

A FIELD RESEARCH ON THE FACTORS AFFECTING ORGAN DONATION INTENTION IN KIRIKKALE

Organ Bağışlama Niyetini Etkileyen Faktörler Üzerine Kırıkkale İlinde Bir Alan Araştırması

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ABSTRACT

Although organ transplantation is one of the important technological opportunities for many people to survive today, it is seen that the number of organ donors is not enough worldwide. In this study, factors affecting the organ donation intention, which is an important problem encountered in today's societies, are examined. In this context, firstly, scientific literature on the subject is examined. Then, in Kırıkkale province of Turkey, primary data is collected and analyzed for the factors that are likely to affect the organ donation intention. As a result of the research, it was determined that the sense of guilt, positive attitude and perceived benefit affect the organ donation intention, respectively. On the other hand, it is seen that altruism, perceived risk and perceived control variables do not affect the organ donation intention significantly. Finally, research results are interpreted and suggestions are developed.

Keywords: Organ Donation, Transplantation, Social Marketing, Guilt Feeling

ÖZET

Organ nakli, pek çok insanın hayatta kalması için önemli teknolojik fırsatlardan biri olmasına karşın, dünya genelinde organ donör sayısının yeterli olmadığı görülmektedir. Bu çalışmada, günümüz toplumlarının karşılaştığı önemli sorunlardan biri olan organ bağışlama niyetini etkileyen faktörler incelenmektedir. Bu bağlamda, öncelikle konuyla ilgili bilimsel literatür irdelenmektedir. Ardından Türkiye'nin Kırıkkale ilinde birincil veriler toplanmakta ve organ bağışlama niyetini etkilemesi olası olan faktörler analiz edilmektedir. Araştırma sonucunda, sırasıyla suçluluk duygusu, olumlu tutum ve algılanan faydanın organ bağışlama niyetini etkilediği tespit edilmektedir. Diğer taraftan, özgecilik, algılanan risk ve algılanan kontrol değişkenlerinin organ bağışlama niyetini anlamlı düzeyde etkilemediği görülmektedir. Son olarak araştırma sonuçları yorumlanmakta ve öneriler geliştirilmektedir.

Anahtar Kelimeler: Organ Bağış, Organ Nakli, Sosyal Pazarlama, Suçluluk Duygusu

1. INTRODUCTION

Globally, the number of organ donors does not meet the need for organ transplantation, so organ scarcity is an important problem in benefiting from the potential of technological development. Although the development of health technologies enables successful organ transplantation, many people waiting for organs, die until the organ is donated or lose the chance of getting rid when the organ is found (Siminoff & Chillag, 1999).

Organ and donor shortages are often an important problem for societies. For example, more than 113 thousand people in the U.S. expect organ transplants. 2/3 of them are over 50 years old and 2 thousand children, and the most anticipated organ is kidney and liver. Although approximately 36.5 thousand and 95 daily organ transplants were made in this country in 2018, 20 people die due to waiting for transplantation every day. One person is added to the waiting list every 10 minutes, and the waiting list increases much faster than the donor list (<https://optn.transplant.hrsa.gov/>, 01.01.2020). In Turkey until August 2019, 2.881 organ transplant have been undertaken (<https://www.bik.gov.tr> is, 1.1.2020) and in 2020 waiting list contains more than 30 thousand people. Mostly kidney and liver transplantation is expected. Approximately 83.5 thousand transplants were carried out between 2010-2019 (<https://organ.saglik.gov.tr>, 15.1.2020).

Increasing organ donation depends on determining the factors that motivate people to donate. Considering that the organ donation shortage continues, it is understood that the communication efforts used in the promotion of organ transplantation such as “gift of life” are insufficient (Sque et al., 2006).

At this point, it is claimed that consumers can change their behavior when the obstacles decrease and benefits increase in terms of social marketing (Quinn et al., 2007). From the approach dictated by up to down information, social marketing has the potential to contribute to overcoming such social problems in which the needs and desires of target audiences are listened to, and researches about target audiences are performed (Weinreich, 2006). In short, it is more possible to determine the correct communication methods or approaches that motivate people to organ donation from the target audience perspective, through research to be carried out on what affects organ donation. Accordingly, it can contribute to the saving of many people's lives.

2. LITERATURE REVIEW: FACTORS AFFECTING ORGAN DONATION

Researches on the subject focuses on the decision-making process of organ donors and their families, the donors' feelings about donation and their quality of life after transplantation (Stother et al., 2005; Schweitzer et al., 2003), and generally points out that people who are young, white, educated, have high socioeconomic status and have less traditional religious views donate more organs (Klieger et al., 1994; Sanner, 1994). However, the benefits of this information are limited and research is needed on which messages are more effective for which group or what are the important variables in organ donation (Morgan & Miller, 2002).

