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# THE EFFECTIVE VARIABLE ON BELIEFS ABOUT ORGAN DONATION

A Thesis Submitted to the Graduate School

In Partial Fulfillment of the Requirements

For the Degree of

Master of Science

Sarah M. Brunhoeber

PITTSBURG STATE UNIVERSITY

Pittsburg, Kansas

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# THE EFFECTIVE VARIABLES ON BELIEFS ABOUT ORGAN DONATION

An Abstract of the Thesis by  
Sarah M. Brunhoeber

Limited research has been conducted over the beliefs affecting organ donation. The current literature that does exist offer conflicting results, especially concerning race and religion. A study at a university in the Midwest reported that there was a difference in support of organ donation between different races. This is the case throughout the literature. These factors leave organ procurement centers and society, in general, with little definitive information from which to draw conclusions. Without this valuable information, it may prove difficult to determine how to increase both awareness and donation rates. This study found that the major factors affecting a person's opinion on organ donation are prior education on organ donation, and personal knowledge of both an after-death organ donor and a donor recipient. While no significant differences were found between religion denominations, a difference was found in the degree of religiousness a person believed him or herself to be.

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## CHAPTER I

### INTRODUCTION

Organ donation is a growing area of concern in the medical field today. The aspects affecting a person's opinion on donating were targeted in an effort to increase public awareness and donations. However, limited research existed on this topic. This study attempted to contribute valuable information concerning the variables that do affect a person's opinions on organ donation. With this information, public education of organ donation benefited. It was hoped that this information became useful to the medical community to increase both awareness and support for organ donation.

## CHAPTER II

### HISTORICAL BACKGROUND

The literature that can be found offers conflicting results as to how each factor affects a person's opinion on organ donation. In relation to race, Yuen, et. al., reported that there was "overwhelming support for organ donation across all racial groups" (pg. 13). The authors also stated "no differences were found in the willingness to donate organs based on gender, age, education, or religion" (pg. 15). This study was completed in a hospital in Bronx, New York. It can be inferred that this region is very culturally diverse, so many different races were represented here. Rubens reported findings that indicated race affected beliefs about organ donation. Specifically, "African-American students differ significantly from white students in their attitudes and beliefs toward organ donation, while Asian-American, Hispanic, and international students were similar to white students in their attitudes and beliefs regarding organ donation" (pg. 417). It did go on to note that African-American students were more supportive of donation than the general population of African-Americans. Other races were also reported to be less supportive of organ donation as compared to the white population (pg. 420). This study was conducted at a university in the Midwest, which typically does not have as ethnically diverse a population as in the first study. It could also be inferred that, in the Midwest, beliefs and attitudes are possibly more conservative, which may have had an effect on the results obtained. A third article, titled "The Stability of Family Decisions to Consent or Refuse Organ Donation: Would You Do It Again?" studied predictors of a family's contentment

with their decision of donating or not donating. This article, which supports findings that there is a difference in support of donation between different races, stated that, "African-Americans were less likely to donate than Caucasians" (Burroughs, T. E., et al, pg. 157). Lastly, McNamara found that although the support for organ donation among minorities in the U.S. is generally low, the lack of support is the result of a few known factors. The three main factors that McNamara identified are as follows: "the belief that a doctor does all he or she can to save a life before pursuing donation; family discussion about end-of-life issues; and concerns about surgical 'disfigurement' of a relative's body after donation" (pg. 48). He concluded that if these factors were publicly addressed, the resulting knowledge would increase support among all ethnic groups. In general, the results of past research on this topic, as can be seen in these examples, vary dramatically from study to study.

