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# How does psychiatry contribute to promoting a culture of increased organ donation?

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## Abstract

Organ transplantation is one of the most advanced medical solutions for patients with end-stage organ failure; however, the persistent shortage of donor organs remains a pressing global challenge. While clinical advancements have improved surgical success and patient survival, psychological, cultural, and social barriers continue to limit individuals' willingness to donate. This study investigates the role of psychiatry in promoting a culture of increased organ donation by addressing the psychological and behavioural factors that influence decision-making.

A descriptive cross-sectional research design was employed, targeting a stratified random sample of 1,027 participants representing different age groups, educational levels, and professional backgrounds.

Data were collected using a structured questionnaire that included demographic information, psychological attitudes, motivational drivers, and perceived barriers. Statistical analysis was conducted using SPSS to explore trends and patterns.

The results revealed that most respondents held favourable attitudes toward organ donation, driven by altruism, empathy, and moral responsibility. Personal experiences and exposure to emotional narratives were also significant motivators. Nonetheless, concerns such as fear of bodily harm, anxiety about death, and family opposition continued to serve as major obstacles. Participants emphasized the vital role of psychiatry in overcoming these barriers through counselling, psychoeducation, and awareness programs. Moreover, they recommended integrating psychiatric expertise in donor preparation, family support, and public campaigns to normalise organ donation.

The study concludes that psychiatry plays a crucial role in bridging the gap between medical capabilities and donor availability by addressing psychological challenges, shaping positive attitudes, and strengthening public trust in transplantation systems.

**Keywords:** Psychiatry, Organ Donation, Psychological Barriers, Public Awareness.

*** Introduction**

Organ transplantation is a life-saving medical procedure that has changed the way doctors think about patients with end-stage organ failure. Even though surgical procedures and post-operative care have come a long way, the lack of donor organs around the world is still a big problem that makes it hard to meet the demands of patients. This disparity between the need for organs and the number of organs available is caused by more than just medical and logistical issues. It is also caused by complicated psychological, sociological, and cultural aspects. To create a culture in society that encourages organ donation, it is important to understand and deal with these concerns. Psychiatry, as a field that studies mental processes, habits, and emotional health, is in a unique position to help with this effort (Ferguson et al.,2019).

Psychiatric practice includes looking at the attitudes, beliefs, and motivations that affect how people make decisions. These psychological factors are very important in deciding whether or not someone will give their organs while they are still alive or agree to let someone else donate

their organs after they die. Fear of bodily injury, lack of trust in the medical system, worry about death, religious misunderstandings, and deeply ingrained cultural taboos are also common psychological hurdles. On the other hand, things like generosity, empathy, moral duty, and personal or familial experiences with transplantation might significantly motivate people to donate. Psychiatrists can help find and deal with these barriers and motivators by using focused therapies at the individual and community levels (Iwagami et al.,2018).

A significant contribution of psychiatry is the formulation and implementation of public awareness programs grounded in behavioural research. By using evidence-based methods to change people's minds, fight false beliefs, and make organ donation a socially acceptable thing to do, psychiatry can help create a good cultural narrative. Additionally, psychiatrists can offer personalised counselling for people and families dealing with the emotional intricacies of donation decisions, especially in critical care or end-of-life situations. In these situations, psychiatrists can help people make educated and voluntary decisions by working with transplant coordinators, intensive care teams, and religious or community leaders (Kimmel et al.,2019).

Psychiatry is also very important for evaluating and helping living donors, in addition to getting people involved. Assessing the psychological readiness of prospective donors guarantees that consent is fully informed and that the donor's mental health and social welfare are protected both prior to and following the procedure. Follow-up after donation can help keep donors from feeling bad, like regret or anxiety, and can also make their great experiences even better, which might encourage others to give (Boyarsky et al.,2021).

Because there is an urgent need to increase the number of organ donors, looking into the psychological aspects of donation could lead to lasting cultural change. By incorporating mental health knowledge into public health policies, healthcare systems can transcend mere informational approaches and foster a more profound engagement with the emotional and cognitive determinants of human behaviour. This study seeks to investigate the diverse methods through which psychiatry fosters a culture of enhanced organ donation, emphasising psychiatric evaluation, public awareness, and community-

oriented initiatives (Vanholder et al.,2021).