“Gift Theory”, which is widely used in understanding organ donation behavior, is a theory consisting of giving, receiving and reciprocity components and has similarities with organ donation (Gill & Lowes, 2008). Accordingly, through the metaphor of “gift of life” used to encourage organ donation; it is aimed to give people positive messages about this gift, to respect donors and to increase donations (Gerrand, 1994). The organ receivers' curiosity and willingness to visit the donor, and desire to thank and develop relationships with them (Shaw, 2015) draw attention to the fact that organ donation is reciprocal in terms of the recipient. But; as it is seen in the gift theory, giving behavior can create a sense of indebtedness / guilt and obligation to respond in the buyer (Siminoff & Chillag, 1999).

In the qualitative study of Shaw (2010), it was concluded that gift terminology did not adequately show the sacrifice in donation (to think more about the place, to be treated again and again despite the death of the place, etc.) and it depoliticize the relationship of exchange (Gerrand, 1994). Therefore, organ donation can be conceptualized as a unconditional gift; given freely, without any wages or any response (Shaw, 2015), and self-sacrifice is an important variable in the organ donation decision (Mongoven, 2003; Sque et al. , 2006). At this point, it is possible that especially perceived risks or concerns are effective in organ donation (Schulz et al., 2006; Kopfman et al., 1998; Robbins, 1990). Possible perceived risks can be the health impairment for donors, the body's deterioration, unintentional use of organs and inappropriate medical techniques.

Besides, it is possible that organ donation decision may be affected by the perceived benefits (seeing the loved ones in the life of the recipient, etc.) related to this behavior (Siminoff & Chillag, 1999). In the qualitative study conducted by Gill and Lowes (2008) it is seen that; all donors made the donation decision voluntarily and easily, but due to health anxieties organ receivers encounters difficulties in making receiving decision. And when they discussed the issue with the donor and think they wanted them, they can make this decision. In the study, where it was seen that after successful transplantation, receivers were extremely grateful to their donors, donors obtained extremely personal satisfaction from the result. Therefore, it is possible to obtain a spiritual benefit from thinking that the patient is healthy and has the opportunity to live healthier for a longer period with organ donation. It is possible that the perception level of these benefits affects the organ donation intention and behavior.

Organ donation behaviors and intentions of people can also be explained by the Theory of Planned Behavior (TPB). This theory explains the behaviors that people perform consciously or voluntarily (Ajzen, 1991). According to the theory; intention is the most important predictor of behavior, and intention is explained by attitude (positive or negative assessment of behavior), relative social norm (social pressure perceived by the individual to perform behavior) and perceived behavioral control (perceived ease or difficulty in performing behavior). In their study, Hyde and White (2009), besides the variables of the

theory, self-identity (expanding the identity of the individual as organ donors) and moral norms (personal moral responsibility, etc.) are important factors in donation decision of university students.

Breshahan et al. (2007) investigate the American, Korean and Japanese undergraduate students' intention to enroll as organ donors based on TPB. As a result of the study; 17% of Koreans, 61% of Americans and 77% of Japanese applied for organ donation. In their study, the intention to donate in all countries affects the donation behavior. According to the results of the study in the USA; attitude and social factors (social norm and communication with family) positively affect intention. In Japan, it was determined that attitude, self-efficacy (need for control) and social factor (communication with family) positively affect intention. In Korea, while attitude and family communication affect the behavioral intention positively, it is concluded that self-efficacy (knowledge) affects intention negatively. Therefore, it is understood that the variables affecting organ donation can change according to cultural and situational factors and it is thought that the researches to be carried out in different cultures will be useful in encouraging organ donation.

In the study conducted by Mostafa (2010) with a social marketing perspective, it was found that attitudes towards organ donation affect the intention of organ donation and altruistic values, perceived benefit, perceived risks and information affect attitudes. Similarly, in the study of Morgan and Miller (2002), it was concluded that altruism is an important variable in organ donation as well as attitude about organ donation, perceived social norms and information about organ donation. In addition, there are studies showing that altruism is positively associated with organ donation (Horton, 1991; Horton & Horton, 1991; Kopfman & Smith, 1996).

In this research, the effect of the variables of attitude towards organ donation, perceived control, altruism, perceived risk and perceived benefit on organ donation intention is tested within the scope of field study. Since it is thought that the relative social norms for organ donation and seeing organ donation as part of identity are low in the region where the research is carried out, these variables are excluded from the study. In addition to that, unlike the studies examined in the literature, the role of guilt feeling about organ donation is included in the research model.

