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Health and Social Challenges of Living Organ Donors and the Impact of Community Awareness on Their Experience

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Abstract

This study explores the health, psychological, and social challenges experienced by living organ donors in the Kingdom of Saudi Arabia and examines the impact of community awareness on shaping their post-donation experiences. Drawing on data from 1,180 respondents, including donors, healthcare practitioners, and members of the public, the research highlights that while living organ donation is broadly viewed as a humanitarian act, many donors face significant physical, emotional, and social consequences. Descriptive statistical analysis reveals that respondents perceive a lack of adequate community awareness, insufficient psychological support, and limited appreciation for donors' sacrifices. Furthermore, the findings suggest that a substantial proportion of donor's experience disruptions to daily life, health complications, and social pressure, yet receive inadequate follow-up care or legal protection. The demographic profile of the participants shows a highly educated sample, with a strong representation of healthcare professionals and mature adults, which enriches the reliability of the insights collected. When compared with previous studies, the results affirm the importance of addressing both the informational and emotional needs of donors, highlighting the necessity of developing institutional frameworks to support them. The study concludes with recommendations for policy reform, increased public awareness campaigns, integration of psychosocial support services, and legal recognition of donors' rights, aimed at creating a more inclusive and supportive organ donation system in Saudi Arabia.

Keywords: Living Organ Donation, Health, Psychological, Social, Challenges, Community Awareness, Saudi Arabia.

* Introduction

An organ transplant is a medical surgery that involves transferring an organ from one body to another, typically performed for patients with end-stage organ failure (Abdelfattah et al., 2015). An organ transplant may be the sole therapeutic

alternative for patients with irreversible chronic or acute conditions, such as liver failure. Moreover, for those with renal failure, dialysis may incur higher expenses than an organ transplant, whereas an organ transplant could enhance their quality of life. Recent results indicate a necessity for enhanced and significant organ donation. The donation process is a vital contribution, as a single organ donor can potentially save eight lives (Al-Salhi & Othman, 2024).

The increasing demand for organs like kidneys, livers, etc. is outpacing the supply from deceased donors, according to studies. Reluctance to give organs after death can be influenced by cultural, religious, and legal factors (Farid & Mou, 2021). Patients' requirements and issues are met mostly through receiving organs from living donors due to the increasing demand for transplantation and the longer wait time for transplantation (Henderson & Gross, 2017). A major problem on a global scale, according to Popoola et al. (2018), is the relatively small pool of living donors. In addition, deciding to donate an organ is a difficult choice for donors. Issues, anxieties, and worries may arise.

According to Agerskov et al., (2014), there are a lot of factors that come into play when deciding to donate an organ, including the donor's personal life, familial status, and relationship with the recipient. Medical ambiguity, post-donation recuperation, family obligations, worries about the recipient's health, and future donor health have all played a role in shaping the decision-making process (Mishra, 2019).

In numerous nations, there is a restricted comprehension of the lived experiences of organ donors, especially the persistent health issues, psychological stressors, and societal pressures they may face following the act of donation (Bahador et al., 2022). Although medical results and transplant success rates are often scrutinized and lauded, significantly less focus is directed towards the long-term welfare of the humans who facilitate these medical achievements. Consequently, live donors may encounter intricate emotional responses, including satisfaction and fulfilment, as well as worry, solitude, or regret, sometimes lacking adequate access to psychosocial support systems or community acknowledgement (Bourkas, 2021). Moreover, societal misconceptions or insufficient awareness may lead to donors experiencing neglect or stigma, especially in cultures where organ

donation is regarded as a delicate or contentious issue.

Simultaneously, community knowledge is crucial in influencing attitudes and reactions to organ donation. An informed society that comprehends and values the significance of a donor's sacrifice is more inclined to endorse laws that protect donor rights, enhance equitable healthcare access, and cultivate a culture of public appreciation. Thus, enhancing community understanding and engagement transcends public health advocacy; it constitutes a moral obligation to provide justice, dignity, and comprehensive care for individuals who have selflessly contributed to the well-being of others.

