

Rapid review of the literature on shame and embarrassment in stool and sperm donation

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Background

The availability of emerging therapies, such as faecal microbiota transplantation (FMT), rely on the existence of a stable supply of donors. In contrast to other donated substances (e.g., blood), stool (i.e., faecal) donation is relatively unfamiliar to the general public,¹ and the substance itself, or the act of donating, may induce embarrassment or shame in potential donors.^{1,2} In comparison to shame and other negative emotions, embarrassment results from a public violation of a social rule.³

Embarrassment as a self-regulatory emotion, is thus an alarm system for possible social transgressions, and fear of embarrassment may lead to avoidance of potentially embarrassing situations and contexts.⁴ Embarrassment could therefore lead potential donors to avoid donating stool, and recipients to avoid receiving treatments derived from donated stool. Prior research has noted that treatment providers are concerned about the impact of FMT on patient dignity as a result of social stigma or shame associated with this treatment.⁵ Patients tasked with identifying a stool donor have also expressed embarrassment at doing so and viewed their embarrassment as a barrier to accessing treatment.⁶⁻⁸ In contrast, some studies suggest that patients may find FMT more acceptable if the stool donor is anonymous or if a public stool bank exists.⁵

Despite the potential benefits of stool banks, the perspectives of stool donors have been largely overlooked. Thirty-three percent of first-year Chinese postgraduate medical students who were asked about their attitudes toward donating stool felt ashamed of the topic of stool donation because it encroached on their privacy.⁹ Concerns about societal stigma and embarrassment were identified as barriers which may deter university students and health care workers from donating stool.¹ Therefore, just as embarrassment may discourage patients from accepting FMT,⁶ embarrassment may deter potential donors from engaging with stool banks. However, no studies describe the perspectives of actual stool donors and their experience of social stigma, embarrassment or shame when donating, and none describe practical strategies or guidelines implemented to mitigate these emotions. More established types of donation such as sperm donation, in which donors may similarly experience embarrassment and societal stigma,^{1,10} may offer insights for stool banks to help them manage these responses and increase donor comfort.

Aims

- 1) Conduct a rapid review of the literature on sperm donation and sperm banking focused on the practical aspects of managing shame and embarrassment associated with donating;
- 2) Analyse and draw parallels with this literature in order to identify strategies or processes that may inform the logistics of donating to stool banks.

Method

We conducted targeted searches in Web of Science, APA PsycNet, Science Direct, Ovid, PubMed and Google Scholar for peer reviewed literature to identify studies which described the embarrassment or shame experienced by donors when donating sperm or non-donors considering sperm donation.

Results

Of 1538 articles identified, 13 were of relevance and retrieved for full text review. The limited number of relevant sources identified is corroborated by the findings of a systematic review of the characteristics, attitudes, and motives of sperm donors, which noted that studies which investigated the experience of being a sperm donor in any considerable depth were limited.¹¹ Only one empirical study was identified which examined sperm donors' experience of shame.¹² However, as this was specifically shame related to an inadequate sperm count, the findings were not deemed transferable to the process of donating stool and thus not included in this rapid review.

A total of nine studies were identified which described potential or actual sperm donors' experience of embarrassment. Two surveys noted participant's perception of sperm donation as embarrassing, or that embarrassment was a potential barrier to donating sperm.^{13,14} In a series of semi-structured interviews,¹⁰ the negative social perceptions regarding sperm donors and donation were discussed, including negative responses from people who are close to the donor (e.g., friends). One donor in particular expressed that he did not tell anyone he was a sperm donor due to concerns about being mocked or laughed at for donating. Although encouraging people to share with others that they are a donor, and adopting strategies to foster a donor identity have been proposed as an effective recruitment and retention tool in other donation contexts (e.g., blood,¹⁵ organs¹⁶), the negative perceptions of both stool and sperm donation suggest that this strategy may induce embarrassment and therefore not be effective.

Discomfort or embarrassment associated with the physical act of donating sperm has also been reported. Forty-one percent of male university students who had not previously donated sperm, regardless of their future intention to donate or not, believed they would feel uncomfortable while physically donating sperm and this was a deterrent to donating.¹⁷ When interviewed, sperm donors recalled that clinic facilities were the least satisfactory aspect of being a sperm donor. Specifically, participants were dissatisfied with aspects of the facilities that caused them difficulties in donating or induced embarrassment when they attempted to donate (more specific details were not reported).¹⁸

In other qualitative studies, physically handling and handing over donated samples to clinic staff were identified as another cause of embarrassment and discomfort for sperm donors.^{19,20} Sperm bank donors recalled that the initial discomfort and awkwardness they experienced donating sperm within a clinical facility eased over time and became more routine once they became familiar with staff and procedures.¹⁹ One donor described being initially embarrassed and unnerved by the thought that staff knew what they were about to do in the bathroom. The same donor also tried to ensure that no other donors were in the facility parking lot so nobody except staff would see them arrive at the facility to donate. These feelings of embarrassment lessened when the donor realised that staff were there doing a job, and the initial experience of donating was like starting a new job only more uncomfortable. Another donor noted the decrease in their levels of discomfort and attributed this to donating becoming more routine, and staff being nice, accommodating and receptive.¹⁹ For some sperm donors, comments from staff regarding the speed at which they made their donation,¹⁹ or praise for the quality or quantity of their donation²⁰ were also a cause of embarrassment and discomfort.

Recommendations

The limited research on sperm donors' experiences of embarrassment when donating provides some insight into the practical aspects of managing embarrassment for stool donors. Specifically, we offer the following recommendations:

1. Use marketing strategies that emphasise the success of FMT and the critical importance of stool donation and donors in order to create more positive and accepting social perceptions of stool donation and donors.
2. Ensure recruitment information and the donation process emphasise the anonymous nature of stool donation.
3. Reassure potential donors by using testimonials from existing donors that acknowledge the initial embarrassment or awkwardness they experienced, strategies they may have used to overcome these feelings, and confirm that donation gets easier over time. This approach is consistent with research that shows interacting with someone who has undergone the same experience and understands feelings associated with that experience, is beneficial for overcoming embarrassment.²¹
4. Design stool bank/collection facilities to minimise embarrassment and enhance donor comfort. This may be achieved by implementing processes that maximise donor privacy and anonymity; maintaining physical distance between donors; and minimising the need for stool donors to handle donated samples.
5. Reduce interaction with staff to minimise donor embarrassment and discomfort at the point when donors hand over their donation, and advise staff to refrain from commenting on the quantity or quality of the sample donated, or the speed at which it is donated.

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