



# Influence of Empathy, Beliefs, Attitudes, and Demographic Variables on Willingness to Donate Organs

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## ABSTRACT

**Background.** As organ transplantation has become a more routine medical procedure, there has been a growing interest in studying people's attitudes and knowledge concerning organ donation. Trait empathy and self-interest influence different pro-social behaviors to a great extent; still, their role in the promotion of organ donation registration and willingness to donate organs remains unclear. However, people with higher levels of empathy report more altruistic beliefs. We assessed the influence of empathy, beliefs, and demographic variables on willingness to donate organs.

**Methods.** We included 191 subjects (135 female, 56 male) aged 16–61 years (mean, 26.86 ± 12.88), who participated in educational meetings concerning organ donation. The group was composed of students, teachers, and nurses. Survey tools included the Individual Questionnaire: Study of Attitudes Towards Transplantation, consisting of 26 closed-ended questions (with the consent of the Krakow Statistical Office) and the Empathy Scale by Mehrabian and Epstein.

**Results.** Of the respondents, 97.4% accept transplantation from living donors, 95.8% accept deceased donations, and 78.5% agree with posthumous life-saving organ donation. The majority of respondents (73%) achieved an average level of empathy, and 20.4% of respondents exhibited considerably higher empathy levels. There was a significant difference between the respondents' sex and their agreement to make a life-saving organ donation. Differences were found among the groups, the attitudes and willingness to donate organs, and between the level of empathy and agreement/consent for organ donation.

**Conclusions.** Our findings show that the group in general has favorable beliefs about transplantation and declares a willingness to make a posthumous organ donation. These beliefs vary based on demographic variables. Education about organ and tissue donation has a positive impact on donation and transplantation rates.

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**O**RGAN and tissue transplantation has become an effective intervention, allowing the saving of or at least an improvement in many human lives. Despite its increasing availability from the technological standpoint, the gap between the number of people waiting for a transplantation and the number of donors widens each year all over the world.

Owing to legislative initiatives, policy changes, and educational campaigns, we can observe rising organ donation rates [1,2]. However, researchers have continued their efforts to better understand the decision-making processes involved in donating one's organs upon death. A growing body of research on organ donation has focused on individuals'

attitudes and their willingness to become organ donors [3–5]. Public opinion polls have shown that society is aware of the general issues concerning organ donation. In 2012, the CBOS Organization determined that 74% of the Poles surveyed agreed to their organ being transplanted after death; nevertheless, in recent years, we have observed a decrease in percentage agreement [6].

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The objective of this research was to identify factors that might prove helpful in designing educational interventions aimed at improving organ donation rates. The study shows that attitudes toward organ donation and the degree of willingness to register as an organ donor are associated with a wide range of variables, including humanitarian and charitable feelings, previously performed voluntary actions, secular and religious beliefs, altruism, empathy, fear, and willingness to communicate donation intentions with family, as well as anxiety about body integrity and death [2,3,7,8]. Radecki and Jaccard [9] developed a theoretical framework summarizing decision making about organ donation. Solidly grounded in attitude-behavior models commonly applied to advance our understanding of other health behaviors, the model proposes a pathway for obtaining consent from the next of kin consent.

Organ donation is often considered a selfless, purely altruistic behavior. Morgan and Miller argue that “organ donors have little if anything to gain by donating their organs after death; it is a purely altruistic act, based on empathy with those who are sick and in need of a transplant” [3]. This rationale is aligned with Batson’s empathy–altruism hypothesis, which posits that altruism results from understanding another’s suffering and experiencing an empathic concern for them [10]. Mehrabian and Epstein define empathy as “the heightened responsiveness to another’s emotional experience” [11]. Empathy has been established as an important antecedent of various helping behaviors; thus, dispositional empathy is likely closely tied also with people’s willingness to donate organs. Empathy can also affect the influence of the benefit of perceptions on organ donation decisions by influencing the level of motivation provoked by incentives to donate for oneself or for others. However, the role of empathy in organ donation decision making has received surprisingly little attention, with only 2 studies examining this issue. Rodrigue et al [12] found that the feeling of empathy did not vary among the registered organ donors, the unregistered, and the undecided. Skumanich and Kintsfather [8] examined how feeling empathy and other responses to an organ donation message is related to willingness to donate. Cohen and Hoffner found that “empathic concern predicted donation willingness and moderated the effect of other-benefit perceptions, such that other-benefit perceptions predicted donation willingness among those with greater empathic concern” [10].

The aim of this study was to examine the impact of emotional empathy and selected demographical data on the willingness to donate organs.

## METHODS

### Participants

The study sample of total 191 adults (aged, 16–61; 135 female, 56 male) was recruited from students, teachers, and nurses during educational meetings held between January 2012 and June 2013. The sample was divided into 3 subgroups, namely, students, teachers and nurses (Table 1). Respondents reported their place of living as 71.7% in a town and 28.3% in a village.

**Table 1. Subgroups Characteristics**

Subgroup	n (%)	Age (SD)	Sex	
			Male	Female
Students	109 (57.1)	17.80 (2.17)	51	58
Teachers	37 (19.4)	38.91 (12.37)	3	31
Nurses	45 (23.6)	39.23 (9.98)	2	43
Total	191 (100.0)	—	56	132

### Technical Information/Instruments

The Individual Questionnaire: A Study of Attitudes Towards Transplantation consists of 27 questions pertaining to demographics ( $n = 3$ ), age, sex, place of living, attitudes, beliefs, intention and medicolegal issues ( $n = 24$ ). Consent was given by the Statistical Office in Krakow. A 5-point scale was used, ranging from 1 (strong agreement) to 5 (strong disagreement), 3-statement (yes/no/don’t know), or 2-statement (yes/no) scales.

Empathy was measured using Mehrabian and Epstein’s Measure of Empathy. The measure comprises 33 statements to which the respondents indicate their level of agreement using a +4 (strong agreement) to –4 (strong disagreement) scale. This scale was designed mainly to assess emotional empathy, which was defined as “a vicarious emotional response to the perceived emotional experiences of others” [11].

### Statistical Analyses

All statistics were carried out using the SPSS Statistics 17.0 and Microsoft Office Excel. The Mann–Whitney  $U$  test and Kruskal–Wallis test were used to compare the quantitative traits of subgroups. The  $\chi^2$  test, Pearson  $\chi^2$  test, and Fisher test were used to test qualitative variables. The Shapiro–Wilk test was used to test the normal distribution and skewness parameters. Multiple regression was used to predict depended variable (willingness to organ donation). Statistical significance level was considered as  $\alpha = 0.05$ .

## RESULTS

### Attitudes

Nearly all respondents accept both living donation (186 [97.4%]) and cadaveric organ donation (183 [95.8%]) as a method of treatment.

### Beliefs

According to the participants’ beliefs, death results from cardiac arrest (8.9%), brain death (85.3%), apnea (3.7%), and all these 3 conditions (1.57%). By far the majority of the respondents noted that health professionals follow only the binding provisions of law when declaring brain death (68%); 14.1% disagreed with this statement.

### Willingness to Donate Organs

Most participants were willing to donate organs after death (78.5%). Most likely, the respondents would give the heart to immediate family (74.9%), friends (67.5%), and other relatives (63.4%). A significant relationship was found between sex and the declaration of donating the heart to a colleague ( $P = .008$ ), a stranger ( $P = .003$ ), or to another person ( $P = .005$ ). Females were more likely to donate the heart. Willingness to donate bone marrow was different among the subgroups ( $P = .008$ ).

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