1- Problem Statement

Living organ donation is an essential aspect of contemporary medicine, providing life-saving procedures for patients with end-stage organ failure. Although considerable medical and public focus is placed on recipients and transplantation results, the life experiences of the donors are often neglected. Living donors endure significant surgical interventions, encounter serious health hazards, and frequently suffer from enduring physical consequences. Nonetheless, their post-donation experiences are infrequently recorded or systematically supported. The absence of organized follow-up treatment and assistance raises significant questions regarding the sufficiency of existing healthcare models in meeting the distinct and persistent needs of this population.

Besides the physical health ramifications, live donors may encounter intricate psychological and emotional difficulties. Potential outcomes may encompass worry, despair, feelings of isolation, or emotional discomfort in the event of an unsuccessful transplant. Certain donors indicate alterations in familial dynamics or social interactions post-donation, especially in cultures where organ donation may be misconstrued or subjected to religious, ethical, or societal examination. Such psychosocial stresses can lead to a reduced sense of well-being, particularly in the lack of available mental health support services or donor advocacy networks.

Furthermore, a significant aspect of the issue resides in the community's low awareness and comprehension of the experiences and requirements of living organ donors. The general public may not completely comprehend the physical, emotional, and financial sacrifices

inherent in the donation procedure. This deficiency in awareness may result in insufficient appreciation, diminished societal support, and poor policy advocacy for donor rights and welfare. The absence of widespread community awareness hampers the establishment of inclusive support structures and extensive health and social protections for donors.

This study addresses the research problem at the convergence of two primary issues the multifaceted barriers health, psychological, and social encountered by living organ donors, and the inadequate public awareness and acknowledgement of these challenges. Without a comprehensive understanding and resolution of these challenges, there exists a risk of ongoing systemic neglect of the persons whose contributions facilitate organ transplantation. This study aims to address that gap by analyzing the experiences of donors and assessing the influence of community awareness on their post-donation realities.

2- Research Objectives

This study aims to achieve the following specific objectives: -

1- Identify the health-related challenges experienced by living organ donors following their donation procedures.

2- Explore the psychological effects that living organ donors experience as a result of their donation.

3- Assess the social outcomes encountered by living donors.

4- Evaluate the current level of public awareness and perception regarding organ donation.

5- Recommend strategies to improve community engagement, donor support systems based on the findings.

3- Research Significance

This research is significant due to its potential to yield valuable insights that can guide healthcare policy, augment community awareness, and promote the overall well-being of live organ donors. These individuals make a transformative decision to donate an organ out of altruism, yet they frequently receive little acknowledgement or organized post-operative care. This study seeks to analyze the physiological, psychological, and social ramifications of living organ donation to furnish empirical evidence that can inform the creation of more inclusive and donor-centric medical policies. These findings will be beneficial to healthcare personnel, who must be prepared not only to perform surgical procedures properly but also to provide suitable long-term

assistance to donors following donation.

This research seeks to fill a significant void in public discourse by increasing community knowledge regarding the experiences and sacrifices of living organ donors. A well-informed society is more inclined to demonstrate gratitude, provide social assistance, and champion the welfare of donors. This may also result in an augmentation of voluntary contributions, as prospective donors would possess greater assurance about the help and acknowledgement they will obtain. The study will enhance community views and knowledge, fostering a more respectful and sympathetic atmosphere for donors among their families, workplaces, and social networks.

Moreover, the study enhances the academic and scientific literature on organ donation, a field that remains under-explored in numerous regions globally. The medical consequences of organ transplants are extensively documented, although the human experiences of living organ donors are significantly under-represented in the academic literature. This research aims to address this gap by providing a comprehensive, multidimensional perspective on the donor experience, encompassing not only clinical outcomes but also emotional, social, and cultural aspects. Consequently, it is valuable for researchers, sociologists, psychologists, and bioethicists seeking to enhance understanding in this domain.