*** Research Problem**

Even though organ transplantation has come a long way in terms of medical technology, the lack of donor organs is still a global public health problem. A lot of people with end-stage organ failure die while waiting for a good donor, which shows how important it is to remove barriers to organ donation. Although medical campaigns and legislative reforms have sought to enhance awareness, these initiatives frequently neglect the significant psychological, emotional, and cultural determinants affecting persons' propensity to give. Psychiatry, with its proficiency in comprehending human behaviour, attitudes, and decision-making processes, have the capacity to significantly influence favourable perceptions and mitigate psychological opposition to organ donation.

However, the degree to which psychiatric interventions—such as counselling, psychoeducation, and addressing mental health concerns—facilitate the cultivation of a culture that endorses organ donation is inadequately investigated. Fear of death, lack of trust in healthcare systems, religious beliefs, and not having the right information can all make people less likely to agree to give, even if they know it could save lives.

This lack of information makes us ask an essential question: how can psychiatric treatments effectively deal with these problems and change how people feel about donating organs? To make plans that include medical, psychological, and community-based methods, it's important to know what psychiatry can do. This research seeks to elucidate the specific mechanisms by which psychiatry can enhance donor willingness, so aiding healthcare systems in reconciling the disparity between organ donation requirements and the pool of potential donors, ultimately enhancing transplantation outcomes and preserving more lives.

*** Significance of the Study**

This study is important because it looks at a key point where psychiatry, public health, and organ donation promotion meet. Organ transplantation is still one of the best ways to save lives, but it only works if there are donor organs available. There is always a gap between the number of people who require transplants and the number of people who can give them around the world. This shortage is frequently ascribed not just to medical and logistical

challenges but also to psychological, social, and cultural impediments that affect persons' propensity to donate.

This research focusses on the role of psychiatry in fostering a culture of enhanced organ donation, highlighting the mental, emotional, and behavioural factors that influence decision-making regarding donation. Psychiatrists and mental health experts are especially equipped to confront the fears, misconceptions, and anxieties that may hinder individuals from consenting to organ donation, either during their lifetime or posthumously. Psychiatry can also be very important in counselling, creating educational programs, and organising public awareness campaigns that challenge deep-seated beliefs and social stigmas.

The study is particularly important since it could change policies and healthcare plans. The findings could help create comprehensive frameworks that include medical, legal, and psychological parts by showing how mental therapies can be used in organ donation programs. This integration can help people trust the system more, make better decisions, and, in the end, get more people to sign up to be donors.

This research promotes a more compassionate and generous culture in society, where organ donation is normalised and encouraged. The study provides useful insights for healthcare practitioners, politicians, and advocacy groups by elucidating the psychological causes and barriers. In the long run, these kinds of activities can lessen the burden of organ failure, save more lives, and make the lives of transplant recipients better. They can also give donor families solace by knowing that their loved ones' legacy lives on via others.

*** Theoretical Framework**

Organ donation has become one of the most significant challenges in modern healthcare systems. It provides patients suffering from end-stage organ failure—such as kidney, heart, or liver disease—a renewed chance at life. Despite remarkable advances in surgical techniques, immunosuppressive therapies, and medical science in general, the gap between the number of patients who require life-saving organ transplants and the number of available organs remains alarmingly wide. This persistent imbalance generates an urgent call to increase the number of individuals who voluntarily register as donors, whether during their lifetime or posthumously (van Dijk et al.,2023).

The promotion of organ donation traditionally focuses on

policy development, regulatory frameworks, and medical infrastructure. These aspects are undeniably important, but they alone are not sufficient to address the deeply personal and often emotional decision of organ donation. This is where psychiatry introduces a unique dimension. Psychiatry examines the psychological, emotional, social, and cultural influences that shape human attitudes toward donation. For many people, the decision to donate—or to approve donation on behalf of a loved one—is intertwined with fears about death, bodily integrity, religious concerns, or social stigma (De Pasquale et al.,2020).

Psychiatry's role extends beyond clinical evaluation of potential donors and recipients. It contributes to shaping public perceptions, alleviating anxieties, and promoting altruistic conduct by reframing organ donation as an act of compassion and legacy. Understanding how psychiatry fits into the broader organ donation system is therefore essential for creating effective strategies that foster a sustainable culture of donation. By integrating psychiatric perspectives, healthcare systems can go beyond technical solutions and engage with the human dimensions of this life-saving practice (Holscher et al.,2018).

