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INVITED COMMENTARY

The relevance of donor satisfaction after living kidney donation—a plea for a routine psychosocial follow-up

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In living kidney donation (LKD), the donor agrees to undergo an elective procedure for the benefit of the recipient. Therefore, it is imperative to provide living donors with optimal care, both before and after LKD. Follow-up should be rigorous, long-term, and focus not only on medical but also on psychosocial outcome. The latter additionally offers the opportunity to question donors about aspects they themselves regard as crucial for their well-being.

In their manuscript, Menjivar *et al.* [1] address an important aspect of psychosocial outcome, namely donors' satisfaction with the donation process. In a retrospective study, they assessed donor satisfaction in LKD with a renewed 53-item version of the "European Living Donation and Public Health Project (EULID) Satisfaction Survey (ESS)" [2,3]. The authors aimed to analyze whether satisfaction with donation is a multidimensional construct. This is of high relevance, since a number of previous studies have measured satisfaction with LKD using only a general, sometimes even indirect single item. Menjivar *et al.* demonstrate that asking donors to summarize the whole experience within one answer leads to very undifferentiated results and does not expand the knowledge on relevant problems and care needs of living donors. Questioning donors whether they are satisfied with donation, whether they would donate again, or whether they regret their decision will identify only a small group of donors with an especially negative impact of LKD. However, that a donor rates the overall experience as more good than bad does not mean he or she did not also experience some negative consequences. Hence, such single items should never be the sole method to evaluate the impact of donation.

Moreover, if there is dissatisfaction, it is important to know, which areas are affected. The presented questionnaire can help to identify these areas. Indeed, exploratory factor analysis suggested that satisfaction was composed of three factors (discrepancies of expectations, interference on daily activities, and pain and discomfort), and even though donors' global satisfaction

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was high, cluster analysis identified a subgroup of donors with more dissatisfaction regarding all three factors. The study is also of relevance for clinical practice, as it specifies factors associated with dissatisfaction, like perceived premature hospital discharge, economic losses, and worse health outcomes for the recipient.

There is a lack of validated questionnaires for the specific assessment of the psychosocial outcome of living donation. A previous instrument developed within the frame of the European Multicenter Study "Transplantation of Organs from Living Donors" (EUROTOLD) [4] has not gained widespread acceptance. The renewed ESS is a promising instrument, but its implementation will depend on whether the results, especially the factor solutions, can be replicated in other centers in Spain and around the world.

Besides donor satisfaction, there are other important areas of psychosocial outcome in LKD. A large number of studies assess health-related quality of life (HRQOL) [5], a construct overlapping with the presented concept of satisfaction, for example, regarding discomfort, pain, and impaired activities. Some of these studies have already shown that HRQOL is not as good as the single satisfaction item suggests [6,7]. Furthermore, in comparison to HRQOL, the concept of satisfaction is less well defined and, as the authors state, "a somewhat elusive concept". However, in LKD, HRQOL presently can only be measured with generic instruments. Thus, it is helpful to have a specific questionnaire for living donors measuring different areas which could be impacted by LKD. Nevertheless, as the authors also state, to reach a comprehensive clinical picture, satisfaction measures should be combined with HRQOL instruments, especially since the phrasing of most satisfaction items does not allow for prospective assessments, as is possible with HRQOL measurements. For the satisfaction questionnaire, which can only be applied after LKD, longitudinal assessments could yield helpful information regarding possible changes in the postoperative course, for example, to detect worsening but also improvement of satisfaction and factors associated with these processes.

What can be learned from the study by Menjivar *et al.* is that we should not decrease our research efforts just because the majority of donors report an overall positive experience. On the contrary, more effort should be put into furthering our knowledge on the, as Dew and Jacobs [6] put it, "sizable minorities" who experience psychosocial difficulties. The analysis of risk factors [7] can be used to prevent certain donors from undergoing surgery and to identify those who are more likely to need special monitoring. However, we will not be able to totally prevent negative outcomes. Therefore, we have to find comprehensive and effective methods to screen for problems after LKD in order to swiftly discover those donors in need of care. Furthermore, research should center on effective interventions to treat these problems [8,9]. We should not be content to look at averages but should instead strive to identify and treat every single affected donor. The necessary prerequisite for that is a regular psychosocial follow-up, which should be instituted as part of the clinical routine at all transplant centers.

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