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Religiosity and Organ Donation Willingness¹

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Introduction

Organ donation has been an increasingly visible part of the health care delivery system as the technology of transplantation has improved (Parisi and Katz 1986). In particular, the development of powerful immunosuppressive drugs has dramatically enhanced the success rate for most types of transplants over the past fifteen years. Procurement activities have also improved (Klenow and Dasilva 1980; Salloway and Volek 1987) as organ donor cards are readily available and donation can be designated on a person's drivers' license. The impact of socialization as reflected in an individual's beliefs may also be important in understanding the interactional dynamics related to organ donation (Pessemier, Bemmaor and Hanssens 1977).

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Among specific beliefs, religiosity has been shown to be a factor related to willingness to donate organs for transplantation. Cleveland and Johnson (1970), for example, found that donors held more secular beliefs. They also found evidence that some nondonors felt that organ donation was against God's will, that an intact body was needed for the life hereafter, and that an intact body was needed for their reincarnation. Nondonors also tended to believe in life after death. In addition, a study by Simmons, Fulton and Fulton (1972) found that donor card volunteers were less religiously committed.

This exploratory study will examine the relationship between willingness to donate one's organs at death and religiosity. Four measures of religiosity will be employed as independent variables. These variables include church attendance, religious intensity, belief in an afterlife and religious affiliation.

Methodology

Data for this analysis are derived from a mail survey of 824 residents in the North Dakota cities of Fargo and West Fargo as well as Moorhead, Minnesota. There is a kidney transplant program located in Fargo which has created some awareness of issues related to organ donation.

The survey was comprehensive in nature, dealing with a wide range of attitudes, beliefs, and behaviors related to organ donation and transplantation. The research instrument, a ten page booklet, contained approximately seventy questions. The sample was drawn from the U. S. West Telephone Directory. The number of residential addresses was estimated by sampling 15 columns on 15 randomly selected pages. The number of listings in each column were totaled and an average number of listings was calculated. The total number of columns in the directory was then multiplied by the average number of residential addresses. This number was then divided by the desired sample size (800) to obtain the sampling interval. The first residential listing was selected randomly and then each subsequent address was determined by the sampling interval. This procedure yielded 824 residential listings for the sample.

Surveys were mailed in January of 1990 and were followed by a thank-you/reminder postcard ten days after the initial mailing. A final mailing, to all non-respondents, was sent approximately three weeks after the postcard. A letter reaffirming the importance of the study along with another booklet and stamped return envelope constituted the final mailing. The design of the study generally followed the Total Design Method recommended by Dillman (1978). The final response rate was 53.4% as 414 of the 776 contactable residents completed survey booklets.

Findings

The dependent variable in this study is derived from a question on the survey which states, "Are you willing to donate any organs at your death?" Respondents had the option of answering yes, no or do not know. A total of 64.5% indicated yes, 8.4% no and 27.0% gave a response of do not know. The independent variables include church attendance, religious intensity, belief in an afterlife and religious affiliation.

Table 1 presents a cross-tabulation of willingness to donate one's organs at death by church attendance.

TABLE 1					
WILLING TO DONATE ORGANS AT DEATH BY CHURCH ATTENDANCE					
	Once a Week or More	Once a Month or More	Several Times a Year	Once a Year or Less	Never
Yes	63.9% (106)	58.6% (51)	64.5% (49)	71.4% (35)	80.0% (16)
No	9.0% (15)	10.3% (9)	9.2% (7)	2.0% (1)	5.0% (1)
Do Not Know	27.1% (45)	31.0% (27)	26.3% (20)	26.5% (13)	15.0% (3)
TOTAL	100% (166)	99.9% (87)	100% (76)	99.9% (49)	100% (20)

Chi-square = 6.38, df = 8. $p < .604$

The data in Table 1 reveal that willingness to donate one's organs is higher among respondents in the low or never attend church categories, although the findings are not statistically significant.

Table 2 examines the relationship between willingness to donate and religious intensity. Religious intensity was operationalized by asking respondents, "How religious do you consider yourself to be?" (Davis, 1978).

	Not Very Strong	Somewhat Strong	Strong	Very Strong
Yes	72.9% (51)	57.0% (85)	65.1% (82)	70.8% (34)
No	2.9% (2)	11.4% (17)	7.1% (9)	10.4% (5)
Do Not Know	24.3% (17)	31.5% (47)	27.8% (35)	18.8% (9)
TOTAL	100.1% (70)	99.9% (149)	100% (126)	100% (48)

Chi-square = 9.47, df = 6, $p < .148$

The data in Table 2, although indicating no statistically significant difference, show that respondents indicating that their religious intensity is not very strong are most likely to donate (72.8%). It is interesting to note, however,

that those with a very strong level of religious intensity also have a high willingness to donate. These findings differ from those of Simmons et. al (1972) which found that donor card volunteers were less religiously committed. In this study those willing to donate are equally represented on both sides of the religious intensity continuum.

Table 3 presents data on willingness to donate and belief in an afterlife. This question was operationalized by simply asking, "Do you believe in an afterlife?" (Davis, 1978).