## 2- Theoretical Background

Psychiatry is a branch of medicine devoted to diagnosing, treating, and preventing mental, emotional, and behavioral disorders. Its practice encompasses both biological and psychosocial models of health, recognizing that mental well-being is influenced by personal experiences, cultural contexts, and interpersonal relationships. Organ donation, in contrast, is a practice rooted in both medical necessity and moral reasoning, in which organs from living or deceased individuals are transplanted to save or improve the lives of others (Brito et al.,2019).

The intersection between psychiatry and organ donation lies primarily in the domain of human behavior and decision-making. Donating an organ is not merely a medical transaction—it is a decision profoundly shaped by psychological factors such as altruism, fear, trust in healthcare systems, and perceptions of mortality. From a theoretical standpoint, ethical frameworks provide further context (Brito et al.,2019).

Utilitarianism, for instance, emphasizes the greatest good for the greatest number. In this sense, organ donation is justified by its potential to

maximize overall well-being. Deontological approaches, on the other hand, emphasize the principle of autonomy: the right of individuals to make informed decisions about their own bodies without coercion. Psychiatry navigates between these two ethical poles by ensuring that decisions are informed, voluntary, and psychologically sound. It evaluates whether potential donors are free of coercion and provides families with the support they need to balance grief with altruistic decision-making (Massey et al.,2018).

The theoretical framework also incorporates insights from social psychology, which explores how group norms and social influence affect organ donation; behavioral economics, which examines decision-making under uncertainty; and health communication theories, which highlight the importance of framing, messaging, and cultural sensitivity in donation campaigns. Together, these perspectives demonstrate how psychiatric interventions can cultivate a supportive culture for organ donation (Massey et al.,2018).

**3- Mental Health and Psychiatry in Organ Donation**

The role of psychiatry in organ donation is multifaceted and begins with the careful assessment of both donors and recipients. Living donors undergo rigorous psychiatric evaluations to ensure that their decision is informed, voluntary, and not influenced by coercion, guilt, or untreated mental illness. Such evaluations are not intended to dissuade individuals from donating but to protect their autonomy and long-term psychological well-being. For example, a person experiencing untreated depression might feel compelled to donate in a misguided attempt at self-redemption, which would raise ethical and clinical concerns (Iwagami et al.,2018).

Recipients, too, often face significant psychological challenges while waiting for transplantation. The uncertainty of waiting—often for years—can generate chronic stress, anxiety, and depression. These conditions may not only affect quality of life but also impact adherence to pre- and post-transplant medical regimens. Psychiatry offers coping strategies, therapy, and, when necessary, medication to help patients maintain emotional stability throughout the process (Dew et al.,2018).

Families of deceased donors also experience complex emotional journeys. The sudden loss of a loved one can trigger profound grief, and being asked to make decisions about

organ donation in such moments can feel overwhelming. Psychiatry provides bereavement counseling and helps families reconcile the tragedy of loss with the potential gift of life their decision can bring to others. This support ensures that donation decisions are made with care and compassion, rather than regret or coercion (Rzeszut & Assael,2021).

In all these ways, psychiatry ensures that the organ donation process proceeds ethically and smoothly by prioritizing emotional readiness, mental health, and human dignity.

**4- Psychological Factors Affecting Decisions About Organ Donation**

The decision to donate organs is shaped by numerous psychological factors. Altruism is one of the most widely recognized motivators: the selfless desire to help others without expecting anything in return. Psychiatry studies the psychological foundations of altruism and explores how interventions—such as educational campaigns highlighting stories of successful transplants—can strengthen prosocial behavior (Takano et al.,2024).

On the other hand, barriers to donation often arise from fears and misconceptions. Fear of death is a significant obstacle, as many people avoid contemplating their own mortality and therefore postpone making decisions about organ donation. Others may fear bodily disfigurement, believing that organ retrieval will compromise their dignity after death. Cultural myths, such as the idea that doctors will not try as hard to save the life of a registered donor, can also discourage participation. Psychiatric interventions, including psychoeducation and cognitive-behavioral therapy, help challenge and correct these misconceptions (Takano et al.,2024).

Grief and coping mechanisms play a particularly critical role for families making donation decisions. When approached in the midst of shock and bereavement, relatives may initially reject donation out of a desire to "protect" the deceased. Psychiatry provides tools for reframing the decision as an opportunity to create meaning out of loss, thereby easing the emotional burden (Schlottau et al.,2018).