*** Literature Review**

1- Health-related challenges experienced by living organ donors

Living organ donation, although life-saving for recipients, presents numerous health-related concerns for donors that warrant careful consideration. Living donors may encounter immediate surgical concerns, including pain, infection, haemorrhage, and exhaustion, especially in the weeks subsequent to the procedure (Waltera, 2019). Post-operative problems are prevalent irrespective of the organ donated; however, their severity and duration may differ based on whether the donor has provided a kidney or a segment of the liver. Gadour (2025) indicate that liver donors face a heightened risk of substantial problems owing to the intricate nature of the surgery and the liver's essential role in metabolism and regeneration. Conversely, kidney donation, which is more prevalent worldwide, has a diminished acute surgical risk but is associated with heightened long-term concerns

including hypertension, proteinuria, and diminished renal function (Muzaale et al., 2014).

Over time, certain donors encounter enduring weariness, chronic discomfort, or a deterioration in general health-related quality of life. The health repercussions may last for months or even years following the donation operation, potentially hindering a donor's capacity to participate in routine daily activities. Butt et al. (2018) have revealed weariness and diminished energy levels as the most commonly reported long-term symptoms among live donors, particularly in women. Although some donors achieve complete recovery, others experience persistent physical discomfort that is not consistently alleviated by subsequent therapy.

A significant issue is the sufficiency of medical monitoring following donation. Numerous donors, especially in poor nations, encounter irregular access to sustained health monitoring, which may impede the early identification and management of issues. The absence of organized national follow-up systems may lead to overlooked diagnoses and suboptimal health outcomes (Compton et al., 2018).

Outcomes variance seems to be affected by donor demographics, including age, sex, and baseline health status. Senior donors and individuals with pre-existing health concerns face an elevated risk of negative outcomes, such as prolonged recovery and increased incidence of post-operative complications (Hughes et al., 2013). Moreover, growing research suggests that female donors may encounter greater long-term weariness and body image concerns after donation, especially following liver donation (Dew et al., 2018). These findings underscore the necessity of customizing medical assessments and follow-up treatment to the specific requirements of donors instead than implementing standardized protocols.

2- The psychological challenges impact of the donation experience

Living organ donation transcends mere physicality; it embodies a profound psychological and emotional odyssey for the donor. The choice to give an organ, especially while living, frequently arises from intricate emotional motivations including charity, familial duty, spiritual satisfaction, or societal influence. Although numerous donor’s express feelings of satisfaction and purpose after donating, research has also indicated the possibility of psychological

suffering, such as worry, despair, and regret, particularly when outcomes are unsatisfactory or when support systems are inadequate (Dew et al., 2018). The emotional burden may commence prior to the procedure, as donors contend with uncertainty, fear, and the ethical implications of their choice.

The psychological effects following donation differ significantly based on the donor's experience, the recipient's health status, and the extent of assistance received. Successful transplants and favorable recovery may elicit positive emotions, including personal growth, enhanced self-worth, and profound fulfilment (Massey et a., 2010). In instances where the recipient encounters problems or the transplant is unsuccessful, donors may endure feelings of shame, self-reproach, and mental distress. The emotional load is particularly significant in situations involving family members, where the emotional stakes are intrinsically elevated. Research indicates that certain donors who encounter transplant failure in their recipients harbor a persistent sense of personal accountability, although without medical justification (Potter, 2017).

The availability of structured psychological treatment prior to and following the donation considerably influences donor well-being. Psychological evaluations prior to donation are standard in most countries and seek to identify donors susceptible to mental health concerns. Nonetheless, these evaluations frequently possess a restricted breadth and may insufficiently forecast emotional difficulties following donation. Conversely, post-donation psychological support is often neglected or supplied inconsistently. In situations such as Saudi Arabia, psychological assistance for donors is inadequately developed, with the majority of programs concentrating predominantly on physical health follow-up. The absence of official counselling or peer-support initiatives may result in donors experiencing isolation, especially when facing intricate emotions independently (Al Salem, 2020).

