6.46: Contingency table: nurses/non-nurses & response percentages to statement 7

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
No	0 0.00	3 75.00	1 25.00	0 0.00	0 0.00	4
Yes	1 1.04	19 19.79	16 16.67	55 57.29	5 5.21	96
Total	1	22	17	55	5	100

Frequency Missing = 2

S7 As organ donation and transplantation has become more 'run of the mill' the level of cooperation from health professionals has improved. KW = 6.64, df = 1, p = .009

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Employer

Table 6.47: Contingency table: employer & response percentages to statement 2

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	2 2.99	17 25.37	15 22.39	26 38.81	7 10.45	67
Agency	0 0.00	3 16.67	0 0.00	9 50.00	6 33.33	18
Other	0 0.00	6 60.00	0 0.00	3 30.00	1 10.00	10
Total	2	26	15	38	14	95

Frequency Missing = 7

S2. There is a lack of national focus among coordinators. KW = 8.50, df = 2, p = .014

Table 6.48: Contingency table: employer & response percentages to statement 28

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	4 6.06	13 19.70	18 27.27	23 34.85	8 12.12	66
Agency	1 5.56	1 5.56	1 5.56	9 50.00	6 33.33	18
Other	2 20.00	1 10.00	0 0.00	6 60.00	1 10.00	10
Total	7	15	19	38	15	94

Frequency Missing = 8

S28. An appropriate third party, other than organ donation agencies and transplant units, could facilitate the meetings between donor families and recipients if both parties agree. KW = 7.11, df = 2, p = .028

Table 6.49: Contingency table: employer & response percentages to statement 16

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Hospital	0 0.00	5 7.58	4 6.06	29 43.94	28 42.42	66
Agency	2 11.11	3 16.67	3 16.67	3 16.67	7 38.89	18
Other	0 0.00	3 30.00	1 10.00	5 50.00	1 10.00	10
Total	2	11	8	37	36	94

Frequency Missing = 8

S16. The roles of transplant coordinators throughout Australia and New Zealand need industrial standardisation. KW = 6.75, df = 2, p = .034

---oOo---

Employment status

Table 6.50: Contingency table: employment status & response percentages to statement 16

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Full Time	2 2.94	10 14.71	9 13.24	26 38.24	21 30.88	68
Part Time	0 0.00	1 3.23	0 0.00	15 48.39	15 48.39	31
Total	2	11	9	41	36	99

Frequency Missing = 3

S16. The roles of transplant coordinators throughout Australia and New Zealand need industrial standardisation. KW = 6.86, df = 1, p = .008

---oOo---

Country

Table 6.51: Contingency table: country & response percentages to statement 6

Frequency Row Pct	Disagree	Unsure	Agree	S. Agree	Total
Australia	10 10.87	2 2.17	49 53.26	31 33.70	92
New Zealand	4 44.44	0 0.00	4 44.44	1 11.11	9
Total	14	2	53	32	101

Frequency Missing = 1

S6. Other health professionals do not acknowledge the complexity of my role. KW = 5.08, df = 1, p = .024

Table 6.52: Contingency table: country & response percentages to statement 1

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Australia	3 3.23	18 19.35	8 8.60	57 61.29	7 7.53	93
New Zealand	0 0.00	0 0.00	0 0.00	7 77.78	2 22.22	9
Total	3	18	8	64	9	102

S1. Transplant coordinators have control over their role and how it should be performed/carried out. KW = 4.95, df = 1, p = .026

Table 6.53: Contingency table: country & response percentages to statement 18

Frequency Row Pct	S. Disagree	Disagree	Agree	S. Agree	Total
Australia	1 1.08	8 8.60	43 46.24	41 44.09	93
New Zealand	0 0.00	4 44.44	3 33.33	2 22.22	9
Total	1	12	46	43	102

S18. A large percentage of the transplant coordinators' work is invisible labour and therefore difficult to quantify. KW = 4.39, df = 1, p = .036.

Table 6.54: Contingency table: country & response percentages to statement 20

Frequency Row Pct	S. Disagree	Disagree	Unsure	Agree	S. Agree	Total
Australia	20 22.22	42 46.67	12 13.33	14 15.56	2 2.22	90
New Zealand	4 44.44	5 55.56	0 0.00	0 0.00	0 0.00	9
Total	24	47	12	14	2	99

Frequency Missing = 3

S20. I feel ambivalent about my role as a transplant coordinator. KW = 4.33, df = 1, p = .037

---oOo---

Appendix 38

An overview of the main properties and their characteristics in relation to each of the categories

