

* **Original article**

The Understanding and Consent of students of nursing undergraduate course on the blood donation process

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Abstract

This quantitative, prospective, transversal and descriptive study aimed at identifying the understanding and consent of students in the first and eighth stage of an undergraduate course in nursing on being a blood donor. For the research development we used a questionnaire with 29 questions that addressed knowledge, attitudes and practices, all related to blood donation. From students who participated in the survey 18.1% (n = 15) state "to be"

a blood donor, and 63.9% (n = 53) non-donors. From non-donors (n = 53) 81.13% (n = 43) were asked to donate. When asked about what led them to donate 53.33% (n = 8) answered that donated on their own will and 26.66% (n = 4) for a family member/friend or acquaintance who might be needing. The factors that allow the donation demonstrate the need for further clarification on this matter and the implementation of campaigns and incentives to the practice of blood donation.

Keywords:

Blood; blood donation; solidarity; nursing; consent

Introduction

Blood donation is a process that dates back centuries (1818), and that sometimes saves people's lives. In contrast it is a controversial issue in society and raises discussions that culminate in the non-adherence to blood donation, which may due to the lack of understanding or by cultural aspects, myths and taboos. Thus, the choice of subject occurred for believing in the existence of the need to know which understanding is and how the consent of students of nursing undergraduate course on being a blood donor.

In ancient times, the blood was considered as a precious liquid that offered not only life but also the youth. For this reason, primitive peoples anointed and bathed themselves and drank the blood of courageous young men in order to acquire their qualities (PEREIMA *et al.*, 2009).

The history of Brazilian hemotherapy started during the 1930s, when transfusion services first emerged in hospitals at emergency room areas. At this time there were no anti-clotting techniques, so transfusions were performed arm to arm. In 1949, the Association of Voluntary Blood Donors was founded, which was against the fluid commercialization. During this period, paid donation was common in Brazil, these were conducted in private blood banks, which arose from World War II and contributed to profitability and marketing of blood. Donors who were undergoing the donation in exchange for money were less suitable, including sick people, which might put at risk the lives of receivers. During this period there was a large increase in blood-borne diseases, such as the Hepatitis A and B, syphilis, Chagas disease and malaria, thus alerting the authorities and society to seek solutions to prevent these problems to happen (PEREIMA *et al.*, 2009).

The aspects above endorse that blood donation arose by the need and that it was related to the socio-economic development. But at any moment we realize that those who might be needing the blood valued it, although many put themselves at risk for financial gain. This valued element which is part of the human body is

*[...]essential for the body and has several functions, including: transport of gas, body defense, clotting, temperature and water regulation, maintaining aqueous and acid-base ionic balance. Moreover, it is defined as a circulating fluid and tissue, formed by a heterogeneous mass of cells (white blood cells, platelets and red) which are suspended in a liquid phase (plasma). So in case of an excessive blood loss, the replacement is performed by transfusion (CARMELO *et al.*, 2009).*

"Transfusion is a process that needs a voluntarily donated blood and as unpaid" (HOSAIN *et al.*, 2009).

When someone chooses to donate blood, there is a process to be followed and the person undergoes a series of questions and tests that can either release it to be a donor and deprive him, that means, if the person interested in donating does not match all the prerequisites, then automatically he or she can not donate, and his/her blood is discarded. Other factors also

affect the practice of donating, such as lack of time and determination of people, where the process is ignored and often forgotten provided that they don't consider it to be an act of such importance, and also the fears faced such as pain and indifference on the subject.

We believe that donating blood is important because even not knowing the receiver, the donor may be saving a life in a very simple way.

Maybe those who have no knowledge about the process does not understand its importance and do not adhere to it. On the other hand, when it intensifies the guidelines and demystifies the fears, anxieties, it extends the possibility of increased number of possible donors.

Perhaps the biggest difficulty is the capability of institutions to advertise the importance of improving the safety of those who receive donated blood. The blood donation itself is very important, but donations still have its great importance against inventory maintenance and safety of donated blood and against the diseases. It is observed that for the future one should think more in terms to obtain donations through continuous voluntary donors (LUDWIG *et al.*, 2005).

