DONATE ALFREDO'S ORGANS?? NO WAY!

DOAR OS ÓRGÃOS DO ALFREDO? NEM PENSAR!

¿DONAR LOS ÓRGANOS DE ALFREDO? ¡DE NINGUNA MANERA!

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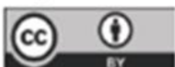

ABSTRACT

Dilemma: This case portrays a difficult decision faced by Alfredo's family: whether or not to donate the organs of their beloved family member who has just died. This decision is influenced by the quality of the services provided to the family by the hospital, and the ability of frontline professionals to deal with the family at this sensitive time. Jorge, Coordinator of the State Transplant Center (CET), needs to take actions to increase the number of people willing to donate the organs of their deceased family members. But what can be done? How can these skills be developed in the professionals working at the CET? How can the quality of the services provided to the families of potential donors be improved?
Educational objectives: The case was written with the pedagogical purpose of working in the classroom with the following concepts in the field of services management and quality:

- The concept and five dimensions of perceived quality in services discussed by Parasuraman (reliability, responsiveness, assurance, empathy, and tangibles)
- The three dimensions for assessing the quality of health services proposed by Donabedian (structure, process, and outcomes)
- The importance, for people, of delivering quality services in adverse and high-contact contexts, considering the four distinctive characteristics of services conceived by Kotler (intangibility, inseparability, perishability, and variability), the "moment of truth" concept introduced by Jan Carlzon, and the employee-client "satisfaction mirror".

Context: The dilemma takes place at the hospital to which Alfredo was admitted after suffering a serious bicycle accident involving a head trauma. The severity of the lesion resulted in the patient's death, and he was diagnosed as brain dead by the medical team, a criterion that allows organ donation. The discussion of the case takes place at this hospital, when the family is notified of his death and is presented with the option to donate his organs.
Main theme: the concept of quality in services and the importance, for people, of delivering quality services in adverse and high-contact contexts.
Audience: graduate students - executive training, master's or doctorate.
Originality/Value: The case is original because it discusses concepts of service quality management in adverse contexts and under high emotional distress such as the case of organ donation from deceased donors.

Keywords: Service Quality Management. Organ donation-transplantation. Family refusal to donate organs. People Management. Roles in service delivery.

RESUMO

Dilema: O caso retrata a difícil decisão da família de Alfredo por doar, ou não, os órgãos do falecido. Esta decisão é influenciada pela qualidade dos serviços prestados pelo hospital à família, assim como pela habilidade dos profissionais de linha de frente em lidarem com a família em um momento tão sensível. Jorge, coordenador da Central Estadual de Transplantes (CET), precisa agir para aumentar o número de "sim" às doações de órgãos de doadores falecidos. Mas o que fazer? Como desenvolver as competências dos profissionais que trabalhavam na CET? Como melhorar a qualidade dos serviços prestados às famílias dos potenciais doadores?
Objetivos educacionais: O caso foi escrito com o objetivo pedagógico de trabalhar em sala de aula conceitos relevantes no campo da gestão e qualidade de serviços:

• o conceito e as cinco dimensões de qualidade percebidas em serviços, discutidos por Parasuraman (confiabilidade, presteza, segurança, empatia, tangíveis);
• as três dimensões para avaliação da qualidade de serviços de saúde, propostos por Donabedian (estrutura, processo, resultado);
• a importância das pessoas para a entrega de serviços de qualidade em contextos adversos e de alto contato, considerando as quatro características distintivas dos serviços, concebidas por Kotler (intangibilidade, inseparabilidade, perecibilidade, variabilidade), o conceito de "hora da verdade" na prestação de serviços, introduzido por Jan Carlzon, e de "espelho de satisfação" funcionário-cliente.

Contextualização: O dilema se dá no hospital em que Alfredo foi encaminhado após sofrer um grave acidente de bicicleta – envolvendo traumatismo craniano. A gravidade da lesão resultou na morte do paciente, com diagnóstico de morte encefálica pela equipe médica, critério que permite a doação de órgãos. A discussão do caso se passa nesse contexto, em que o paciente permanece internado, enquanto sua família é comunicada do falecimento e da opção de doar seus órgãos.
Tema principal: conceito de qualidade em serviços e a importância das pessoas para a entrega de serviços de qualidade, em contextos adversos e de alto contato.
Público: estudantes de pós-graduação – formação executiva, mestrado ou doutorado.

Originalidade / valor: A originalidade do caso se dá pelo fato de discutir conceitos de gestão da qualidade de serviços em contextos adversos e de alto desgaste emocional, como é o caso de doação de órgãos de doador falecido.