Guilt, which is a negative and widespread emotion, may arise from the incompatibility between the current situation and the standards and it may be caused by not acting (O'Keefe, 2000). Researches in social marketing and consumer behavior area shows that situations or stimulants that cause uncomfortable feelings, such as guilt, may cause certain behaviors (voluntary behavior, donation behavior, less divergent consumption, etc.) (Brennan & Binney, 2010; Basil et al. ., 2006; Chang, 2011; Cotte et al., 2005; Okada, 2005; Chun et al., 2007; Kabadayı et al., 2015; Onwezen et al., 2014; Lascu, 1991). Moreover, Wang's (2011) study shows that anticipated guilt is important factor in organ donation registration intention. Therefore, it is thought that the feeling of guilt experienced because of not making organ donation and thinking people are hurt because of organ shortage, may affect the organ donation intention.

3. FIELD RESEARCH

A field study is conducted on the effect of altruism, perceived benefit, perceived risk, perceived behavioral control, attitude and guilt emotion on organ donation intention. Within the scope of the research, primary data was collected from 367 people in Kırıkkale province by convenience sampling method between dates of 1.11.2019-25.11.2019.

Scientific researches on the subject was used in the design of the questionnaire. The items composing the questionnaire are in the form of a 5-point Likert (1: Strongly Disagree, 5: Strongly Agree) and items are adapted to study by benefiting related researches. Accordingly, for altruism variable, Stern et al.'s (1993) and Morgan & Miller's (2002) studies; for the perceived benefit variable Mostofa's (2010) and Kim et al.'s (2006) studies; for perceived risks and organ donation intention variable Mostofa's (2010) study; for perceived control variable Bresnahan et al.'s (2007) study; for attitude toward donation variable Mostofa's (2010), Morgan & Miller's (2002), Goodmonson & Glaudin's (1971) study and Kopfman & Smith's (1996) studies; and for guilt feeling variable Kabadayı et al.'s (2015), Theotokis & Manganari's (2014), Lee-Wingate & Corfman's (2010), Holbrook & Batra (1987), Onwezen et al. (2014) and Roseman et al. (1994) studies are benefited.



3.1. Analysis and Findings

185 of the 367 participants in the research are men and 122 are women. A balanced distribution is observed in terms of age is seen. In terms of education, 107 people are high school graduates, 97 people are associate degrees and 98 people are graduates. In terms of income, 118 people are in the 2601-5100 TL and 90 people are in the 2101-3600 TL income group.

Table 1. Demographic Characteristics of Sample

| | Quantity | Valid Percentage |
|-----------------------|----------|------------------|
| Gender | | |
| Female | 122 | 33,2 |
| Male | 185 | 60,3 |
| Age | | |
| 20-27 | 70 | 19,5 |
| 28-35 | 59 | 16,4 |
| 36-43 | 93 | 25,9 |
| 44-50 | 98 | 27,3 |
| 51 and above | 39 | 10,9 |
| Education | | |
| Primary School | 29 | 7,9 |
| High School | 107 | 29,2 |
| Associate | 97 | 26,4 |
| Undergraduate | 98 | 26,7 |
| Graduate and above | 20 | 5,4 |
| Monthly Income | | |
| 0-2100 TL | 53 | 15,5 |
| 2101-3600 TL | 90 | 26,2 |
| 3601-5100 TL | 118 | 34,4 |
| 5101-6600 TL | 49 | 14,3 |
| 6601 TL and above | 33 | 9,6 |

Exploratory factor analysis was performed to examine the structural validity of the research variables. In addition, the reliability coefficients of the item groups aimed at measuring the variables was calculated. According to the analysis conducted for the altruism variable, the reliability coefficient was found to be 0.910. As a result of factor analysis conducted for altruism, Kaiser Meyer Olkin's coefficient was found to be 0.909 and it is understood that the data were suitable for factor analysis. Accordingly, 7 items in the scale were gathered under one factor explaining 65.936% of the total variance.

Table 2. Factor Analysis/ Altruism

| Items | Factor Loadings |
|--|-----------------|
| If I could contribute for someone, I would do everything possible | ,857 |
| I want to do small favors every day for people I care about | ,852 |
| I tend to be a person who generally gives others happiness | ,839 |
| Helping others is one of the most important aspects of life | ,812 |
| I like working for the welfare of others | ,791 |
| Your family tends to do things that they can help those who are worse than us | ,772 |
| I agree with the old saying, "giving is better than receiving" | ,756 |
| <i>Eigenvalue: 4,615, Explained Variance: 65,936, Alpha: 0,910, Average:3,6375</i> | |

The Cronbach Alpha coefficient of the perceived benefit variable was determined as 0.822. According to the factor analysis conducted for this variable consisting of 3 items, the KMO sample suitability coefficient was found to be 0.718. The items were collected under a single factor explaining 73.838% of the total variance.