Given the facts set forth above, we decided to find out **which is the understanding and consent of students in the first and the eighth stage of an undergraduate degree in nursing on blood donation**

As a main goal, we aimed at identifying **the understanding and consent of undergraduate nursing students in the first and the eighth stage on the process of being a blood donor**. And as a specific goal: to characterize the profile of research participants; to check if there are factors that influence whether or not the consent of students to donate blood and when among students who make their donation, which factors are the "drivers" of this attitude.

Methodologic Procedures

The methodological approach adopted for this study is quantitative, since it sought to identify the understanding and consent of undergraduate nursing students in the first and the eighth stage on the process of being a blood donor.

The study is prospective cross-sectional, since the data were collected at a single time and by this method facilitate comparisons between the findings (NEWMAN, *et al.*, 2008). Moreover, it was descriptive because of the exposure of data collected from the speeches, which were read and organized for the presentation, which addressed the reality of the research group on the topic (LEOPARDI, 2002).

The research was conducted only after approval by the Research Ethics Committee of UNESC, whose opinion 227/2010.

Study participants were undergraduate students of the 1st (37 students) and the 8th stage (31 students) of the nursing course. All students were invited to participate by presenting the research project and request for signing the Free and Informed Consent Term - FICT - as recommended by Resolution 196/96 of the National Health Council which regulates research on humans, we concern on ensuring the rights of privacy and anonymity of study participants from collection until data presentation. (BRASIL, 2010).

According to information from Nursing coordination sector, the aimed phases have a population of 73 students who were invited to the research, distributed as follows: 1st stage (n = 37) and 8th stage (n = 36) respectively.

Data collection was conducted through a questionnaire whose outline addressed the theme from open and closed questions, because they provide a direction for students to mark the answers and, moreover, nurture them to also descriptively respond in the item **others** and at sometimes there is freedom of choice to justify the search.

Quantitative data were organized and condensed from the SPSS software (Statistical Package for the Social Sciences, SPSS Inc, Chicago) version 17.0 for Windows. We used nonparametric analysis from tests that revealed the p value, Pearson chi square, mean and absolute frequency depending on the information to be worked on and discussed, after the data were exposed from the descriptive analysis and using graphs and tables for final presentation.

Results Presentation and Discussion

The study aimed to identify the understanding and consent of undergraduate nursing students in the first and the eighth stage on the process of being a blood donor. Our goal was initiated primarily to characterize the profile of students who participated in the study, so the present study had the participation of 68 students 54.4% (n = 37) of the first phase and 45.6% (n = 31) of the eighth stage of the Nursing course. Table 1 addresses the profile of these students, with regard to stage, sex and age.

Table 1. Distribution of students by stage, sex and age.

Variables	1st Stage 37 students		8th Stage 31 students	
	% (n)			
Sex	Male	Female	Male	Female
	10,3 (n=7)	44,1 (n=30)	3 (n=2)	42,6 (n=29)
Age	Average Age: 24,32 (DP±7,73)		Average Age: 24,32 (DP±4,20)	
	17-20	32,43 (n=12)	6,4 (n=2)	
	21-25	43,25 (n=16)	61,3 (n=19)	
	26-30	13,51 (n=05)	22,6 (n=7)	
	31+	10,81 (n=04)	9,7 (n=3)	

Source: Research Data, 2010.

This characterization was divided between the stages as this: 30 female participants and 7 male participants of the 1st phase and 29 female participants and 2 male participants of the 8th stage. The most predominant age group was 21-25 years with 43.25% (n = 16) of 1st stage and 61.3% (n = 19) of the 8th stage.

According to data described in the table, we observe a predominance of **female participants** in this sample, 86.7% (n = 59), this is a peculiar feature of undergraduate courses in Nursing.

Still on the table 1, we point that the predominant **age group** is 21 to 25 years with 43.25% (n = 16) of 1st Stage and 61.3% (n = 19) of the 8th stage, and in whole, this age group showed in the overall sample 51.5% (n = 35) of students surveyed.