Palavras-chave: Gestão da qualidade em serviços. Doação-transplante de órgãos. Negativa familiar à doação de órgãos. Gestão de pessoas. Papel das pessoas na entrega dos serviços.

RESUMEN

Dilema: El caso retrata la difícil decisión de la familia de Alfredo de donar o no los órganos del fallecido. Esta decisión está influenciada por la calidad de los servicios brindados por el hospital a la familia, así como por la capacidad de los profesionales de primera línea para tratar con la familia en un momento tan delicado. Jorge, coordinador del Centro Estatal de Trasplantes (CET), necesita actuar para incrementar el número de "sí" a las donaciones de órganos de donantes fallecidos. ¿Pero qué hacer? ¿Cómo desarrollar las competencias de los profesionales que trabajaron en CET? ¿Cómo mejorar la calidad de los servicios prestados a las familias de los posibles donantes?
Objetivo educativo: El caso fue redactado con el objetivo pedagógico de trabajar en el aula el concepto de calidad en los servicios y la importancia de las personas para la prestación de servicios de calidad en contextos adversos y de alto contacto.
Contextualización: El dilema se da en el hospital donde está internado Alfredo, con muerte encefálica.
Tema principal: concepto de calidad en los servicios y la importancia de las personas para la prestación de servicios de calidad, en contextos adversos y de alto contacto.
Público: estudiantes de posgrado - formación ejecutiva, maestría o doctorado.
Originalidad / valor: La originalidad del caso se debe a que se discuten conceptos de gestión de la calidad del servicio en contextos adversos y de alto malestar emocional, como es el caso de la donación de órganos de donantes fallecidos.

Palabras clave: Gestión de la Calidad del Servicio. Gestión de Personas. Donación-Trasplante de Órganos. Negativa de la Familia a Donar. Papel de las Personas en la Prestación de Servicios.

INTRODUCTION

"Alfredo has died," said Carmem, a nurse at the hospital where Alfredo had been hospitalized for about fivedays, to Joana, the patient's wife.

It was a sad end for Alfredo, who had fallen off his bicycle and hit his head. There were several days of agony in the hospital corridor until there a bed could be made available in the intensive care unit (ICU) of a state hospital near his home. After all that waiting and apprehension, the patient's death by TBI, or traumatic brain injury, was declared. This was a term his wife had never heard before. Joanna was inconsolable, and in a state of shock at the tragic and sudden news of the accident, followed, a few days later, by his death. *"How could this happen? Such a good man, 45 years of age, strong as an ox, working his entire life in construction, to come to such a sad end as this... it's not fair"* she repeated over and over.

THE ACCIDENT AND THE RESCUE

Used to waking up early because of his job, Alfredo got out of bed quietly that Sunday, so as not to wake up his wife. It was a warm, sunny morning, so Alfredo decided to cycle round the block to buy some warm bread, fresh out of the oven, from the local bakery. Immersed in his thoughts, Alfredo didn't even see the car that hit him at a high speed. It was early and the streets were empty. Alfredo was lying stretched out on the ground.

An ambulance rushed to the scene, and Alfredo arrived at the hospital intubated, immobilized, and well ventilated. "*Cranial trauma*," said the doctor on duty that morning. *"We'll need to find a bed for him in the ICU. Could someone please try to locate his family? It looks as though he wasn't carrying any ID on him..."* , said the doctor.

After its initial actions, the team gradually began to reorganize itself to face the huge line of patients who had been waiting for an appointment since the early hours of the morning. The COVID-19 pandemic had hit with full force. As they waited for an ICU spot to open up, all they could do was leave the patient (was he still alive?) on a makeshift gurney,

hooked up to a ventilator. The hospital definitely needed more beds, and cleaning was urgently needed too. The stench of misery hung in the air.

"No, no, and no! What part of WE DON'T HAVE A BED AVAILABLE in the ICU don't you understand?", said Felipe before hanging up the phone. After a day that had begun with the news of the sudden postponement of his summer vacation due to the chronic lack of staff, the 32-year-old doctor, not so young anymore, was constantly looking at the little clock on his cell phone', anxiously waiting to see if it was time to go home. "*Nights with little sleep and poorly paid overtime. That is what you get for choosing a medical career...",* he would often lament, before giving one his huge belly-laughs at high decibel, going against the rules of the environment. "*A bed available in the ICU for a probable brain death! Whatever will they be asking for next?! We can't even take care of the living who are waiting in the corridors for a bed in the ICU, and now they're asking for a bed for a probable brain death? Pretty soon this is going to turn into a morgue",* Felipe commented to a colleague who was passing by.