Cognitive biases also influence decision-making. The tendency to avoid thinking about unpleasant topics, known as mortality salience, makes individuals less likely to register as donors. Similarly, status quo bias—the preference to do nothing rather than make an active choice—can reduce registration rates.

Psychiatric support helps individuals confront these fears constructively, thereby encouraging more proactive decisions in favor of donation (Schlottau et al.,2018).

**5- Psychiatry and Shifting Perspectives on Organ Donation**

One of psychiatry's most important contributions is its potential to reshape public perspectives about organ donation. Through counseling, psychoeducation, and therapeutic techniques, psychiatry challenges misconceptions and highlights the personal and social value of donation.

Narrative therapy, for example, uses storytelling to highlight the experiences of transplant recipients who have regained their lives or families who have found solace in knowing that their loved one's organs saved others. Such stories humanize the abstract concept of donation, making it emotionally powerful and relatable. Psychiatry also reframes donation as an act of compassion and legacy, reducing stigma and resistance (Kimmel et al.,2019).

At the community level, psychiatry plays a role in schools, universities, and healthcare institutions by initiating awareness programs that normalize discussions about organ donation. Training healthcare providers in empathetic communication ensures that they can approach families with sensitivity during critical decision-making moments. By consistently influencing attitudes in these settings, psychiatry gradually builds a more supportive environment where organ donation is seen as a natural and celebrated choice (Chadban et al.,2020).

**6- Social and Cultural Aspects**

Cultural and religious beliefs are central in shaping attitudes toward organ donation. Psychiatry acts as a bridge between individual values and cultural traditions. In communities where religious interpretations discourage donation, psychiatric interventions can involve collaboration with faith leaders to provide nuanced perspectives that emphasize compassion, saving lives, and medical ethics (Killian et al.,2018).

Family dynamics are also critical. In many cultures, even when an individual has registered as a donor, family members may still need to give consent. During moments of grief, families may resist, but psychiatric counseling can help them process emotions and appreciate the broader impact of their decision.

Media and public health campaigns also benefit from

psychiatric insights, ensuring that messages are culturally sensitive and psychologically effective. For example, campaigns that frame organ donation as a continuation of life rather than a loss may resonate more deeply with certain communities. Psychiatry's contribution ensures that these campaigns avoid triggering fear or guilt and instead foster hope and altruism (Boyarsky et al.,2021).

**7- Difficulties in Encouraging Organ Donation via Psychiatry**

Despite its potential, psychiatry faces several challenges in promoting organ donation. Ethical dilemmas often emerge when balancing donor autonomy with family wishes, particularly in cultures where collective decision-making is valued over individual autonomy. Stigma surrounding psychiatric treatment can also discourage individuals from seeking support, thereby limiting the effectiveness of interventions.

Moreover, there is a global shortage of psychiatrists trained in transplantation settings. This shortage is especially pronounced in low- and middle-income countries, where healthcare resources are already limited. Without adequate psychiatric support, donors, recipients, and families may face unaddressed psychological challenges that undermine the donation process.

Institutional resistance is another barrier. Integrating psychiatry into transplant teams requires cultural change within hospitals, along with funding for additional staff and training. Unless these structural challenges are addressed, psychiatry's potential contribution may remain underutilized (Siegel et al.,2021).

**8- Psychiatric Approaches to Encourage Organ Donation**

To address these challenges, psychiatry can adopt several strategies. Community-based interventions, such as support groups, workshops, and awareness campaigns, provide safe spaces for discussing fears and dispelling myths. Incorporating psychiatry directly into transplant teams ensures that psychological assessments and counseling become routine components of the donation process.

Training healthcare professionals in communication skills equips them to handle sensitive conversations with empathy, thereby improving the experience of patients and families. At the policy level, psychiatry can contribute to legislation that mandates psychological evaluation and support

as part of transplantation protocols (Khoddam et al.,2020).

Research by psychiatrists is also essential. By studying the emotional and behavioral determinants of donation, psychiatry can guide the design of more effective campaigns that address specific psychological barriers. For example, targeted interventions could focus on reducing mortality salience or correcting myths about donation procedures.

Psychiatry makes a comprehensive and irreplaceable contribution to the cause of organ donation. By addressing psychological barriers, providing emotional support, reshaping public attitudes, and integrating into healthcare systems, psychiatry enhances both individual and collective motivation to donate (Tareen,2024).