Overall from the Independent Samples Test T test, we see that there was no difference between the mean age between the stages, ie the average in the 1st stage is 24.32 (SD ± 7.73) and in the 8th stage is 24.39 (SD ± 4.20) which are very close, having only a major difference in age standard deviation, so one cannot say whether being or not younger determines consent and understanding of blood donation.

Regarding age, some interesting information is that the Ministry of Health has extended the age of blood donors and thus including those between 16 and 17 years with parental authorization and the elderly from 65 to 68 years who fit in the donors profile (BRASIL, 2009). The inclusion of this new age group aims to provide minor age individuals with the opportunity to engage the action, considering that a large proportion of students who begin college are under the age of 18 years.

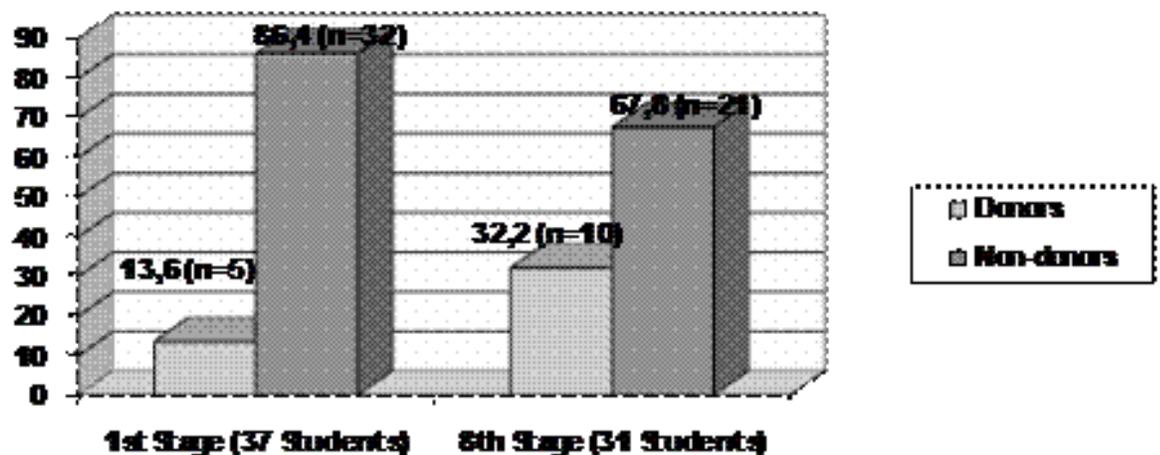
With this study we found that age has no contraindications and then students can be applying for such a procedure.

Being blood donor

In our study, the chart shows an aspect relating this question "are you a donor"? The summing has generated among the students of 1st and 8th stage a number that concerned us because out of a sample of 68 participants, 77.9% (n = 53) do not donate blood, and only 22.1% (n = 15) are donors.

The matter of "*being a blood donor*" in our understanding is one aspect that may be controversial because of personal understanding about the process and the family and cultural issues inherent in the context in which each individual is inserted

Chart 1. Distribution of students according to variables > donors and non-blood donors.



Source: Research Data, 2010.

According to Chart 1 we also found that the majority which states being a donor is concentrated among students of the 8th stage, ie, the 15 donors 66.7% (n = 10) are at the

last stage of the course and therefore might have greater contact with the information about the theme.

From the results obtained from the research, we observed that there is a predominance of non-donors with 86.4% (n = 32) in the 1st stage and 67.8% (n = 21) in the 8th stage, those who are not consent to the act of donation. Only 13.6% (n = 5) of the 1st stage, and 32.2% (n = 10) of the 8th stage are blood donors. When asked about the reasons for non-donation, most of participants 20.5% (n = 17) of both stages, state that they were never asked to perform the act. Another well casted reason was also medical counter indication for 9.8% (n = 8) of the students.

Reasons for blood donation

We saw that donors are 22.1% (n = 15), ten (10) are in the last stage of the Nursing course. Despite this amount, we consider it small since there are 31 students still in graduation. We believed that there would be a larger and this could be related to the period of the course, because the course discusses subjects corresponding to the blood donation, which may clarify and thereby to take hold of consent.