THE FAMILY AND THE NEWS

Joana woke up that Sunday with a slight hangover from a barbecue they'd had the day before. She had drunk a little more beer than usual, and her head was heavy. When she looked to her side, she didn't see Alfredo. She went to the window and saw it was a sunny day that seemed perfect for taking a walk with her husband. Alfredo must have gone to buy bread, she thought. She got dress and was ready for the walk, waiting for Alfredo to return with fresh bread for breakfast. But the hours slipped by, and still no sigh of Alfredo... Where was he? Where would he have gone? He couldn't have gone to buy bread, he'd been gone too long. But where would he have gone without letting her know?

As time passed, Joana became increasingly distressed... This was all very strange... He never just "disappeared" like this.... As it was getting close to lunchtime Joana decided to walk around the neighborhood to find out if anyone had seen Alfredo... But no news... until she met a neighbor who said he had seen Alfredo's bike laying on the ground. Desperate, Joana went out looking for Alfredo in the health units in the region until finally, she found him, still on the gurney in the corridor, waiting for a place in the ICU.

Those were very difficult days... After more than 48 hours after the accident, they finally found a place in the ICU for Alfredo. The state hospital was the only one close to Joana's neighborhood that could handle cases like this - a traumatic head injury - under the public health care system (SUS). There were signs everywhere that the hospital was in a poor state of repair (peeling paint, broken-down air conditioning, broken chairs, strong odors) and insufficient to meet the needs of all the patients (crowded front desk, patients and relatives filling the corridors, doctors and nurses running around, not to mention Alfredo and other patients waiting for an ICU bed to become available), all contributed to Joana's sense of fear that her husband was not being cared for in time, or in a sufficient way to save his life.

Joana went to the hospital every day for news; she tried to talk to the doctors to find out how Alfredo was doing, but it was difficult to find someone to talk to. ….They were all very busy, with the hospital being so crowded. Until one day, upon arriving at the hospital, she received the news: "*He is brain dead*," said the nurse, *"The transplant coordinator will come to talk to you to know if you want to donate your husband's organs."*

Joana couldn't believe what she'd just heard. Alfredo...dead??? Joana was alone, so she quickly called her daughter, Maria do Socorro, asking her to come to the hospital immediately. Maria do Socorro arrived as fast as she could. She hugged her mother, not knowing what to say. She was in shock. At this point, the nurse came back again asking if they wanted to see Alfredo. Of course they did! They wanted to see this with their own eyes as they could not believe the news they had just received. Maria do Socorro regretted not having been able to afford to transfer him to a private hospital, one with more resources and that might have saved him.

When they arrived at the ICU, they were scared: Alfredo looked peaceful, though he was breathing through a tube. His head was covered with a bandage, but his face and body were intact. How could this be???? What was happening? Joana looked wide-eyed at the ICU nurse, called Rachel. *"What is happening? You're kidding me, right? My husband is alive!! Live as can be!!"*, Joana said in screams. *"I'm sorry, mam, but he's dead. He arrived at the hospital already brain dead, which was later confirmed by the neurosurgeon. In these cases, we keep the patients on ventilation to see if their organs can be donated. But he is dead*," Rachel replied. *"The Transplant Coordinator will come and talk with you shortly."* Without believing what they had just heard, mother and daughter were led to a waiting room near the ICU, not really understanding what was happening.

A few minutes later, Joana and Socorro were approached by nurse Carmen, the Transplant Coordinator at the hospital, asking if the family would be willing to donate the organs of their deceased loved on. *"What do you mean, donate*

his organs??? He's alive! Are you crazy?? I just saw him sleeping and breathing! His heart is beating. What are you talking about?", screamed Joana, feeling her legs buckle under her in that small room without air conditioning. *"Mom, calm down. We'll get dad out of this place*," Socorro assured her. *"What do you mean calm down? Don't you understand what's going on here? They're wanting to kill your father to remove his organs!"* Joana said, in tears.

Carmem had been approaching the family of potential donors for several years now and was used to the routine: the news of a death was invariably followed by screams, disbelief, accusations, and despair. *"So much ignorance,"* she would say. Definitely, the lack of knowledge about brain death was not the privilege of the poor or uneducated. Carmem would tell people that she was part of *a "one-person team*." Always overworked, Carmem was especially angry that day because she had been called a "vulture" by a doctor when she asked if there were any new severe cases that could result in organ donation. *"How is it that in 2021 there are still doctors who do not understand what I do; who don't understand the importance of receiving families and encouraging organ donation?"* she thought to herself. But experienced as she was, Carmen took a deep breath and began trying to explain the concept of brain death and the details of the donation process. But Joana and Socorro were not in a position to understand anything, and did not want to hear anything. At that moment, all they could only think of was how they could get Alfredo out of there.