Although challenges exist—such as stigma, ethical dilemmas, and shortages of professionals—strategic application of psychiatric principles can foster a culture where organ donation is normalized, respected, and celebrated. Future research should explore the intersections of psychiatric interventions with cultural norms, ethical considerations, and public health policy.

Ultimately, psychiatry's focus on empathy, communication, and holistic mental health makes it a critical partner in the global effort to save lives through organ transplantation. Its contribution transcends the clinic, influencing not only individual decisions but also collective cultural attitudes, thereby promoting a sustainable culture of organ donation (Vanholder et al.,2021).

*** Research Methodology**

*** Research Design**

This study employed a descriptive cross-sectional design, which is widely recognized as an appropriate approach for examining perceptions, attitudes, and psychological variables at a single point in time. The cross-sectional design allowed the researcher to capture a snapshot of how individuals from diverse backgrounds perceive organ donation and the role of psychiatry in shaping these perceptions. This design was chosen because it provides efficiency in data collection, enables the identification of associations between variables, and allows for the exploration of differences across demographic groups without the need for long-term follow-up. The descriptive nature of the study made it possible to highlight patterns in beliefs, barriers,

and facilitators of organ donation while situating these findings in the broader context of psychiatric interventions.

The overarching objective was to assess how psychiatry can contribute to fostering a culture of increased organ donation by evaluating participants' attitudes, psychological determinants, and barriers. Specifically, the research examined the extent to which psychiatric therapies can mitigate fears, address cultural and emotional resistance, and encourage more favorable attitudes towards donation.

*** Population and Sample**

The target population for this research consisted of adults across different age groups, educational levels, and occupational categories, ensuring a wide representation of perspectives. This inclusivity was essential, given that decisions related to organ donation are influenced by demographic, social, and cultural backgrounds.

A stratified random sampling technique was employed to enhance representativeness. This method ensured that participants were proportionately drawn from key demographic strata such as age, gender, and profession. By doing so, the study minimized selection bias and strengthened the generalizability of its findings.

The final sample consisted of 1,027 participants. The age distribution reflected the following:-

**31–40 years**: 55.2% of the sample, representing the largest group, often considered to be in the mid-career and family-building stage of life.

**41–50 years**: 36.2%, representing mature adults who may have accumulated life experience and are often decision-makers in family and professional contexts.

**61 years and older**: 8.6%, representing older adults whose perspectives may be influenced by generational values and personal health experiences.

This sample composition provided a balanced and meaningful representation of the adult population, enabling comparisons across age cohorts and facilitating analysis of the role psychiatry can play in shaping donation-related decisions.

*** Research Instrument**

Data collection relied on a structured questionnaire designed specifically for this study and adapted from prior literature on psychiatry, psychology, and organ donation behavior. The questionnaire was tailored to capture both quantitative measures of attitudes and qualitative

dimensions of belief systems. It was divided into four major sections:

**1- Demographic Data** – including information on age, educational qualification, and occupation. These variables were essential for identifying subgroup differences and understanding how demographic factors influence attitudes toward organ donation.

**2- Psychological Attitudes and Beliefs** – exploring constructs such as altruism, empathy, and moral reasoning, which are central psychological factors influencing decisions to donate. This section helped assess the degree to which individuals were motivated by prosocial and humanitarian values.

**3- Perceived Barriers** – identifying psychological and cultural obstacles such as fear of death, anxiety regarding bodily integrity, family opposition, and cultural or religious influences. This section was critical in highlighting the psychological challenges that psychiatric interventions could potentially address.

**4- Impact of Personal Experiences** – measuring how direct exposure to personal, familial, or societal stories (e.g., knowing a transplant recipient, hearing media narratives) shaped participants' willingness to consider donation.

Responses were measured using a five-point Likert scale, ranging from Strongly Disagree (5) to Strongly Agree (1). This scaling approach allowed for the quantification of attitudes, the comparison of intensity across different constructs, and the identification of trends in perceptions.

*** Data Collection Procedure**

The data collection was carried out through a mixed approach combining online surveys with face-to-face interviews. The use of online questionnaires facilitated wider outreach and efficiency, while face-to-face interactions ensured inclusion of participants who might have limited digital literacy or access. This dual strategy enhanced the representativeness of the sample and reduced the risk of nonresponse bias.