Cultural and religious beliefs significantly impact the donor's psychological experience. In Islamic contexts, such as Saudi Arabia, organ donation is sometimes regarded as a religiously commendable act, perhaps offering spiritual solace to donors. Simultaneously, societal expectations and familial pressure might exacerbate the psychological environment. Certain donors may feel obligated to contribute owing to

social pressures rather than intrinsic motivations, resulting in subsequent emotional suffering (Alobaidi, 2023).

Regret, although little acknowledged, is a significant psychological consequence deserving further examination. The majority of donors affirm their choice, although a few express remorse, especially if they encounter health issues or relationship difficulties post-donation. Regret is more probable when donors perceive themselves as uninformed, unsupported, or pressured in their decision-making (Jacobs et al., 2015). This underscores the necessity of complete psychological assessment, clear disclosure of risks, and availability of long-term mental health therapies within a holistic donor care program.

3- The social challenges encountered by living donors

The social consequences faced by living organ donors are a vital although frequently overlooked element of the post-donation experience. Donating a kidney or a segment of the liver carries significant social ramifications that transcend the medical procedure, affecting interpersonal relationships, job interactions, financial security, and societal views. These results can either improve or diminish the donor's overall quality of life and are intricately connected to cultural, economic, and institutional circumstances.

The most immediate societal consequence of live donation is the alteration of familial and interpersonal connections. In numerous instances, contribution fortifies familial connections, particularly when the beneficiary is a close cousin. Donors frequently indicate a rise in mutual appreciation, emotional intimacy, and familial cohesion after a successful transplant (Colonnello et al., 2024). In certain situations, particularly when expectations are not fulfilled or obstacles occur, donors may encounter strained relationships, feelings of bitterness, or a perception of being underappreciated. The dynamics in extended family contexts are notably intricate, as the urge to contribute may influence decision-making, potentially resulting in enduring emotional estrangement or social discord.

Challenges relating to the workplace and employment are also significant among the social consequences of donating. Donors generally necessitate a leave of absence from work for the surgical procedure and subsequent recovery, which may span several weeks to

months, contingent upon the organ donated and the donor's profession. Although certain workplaces offer supportive leave policies, numerous donors encounter challenges in re-entering the workforce or experience discrimination, especially in occupations requiring hard labour or lacking official health safeguards (Jacobs et al., 2015). Furthermore, self-employed donors or individuals in informal employment sectors may experience enduring financial and social consequences due to lost revenue and damaged livelihoods. These problems underscore the necessity for national regulations that provide work safety and financial compensation for living donors.

The sense of societal recognition or stigma associated with giving differs significantly among various societies. In numerous societies, live donors are lauded as heroes and garner significant public acclaim. This societal validation might enhance the donor's self-esteem and reaffirm their decision. Nevertheless, in alternative contexts, donors may encounter misconceptions, social alienation, or even distrust (Chapman, 2019). Some donors, for example, indicate that they are interrogated over their intentions or regarded as imprudent for assuming health risks, especially when the receiver is not a close relative. In conservative communities, gender dynamics influence perceptions; female donors may be anticipated to make sacrifices for their families, whilst male donors may receive greater public acclaim, highlighting deeper social imbalances in the understanding of generosity.

Moreover, the attitudes of the wider society regarding organ donors can affect social reintegration and long-term well-being. In instances where awareness campaigns and religious endorsements prove effective, benefactors may get robust community support and be held in high esteem. In regions characterized by poor awareness or widespread misconceptions, donors may encounter ignorance or misinformation, including the belief that donation results in impairment or premature death. This misconception can instigate anxiety and social isolation, especially in rural or traditional societies where contemporary medical practices are not broadly comprehended. Community education is crucial not only for enhancing organ donation rates but also for fostering a socially friendly atmosphere for existing donors.

