



Donor registration, college major, and prosociality: Differences among students of economics, medicine and psychology



Chantal E.E. van Andel, Joshua M. Tybur *, Paul A.M. Van Lange

Department of Social and Organizational Psychology, VU University Amsterdam, Van der Boechorststraat 1, 1081 BT Amsterdam, The Netherlands

ARTICLE INFO

Article history:

Received 22 September 2015

Received in revised form 20 January 2016

Accepted 22 January 2016

Available online 5 February 2016

ABSTRACT

The demand for organ transplants far exceeds supply. Underlying this shortfall is the fact that some people choose to register as organ donors, whereas many others decide not to. Why do people vary in their attitudes and choices regarding organ donation? We hypothesize that attitudes toward organ donation and decisions to register as a donor are linked to prosociality. We test this hypothesis across two studies, both of which suggest that prosociality is linked to attitudes toward organ donation or actual donor status. Study 1 demonstrates that two groups (economics students and psychology students) that have previously been shown to differ in prosocial orientations have different attitudes toward organ donation and are registered as organ donors at different rates. Study 2 investigated three groups (economics, psychology, and medical students), and it found that messages framing organ donation as a prosocial act affect willingness to become a donor, but only among economics students and among students who score lower on an instrument designed to measure prosociality. Implications and future research directions are offered.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

In most countries, the demand for human organs must be entirely satisfied by voluntary donations, given widespread laws that prohibit trading human organs for sale. Unfortunately for individuals requiring organ transplants, demand for organs exceeds supply. As a few examples, 79,369, 6826, and 15,292 people are waiting for an organ transplant, in the U.S., the UK, and the Eurotransplant region (including the Benelux countries, Germany, Austria, Hungary, Croatia, and Slovenia) respectively (Eurotransplant, 2012; NHSBT, 2014; UNOS, 2014). The difference in the number of available organs is similarly reflected in disparities between people's willingness to receive versus donate organs. In the Netherlands, for example, only 25% of the age eligible population is registered as an organ donor, whereas the majority reports being willing to accept an organ transplant in case of need (CBS, 2012).

Narrowing this gap can save lives, and, consequently, researchers have attempted to uncover the reasons why people resist registering as organ donors. Some of these reasons include distrust in the medical system (Morgan, Stephenson, Harrison, Afifi, & Long, 2008; O'Carroll, Foster, McGeechan, Sandford, & Ferguson, 2011; Parisi & Katz, 1986; Sanner, 1994; Stevens, 1998; Thompson, 1993; Youngner, 1992), fear of having one's organs extracted before death has occurred (Sanner, 1994; Stevens, 1998), a general anxiety that accompanies thoughts of death (Horton & Horton, 1991; Robbins, 1990), a desire to avoid bodily mutilation (Morgan et al., 2008; O'Carroll et al., 2011; Parisi & Katz,

1986; Stevens, 1998), and beliefs that organ transfers violate natural or divine laws (Sanner, 1994). In sum, there are several reasons to avoid registering as a donor. So why, then, do people register as a donor at all?

In most organ transplant allocation systems (i.e. non-reciprocal ones), there are no personal benefits to an individual for registering as a donor. At the time organ donation takes place, the donor will be dead and cannot enjoy the benefits that often accompany prosocial behaviors, either instrumental (e.g., status or reputation, Griskevicius, Tybur, & Van Den Bergh, 2010) or phenomenological (e.g., experiences of happiness or satisfaction, Dunn, Aknin, & Norton, 2008). In contrast, the expected benefits to an organ recipient are potentially life-saving. Hence, the registering as an organ donor can be thought of as a *prosocial* act, and important reasons for donating might be rooted in prosocial motivations. In the current manuscript, we replicate and extend previous research showing just this — that attitudes toward organ donation are linked to prosocial motivations. Further, our data suggest that communicating the decision to register as an organ donor as a prosocial act can affect some people's willingness to donate organs — specifically, those individuals with low baseline prosociality.

2. Individual differences in prosociality

Individuals differ in their prosocial tendencies, with some individuals placing more value on their own outcomes, and others placing relatively more value on others' outcomes. This individual difference has been assessed using multiple approaches, including behavior in economic games (e.g., the dictator game, Fischbacher & Gächter, 2010),

* Corresponding author.

E-mail address: j.m.tybur@vu.nl (J.M. Tybur).

personality scales (e.g., Agreeableness and Honesty–Humility, Ashton, Lee, & De Vries, 2014), choice task paradigms (e.g., social mindfulness, Van Doessum, Van Lange, & Van Lange, 2013), vocational choice (e.g., college major, such as economics versus psychology degrees, Van Lange, Schippers, & Balliet, 2011), and social value orientation (SVO). Here, we especially focus on these latter two approaches: college major and SVO. SVO describes how individuals systematically differ in the degree to which they seek to enhance joint outcomes and equality in outcomes (prosocial orientation) versus seek to enhance their own outcomes in absolute terms (individualist orientation) or comparative terms (competitive orientation) (Van Lange, De Bruin, Otten, & Joireman, 1997). Laboratory research suggests that prosocials differ from individualists and competitors (collectively referred to as “proselfs”) in a number of ways. Prosocials, as compared to proselfs, often behave more cooperatively in experimental games (such as prisoner’s dilemma, resource dilemma, or public goods dilemmas), display greater trust in others, and tend to engage in less dishonest behavior (Balliet, Parks, & Joireman, 2009; Van Lange, Joireman, Parks, & Van Dijk, 2013). SVO also accounts for prosocial behavior outside of laboratory, in “real life” contexts, with prosocials reporting greater concerns with the goals of other organizational departments than do proselfs (Nauta, De Dreu, & Van Der Vaart, 2002). Prosocials, as compared to proselfs, also have greater awareness of how environmental problems can affect all people, as opposed to how environmental problems can affect themselves (Gärling, Fujii, Gärling, & Jakobsson, 2003). Moreover, prosocials, relative to proselfs, engage in a greater variety of donation acts, and they pursue a greater number of donation goals, especially those that are aimed at helping the poor and the ill (Van Lange, Bekkers, Schuyt, & Van Vugt, 2007). Further, and particularly relevant to the current investigation, a nationwide study of the Dutch population demonstrated that individuals with prosocial orientations are more likely to give consent for postmortem donation of all organs (Bekkers, 2006).