In this context we also explored the existence of influential factors in or no consent with donation. Thus, with the need to know the motives that led the donation to 15 donors, through the questionnaire, the participants were instigated on what influenced them to donate blood so we could understand that the main factor that influenced people to donate blood has been the "*self will*", with 53.33% (n = 8), as illustrated in Table 2:

Table 2. Distribution of students' reasons for donating blood.

Reasons	%n
Self Will	53,33(n=8)
Familiar/Friend or Acquaintance needed	26,66(n=4)
Received a call to donate on the solidarity trot	6,67 (n=1)
Learned from the subject in the Nursing course and decided to donate	6,67 (n=1)
Through an invite in a game	6,67 (n=1)
Total	100 (n=15)

Source: Research Data, 2010.

Secondly, 26.66% (n = 4) took the donation directed to a "*Family / Friend*" or by "*need*" to donate to a friend who could receive blood from the blood center, leading the question of **solidarity** with others into discussion.

Reasons to not donate blood

Just as described on the reasons for the action of donating blood, we also approached the non-donors against the same question. Given our goal we create the assumptions of the student understanding about the importance of donating, and if they do or not, because they don't meet the prerequisites.

We evidenced that the vast majority, 77.9% (n = 53) of students, both in the 1st and the 8th stage are non-donors, as shown in Chart 1 in the previous section, which leads us to seek what reasons interfered consent.

As Ludwig and Rodrigues (2005) point out, there are few studies that address the reasons of people who are not blood donors. Health and behavioral sciences researchers have tried to find ways to differentiate the profile of donors and non-donors, and found that the main reasons for non-donation were: fear, medical disqualification, donation reactions, apathy and convenience.

We see some different reasons for which students cling to be non-donors today:

Table 3. Distribution of students' reasons for not donating blood.

Reasons	% (n)
Never requested	32,1 (n=17)
Medical counter indication	15,1 (n=8)
Fear of not feeling well	9,4 (n=5)
Fear of the needle	7,5 (n=4)
Time unavailability	7,5 (n=4)
Underweight	7,5 (n=4)
Tattoo	3,8 (n=2)
Forgetfulness	5,7 (n=3)
Anemia	3,8 (n=2)
Underage	1,9 (n=1)
Difficult access	1,9 (n=1)
Medication	1,9 (n=1)
Fear of contracting AIDS and other diseases	1,9 (n=1)
Total	100 (n=53)

Source: Research Data, 2010.

Following the table 3, we notice that the main factors influencing people not to donate blood were, "*never having been requested*" with 32.1% (n = 17), "*medical counter indication*" with 15.1% (n = 8) and "*fear of not feeling well*" with 9.4% (n=1) of the non-donor population.

By analyzing these data, we noticed that a portion of this study could be donors if they were somehow required for such action, so it would be increasing the number of donors and probably supplying the need of blood banks to maintain their inventories.

In our understanding comes into question the lack of initiative, the not understanding the procedure or even the possibility of not having the individual commitment to the society in general; The commitment related to motivation is duty of the superior organizations and other institutions, but we also think that donating blood today has become a social responsibility. An alternative that could be proposed is the question that the universities might contribute in strategies on this topic, we state this against the fact that students expect to be requested for donation, thus as movements in universities and government intensify, a successful attempt in sensitizing the population could be successful, and thus we believe that we would have a better understanding and consent of the donors.

In our study most of students showed understanding of the proposal and the importance of donating, but their reasons were: medical counter indications 9.8% (n = 8), 6% underweight (n = 5), tattoo 2.4 % (n = 2), anemia 2.4% (n = 2) and drugs 1.2% (n = 1) that did not allow them to meet the prerequisites and thus were disqualified from donating.

Myths and truths related to the donation

In the research we address various myths and false truths surrounding blood donation until today. We obtained different answers, which relate to different topics and tables so as to better describe the results:

Physiological myths and blood donation: donate fattens, thins, thickens the blood and the menstruation.