4- Previous Studies

According to (Alumran et al., 2025) one of the leading causes of death and disability among patients worldwide, end-stage renal disease (ESRD) affects people of all ages. To combat the scarcity of transplantable organs, living kidney donors are necessary. Potential kidney donors at Saudi Arabia's King Fahad Specialist Hospital in Dammam (KFSH-D) will be profiled here, and the study's secondary objective is to determine what personal and social variables influence their decision to donate. The 1523 people who applied to be kidney donors at KFSH-D were all part of this cross-sectional study. The likelihood that a prospective donor will go through with the donation procedure is heavily impacted by a number of psychosocial factors. To increase the number of kidneys available for transplant, it is necessary to understand these aspects so that predictive models and donor recruitment tactics can be improved.

According to (Clemens et al., 2006) informed consent and follow-up require knowledge of the psychosocial advantages and harms experienced by living kidney donors. With questionnaire scores comparable to controls, the majority did not suffer from sadness (77-95%) or anxiety (86-94%). In terms of relationships with the recipient (86-100%), spouse (82-98%), family (83-100%), and non-recipient children (95-100%), the majority indicated either no change or a better one. Some saw their self-esteem rise. No change in their attractiveness was reported by the majority (83–93%). Prospective studies have shown a decline following donation, even though many reported high scores on quality of life assessments. Adverse psychosocial consequences occurred in a tiny percentage of donors. Donating a kidney has little to no effect on the mental and emotional well-being of the majority of people. Careful selection and follow-up can minimize harm.

According to (Alghalyini et al., 2024) organ transplantation is becoming more urgent in Saudi Arabia due to the rising number of chronic diseases, but there is still a shortage of donors. Researchers in Riyadh looked at how citizens' awareness and desire to donate organs were affected by sociodemographic characteristics. People living in Riyadh were surveyed in a cross-sectional manner using a convenience sample. Factors related to sociodemographic, awareness, and propensity to donate were among those measured in the survey. Gender, level of education,

and level of awareness all played a role in the high level of organ donation willingness among Riyadh inhabitants. Reasons for low registration rates could include things like people's lack of knowledge or strong religious convictions. In order to increase registration rates, it is suggested to implement an opt-out mechanism and conduct targeted educational programs as well as evaluate policies.

According to (Massey et al., 2025) a major factor in reducing the organ scarcity is the availability of living kidney donors. After living donation, health-related quality of life was the most often studied (bio)psychosocial outcome. Specific mental health outcomes, such depression, exhaustion, and pain, are additional examples of generic (bio)psychological outcomes. Issues with insurance, financial strains on workers, and their jobs are all examples of social repercussions. Remorse, contentment, abandonment, unfulfilled needs, and advantages of living kidney donation are some of the donation-specific psychological effects. The fact that there are advantages and disadvantages to living donation attests to the complexity and multidimensionality of the experience.

According to (Al Moweshy et al., 2022) the organ donor-receiver gap is getting wider as the number of people requiring a transplant grows. The purpose of this study was to identify any correlation between organ donation willingness and organ donation awareness among university students in Saudi Arabia. Al-Ahsa, Saudi Arabia's King Faisal University was the site of this cross-sectional analytical investigation. The students' desire to donate organs was enhanced when they learnt that Islam permits it and that Saudi Arabia had a successful organ donation program.

*** Methodology**

1- Study Design

Research design denotes the comprehensive plan, framework, and methodology that directs the gathering, processing, and interpretation of data inside a research study (Asenahabi, 2019). It is a structured framework that delineates the techniques and methodologies researchers will employ to tackle their research questions or hypotheses. The research design is a vital component of the research process, since it affects the validity and reliability of the study's results.

This study relied on the descriptive analytical approach, as

this approach aims to describe the phenomenon, study it on the ground, and obtain data from its primary sources.

2- Research Approach

Research approaches denote the overarching methodologies utilized by researchers in conducting their study. The procedures utilized in the study might be categorized as quantitative, qualitative, or mixed methods, based on the study's objectives. Quantitative research entails the utilization of numerical data to analyze and elucidate the outcomes of a study, whereas qualitative research centers on descriptive methods and explanations that do not rely on numerical values (Ahmad et al., 2019).