"*Listen, brain death has been confirmed and there is no coming back. Now it's time to decide what to do with the body: bury everything, or help save lives. And it's important that you decide right away because the donation process is long and I have to start right away*," Carmem said. Joana felt sick because of the hospital smell. She ended up exploding with anger: *"Is this some kind of a butcher house?! When Alfredo was alive, he spent more than two days in the corridor, just left there like garbage! Only later, you put him in the ICU and left me out here without any news. There wasn't one good soul who could come out here to give me news, to tell me what was going on. No one knew about anything. I was invisible. How many times did I go home crying, wondering what was happening to him in there? Now that he's dead – or at least, you say he is, but I don't believe it -- you come here pestering us with this business of donating organs. But now you show up! And before you there was that other nurse – everybody wants to come and talk to me all of a sudden. No way will I donate anything! He's alive and he's going to get out of here, with me!"*

Physically and emotionally exhausted, Joana is held by her daughter. Carmem decides to step aside to let them process the information. *"I'll let you two talk this through. I'll be back in a little while,"* Carmen says.

Joana and Socorro don't know what to say. They hug each other, crying over the unexpected and sudden loss of Alfredo. After some time, now calmer, Socorro decides to search on Google to see what brain death means. She finds it difficult to understand the definitions she finds there. There are lots of technical terms, all very difficult for any layperson, and especially for a person going through such a time of emotional distress. Added to that, Socorro is not a very education person (she only completed elementary school, and worked as a cleaning lady in a family's home). The same questions persisted: Was her father really dead? Is this brain death business really irreversible?? And if he was dead, should they donate his organs?

"Mom, what if dad is really dead? He was always a good man…maybe he would like to have his organs donated?" Socorro asked. *"I don't know, honey, we never talked about that... He was a religious man, but he thought that talking about death attracted bad spirits,"* said Joana. After some moments of silence, Joana said: *"I have no idea what he wanted, but I don't trust these people here. They think I don't know any better. But just think of it! To bury his body all stitched up—without an eye, without a heart. No way!"*

Noticing Socorro and Joana's suffering, Francis approaches them and introduces himself as the mother of Francisco, a twenty-year-old patient who had lain in the bed next to Alfredo's for more than a year. Francisco had been in a coma, and Francis had lived at the hospital since Francisco's hospitalization. She trusted the people who cared for him and felt supported by everyone. Joana and Socorro listened to Francis' story and felt for her.

THE CHALLENGE

Jorge, the State Transplant Center (CET) Coordinator, was apprehensive about the situation of organ donation, especially in relation to how many families refused.

In 2019 in Brazil there were 39,469 people waiting for a transplant, of those, 2,484 died waiting for organs. A negative response by family members corresponded to 23.46% of the organ loss of potential brain dead donors.

The CET team was struggling to communicate to families about their right to donate the organs of the deceased relative. Family members had many doubts and fears, and often, they ended up deciding on the dreaded "I will not donate".

Alfredo's case was the most recent one to reach his table. A big loss: Alfredo was relatively young and healthy, and could have donated several organs and tissues, saving countless lives.

Disappointed by the outcomes of the family interviews, Jorge decided to schedule another meeting with the team to discuss possible actions they could implement to increase the number of donations from deceased donor agencies in the state. The meeting was scheduled for Monday, July 5, 2021. Graduated in medicine and CET Coordinator for three years now, Jorge was convinced that the success of the organ donation-transplantation process (DxTx) depended heavily on the commitment and motivation of the professionals involved in the process. For him, a technical knowledge of the subject and a positive attitude toward organ donation were the fundamental pillars to increase the number of organs donated and transplanted in the country. It was also necessary to take into account the quality of the services provided to patients and families. In the graduate course he was taking, Jorge was studying the dimensions of the perceived quality in services (reliability, responsiveness, assurance, empathy, and tangibles) and was convinced that it was necessary to properly work with these dimensions in order to increase the chances of families of potential donors saying "yes". For Jorge, the negative answers from the family members were partly the result of the poor quality services offered by hospital where the potential donor had died. He thought, it was not enough to train only the team working at the CET. He wanted to develop a training/development project that would include professionals working in the ICUs and emergency care departments of the state hospitals. He knew it was an ambitious project, but the cause was worth it. It would be possible to improve the quality of services delivered to the population and save lives. But Jorge's biggest dilemma was how to improve the quality of services provided and engage frontline professionals in this organ donation-transplantation journey.