To ensure the integrity of the process, participants were assured of confidentiality and anonymity. This step was crucial for reducing social desirability bias and encouraging honest disclosure of sensitive views, particularly on psychological and cultural barriers to organ donation.

Prior to data collection, informed consent was obtained from all participants. They were provided with clear explanations about the purpose of the research, the voluntary

nature of participation, and the option to withdraw at any point. Furthermore, the study received ethical approval from the relevant Institutional Review Board (IRB), ensuring that it complied with professional standards for research involving human subjects.

*** Data Analysis**

The collected data were analyzed using Statistical Package for the Social Sciences (SPSS)**,** a widely accepted tool for social science research. A combination of descriptive and inferential statistics was employed: -

**1- Descriptive statistics** (frequency, percentage, mean, and standard deviation) were used to summarize demographic characteristics and provide an overview of participant responses across the questionnaire items. This provided a clear picture of general trends in attitudes and perceptions.

**2- Inferential techniques** (such as ANOVA or chi-square tests) were considered to examine significant differences across demographic groups (e.g., comparing attitudes by age or educational level). These tests allowed the researcher to determine whether variations in psychological and cultural barriers were statistically meaningful.

The methodological approach ensured that the study not only documented existing perceptions but also generated insights into the role psychiatry might play in mitigating barriers and fostering positive attitudes toward organ donation. The robust combination of research design, sampling strategy, validated instruments, and rigorous analysis strengthened the reliability and validity of the findings.

*** Results**

**Demographic Data**

| Variable | Category | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| **Age** | 18 – 30 | 64 | 6.1 | 6.1 | 6.1 |
| | 31 – 40 | 394 | 37.8 | 37.8 | 43.9 |
| | 41 – 50 | 88 | 8.4 | 8.4 | 52.3 |
| | 51 – 60 | 497 | 47.7 | 47.7 | 100.0 |
| | **Total** | 1043 | 100.0 | 100.0 | |
| **Educational Qualification** | Diploma | 122 | 11.7 | 11.7 | 11.7 |
| | Master's degree | 189 | 18.1 | 18.1 | 29.8 |
| | PhD | 179 | 17.2 | 17.2 | 47.0 |
| | University degree | 553 | 53.0 | 53.0 | 100.0 |
| | **Total** | 1043 | 100.0 | 100.0 | |
| **Occupation** | Administrative Practitioner | 277 | 26.6 | 26.6 | 26.6 |
| | Doctor | 193 | 18.5 | 18.5 | 45.1 |
| | Donor | 249 | 23.9 | 23.9 | 68.9 |
| | Patient with organ failure (kidney, liver, heart, lung, pancreas, cornea) | 104 | 10.0 | 10.0 | 78.9 |
| | Psychologist | 220 | 21.1 | 21.1 | 100.0 |
| | **Total** | 1043 | 100.0 | 100.0 | |

*** Age**

The age distribution of the participants indicates that the largest proportion falls within the 51–60 age group, comprising 47.7% (n = 497) of the total sample. The second largest group is those aged 31–40 years, representing 37.8% (n = 394). Participants aged 41–50 account for 8.4% (n = 88), while the smallest proportion, 6.1% (n = 64), is observed among individuals aged 18–30 years.

## * Educational Qualification

In terms of educational attainment, the majority of respondents hold a university degree, making up 53.0% (n = 553) of the total sample. Master's degree holders represent 18.1% (n = 189), followed closely by participants with a PhD at 17.2% (n = 179). The smallest educational group consists of those with a diploma, accounting for 11.7% (n = 122).

## * Occupation

Regarding occupational status, administrative practitioners form the largest group, representing 26.6% (n = 277) of the sample. Donors constitute 23.9% (n = 249), while psychologists make up 21.1% (n = 220). Doctors represent 18.5% (n = 193), and patients with organ failure (kidney, liver, heart, lung, pancreas, or cornea) account for the smallest occupational category at 10.0% (n = 104).