Another factor, perhaps even more definitive than race that affects organ donation, is religion. A number of religions openly voice support of organ donation. However, studies have shown that what religious officials say and how people of each denomination feel are contradictory. For instance, Feld, et al, found that almost half of those surveyed, in the Jewish community in Ontario, reported that they believed organ donation to be against the Jewish law. Even more that this reported that they had been taught this in some form of Jewish schooling. Since it is truth that most rabbis and Jewish scholars endorse organ donation, Feld concluded "the Jewish community has a lack of awareness about the teachings of Jewish law on the subject of organ donation and transplantation" (pg. 22). Another uncertainty concerning organ donation is found in the religion(s) of the



Asian culture. McConnell reported that the blend of four religious practices, specifically in Japan, results in ambiguity in views on brain death and organ donation and transplantation. While the younger generations are becoming more open to the practice of organ donation, the elderly population's maintained traditional view, along with the mistrust in the medical field, continues to result in ambiguity and even opposition to the entire field of organ donation (pg. 322-323). This experimenter thinks that since this study is conducted in the Midwest region of the United States, perhaps the melting pot of cultures and conservative view will yield different results than in the origin/central locations of each religion.

As a result of the limited research, not only concerning the topic of racial and religious influences on organ donation, but on the field of organ donation in general; definitive conclusions cannot be drawn. This study will add to the scarce research that has been done on these factors affecting organ donation. It hopes to provide more definitive results concerning this topic, either one way or the other.

## CHAPTER III

### METHOD

#### Participants

One hundred ninety undergraduate students enrolled in general education classes participated. As students of general education classes, education level and economic status were matched. Of the 190 students involved, 114 were female and 76 were male. The mean age of females was 20, with a range from 17 to 32. Ninety-three point nine percent of female participants were white, with the rest being from minority racial groups. The mean age of males was 20.5, with a range from 18 to 48. Ninety-three point four percent of male participants were white as well. Participants were grouped into seven religious categories: Baptist, Catholic, Methodist, Nondenominational, None, Other, and X (did not specify religion). For further information, see Table 1.

#### Materials

A 20- question survey was used for this study. Several of the questions were modeled from the questionnaire developed by Rubens, 1996. The experimenter generated the remaining questions (see Appendix B). Participants were to rate their answers as "Strongly Agree," "Agree," "Disagree," or "Strongly Disagree." The survey was administered by group, in a quiet room with no distractions.

### Procedure

Testing was group administered and completed in one setting, taken approximately ten to fifteen minutes to complete. Numbers were assigned to each response (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly Agree). Four items, questions 2, 13, 14, and 16 were reversed scored.

**Table 1. Religious Percent According to Gender**

Gender			
Religion	Male	Female	Total
Baptist	14.5	7.9	10.5
Catholic	19.7	26.3	23.7
Methodist	9.2	6.1	7.4
Nondenominational	22.4	33.3	28.9
None	14.5	5.3	8.9
Other	11.8	8.8	10.0
X	7.9	12.3	10.5

## CHAPTER IV

### RESULTS OF THE SURVEY

A total score was derived by adding all of the questions from the Organ Donation Survey except for questions 1 and 9, which were not directly related to opinion regarding organ donation. As a result, the total scores ranged from 18 to 72. A preliminary 2(Gender) x 7(Religion) analysis of variance was performed to determine if there were any effects due to gender, religion, or the interaction of gender and religion. The results indicated that there were no main effects gender or religion, nor was there an interaction involving gender and religion (all  $p$ s > .11, see Table 2).

The total scores were then entered into a stepwise regression procedure with Gender, RELIGIOUSNESS (rating of how religious the person believed him or herself to be), SERVICES (number of religious services typically attended in a month), KNOW1 (if the participant knew anyone who donated an organ while living), KNOW2 (if the participant knew anyone who donated an organ after death), KNOW3 (if the participant knew anyone who had received an organ transplant), and EDUCATION (if the participant had prior educational experiences regarding organ donations). The results indicated that four variables, EDUCATION, KNOW2, RELIGIOUSNESS, and KNOW3 were retained by the model. These variables explained 24.95% of the total score variability and were significant to the regression solution,  $F(4, 169) = 11.3, p < .0001$ . (See Table 3.)