TEACHING NOTES

1. EDUCATIONAL OBJECTIVES

The case '**Donate Alfredo's Organs?? No way!'** was written based on fictitious data, with the pedagogical objective of working in the classroom concepts of management and quality in services (Parasuraman's dimensions of perceived quality of services: reliability, responsiveness, assurance, empathy, and tangibles; Donabedian's dimensions of quality assessment of health services: structure, process, and outcomes; and the importance of people for delivering quality services in adverse and high-contact contexts, such as the case of services related to the donation of organs from deceased donors, considering Kotler's four characteristics of services: intangibility, inseparability, perishability, and variability and the concepts of employee-client "satisfaction mirror" and "moment of truth").

The case can be used in graduate level disciplines that cover the topics of Service Management, Service Operations, Health Services Management, Public Services Management, Service Quality Management, or Health Services Quality Management.

2. PREPARATORY QUESTIONS

The discussion of the case in the classroom can be guided by the following preparatory questions to the students:

1) How do you evaluate the quality of health services received by Alfredo and his family in relation to the hospital structure, the care processes, and the outcomes from the interactions?

If you were in the place of a family member, what would your perception of quality be regarding the approach used by the professionals to inform Alfredo's death, and the family's right to donate organs? On what would this opinion be based? In your assessment, what is the "key moment" in the interactions with Alfredo's family, and what should have been done differently in Carmem's approach? What is the role played by professionals working in the hospital in addressing the families of potential organ donors, and what is the influence of the work context of these professionals (workload, remuneration, etc.)? Services, especially health services, have intrinsic characteristics that require a high degree of provider-patient interaction. In this context, what factors may have influenced the family's decision to donate or not Alfredo's organs? What should Jorge do to increase the number of "yes" responses to organ donations?

3. BRIEF THEORETICAL BACKGROUND

3.1 Quality in Services

The quality perceived by the user of a service is the result of the discrepancy (degree and direction of difference) between a customer's expectations of a service offering and the customer's perceptions of the service received (Parasuraman *et al.*, 1985, 1988, 1994). The perceived quality of services – the focus of this teaching case, should be strategically managed by service organizations, especially in high-contact services between client and front-line professionals (Parasuraman *et al.*, 1985, 1988, 1994).

The perceived quality of services has been widely discussed in the literature, especially since the 1980s with the research by Parasuraman *et al.* (1985) in which the authors conducted interviews and focus groups with managers and clients of four types of services (insurance companies, banks, credit card administrator, and product repair & maintenance) in order to identify the key attributes of the quality of the services from the perspective of both managers and customers. The results of that study highlighted the existence of ten dimensions of quality in services, which were later reduced to five (Parasuraman *et al.*, 1988, 1994): reliability, responsiveness, assurance, empathy, and tangibles. *Reliability* is the ability to deliver the service reliably and consistently without unwanted variations in performance. *Responsiveness* is the demonstrated willingness to assist/help customers, be helpful, and caring. *Assurance* is the knowledge/competence demonstrated by employees, transmitting confidence and credibility. *Empathy* is related to the ability of employees to provide individualized attention, communicate appropriately, welcoming customers in their interactions. And *tangibles* is the visible physical aspects such as the physical facilities, equipment, and employee appearance. According to Parasuraman *et al.* (1985, 1988, 1994), these five dimensions are valid for any services, although their scope may depend on the type of service.

For Grönroos (1984), there are two dimensions in the perceived quality of services: technical quality (what customers receive from the service provided) and functional quality (the way the service is delivered). The author later proposed that the quality of the service can also be described in terms of professionalism and skills, attitudes and behaviors, accessibility and flexibility, reliability and assurance, recovery of the service, servicescape (tangibles), reputation, and credibility of the services (Grönroos, 2000).

In studies dealing with the dimensions of perceived quality in health services, *communication* stands out in several studies (Berry et al., 2017, Ribeiro and Poles, 2019; Guedes and Araujo, 2020), emphasizing the importance of individualized communication according to the level of understanding of each patient and information about the disease, diagnosis, and treatment. The *empathy* dimension is also cited as very important in several articles on the subject, highlighting the relevance of the care given to the patient. Another element that is highlighted in the literature is the relationship of trust between doctor-patient (Ali, 2018, Nieto et al., 2018; Fuentes et al., 2019, among others).

Still in the health sector, Donabedian (1980, 1988) proposes that the quality of health services should be evaluated from three dimensions: structure, process. and outcomes. The *structure* dimension refers to the physical, human, and material resources available; the *process*, in turn, is related to the activity performed by doctors and health care professionals involving both technical competence and interpersonal relationships established with the patients/family members; and lastly the *outcomes* refer to the clinical outcome of patient care, as well as the satisfaction of patients and family members with the services received (Donabedian, 1980).