Table 3. Factor Analysis/ Perceived Value

| Items | Factor Loadings |
|--|-----------------|
| Organ donation helps people live for extra years | ,869 |
| Organ transplantation improves the quality of life of the recipient | ,865 |
| Organ transplants can lead people maintain lives | ,844 |
| <i>Eigenvalue: 1,215, Explained Variance: 73,838, Alpha: 0,822, Average:3,5764</i> | |

The reliability coefficient of 3 items prepared for the perceived risk variable is 0.836. According to the factor analysis conducted for the relevant question group, the KMO coefficient was determined to be 0.717. The items that make up the variable explain 75,161% of the total variance as a single factor.

Table 4. Factor Analysis/ Perceived Risk

| Items | Factor Loadings |
|--|-----------------|
| I am concerned that the donated organs will be used for medical research instead of transplantation. | ,889 |
| Appropriate medical techniques may not be used in organ transplantation | ,858 |
| I worry that when the organ of a loved one is donated, the body will become shapeless | ,854 |
| <i>Eigenvalue: 2,255, Explained Variance: 75,161, Alpha: 0,836, Average:2,8559</i> | |

Alpha coefficient of 3 items prepared to determine the perceived control of organ donation was determined to be 0.848. According to the explanatory factor analysis conducted for this question group, the KMO sample suitability coefficient was calculated as 0.715. Accordingly, the related question group was gathered under a single factor explaining 76.733% of the total variance.

Table 5. Factor Analysis/ Perceived Behavioral Control

| Items | Factor Loadings |
|--|-----------------|
| I'm free to donate organs | ,902 |
| It is my decision not to donate / donate my organs | ,881 |
| I can decide to donate my organs | ,844 |
| <i>Eigenvalue: 2,302, Explained Variance: 76,733, Alpha: 0,848, Average:3,7608</i> | |

Alpha coefficient calculated for 7 items prepared to determine attitudes towards organ donation is 0.909. According to the factor analysis results conducted for the relevant question group, the KMO coefficient was determined as 0.896. Accordingly, the items that make up the variable are gathered under one factor explaining 68.752% of the total variance. In this question group, the question with a factor load below 0.5 and inversely meaningful was excluded from the evaluation.

Table 6. Factor Analysis/ Attitude toward Organ Donation

| Items | Factor Loadings |
|--|-----------------|
| I see organ donation as a positive process | ,857 |
| Organ donation is for the benefit of humanity | ,843 |
| I believe organ donation is a merciful act | ,834 |
| I believe organ donation is a selfless behavior | ,830 |
| I see organ donation as a natural method to prolong life | ,808 |
| I support the idea of organ donation for transplantation | ,801 |
| <i>Eigenvalue: 4,125, Explained Variance: 68,756, Alpha: 0,896, Average:3,6488</i> | |

The Alpha coefficient of 4 items prepared to measure the intention to donate organs is 0.873. According to the factor analysis conducted for this variable, the KMO coefficient was determined to be 0.816. According to the analysis results, the one factor explaining 72,795% of the total variance was determined.

Table 7. Factor Analysis/ Organ Donation Intention

| Items | Factor Loadings |
|--|-----------------|
| I will start thinking about recording an organ donation | ,896 |
| I am interested in becoming an organ donor | ,895 |
| I intend to be an organ donor | ,832 |
| I will discuss with others about the organ donation record | ,785 |
| <i>Eigenvalue: 2,912, Explained Variance: 72,795, Alpha: 0,873, Average:3,3148</i> | |

The Alpha coefficient of the 6 items created for feelings of guilt about organ donation is 0.887. According to the factor analysis conducted for this question group, the KMO coefficient was determined as 0.851. The items that make up the variable are gathered under a single factor that constitutes 63,981% of the total variance.