**Table 2. Mean of Religious Categories and Comparison for Gender**

Gender		
Religion	Male	Female
Baptist	59.40	63.89
Catholic	57.73	60.52
Methodist	59.33	62.86
Nondenominational	63.21	59.49
None	63.56	64.33
Other	56.89	63.00
X	57.67	55.36

**Table 3. Correlation of Significant Variables: Education, Know 2, Religious, Know 3, and the Total.**

Correlation					
Correlation	Education	Know 2	Religious	Know 3	Total
Education	1.0000	0.1157	-0.1019	0.0136	-0.3779
Know 2	0.1157	1.0000	-0.1226	0.1312	-0.2370
Religious	-0.1019	-0.1226	1.0000	-0.1437	-0.0533
Know 3	0.0136	0.1312	-0.1437	1.0000	-0.1450
Total	-0.3779	-0.2370	-0.0533	-0.1450	1.0000

## CHAPTER V

### DISCUSSION AND CONCLUSIONS

It was found that no significant differences existed among religion, or between gender. The means of the seven religion categories all fell near 60, with 55.36 as the lowest and 64.33 as the highest. Therefore, this study reports no significant difference between religions. Once again, the lowest possible score was 18 and the highest possible score was 72. In terms of gender, no significant difference was found. From this, it is concluded that there is no difference in opinion of organ donation as a result of gender. Also from the preliminary analysis, no significant difference was found in the interaction of gender and religion. Therefore, support for organ donation did not differ based on one's gender, one's religion, or a combination of these two variables.

The significant findings revolved around education of organ donation, a person's religiousness, knowledge of someone who has donated an organ after death, and knowledge of someone who has received an organ transplant. The importance of prior education concerning organ donation in reports of support for organ donation was found. The relationship between religiousness and opinion of organ donation was as follows: the more education a person had concerning organ donation, the more likely that person was to endorse organ donation. The results of education about a certain topic generally lead to a greater understanding of the topic. Once the topic is understood, and educated decision can be made in terms of one's opinion on the specific topic. With organ donation, education was the key to increasing support. As was found, when people are

not only aware of the benefits of organ donation but also have knowledge as to how the organ procurement system works, they were more ready to display approval.

While no difference existed in terms of what religion a person practices, the difference existed in how religious a person viewed him or herself. Once again, the more self-described religious a person was, the more that person endorsed organ donation. One explanation of this is that most religions view helping others as a virtue. The entire purpose of the organ donation system is to help and enhance the lives of others. Self-sacrificing for the good of the majority is also viewed as valuable. To sacrifice part of oneself at the end of life for the betterment of another life is the considered noble; soldiers sacrifice their lives in war for the sake of their fellow soldiers and the country for which they fight. Organ donation follows the same concept.

Also found was the relationship between support for organ donation and one's knowledge of a person who had donated an organ after death, as well as the relationship between organ donation support and the knowledge of someone who had received an organ transplant. Education is not the only way that a person can learn about the process and effects of organ donation. Perhaps equally important, or even more important, than education is one's personal experience with organ donation. Experiencing the donation process from either side, the side of the donor or the side of the recipient, increased awareness of organ donation in general. Donor families and recipient families are educated both before and after the procedure; however, personal experience is a more powerful form of education. As was found in this study, as a one's personal knowledge of an organ donor or recipient increased so did the support for organ donation.

Overall, this study found that the most influential factors on opinion of organ donation were not gender or one's religious denomination. Instead, education about organ donation, knowledge of an organ donor or recipient, and degree of religiousness were the significant variables that affect one's opinion of organ donation and the organ procurement system. In order to increase support for organ donation, these factors must be taken into account. Educating the public about organ donation is the key to increasing awareness and support for the valuable practice of organ donation.



## CHAPTER VI

### RECOMMENDATIONS

It is recommended to doctors, nurses, and the entire health care community that public awareness programs would successfully heighten support for organ donation. With this knowledge, future research is expected to explore the most effective methods of public education. Also suggested is research to further discover the beliefs among various religious groups concerning organ donation and possible approaches for the education of each religious group of the benefits and advantages of organ donation.