Even with all sources of information and communication facilities, there is much folklore associated with blood donation, which are transmitted from generation to generation. For example, donate blood thickens the blood, donate blood fattens or even donate blood thins or turns the donor addictive, thus creating confusion on the subject (PEREIMA *et al.*, 2009).

Table 4. Distribution of students on Physiological Myths.

MYTHS	DONOR (n=15)			NON DONOR (n=53)			P* VALUE
	YES % (n)	NO	DON'T KNOW	YES	NO	DON'T KNOW	
Does donate thicken the blood?	-	19(13)	3(2)	-	60(41)	18(12)	0,431
Does donate fatten?	-	19(13)	3(2)	-	62(42)	16(11)	0,519
Does donate thin?	1,5(1)	19(13)	1,5(1)	-	57(39)	21(14)	0,053
Can one donate during menstruation period?	7(5)	7(5)	7(5)	12(8)	21(14)	46(31)	0,163

* There was no significance in the comparisons.

P value >0,005.

Source: Research Data, 2010.

About the fact that "*donate thickens the blood*", we see that between donors and non donors the highest percentage is that the fact is not true, 19% (n = 13) and 60% (n = 41), but we still find people with doubts related to the subject, such as 3% (n = 2) and 18% (n = 12) who do not know whether or not the blood thickens.

There are still some prejudice regarding the blood donation such as some people think that if you make a donation the blood thickens, this is a very old myth, but it is not true, there is no way of thicken or thin the blood, after donating the blood volume gets back to normal within 24 hours without any difference, and with the same density.

Yet another myth that surrounds the consent is related to losing or gaining weight with the donation. In Table 4, when asked if they "*fatten when donating*" 19% (n=13) and 62% (n=42)

reported no change in weight of those blood donors. Likewise we find that the question "donate blood thins" the answers were directed to negative, with 19% (n=13) and 57% (n=39), but we cannot leave out that 1.5% (n = 1) and 21% (n=14), cannot tell if there are changes in weight at the time of donation. It is wrong to claim the observation at both sides because blood is not fattening and just as it is withdrawn, it is replenished in a short time, so that did not change under the weight of the donor.

Regarding the question about donation during menstruation we obtained the largest number of doubts, because it is a rarely addressed subject. Even being allowed to donate to women in the menstrual period, few are aware of the possibility of donation. As we can see in the table the most response was directed toward a point of not knowing the correct answer with 7% (n = 5) and 46% (n = 31). The rest of the students reported 7% (n = 5) and 21% (n = 14) did not know the answer and 7% (n = 5), 12% (n = 8) claimed to be allowed to donate blood. We notice that there was no significance in the comparison of probability between donor/no donor and **myths** variables since the calculation of p value has been above 0.005.

Diseases, health conditions and donation: Post tooth extraction, diabetes, malaria, Chagas, hepatitis, anemia, weight below 50 Kg

The items listed in Table 5 are related describing some diseases and health conditions that may interfere in blood donation.

Table 5. Distribution of students in relation to diseases and health conditions.

MYTHS	DONOR (n=15)			NON DONOR (n=53)			P VALUE
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	
	% (n)						
Who extracted tooth can be donor	-	16(11)	6(4)	-	40(27)	38(26)	0,123**
Diabetics can be donor	6(4)	15(10)	1,5(1)	4(3)	46(31)	28(19)	0,014*
Who had malaria can be donor	-	10(7)	12(8)	6(4)	32(22)	40(27)	0,544**
Who has Chagas disease can be donor	-	16(11)	6(4)	1,5(1)	40(27)	37(25)	0,289**
Who had hepatitis can be donor	-	19(13)	3(2)	3(2)	50(34)	25(17)	0,235**
Anemic people can be donor	-	20(14)	1,5(1)	-	68(46)	10(7)	0,488**
Weight under 50kg	1,5(1)	20(14)	-	3(2)	63(43)	12(8)	0,260**

* P Value <0,005.

** There was no significance in comparisons – P Value >0,005.

Source: Research Data, 2010.