TABLE 3			
WILLING TO DONATE ORGANS AT DEATH BY BELIEF IN AN AFTERLIFE			
	Yes	No	Do Not Know
Yes (Donate)	65.4% (183)	76.5% (39)	50.8% (31)
No	8.6% (24)	7.8% (4)	6.6% (4)
Do Not Know	26.1% (73)	15.7% (8)	42.6% (26)
Total	100.0% (280)	100.0% (51)	100.0% (61)

Chi-square = 11.11, df = 4. p < .025

The data in Table 3 show that 65.4% of those who believe in an afterlife are willing to donate organs compared to 76.5% of those who do not believe. Chi-square analysis shows that there is a statistically significant difference in

Table 3 but the primary difference does not involve the Yes (65.4%)/No (76.5%) categories of willingness to donate organs for those who believe in an afterlife. Examination of the contribution that each cell makes to the overall Chi-square total shows that the Yes (65.4%) and the No (76.5%) categories together only contribute 1.1 to the Chi-square total while the five Do Not Know categories contributed 9.9. This result is reinforced when the Do Not Know categories for each variable are deleted and the Yes/No categories are re-percentage. This re-calculation shows that 88.4% (183) of those who believe in an afterlife are willing to donate compared to 90.6% (39) of those who do not believe. In conclusion, there is little difference between believers and non-believers on willingness to donate.

Table 4 presents data on willingness to donate by religious affiliation. The results in Table 4 show that those with no religious affiliation had the largest percentage indicating a willingness to donate (73.1%). Catholics also had a high willingness percentage (68.1%) as did the residual category of "Other Protestants" (68.7%). Lutherans, the largest religious group in the sample, had the lowest percentage (59.2%) indicating a willingness to donate. Chi-square analysis, however, indicates that there is no statistically significant difference in Table 4.

TABLE 4
WILLING TO DONATE ORGANS AT DEATH
BY RELIGIOUS AFFILIATION

	Catholic	Lutheran	Other Protestant	None
Yes	68.1% (75)	59.2% (103)	68.7% (55)	73.1% (19)
No	6.4% (7)	9.8% (17)	6.3% (5)	3.8% (1)
Do Not Know	25.5% (28)	31.0% (54)	25.0% (20)	23.1% (6)
TOTAL	100% (110)	100% (174)	100% (80)	100% (26)

Chi-square = 4.76, df = 6. p < .574

Summary and Conclusions

This paper presents results from a large mail survey of a Midwestern population on the topic of transplantation and organ donation. Specific attention was directed to the variable of religiosity since previous research has indicated differences in attitudes toward organ donation based on that variable.

This study found no statistically significant differences in willingness to donate organs at death for four measures of religiosity. This finding is at variance with a study of 82 donor card volunteers and a matched neighborhood comparison group of 82 which found that donor card volunteers are less likely to attend church services once a week or more and

are also more likely to have secularized attitudes toward science, religion and death (Simmons, Fulton and Fulton, 1972). Similarly, Cleveland and Johnson (1970) found that nondonors "clung to a belief in life after death" and "nondonors tended to endorse more traditional fundamentalist religious beliefs than did donors (Cleveland and Johnson, 1970:229).

It is important to note that the Simmons, Fulton and Fulton (1972) and the Cleveland and Johnson (1970) studies are over twenty years old. In addition, neither study employed a large community-wide random sample. In any case, these two studies are still cited (Perkins, 1987) to support the profile of organ donors as being less religious or as not belonging to a formal religion. Evidence from our study suggests that, at least in one midwestern community, religiosity, as measured in this study, is not a significant variable in understanding willingness to donate one's organs at death.

Research on organ donation has focused heavily on demographic characteristics and attitudes of donors compared to non-donors. These studies have had no explicit theoretical framework other than a desire to try and characterize donors and non-donors on generally accepted socio-demographic variables. The value in such an activity presumably derives from the potential to direct educational efforts to those groups who are less likely to support donation. Furthermore, the use of religiosity as a variable

is somewhat problematic as strong theoretical rationales can be used to predict that religious people would fall on either side of the donation fence. For example, given the religious emphasis on altruism one might expect that religious persons might have higher levels of donation. On the other hand, it is also plausible that religious persons might be less likely to donate on the grounds that bodies are sacred and should not be desecrated in any way.

Little theory is available, at this time, to guide the development of a model for understanding organ donation. Accordingly, this exploratory study has attempted to determine if religion is a variable worthy of deeper exploration. The findings of this study, based on the measures of religiosity employed, suggest that religion is not a fruitful avenue for understanding the donor/non-donor situation.

One possible direction for exploring the issue of sacredness, that does not necessarily involve religion has been explored by Belk (1990). He indicates (1990:142) that "medical, religious, and legal perspectives aim to ensure that our bodies remain sacred possessions rather than profane commodities."

There is some evidence that the more sacred body parts are, the less likely they are to be donated to others. Wilms, Kiefer, Shanteau, and McIntyre (1987) found that people were less willing to donate organs that they understood less well and perceived as more sacred, emotional, and

mysterious. Belk goes on to indicate that the sacred-profane distinction is important in understanding organ donation but that the concept of the extended self may be another important theoretical resource. According to Belk (1990:142), "The extended self encompasses those tangible objects that are also seen as part of our identities." He cites numerous studies indicating that the body and body parts are key aspects of a person's identity.

He also indicates that not all body parts are as central as others in terms of personal identity. Belk (1990:142-3) cites research indicating that:

American families were least likely to object to the removal of the spleen, pancreas, liver, and kidneys of their loved ones, and most likely to object to removal of the eyes and heart. Similarly, live donor kidney transplants are relatively common, whereas the less medically risky donation of corneas is virtually non-existent using live donors. Such findings suggest that certain organs may be more central to the extended self and that they are less likely to be donated because of their centrality.

Our findings, which show that various measures of religiosity have no explanatory power in explaining willingness to donate organs, suggest that researchers must move beyond general socio-demographic variables if progress is to be made in enhancing our understanding of organ donation. One implication of our findings for future researchers include a recommendation that exploratory research with semi-structured interviews or focus groups be conducted to serve as a resource for generating theoretical propositions that might be tested through other methods. Belk's

work should serve as one theoretical resource for developing such exploratory research.

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