Given the nature of the study and its objectives, the researcher opted for a quantitative methodology.

3- Study Population

The term "study population" is employed to refer to the entire group of individuals who possess a common trait or quality for the objectives of a specific study (Sileyew, 2019). It is a critical concept in the design and execution of research, as it establishes the parameters within which the study will operate. The research population defines the individuals or groups that will be the focus of the data collection and analysis process.

The study population included 1,180 respondents of community members with varying knowledge and attitudes about living organ donation. The researcher distributed the questionnaire electronically through Google Forms to collect the largest number of members of the study population.

4- Data Collection

In order to obtain information and evidence to back up the research aims, data collecting is a crucial part of research methodology. It is a methodical approach to answering research questions by gathering, organizing, and evaluating data from a variety of sources. Gathering factual material to support inferences and conclusions is data collection's principal goal.

The information and data required to complete the study can be found in two primary types of resources: -

1- Primary Sources

The original, first-hand knowledge or evidence provided by primary sources is essential to the research topic and forms the basis of data collection. Due to the lack of interpretation, summarization, or filtering by prior researchers or intermediaries, these sources provide

data that is crucial (Pandey & Pandey, 2021).

The collection of quantitative data involved the distribution of a structured questionnaire to community members with varying knowledge and attitudes about living organ donation in Saudi Arabia.

2- Secondary Data

Secondary sources are essential resources that offer information, data, or knowledge that has already been gathered, evaluated, and recorded by someone other than the researcher. With their wealth of previously published literature, reports, and other forms of pre-existing data and insights, these sources are invaluable to researchers in bolstering their studies and inquiries (Ajayi, 2017).

Several secondary sources, including articles and books already published, were used to compile the data.

5- Data Analysis

"Data analysis" refers to the systematic and organized process of reviewing, cleaning, altering, and analyzing data collected in order to derive conclusions, answer research questions, or test hypotheses. This is the part where researchers interpret the data that has been obtained using various computational and statistical methodologies (Davidavičienė, 2018).

This study's questionnaire data was analyzed statistically using the SPSS program.

*** Results**

*** Demographic Information**

1- Age

Table 1: Age

Age					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	18 - 30	97	8.2	8.2	8.2
	31 – 40	421	35.7	35.7	43.9
	41 – 50	246	20.8	20.8	64.7
	51 – 60	334	28.3	28.3	93.1
	61 and more	82	6.9	6.9	100.0
	Total	1180	100.0	100.0	

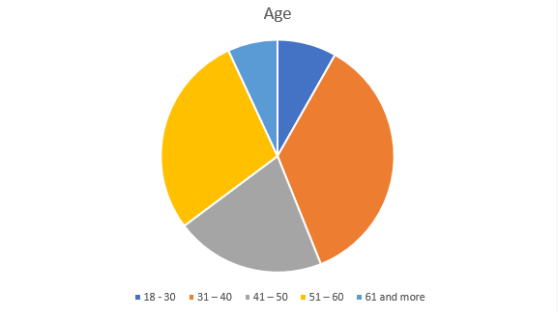

Figure 1: Age

The age distribution of the respondents, as shown in Table 1, indicates that the majority of participants fall within the middle-aged categories. Specifically, the largest proportion of respondents (35.7%) are between 31 and 40 years old, followed by 28.3% aged 51 to 60 years, and 20.8% in the 41 to 50 years' group. Younger adults aged 18 to 30 years represent only 8.2% of the

sample, while the oldest group, those aged 61 and above, constitute 6.9%. This distribution suggests that the study primarily reflects the views of mature and older adults, with limited input from younger participants.