THEORETICAL CODE	CATEGORY	PROPERTIES	CHARACTERISTICS
<p>INTERACTIVE FAMILY</p> <ul style="list-style-type: none"> • Interdependence • Mutual effects • Interaction of effects • Covariance • Mutual dependency 	<p>CORE CATEGORY</p> <p>RELATIONSHIPS</p> <ul style="list-style-type: none"> • Affiliation • Alliance • Interaction • Connection • Interdependence • Interaction of effects <ul style="list-style-type: none"> - Knowledge and experience - The role - Outcomes 	<ul style="list-style-type: none"> • Supportive - Unsupportive * Aggressive or toxic ~ Virtual / Proxy 	<ul style="list-style-type: none"> • Respect • Trust • Shared goals • Good communication • Teamwork • Sharing knowledge & experience • Compromise/flexibility • Peer support • Debriefing • Networking * Bad behaviour * Undervalued * Non-supportive colleagues * Offensive language * Psychological stress * Bullying * Expendability * No communication * Poisoned relationships <ul style="list-style-type: none"> - Professional isolation - Non-supportive colleagues - Voice not heard - Poor communication - Lack of acknowledgement - Competition - Expendability - Others knowing best ~ Spiritual ~ Job satisfaction ~ Connection ~ Making a difference ~ Considerable intrinsic rewards ~ Deep bond ~ Unusual ~ Unique
<p>PROCESS FAMILY</p> <ul style="list-style-type: none"> • Stages • Phases • Steps 	<p>KNOWLEDGE AND EXPERIENCE</p> <ul style="list-style-type: none"> • Knowledge • Experience • Expertise / use of skills • Education • Qualifications • Who should perform the role 	<ul style="list-style-type: none"> • Competence • Learning the job • Taking responsibility • Continuing education • Providing quality practice / service • Advancement • Improvement • Building on prior knowledge / expertise • Who should perform the role 	<ul style="list-style-type: none"> • Reaching a certain standard • Takes time • Being accountable • Willingness to learn, move forward, develop • Being professional • Maintaining standards, education levels • Best practice • Moving forward, improving, becoming an expert • Advancement, attainment of new knowledge

Appendix 38: An overview of the main properties and their characteristics in relation to each of the categories (cont.)

THEORETICAL CODE	CATEGORY	PROPERTIES	CHARACTERISTICS
<p>THE SIX Cs – CONTEXT</p> <ul style="list-style-type: none"> • Environment • Conditions • Settings 	<p>THE ROLE</p> <ul style="list-style-type: none"> • Work environment • Politico-economic • Socio-cultural • Medico-legal • Physical • Psychological <ul style="list-style-type: none"> - Work demands & conditions <ul style="list-style-type: none"> - Excessive workloads - On call demands - Part-time work - Professional isolation - Occupational health & safety + Role Attributes <ul style="list-style-type: none"> + Job satisfaction + Extrinsic factors + Intrinsic factors 	<ul style="list-style-type: none"> • Unable to predict work environment • Sometimes limited control of environment • Political • Legal • Business • Financial • Public • Private • Personal • Cultural diversity <ul style="list-style-type: none"> - Physiological & psychological stressors - Ambivalence - Frustration - Emotional costs to coordinators - Emotional costs to coordinators' families <ul style="list-style-type: none"> + Contentment / enjoyment + Positive outcomes + Balance between work/personal life + Flexibility + Meeting a variety of people + Challenge + Intimacy of the job + Connection with people + Making a difference 	<ul style="list-style-type: none"> • Uncertainty • Unpredictable • Bureaucracy • Understanding the law, practicing lawfully • Cost efficiency, standards • Being in the public eye, on view to others • Relating to inner self, private information shared between co-workers and family, recipients <ul style="list-style-type: none"> - Effects on personal life - Burnout - Attrition rates - Unpredictable work load - Long hours - Missing private functions - Disruption to family time - Working in isolation, minimal support and/or back-up - Heavy eskies - Driving when tired - Emergency transport – high speed - Tiredness, long hours, decreased food & fluid intake, interrupted sleep - No downtime <ul style="list-style-type: none"> + Autonomy + Challenges + Intimacy of the job + Meeting people + Making a difference

Appendix 38: An overview of the main properties and their characteristics in relation to each of the categories (cont.)

THEORETICAL CODE	CATEGORY	PROPERTIES	CHARACTERISTICS
<p>CUTTING POINT FAMILY</p> <ul style="list-style-type: none"> • Point of no return • Turning point • Benchmark • Breaking point • Critical juncture • Dichotomy 	<p>OUTCOMES</p> <ul style="list-style-type: none"> • Donor families' outcomes • Recipients' outcomes • Process / work outcomes • Personal outcomes • Transplant coordinator role outcomes • Results 	<ul style="list-style-type: none"> • Positive outcomes * Negative outcomes - Work in progress ~ The extra mile # Job satisfaction •• Making a difference // Turning tragedy into a positive 	<ul style="list-style-type: none"> • More decision-making powers • Support systems • A balance between work/ private life • Recognition • Gaining consensus • Moving forward • Change • Working as a team • Improving work conditions * Donor family needs not met * Death of a recipient * Loss of organ(s) * Coordinator burnout * Disharmony between coordinators - A bit at a time - In stages - A process <ul style="list-style-type: none"> ~ Being there ~ Giving more than expected ~ Extra effort # Contentment # Improvement # Making a difference # Positive change •• Positive change •• Being there // A miracle // Something extraordinary // Something unique

In memory of my beautiful black labrador

Tasha whose gentle spirit infuses

every page of this thesis

Thank you my loyal and

much-loved friend