As alluded to above, prosociality is a broad concept, and SVO, while having good predictive and concurrent validity as a measure of prosociality, does not necessarily perfectly represent the construct. Further, categorizing individuals as prosocial versus proself with SVO requires the completion of a self-report questionnaire. If prosocial orientations partially shape organ donation, then research or interventions aimed at targeting individuals with different degrees of prosocial orientations might benefit from a more easily observable assessment of prosociality. Recent research implicates one such easily observed variable: college major. Researchers found that university students who chose to study economics versus psychology differ in their prosocial orientations (Van Lange et al., 2011), as indexed by SVO. Among psychology students, prosocials tend to be the largest group, whereas among economics students, individualists tend to be the largest group. This pattern is compatible with research demonstrating that economists appear to behave more self-interestedly (or less cooperatively) than non-economists along a variety of dimensions, including free-riding (Marwell & Ames, 1981), in an ultimatum bargaining game (Carter & Irons, 1990), and in charitable giving (Frank, Gilovich, & Regan, 1993). This difference might exist because less prosocial people choose to enroll in economic majors, though economics training might also cause more self-interested behaviors (Frank et al., 1993). Regardless, a preponderance of evidence suggests that, although college major is not perfectly related to SVO (which itself is an important, though not perfect assessment of prosociality), it is related to a variety of signatures of prosociality.

3. Current research

A key goal of the current manuscript is to investigate whether college major, a variable that is posited to reflect prosociality, is associated with organ donation attitudes and decisions. A student population is especially relevant for research about organ donation, as students are

more likely to engage in activities that place them at increased risk for fatal accidents (and, hence, could be postmortem organ donors; Jonah, 1997), and they are considered ideal donors because of their age and health (Horton & Horton, 1991). Finding that students’ attitudes toward organ donation differ as a function of major could be useful for two reasons. First, combined with previous work on SVO, such findings would provide converging evidence that organ donation attitudes partially reflect dispositional prosociality. Second, they would suggest that interventions designed to increase donation rates could differentially target groups of current or former students depending on their major. Relatedly, a second goal of the current manuscript is to test whether framing organ donation as a prosocial act versus a proself act can affect attitudes toward organ donation. Communicating organ donation prosocially could especially affect individuals who tend to have less positive attitudes toward organ donation – that is, less prosocial individuals.

3.1. Study 1

In Study 1, we explored whether two student groups – psychology and economics students – differ in organ donation attitudes and registration status. We also aimed to replicate previous research by investigating the relationship between SVO and organ donation attitudes and registration statuses.

3.2. Methods

All data from Studies 1 and 2 were collected after approval from the local ethics board. APA ethical guidelines state that psychologists may dispense of full informed consent procedures under multiple conditions, including when (a) research is not reasonably assumed to create distress or harm, and (b) only anonymous questionnaires are used (see section 8.05 of the APA Ethical Principles of Psychologists and Code of Conduct). Given our studies satisfied both of these requirements, we gathered consent verbally rather than with a written consent form.

3.2.1. Participants

Participants were one hundred forty-three first year students ($M_{\text{age}} = 19.77$, $SD = 1.66$) recruited from psychology or economics lectures. The sample consisted of 70 economy students (23 females, $M_{\text{age}} = 19.96$, $SD = 1.91$) and 73 psychology students (55 females, $M_{\text{age}} = 19.59$, $SD = 1.35$). In the Dutch university where data were collected, psychology classes are available only to students who have selected psychology as a major, and economics classes are available only to students who have selected economics as a major (and, hence, first year psychology and economics classes are not used to satisfy general liberal arts requirements, as is the case in many U.S. universities). One participant (an economics student) was excluded because he/she did not complete the second page of the survey, and three other participants were excluded because they did not complete the organ donation attitude items. In total, less than one third of all participants was registered as an organ donor (30.8%).

3.2.2. Measures

3.2.2.1. Organ donation attitudes. Attitudes toward organ donation were measured with items similar to those standard in this literature (e.g., Siegel, Navarro, Tan, & Hyde, 2014). Participants indicated how uncomfortable/comfortable, negative/positive, terrible/wise, and unfavorable/favorable they view kidney donation on a scale from one to ten. These four items were averaged into a single attitudes composite ($\alpha = 0.92$).

3.2.2.2. Social value orientation. Participants then completed the “slider” measure of social value orientation (Murphy, Ackerman, & Handgraaf,

Download English Version:

<https://daneshyari.com/en/article/7250424>

Download Persian Version:

<https://daneshyari.com/article/7250424>

[Daneshyari.com](https://daneshyari.com)