2- Academic Qualification

Table 2: Academic Qualification

Academic Qualification					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary Level	118	10.0	10.0	10.0
	Higher Diploma Stage	212	18.0	18.0	28.0
	Bachelor's Degree Stage	590	50.0	50.0	78.0
	Master's Degree Stage	102	8.6	8.6	86.6
	Doctorate Degree Stage	158	13.4	13.4	100.0
	Total	1180	100.0	100.0	

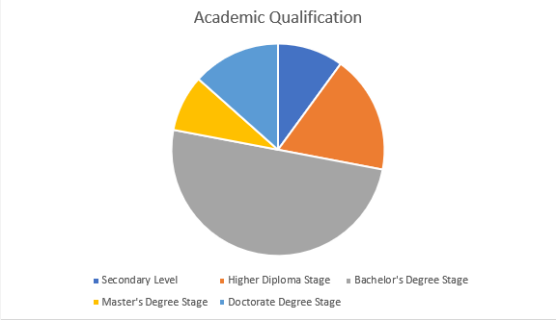

Figure 2: Academic Qualification

The academic qualification distribution of the respondents reveals that the sample is predominantly composed of individuals with higher education. As shown in the table, 50% of participants hold a bachelor's degree, making it the most represented educational level. This is followed by 18% with a higher diploma, and 13.4% who have attained a doctorate degree. Respondents with a secondary education make up 10% of the sample, while 8.6% have completed a master's degree. Overall, more than 70% of the participants possess at least a bachelor's degree, indicating a well-educated population that may be more informed and engaged with health-related and social issues, including organ donation.

3- Job Title

Table 3: Job Title

Job Title					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative Practitioner	135	11.4	11.4	11.4
	Health Practitioner	346	29.3	29.3	40.8
	Doctor	109	9.2	9.2	50.0
	Retired	239	20.3	20.3	20.3
	Donor	351	29.7	29.7	100.0
	Total	1180	100.0	100.0	

Figure 3: Job Title

The job title distribution of respondents indicates a balanced representation across various professional backgrounds, with a notable focus on healthcare-related roles. The largest group comprises donors, who represent 29.7% of the sample, followed closely by health practitioners at 29.3%, reflecting strong engagement from individuals directly involved in or affected by organ donation. Retired individuals account for 20.3%, while administrative practitioners make up

11.4%, and doctors constitute 9.2%. Collectively, approximately 38.5% of respondents work in the healthcare sector (health practitioners and doctors), suggesting that the study captures insights from individuals with professional knowledge of medical practices, potentially enriching the data on awareness and perceptions related to living organ donation.

4- Health and Social Challenges and Concerns of Living Organ Donors and the Impact of Community Awareness on their Experience

Table 4:Descriptive Statistics of Health and Social Challenges and Concerns of Living Organ Donors and the Impact of Community Awareness on their Experience