Another aspect considered for future research would be the inclusion of a spirituality scale. The difference between religious views and spiritual views could then be pursued. This may make a difference in that some people may view themselves as very spiritual but not religious, and visa versa. This may impact the data collected and pending results more conclusively.

A last consideration for future research is further investigation into the impact of education on opinions of organ donation. Investigating what type of education, the type of organization that provided the education, etc., could further supply valuable information that would be of great value to the medical community.

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## REFERENCES

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## APPENDIX

**Department of Psychology and Counseling**

1701 S. Broadway - Pittsburg, KS 66762-7551 - 316/235-4523  
Fax: 316/235-4520 [www.pittstate.edu/psych](http://www.pittstate.edu/psych)

***Informed Consent***

Participant's Name \_\_\_\_\_

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Project Title: Opinions regarding organ donation.

Description and Explanation of Procedure: You will be asked to answer questions regarding organ donation.

Risks and Discomforts: There are no risks or discomforts associated with this study.

Potential Benefits: The results of the study will be helpful to help us understand the beliefs of individuals regarding organ donation.

**CONSENT:**

I am fully informed of the above-described study with its possible benefits and risks. I give my permission to participate in this study. I know that David P. Hurford or Sarah Brunhoeber will be available to answer any questions I may have. If, at any time, I feel my questions have not been fully answered, I may request to speak with the Chair of the Department of Psychology and Counseling (Dr. Solly, 316 235-4521). I understand that I am free to withdraw this consent and stop participation at any time. I am also aware that a copy of this Informed Consent form will be provided to me upon request.

\_\_\_\_\_  
Signature of Participant

## SURVEY

Gender: M\_\_\_ F\_\_\_ Age: \_\_\_\_\_

Ethnic group: Hispanic\_\_\_ African Amer. \_\_\_ White\_\_\_ Asian Amer. \_\_\_  
Other\_\_\_

Religious affiliation:

---

Participation in religious services: \_\_\_\_\_ times per month

I view myself as.....1 2 3 4 5 6 7 8 9 10  
Not religious Very religious

I know someone who donated an organ while living.....Yes No

I know someone who donated an organ after death.....Yes No

I know someone who has received an organ transplant.....Yes No

I have received education about organ donation in general.....Yes No

---

Please answer the following questions using this system:

SD- Strongly Disagree D-Disagree A- Agree SA- Strongly Agree

(Please Circle)

1. I believe in an afterlife.....SD D A SA

2. I have religious objections to organ donation.....SD D A SA

3. I am knowledgeable about organ procurement and the organ  
procurement system.....SD D A SA

4. I support organ donation.....SD D A SA

5. I would agree to an organ transplant, if my life  
were in danger without one.....SD D A SA

6. I am willing to have my organs donated after my death.....SD D A SA

7. I have signed an organ donor card or the back of my driver's license.....SD D A SA
8. I know someone who has signed an organ donor card or the back of  
his/her driver's license.....SD D A SA
9. It is important to discuss my wishes for after my death  
with my family.....SD D A SA
10. I have discussed my wishes about organ donation with my family.....SD D A SA
11. If needed, I would receive an organ from a person of a different  
race than myself.....SD D A SA
12. I would be willing to donate my organs to a person of a different  
race than myself.....SD D A SA
13. I believe that organ donation is against my religion.....SD D A SA
14. I have been taught that organ donation is against my religion.....SD D A SA
15. I think that organ donation is a safe, effective practice.....SD D A SA
16. I think that organ donation is mutilation to the body.....SD D A SA
17. I trust that doctors and hospitals use donated organs as they are  
intended to be used.....SD D A SA
18. I think that doctors would try just as hard to save my life whether  
or not I plan to be an organ donor.....SD D A SA
19. In general, I think that organ donation is a good thing.....SD D A SA
20. Organ donation is consistent with my moral values and beliefs.....SD D A SA