Thus, during the discussion of the case, if there is interest in focusing the discussion on health services, the teacher can also bring the elements presented in the previous paragraphs with the dimensions proposed by Donabedian (1980), for analysis alongside the five dimensions of quality proposed by Parasuraman *et al.* (1985, 1988, 1994).

3.2 The importance of people in providing services and in the quality of those services.

The Service-Profit Chain (SPC) was proposed by Heskett et al. (1994) and has inspired managers from various sectors to value employees for their positive impact on the quality of services and the superior value delivered to customers. According to SPC, the internal service climate has a positive impact on employee satisfaction, retention, and productivity. Satisfied employees, in turn, create a positive and valuable experience for customers, increasing their satisfaction and loyalty toward the institution. And loyal customers are positively associated with the growth and profitability of companies, improving corporate performance. Thus, it can be said that there is the so-called "satisfaction mirror", whereby the employees' satisfaction is positively correlated with customer satisfaction. According to Heskett et al. (1994), the internal service climate construct consists of the workplace and the design of job positions, employee selection & development, rewards and recognition of the employees, and the tools to properly serve customers.

Specifically in the health sector, Kaldenberg and Regret (1999) indicate that pride, communication, and management practices are building blocks for ensuring employee satisfaction. Chang and Wang (2011) point out that employees need to understand perfectly the value of their work in order to be able to deliver value to the external customer. One of the consequences of a good service climate in the health sector is employee empowerment, defined as intrinsic motivation to perform the tasks and help the health institution succeed (Guglielmetti, Mugion et al., 2020; Guedes & Araujo, 2020), delivering good experiences to patients (Chang & Wang, 2011). Therefore, if the teacher decides to discuss the concepts of Service-Profit Chain and Satisfaction Mirror with a focus on the health sector, he or she can use the literature mentioned in the previous paragraph.

According to Kotler (1998, p.414), services have four distinctive characteristics: (a) intangibility (although they have tangible elements, such as the physical environment, services are essentially intangible); b) inseparability and c) perishability (unlike a physical product, which can be manufactured, stored, and transported without the presence or participation of the consumer, services are provided by frontline professionals and experienced by clients simultaneously); and d) variability (due to its intangible elements and by being provided in a process involving human interaction, services tend to be less uniform). Due to these distinctive features, and especially when it comes to health services that deal with human life and involve a high level of interaction and trust between professionals and patients, it is essential that the parties have a good relationship and communication and that there be protocols, criteria, or best practices that ensure a minimum standard of quality for all customers.

Finally, the concept of "Moment of Truth" introduced by Jan Carlzon in the 1980s (Carlzon, 1994) could also be raised with the students as a subject for discussion. Moment of Truth is any episode with which the customer has contact with the front line staff and gains a positive or negative perception of the services, which are occasions on which the image or perception of the quality and value of the service is formed by the customer. In the present case, there are several

"moments of truth" to be explored, that directly impact on the decision on whether or not to donate deceased their loved one's organs.

4. SUGGESTED TEACHING APPROACH

This is a case in which there are management decisions to be made, encouraging students to reflect on the problem of managing the quality of high-contact services from three perspectives: the context in which the services are given—people in an emotionally weakened state; professionals who work on the front line are overworked and subject to emotional stress; and the dimensions of perceived quality of services—reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman *et al.*, 1985, 1988, 1994).

The suggestion of the authors is that the case be discussed using the case method. Therefore, no "theory" should be given before asking the the students try to identify the main problem focus when approaching Alfredo's family and the context in which the meeting between the family and frontline professionals takes place. It will not be difficult for students to identify the points of failure in the social worker's approach with Alfredo's family, the importance of this interaction for the favorable outcome, and the dimensions of the quality that should be worked on to gain a "yes" response from the families of potential donors. It will be up to the teacher to guide these questions/reflections from the students and organize the listed factors, before addressing each of these points with the appropriate tools.

The approach for guiding the session involves two stages: in the first stage, the students are encouraged to reflect on quality management of health services and on the importance of the frontline personnel, while in the second, the teacher leads the class in an more in-depth analysis of the questions proposed, based on issues raised by the students themselves, and on the five dimensions of quality in services proposed by Parasuraman *et al.* (1985, 1988, 1994), with a special focus on the importance of people for the quality of services.

Prior preparation by the students, outside the classroom, is assumed.

5. LESSON PLAN

The total estimated time scheduled for discussion of the case in class is 120 minutes, allowing the discussion to be adapted to a typical class duration. As previously mentioned, students should have prepared for the case individually, before class starts. In the classroom, the first 30 minutes should be dedicated to discussion in small groups. Next, the whole class should discuss the case together – 90 minutes of discussion, distributed as follows:

(1) Opening the discussion with the entire class (10 minutes)

(2) Analyzing the case issues (50 minutes)

(3) Closing the full-class discussion (30 minutes) by presenting the concepts behind the discussions.