The results obtained in the research, shown in Table 5, when we explore "*dental extraction*" became evident that 56% (n = 38) of the student participants responded to be not allowed to donate to people who had tooth extraction in the last seven (7) days. But the remaining 44% of participants (n=30) reported not knowing whether the donation is allowed to them.

The Ministry of Health and ANVISA (2010) determine that the individual who is subjected to tooth extraction or dental treatment should be rejected for donation for a period of 72 hours.

Another item addressed by the table 5 was related to the "*availability of funding blood from diabetics*". When asked about the fact that the diabetic can or cannot donate blood, 61% (n = 41) of research participants answered no, 29.5% (n = 20) reported not knowing the correct answer and 10% (n = 7) reported to be possible donation.

The Ministry of Health recommends that patients with Type 2 diabetes can be donors of blood, if they can control the disease with nutrition and the use of oral drugs and also do not show history or risk of vascular complications (BRASIL, 2010).

Another factor we listed in Table 5 refers to the issue of "*the possibility of blood donation from people who had malaria*" over the past three years. Out of the respondents, 52% (n = 35) reported not knowing about this information, 42% (n = 29) denied the possibility of donation and 6% (n = 4) rather ensured the possibility to donate.

There is still not a sensitive test for detection of malaria that can be applied routinely in blood banks. For this reason, we temporarily excluded individuals who were in malaria zone in order to decrease the risk of transfusion Malaria (FUNDAÇÃO ..., 2006). This temporary exclusion lasts for 3 years for people either who have had malaria or who have lived in endemic areas (ANVISA, 2009).

Following diseases of the table, only 1.5% (n = 1) claimed to be possible to capture the blood of people who are with Chagas' disease, 56% (n = 38) reported to be not possible and 43% (n = 29) could not answer when questioned.

Candidates with a history or with clinical or serological Chagas disease were due to be excluded permanently (ANVISA, 2010), since disease transmission can occur through transfusion of contaminated blood or during pregnancy.

As Table 5 presents us data concerning the "*possibility of donating in people who have had hepatitis in the past*," 56% (n = 69) claim to be not possible the blood donation, 28% (n = 19) reported not knowing the answer and 3 % (n = 2) claimed to be allowed to donate.

Which raises doubts related to hepatitis in people is that there are different types of hepatitis, and each one follows a line of contamination, for example, people who had hepatitis A are partially excluded, ie. if the person is infected before 10 years of age, he or she is allowed to donate blood. As for hepatitis B and C, people who acquired the disease are permanently excluded from blood donation.

In preparation for the candidate to be a donor, he or she undergoes a rapid test for anemia that aims to ensure blood quality and health of the donor.

As shown in Table 5 the results obtained by the question about the "*possibility of donating to anemic people*" 88% (n = 60) out of the responses were no and 11.5% (n = 8) did not know the answer.

Anemia means a decrease of hemoglobin in the blood. The main function of hemoglobin is the transport of oxygen from the lungs to the cells, ie, this deficiency aggregated to donation can cause serious health risks to the donor (SHINOHARA, 2005)

The last topic that brings us to the table presents the question of the "*health condition of the donor*." It addresses the students' knowledge related to be or not allowed to collect blood from people whose weight is less than 50kg.

From the responses received, the highest concentration of results was targeted at not being allowed to make a donation with 83% (n = 57) of the total population. The remaining students were split between 12% (n = 8) who did not know how to answer the question and 4.5% (n = 3) who say there is a possibility of donation.

The resolution of ANVISA prescribes that "The minimum weight for a candidate to be accepted for donation is 50 kg" (ANVISA, 2010). This amount of blood is determined because the collection is directly related to the weight of the donor, ie, the anticoagulant present in the collection bag attaches to preventing blood to clot. The volume of anticoagulant bag is standardized for a minimum of 400ml of blood, which does not allow a person weighing less than 50kg to donate blood. (FUNDAÇÃO ..., 2006).

CONCLUSION

Blood donation is a spontaneous, voluntary and unpaid act. It is a safe procedure conducted by a team of competent professionals with disposables and without offering any risk to the donor. The donation is an act of solidarity that can arise spontaneously or tied to a specific patient.