## * Descriptive Statistics

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| I feel that organ donation is a humanitarian act stemming from altruism. | 1043 | 1 | 2 | 1.35 | .476 |
| I have an internal desire to donate my organs to save the lives of others. | 1043 | 1 | 2 | 1.35 | .476 |
| I believe that the decision to donate largely depends on personal experience or impactful stories. | 1043 | 1 | 2 | 1.35 | .476 |
| I see that psychological pressure or anxiety may affect a person's decision to donate. | 1043 | 1 | 1 | 1.00 | .000 |
| I believe that psychological factors have a greater impact than religious or cultural aspects in the decision to donate. | 1043 | 1 | 1 | 1.00 | .000 |
| Psychiatry can help individuals overcome their fears of organ donation. | 1043 | 1 | 1 | 1.00 | .000 |
| I believe that false beliefs about donation can be corrected through psychological counseling sessions. | 1043 | 1 | 2 | 1.35 | .476 |
| The psychological interpretation of fears related to death or body loss is important for accepting the idea of donation. | 1043 | 1 | 3 | 2.18 | .789 |
| The intervention of a psychologist helps reduce hesitation or internal conflicts toward donation. | 1043 | 1 | 3 | 1.83 | .987 |
| I believe that psychological counseling is necessary to clarify aspects of donation in an unbiased manner. | 1043 | 1 | 1 | 1.00 | .000 |
| Campaigns that use psychologically impactful messages are more effective in encouraging donation. | 1043 | 1 | 1 | 1.00 | .000 |
| I feel that psychological awareness should be integrated into media content about organ donation. | 1043 | 1 | 3 | 2.52 | .852 |
| Human stories can positively change my stance toward donation. | 1043 | 1 | 3 | 1.83 | .987 |
| It is important that donation campaigns be designed based on a psychological understanding of the nature of society. | 1043 | 1 | 3 | 1.48 | .852 |
| Involving psychological specialists in designing awareness campaigns enhances their effectiveness. | 1043 | 1 | 2 | 1.24 | .426 |
| I believe that a living donor needs psychological support before undergoing the donation procedure. | 1043 | 1 | 2 | 1.24 | .426 |
| It is essential to provide psychological counseling to the families of deceased individuals before making the donation decision. | 1043 | 1 | 1 | 1.00 | .000 |
| Psychological support after donation reduces feelings of regret or anxiety among donors. | 1043 | 1 | 5 | 2.80 | 1.646 |
| Having a psychologist on the organ transplant team improves the donor's experience. | 1043 | 1 | 2 | 1.76 | .426 |
| Psychological support enhances public trust in the donation process and encourages participation. | 1043 | 2 | 2 | 2.00 | .000 |
| The healthcare system should include psychological programs that support the decision to donate organs. | 1043 | 1 | 2 | 1.58 | .493 |
| It is important to train organ transplant professionals in psychological skills. | 1043 | 1 | 1 | 1.00 | .000 |
| Having a psychologist in organ transplant centers is essential to provide emotional support. | 1043 | 1 | 1 | 1.00 | .000 |
| I propose integrating psychiatric concepts into educational curricula to promote a culture of donation. | 1043 | 1 | 2 | 1.35 | .476 |
| Health policies that consider psychological aspects are more effective in increasing donation rates. | 1043 | 1 | 1 | 1.00 | .000 |
| Valid N (listwise) | 1043 | | | | |

The descriptive analysis of participants' responses reveals a generally high level of agreement with most statements related to the psychological aspects of organ donation. Across several items, the mean score was consistently low (closer to 1 on the scale), indicating strong agreement. For example, respondents largely agreed that organ donation is a humanitarian act stemming from altruism (M = 1.35, SD = 0.476) and that they have an internal desire to donate their organs to save others (M = 1.35, SD = 0.476). Similarly, they agreed that the decision to donate can be influenced by personal experiences or impactful stories (M = 1.35, SD = 0.476). Complete agreement (M = 1.00, SD = 0.000) was found on several items, such as the belief that psychological pressure may affect the donation decision, that psychological factors can outweigh religious or cultural considerations, and that psychiatry can help individuals overcome donation-related fears.

Participants also agreed that false beliefs about donation can be corrected through psychological counseling (M = 1.35, SD = 0.476) and recognized the importance of interpreting fears related to death or body loss for donation acceptance (M = 2.18, SD = 0.789). The role of psychologists in reducing hesitation toward donation was moderately supported (M = 1.83, SD = 0.987), as was the integration of psychological awareness into donation campaigns. Items related to media influence and human stories received means between 1.83 and 2.52, indicating moderate to high agreement.