6. ANALYSIS OF THE CASE WITH THE WHOLE CLASS

6.1 Opening the Case for Discussion with the whole class (10 minutes)

When opening the discussion (first 10 minutes), the teacher can "warm up" the class with general questions related to the topic – e.g. "What is your opinion about organ donation?"; "What do you think Joana should do, donate Alfredo's organs or not?"; "Does anyone have a story to share about organ donation-transplantation?" The answers given by the students can raise awareness about the delicate nature the subject, and could bring up aspects such as: maybe some people don't like to talk or think about this topic; some students may have remarkable personal experiences to relate, such as knowing someone who is waiting for a transplant, or having experienced a situation of organ donation with a close family member, etc., therefore, they are encouraged to share their feelings and fears.

6.2 Answers to questions for discussion with literature support (50 minutes)

Q1. How do you evaluate the quality of health services received by Alfredo and his family in relation to the hospital structure, the care processes, and the outcomes of the interactions?

This question can be addressed from the perspective of the three dimensions offered by Donabedian to evaluate the quality of health services: structure, process, and outcomes. The case report can lead students to illustrate aspects such as the poor physical structure of the hospital (e.g., peeling paint, broken chairs, etc.), aspects related to the process of caring for the patients and their family members (with health professionals running by patients, or the apparently harsh approach in the communications regarding the availability of a bed in the ICU and the patient's death), or of the outcomes achieved from these interactions (where students can reflect on the stress felt by the family members, their perception of quality of services, and the support/care provided by professionals, and the potential impact of these factors on the decision on whether to donate organs).

Q2. If you were in the position of a family member, what would your perception of quality be concerning the approach used by the professionals to inform you of Alfredo's death and the right of the family to donate organs? Why?

The question aims to encourage reflection on the relationship established between the frontline professionals and the deceased's family, with a focus on analyzing the dimensions of perceived quality in services (Parasuraman *et al.*, 1985, 1988, 1994). The case might lead students to make comments related to the "lack of empathy", "seemed not to care for the deceased", "lack of sensitivity", "bureaucracy", "bad time to approach them", "neglect", "indifference", etc. The teacher should note the key terms raised in the students' comments related to the dimensions of the quality of the services to be discussed, especially the dimensions of empathy and responsiveness.

If students do not raise enough comments for discussion, the teacher can make the following transition questions (TQ):

TQ1.1: Do you think that the professionals who came into contact with Alfredo's family were supportive? Why?

This question aims to encourage reflection on the dimensions of *empathy* and *responsiveness* by the professionals who interacted with Alfredo's family, emphasizing the importance of communication in the relationship between family members and frontline professionals.

TQ2: Do you think that the professionals knew how to explain brain death to Alfredo's family?

This question aims to encourage reflection on the dimensions of *assurance* and *reliability* in the quality of the services.

After writing the key terms from the students' comments on the board, the teacher should begin to group them into the dimensions of perceived quality of services so that at the end of the discussion of these questions, the students will be able to see, highlighted on the board, the dimensions of quality in services, especially the dimensions of *empathy*, *responsiveness*, *assurance*, and *reliability*.

Q3. In your assessment, what is the "key moment" during the interactions with Alfredo's family, and what should have been done differently in Carmem's approach?

This issue is related to the concept of "Moment of Truth" when providing services with an emphasis on the interaction with the customers (in this case patients and their families) with the front line (health care professionals). By pointing out what should have been done differently in Carmem's approach, it is likely that students will illustrate, in practice, the concept of "Moment of Truth", a key moment that helps the client—in this case Alfredo's family—build a positive or negative perception of the service provided. For example, when Joana said *"What do you mean donate organs??? He is alive! Are you crazy?? I just saw him sleeping and breathing! His heart is beating. What are you talking about??"* may suggest that this was not the best moment to raise the subject of organ donation, a the family had not had time to process the news of the death or ask questions about the concept and irreversibility of brain death.

Q4. What is the role played by professionals working in the hospital in terms of how they deal with the families of potential organ donors, and what is the influence of the work context of these professionals (workload, remuneration, etc.)?

This question aims to stimulate reflection on the importance of those professionals who work on the front line and have contact with the client, in this case, contact with the families of potential organ donors. The teacher should also write on the board the main elements brought up by the students in the discussion. The teacher must be able to extract elements that bring up a discussion of the following aspects:

- Frontline employees are the "living brand" of the services as they are the ones who will make the quality (or lack of quality) of the services provided by the institution more tangible.