We can state that **solidarity** comes as a right matter and perhaps essential to society, since it is sensitized to the issue of helping others, what we considered as a noble act. Solidarity is the most suitable word that can translate the sense that involves many people in one cause: to help others. This motivating action has as support the compromise that society has to citizenship, a form of compassion to others without needing their involvement.

Blood is a type of conjunctive tissue that circulates throughout the body with the task of maintaining the body life through the transport of nutrients, toxins, oxygen and carbon dioxide, where "the volume is approximately 7-10% of the weight body, ie about 5 liters" (SILVA *et al.*, 2006).

In most cases people who need a blood transfusion are accident victims, pre, post, and trans surgery patients, cancer patients with major burns, hemophilic, anemic patients, people with clotting problems, among other emergencies, which are made in order to increase the capacity of blood in oxygen transport, restoration of blood volume in the body, improve immunity, or even to correct coagulation disorders (FRANCO *et al.*, 2005).

We also point out that the lack of advertisement of health services can influence the decision of the people. The ignorance of the people related to donation because they believe to be important only when relatives need.

Doubts, myths and beliefs are factors associated with not donating blood.

In our study we can point some doubts and myths surrounding donation, such as the question of thickening the blood, fattening, losing weight with the donation. They are physiological factors that cause doubts independent of the generated stages by poor dissemination of information and lack of interest of students to seek answers.

Respondents in the interviews show that they understand the blood donation as an act of love and solidarity, *"it is an action of solidarity and generosity"* (Narcisio), *"it is an act of love, companionship and solidarity"* (Chuva de Prata), *"it is helping others"* (Gravata), *"it is the concern for life, solidarity, social conscience"* (Dalia), *"an act of love, a way to save lives"* (Amor Perfeito) *"it is an act of being able to save lives"* (Jacinto), *"donating blood is donating life"* (Flores do Campo).

We can say this based on the answers we obtained regarding the reasons for the effectuation of the donation. When the students chose option Self Will on the question regarding reasons for donation, we can understand that in some way they have been touched by the government appeals or self-consciousness to benefit others.

Through the conducted study, we can see from the writings and deeds based on authors who helped and assist in the teaching and learning, with its various forms, the importance of blood, blood donation and people consent on the donation.

The study addressed the nursing students in the 1st and 8th stage of a University of Southern Santa Catarina with the purpose of listing and differentiating between thinking of a student and a discipline in the health area at the beginning and end of the course.

We find it important to emphasize that the insistence on the subject is productive when related to the number of supporters to donation. We can suggest the institutions of blood collection to aggregate universities in order to have a wider margin of people and greater number of donors. We believe that the information can be scientifically propagated from the universities, to encourage people to make a very important procedure for patients who need blood.

We believe that poor acceptance to blood donation is the "consequence of the myths and taboos that perpetuate in society, ignorance of the importance of blood donation and lack of credibility of health services" (LUDWIG and RODRIGUES, 2005)

In our study this is a fact that concerns us, although this action is optional, it makes us think that we are in academic environment, and the study participants are all students of health who have on their daily lives the issues discussed in curriculum, so we expected a larger sample of supporters to donate.

The knowledge about the importance of blood donation is the basis for people to perform this action. And in this study we showed that students have a certain lack of knowledge on this theme. However we believe that nursing is a profession that works to promote health and prevent disease and its risk factors, in that sense that would work with a proposal for health education to their clients, be they of a Family Health Strategy (Estratégia Saúde da Família - ESF) or a hospital, thus addressing to a greater extent the role of the nurse before giving blood.

Perhaps we can say that during the course, issues that were addressed should sensitize more the students. The knowledge acquired during undergraduate made students to change their concepts and formulate their positions on the issue and perhaps this aspect of the consent favored making new donors. The importance of health education, guidance comes into question, because the lack of knowledge of people who do not have in their daily lives the addressed matter, making them often forget the theme, so we believe that campaigns, incentives and initiatives of the University may be a constant.

We believe that some of these people who lack direction and knowledge cannot perform this action, therefore they only realize the need, ie the importance of a donation when they face with a situation involving members related to his personal life (family or social).

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