Further, the data show that involving psychologists in campaign design (M = 1.24, SD = 0.426) and providing psychological support to living donors (M = 1.24, SD = 0.426) were strongly endorsed. Providing counseling to families of deceased donors also received unanimous agreement (M = 1.00, SD = 0.000). Post-donation psychological support was considered important, though responses varied more widely (M = 2.80, SD = 1.646), indicating a broader range of opinions.

Respondents agreed that having a psychologist on the transplant team (M = 1.76, SD = 0.426) and within transplant centers (M = 1.00, SD = 0.000) enhances the donor's experience and emotional support. They also supported integrating psychiatric concepts into educational curricula (M = 1.35, SD = 0.476) and believed that health policies addressing psychological aspects are more effective (M = 1.00, SD = 0.000). Finally, the inclusion of

psychological programs within the healthcare system (M = 1.58, SD = 0.493) and training transplant professionals in psychological skills (M = 1.00, SD = 0.000) were viewed as crucial for fostering a positive donation culture and increasing participation.

*** Discussion**

The age distribution of the participants shows that most of them are older adults, with middle-aged and senior people making up most of the sample. This demographic pattern may indicate a higher degree of maturity, life experience, and either direct or indirect exposure to organ donation, potentially fostering more informed or empathic viewpoints on the subject. There were a lot fewer younger participants, which means that the replies are more affected by the attitudes of older age groups.

Most of the people who took part in the survey have higher education, with a university degree being the most prevalent, followed by postgraduate courses. The respondents' high level of education shows that they may be more aware of and understand concerns related to organ donation, as well as be better able to critically analyse its psychological, cultural, and humanitarian aspects. The lower percentage of diploma holders suggests that the sample is biassed towards people with higher academic achievement, which could affect how sophisticated and logical their attitudes are.

The sample has a wide range of jobs, with administrative professionals making up the largest group, followed by organ donors, psychologists, and doctors. The presence of both medical and non-medical professions provides a diverse array of perspectives, integrating clinical expertise with public opinions. The fact that there are a lot of donors and psychologists shows that they are personally or professionally involved in organ donation. The fact that there are patients with organ failure shows that they are the ones who need transplantation the most. This variety of jobs adds to the data, which helps us better comprehend people's attitudes and opinions.

The analysis of attitudes towards organ donation indicates predominantly favourable perceptions, especially about its humanitarian aspects and its association with selflessness. Numerous individuals articulated an inner urge to give organs, emphasising the influence of empathy and moral obligation in forming their intentions. Personal

experiences and emotionally resonant narratives were acknowledged as significant influences in the decision-making process, emphasising the value of narrative-driven awareness initiatives. There was a strong agreement that psychological pressures and concerns might affect choices, and many people thought that psychiatry could help people get past these problems.

The data also show how important psychological support is at different points throughout the donation procedure. Respondents recognised that erroneous beliefs regarding donation can be rectified through counselling and underscored the necessity of confronting issues associated with mortality or physical integrity to enhance acceptance. They thought it was a good idea for psychologists to be involved in both preparing donors and planning campaigns because they thought that psychological expertise could help people feel less hesitant and conflicted. It was also thought that include psychological awareness in media messaging and using actual human stories to change people's attitudes for the better were also good ideas.

Participants also agreed that relatives of people who had died should get counselling before making decisions about donating their organs. They saw this as a way to prepare emotionally and get informed permission. Psychological support following donation was deemed advantageous for mitigating regret or anxiety. It was thought that having psychologists on transplant teams and at centres was important for making the donor experience better, and that teaching medical staff psychological skills was an important part of a complete transplant program. Respondents also supported the incorporation of psychiatric principles into education and the alignment of health policies with psychological factors, asserting that these initiatives may bolster public trust and elevate organ donation rates.

*** Conclusions**

This study finds that psychiatry plays a vital role in building a culture that supports organ donation through its ability to address the emotional, cognitive, and social barriers impacting individuals' decisions. Psychiatrists can help people who are afraid, anxious, or confused about organ donation by giving them psychological counselling. This helps them make educated and voluntary decisions. Psychiatry also helps people and societies have better attitudes towards giving by encouraging empathy,

generosity, and resilience. Psychiatrists help make the idea of giving by working with healthcare teams, running public education programs, and making it a part of social values. Psychiatry greatly promotes knowledge, acceptability, and willingness to participate in organ donation campaigns by addressing both individual and cultural components, hence adding to the sustainability and success of transplant programs.

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