Table 8. Factor Analysis/ Guilt Feeling about Organ Donation

| Items | Factor Loadings |
|--|-----------------|
| I feel guilty (when someone is damaged) | 0,838 |
| I feel uncomfortable (when someone is damaged) | 0,837 |
| I feel irresponsible (when I don't apply for damaged) | 0,829 |
| I feel guilty (when I don't apply for donation) | 0,826 |
| I feel uncomfortable (when I don't apply for donation) | 0,801 |
| I feel irresponsible (when someone is damaged) | 0,651 |
| <i>Eigenvalue: 3,839, Explained Variance: 63,981, Alpha: 0,886, Average:3,1355</i> | |

3.2. Regression Analysis for Factors Affecting the Organ Donation Intention

Within the scope of the research, multiple regression analysis was carried to examine the effects of research variables related to organ donation intention. According to the analysis, the model created is meaningful and the rate of explaining the organ donation intention of independent variables is 44%. Accordingly, it is seen that altruism, perceived risk, perceived control variables do not affect the intention of organ donation. On the other hand, the importance of guilt, perceived benefit and positive attitude affect the organ donation intention positively.

Table 9. Regression Analysis

| Dependent Variable: Organ Donation Intention | | T | Sig. |
|--|-----------------|-----------------------------|--------------|
| Constant | | 1,646 | 0,101 |
| Independent Variables | Standard B | | |
| Altruism | 0,045 | 0,672 | 0,502 |
| Perceived Value | 0,254 | 4,538 | 0,000 |
| Perceived Risk | 0,055 | 1,271 | 0,205 |
| Perceived Control | -0,024 | -0,426 | 0,670 |
| Attitude | 0,178 | 2,701 | 0,007 |
| Guilt Feeling | 0,361 | 7,276 | 0,000 |
| <i>F: 39,914</i> | <i>R: 0,661</i> | <i>R²: 0,437</i> | <i>0,000</i> |

4. DISCUSSION

The fact that altruism does not affect organ donation is an unexpected result within the scope of the research, and is different from the results of previously conducted researches that shows altruistic perceptions about organ donation were effective in organ donation (Mostofa, 2010; Morgan & Miller, 2002; Kopfman & Smith, 1996). It is thought that this result can be due to the fact that altruism is considered in the study as a personal feature at a general level. It is stated that general attitude measurements may be low in predicting special behaviors (Ajzen, 1989: 250-257).

Second, the conclusion that the perceived value affects the organ donation intention is similar to the research results in the literature (Siminoff & Chillag, 1999; Gill & Lowes, 2008). Therefore, it is possible to increase the perception of organ donation intention by increasing the perceptions that people are allowed to continue their lives more thanks to the organ donation and the quality of their lives is increased.

Thirdly, finding about the effect of the perceived risk variable (concern that the donated person's body will deteriorate, be used for different medical researches, and inappropriate medical techniques will be used) is different from previous research results (Schulz et al., 2006; Kopfman et al., 1998; Robbins, 1990). This result is interpreted as the risk perceptions examined within the scope of this research are not important in the organ donation intention in the sample examined. Similarly, the finding that perceived control does not affect the organ donation intention is an unexpected result within the scope of the research and differs from the research results in the literature (Hyde & White, 2009; Bresnahan et al., 2007). However, it is stated by the founders of the Theory of Planned Behavior that the perceived behavioral control variable may not be important in the model when the individual does not have much knowledge about the research subject (Ajzen, 1989).

The conclusion that positive attitude affects the organ donation intention is similar the results of previous research results (Hyde & White, 2009; Bresnahan et al., 2007; Mostafa, 2010; Morgan & Miller, 2002) and assumptions of Planned Behavior Theory (Ajzen, 1989: 250-251). Therefore, it is understood that creating and maintaining organ donation attitude and seeing organ donation good, correct, beneficial and positive will affect the organ donation intention. Finally, the finding of the feeling of guilt positively affects the

organ donation intent is an original result of the study. Therefore, feelings like people are unable to continue their lives or people are damaged due to not donating organs affects organ donation intention.

5. CONCLUSION

As a result of this research conducted in order to reveal the factors affecting the organ donation intention in the Kırıkkale sample, it is determined that the perceived benefit and positive attitude are the factors positively affecting the organ donation intent. On the other hand, it is seen that altruism as a personal feature, specified perceived risks of organ donation and perceived behavioral control are not effective in this intention. Also, it is understood that the feeling of guilt affects the organ donation intention more than other variables in the research model. This result shows that guilt messages / appeals can be used to encourage this intention. However, it is uncertain that what types of guilt messages and how much the level of guilt would to promote organ donation intention. Future studies in this direction are thought to contribute to the understanding of the subject.

As in every research, this research, which deals with perception, attitude and intentions, has its limitations. The use of a descriptive survey method, in which the level of participation of people is measured, requires the assumption that the participants gave honest answers to the survey items. In addition, conducting the research in a narrow location prevents the generalization of the research results.

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