

The Potential Role of Social Capital in the Willingness to be a Deceased Organ Donor: A Case Study of UK Polish Migrants

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ABSTRACT

Background. In the United Kingdom, the demand for transplantable organs exceeds supply, leaving many patients on the active transplant waiting list with the majority on dialysis as the kidney is the most commonly transplanted organ. This is a marked issue across black, Asian, and minority ethnic communities. This article uses the Polish migrant community as a case study for making new theoretical insights into the willingness to become an organ donor in a host country using social capital theory.

Methods. There were 31 participants who took part in interviews and small group discussions. Grounded theory methodology was used as the study explored the relationships between deceased organ donation, religion, and Mauss's gift-exchange theory and the notion of social capital arose as an emergent theme from the study.

Results. Elements of social capital were explored with participants such as social networks, civil engagement, trust, and reciprocity. Polish social networks were found to be small and the formation of networks to be influenced by English language skills. Participants were willing to donate organs to others inside and outside of their social networks in the United Kingdom and wanted to help a patient in need and influenced by the overall migrant experience in the United Kingdom and whether they felt a sense of belonging. Overall, participants had mixed experiences and views about trust in the National Health Service.

Conclusions. Through a discussion of the results using a communitarian social capital, cognitive and structural social capital lens, and collective-action theory, it is concluded that an interplay of these social capital theories can reframe debates within organ donation such as reciprocity policies, the relevancy of altruism, and the role of migration experiences and networks in the willingness to donate organs posthumously in a host country.

IN THE United Kingdom, there is a huge shortage of organs from deceased donors for the use of transplantation; this is a significant public health issue. In 2013 to 2014, there were 3509 transplants from deceased organ donors and 7028 patients on the active transplant waiting list [1]. The deficit of organ donors leads to the use of costly treatment of dialysis because the majority of patients are waiting for a kidney. In the United Kingdom, ethnic minorities are 3 to 5 times more likely to require a kidney, but the lack of organs available to them from donors from similar ethnic backgrounds leads to extended waiting times compared with the white British population.

In the United Kingdom, the donation of an organ is framed as a form of altruism and gift-giving, largely influenced by the

work of Mauss [2] and Titmuss [3], but has failed to engage the public effectively to voluntarily donate organs. The notion of gift-giving based on Mauss's gift-exchange theory is based on the ideas of social exchange, in which items are exchanged to build social cohesiveness [4,5], social relationships and social networks [6–10], and social solidarity [11–15]. The limitations of applying Mauss's gift-exchange theory and the social psychological view of altruism to deceased organ donation

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led to the idea of social capital playing a potential role in deceased organ donation.

Social capital concepts were explored in the present study in relation to migrants' willingness to donate their organs posthumously in a host country. Migrants, in particular Polish migrants, make for a suitable case study for a number of reasons: this community comprises a relatively new and fast-growing community; uncovering how Polish migrants perceive organ donation will contribute toward the literature on ethnic minority views toward organ donation to provide an understanding of how relatively new migrants are building and using social networks and social capital, experiencing migration in the United Kingdom, and how these elements could influence the willingness to be an organ donor in a host country.

Social networks are considered a source of social capital. Bourdieu [16] and Bourdieu and Wacquant [17] argued that social capital existed within relationships with friends and members of groups and in turn influenced individual access to resources. Coleman [18,19] viewed social capital that existed within relationships within a family and membership to community groups such as church. Putnam [20] suggested that social capital existed within civic communities and was influenced by social networks in which there were norms of reciprocity and trust that could "improve the efficiency of society by facilitating coordinated actions and cooperation for mutual benefit." Putnam distinguishes between different types of social relationships: bonding and bridging. Bonding is the connection between people of similar backgrounds ("people like me") and bridging is connections made across a number of networks ("people not like me").

Social capital has been used in migration literature, largely the work of Coleman and Putnam [21] because they focus on communities and membership to associations and groups. Ryan et al [21] stated that for migrant social networks and social support, there are 3 assumptions about social capital that may not be readily applied. First, Coleman and Putnam focus on the stability of social relationships, but, for migrants, networks are fluid and change over time. Second, social networks are not deeply rooted in a specific geographical location such as a neighborhood but can expand trans-nationally. Third, Coleman and Putnam assume that high levels of social capital replace low levels of economic resources, but, for migrants, this may not be the case and social disadvantages may be maintained if social networks exist only within ethnic-specific networks. With Polish migrants as the focus of the present study, exploring social capital in relation to organ donation within this context will provide new theoretical insights.

Communitarian social capital is most frequently discussed in public health [22]; this form of social capital relies on dimensions of trust and civic participation and is attributed to Putnam's work of bonding and bridging principles [23]. Communitarianism favors self-reliance and lack of governmental involvement [24] and is supported by New Labour in

the United Kingdom [25]. Communitarian social capital in public health advocates good community relations is good for health; however, this idea has been criticized for being idealistic [26] and ignoring class, sex, and ethnicity [27].

Putnam's macro-social approach is suitable to the study because Putnam views social capital as a means to solving collective problems through cooperative action. Organ donation is couched in civic participation because it draws on the gift and altruism rhetoric, expecting individuals to civically engage through voluntary posthumous donation. Organ donation is a collective problem that only the public can solve through providing donors posthumously. In deceased organ donation, donating is a decision an individual makes about himself or herself to posthumously donate organs to a patient on the active transplant waiting list expressed through registration; if the individual dies, the family provides their consent for the donation to occur: all parties are anonymous, and it is organized and facilitated by the NHS. In the context of social capital, organ donors posthumously donate to strangers and cannot benefit from social capital because there is currently no form of reciprocity due to the anonymity of donor family and recipient and UK organ donation policy. Hence, the act of organ donation is a form of civic engagement, and having a further understanding of how a relatively new and growing migrant group feel about donating to benefit members of a host society could deepen the insight into the willingness of migrants to donate organs.

In general, there is a dearth of literature on social capital and its role in triggering organ, tissue, and blood donation, particularly for migrant populations. The literature available on living donation and blood donation shows that civic reciprocity and wanting to contribute toward the community could influence individuals' decisions to donate blood [28] and that blood donors perceived they were having an influence in their community and by donating blood they were affirming their affiliation to their community [29]. Putnam [20] suggested that for living donation, social capital could have an impact on opportunities to receive a living kidney donation. Dyer and McGuinness [30] argued that social capital has been criticized to drive the organ allocation process in living donation. If a person finds a donor within their social network, in turn benefitting from their social capital, this could influence allocation and in turn lead to inequalities. Giles [31] made a similar criticism of social capital in living donation in that without financial resources within social networks when trying to find a donor, there may be was no living donor.

Findings

This section will outline the findings to be discussed in the following section.

Polish Migrant Social Networks

Participants (n = 10) agreed that social networks had been loosely made before coming to Luton as friends or relatives

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