- Frontline employees are the "memory" of the service; what will remain in the minds of Alfredo's family will be this contact they had with the frontline professionals. Positive memories will only be evoked if the frontline professionals have delivered a good service and are friendly, helpful, and welcoming.

- Frontline employees can create or destroy value during the "moments of truth" (Carlzon, 1994), which are every customer contact with the service, leading them to have a positive or negative impression of the services received. A positive experience creates value for customers, while a negative one destroys value.

This topic also gives the opportunity to discuss the concept of "satisfaction mirror" among health professionals and the patients/family members they assist. Some information about this comes out in the case, such as when Doctor Felipe says: "*Nights with little sleep and poorly paid overtime. That's what you get for choosing a medical career...",* which can lead students to reflect on the impact of internal customer satisfaction (employees) on the customer satisfaction with the services provided.

If further stimulus is needed, the teacher could make the following transition question:

TQ1: If you were in Joana's place, would you donate Alfredo's organs? Why?

This question aims to further stimulate reflection on how well or poorly the approach with Alfredo's family was carried out, to support a discussion of the concepts of Service-Profit Chain and Satisfaction Mirror.

The teacher can raise concepts from the Service-Profit Chain, by focusing the discussion on the importance of having motivated, well-trained, valued, and satisfied employees to be able to create good experiences and value for customers. Here, it is worth discussing the concept of Satisfaction Mirror: in high-contact services, (dis)satisfied employees generate (dis)satisfied customers. The case report makes it clear that frontline professionals are overworked, emotionally drained, and tired, so it is difficult to have good interaction with the family of potential donors.

The teacher could draw a simplified Service-Profit Chain on the board, and correlate it with the students' comments, urging them to discuss whether the interactions created or destroyed value for Alfredo's family.

At the end of the discussion of this question, the teacher should have explained how important it is to value frontline employees in order to ensure success in high-contact services.

Q5. Services, especially health services, have intrinsic characteristics and require a high level of provider-patient interaction. In this context, what factors may have influenced the family's decision to on whether or not to donate Alfredo's organs?

This penultimate question refers to the distinctive characteristics of the services (intangibility, inseparability, perishability, and variability), which make the appropriate interaction and communication between health professionals and patients/family members even more relevant. For example, patients do not have all the information necessary to technically judge the suitability of the intensive care received by Alfredo, or the reliability of the diagnostic process of brain death. Because it is a service based on human interaction between professionals and patients with their families, it is essential that the front line professionals seek to ensure the quality of care by providing adequate information to family members (e.g., what procedures, medications or exams are within reach and have been carried out in the attempt to save Alfredo's life, and the results obtained, within the expected health status with which the patient arrived at the hospital),

and, if it is a delicate situation, ensure the necessary emotional support and care of the family when informing them of the death of their loved one.

By now, the board should be quite full of information. This question will help reinforce the elements already mentioned, which should be highlighted on the board by the teacher as they reemerge in the discussion (e.g. by underlining them). This question also allows other elements to be brought in, such as the importance of the tangibles, not having anywhere to sit, the unpleasant odors in the hospital, people rushing by, and the lack of privacy. The tangible dimension may not have yet been raised in the discussion, and should be discussed at this time.

Other elements that should be brought up to complete the discussion include: the lack of confidence in the hospital (fear of admitting that Alfredo is dead in order to remove his organs) and relations prior to Alfredo's death impacting on the decision not to donate. The case brings Joana's complaints about the lack of information and care during the period Alfredo was hospitalized.

If the teacher needs to stimulate the debate, the following transition question (TQ) can be used:

TQ1: What was the experience of Alfredo's family in the hospital during the period when Alfredo was hospitalized?

Students should bring up some of Joana's complaints, which will serve as a basis for discussing the importance of customer relationships, especially in high-contact and long-term services. There are various "moments of truth" that form the image of clients in relation to the institution: Is it reliable? Is it safe? Are they helpful? Are they empathetic?

Q6. What should Jorge do to increase the number of "yes" responses to organ donations?

The final question for discussion aims to summarize the failures or points of improvement perceived throughout the reading and discussion of the case, transforming these failures into positive actions for the better management and quality of the organ donation processes. It also encourages students to put themselves in Jorge's place, now that they have a clearer view of the elements that make up quality in services and the importance of frontline professionals to create value for customers. Students are expected to bring elements of the Service-Profit Chain to this discussion, and give some ideas such as training the frontline professionals, valuing these professionals better, or giving more meaning to the task of working with organ donation.

6.3 Closing Discussion

The teacher can wrap up the class by presenting the various theoretical concepts addressed during the case discussion, and reminding the students of the specific parts of the case that illustrate these concepts.

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