Descriptive Statistics				
	Mean	Std. Deviation	Arrangement	Direction
I have enough information about organ donation from living people.	1.98	1.064	22	Agree
I believe that the living donating a kidney or part of a liver is a purely humanitarian decision.	1.64	1.118	27	Strongly Agree
I believe that living organ donation is safe.	1.93	1.213	24	Strongly Agree
I believe that the donor bears health consequences after donation.	3.71	1.308	5	Agree
I support living organ donation when no alternative solutions are available.	1.99	1.302	21	Strongly Agree
I believe that the donor faces significant health risks after donation.	3.94	1.168	3	Strongly Disagree
I believe that liver donation is riskier than kidney donation.	3.50	1.088	7	Neutral
The donation process affects the donor's daily life.	4.09	.936	1	Strongly Disagree
I have information about the health procedures that the donor must follow after the operation.	2.14	1.265	19	Strongly Agree
I believe that living donors need psychological support after donation.	2.38	1.503	14	Strongly Agree
I believe the donor adheres to medical instructions after the procedure.	2.18	1.231	17	Strongly Agree
I believe that a donor's neglect of instructions may cause them serious health problems.	2.19	1.334	15	Agree
I know an organ donor who does not adhere to medical reviews.	3.06	1.214	8	Agree
Medical instructions for living donors are clear and easy to implement.	2.08	1.216	20	Agree
Living donors receive adequate medical support after donation.	2.48	1.380	13	Agree
Living kidney or part of the liver donors may feel remorse after donating.	4.00	.986	2	Neutral
The community provides the necessary psychological support to living donors.	2.59	1.291	12	Agree
Living kidney or part of the liver donors experience social pressure after donation.	3.57	1.139	6	Disagree
Living donors may face problems at work or in their personal lives due to donation.	3.74	1.249	4	Disagree
Families fully support the donor's decision.	2.67	1.268	11	Neutral
Living donors receive the necessary appreciation from society.	2.20	1.272	16	Strongly Agree
The community understands the health challenges faced by the donor.	2.82	1.341	9	Neutral
There is a lack of community awareness about the impact of organ donation on donors.	2.18	1.223	18	Strongly Agree
Living organ donors (kidneys - part of the liver) are heroes of humanity.	1.69	1.354	26	Strongly Agree
The community contributes to positively encouraging organ donation.	2.72	1.344	10	Agree
There is an urgent need for more awareness programs about organ donation in the Kingdom of Saudi Arabia.	1.74	1.426	25	Strongly Agree
The Saudi government provides significant support to donors.	1.98	1.397	23	Strongly Agree
I believe that providing comprehensive health insurance for donors is essential.	1.43	.995	30	Strongly Agree
I support the enactment of laws to protect donors from potential health or social consequences.	1.53	1.058	29	Strongly Agree
Periodic screening of donors should be mandatory.	1.55	.996	28	Strongly Agree

1- Statement "The donation process affects the donor's daily life" came in first place with a mean of 4.09 and a standard deviation of 0.936. Therefore, the direction of the sample members' responses is "Strongly Disagree".

2- Statement "Living kidney or part of the liver donors may feel remorse after donating" came in second place with a mean of 4.00 and a standard deviation of 0.986. Therefore, the direction of the sample members' responses is "Neutral".

3- Statement "I believe that the donor faces significant health risks after donation" came in third place with a mean of 3.94 and a standard deviation of 1.168. Therefore, the direction of the sample members' responses is "Strongly Disagree".

4- Statement "Living donors may face problems at work or in their personal lives due to donation" came

in fourth place with a mean of 3.74 and a standard deviation of 1.249. Therefore, the direction of the sample members' responses is "Disagree".

5- Statement "I believe that the donor bears health consequences after donation" came in fifth place with a mean of 3.71 and a standard deviation of 1.308. Therefore, the direction of the sample members' responses is "Agree".

6- Statement "Living kidney or part of the liver donors experience social pressure after donation" came in sixth place with a mean of 3.57 and a standard deviation of 1.139. Therefore, the direction of the sample members' responses is "Disagree".

7- Statement "I believe that liver donation is riskier than kidney donation" came in seventh place with a mean of 3.50 and a standard deviation of 1.088. Therefore, the direction of the sample members' responses is "Neutral".

8- Statement "I know an organ donor who does not adhere to medical reviews" came in eighth place with a mean of 3.06 and a standard deviation of 1.214. Therefore, the direction of the sample members' responses is "Agree".

9- Statement "The community understands the health challenges faced by the donor" came in ninth place with a mean of 2.82 and a standard deviation of 1.341. Therefore, the direction of the sample members' responses is "Neutral".

10- Statement "The community contributes to positively encouraging organ donation" came in tenth place with a mean of 2.72 and a standard deviation of 1.344. Therefore, the direction of the sample members' responses is "Agree".

11- Statement "Families fully support the donor's decision" came in eleventh place with a mean of 2.67 and a standard deviation of 1.268. Therefore, the direction of the sample members' responses is "Neutral".

12- Statement "The community provides the necessary psychological support to living donors" came in twelfth place with a mean of 2.59 and a standard deviation of 1.291. Therefore, the direction of the sample members' responses is "Agree".

13- Statement "Living donors receive adequate medical support after donation" came in thirteenth place with a mean of 2.48 and a standard deviation of 1.380. Therefore, the direction of the sample members' responses is "Agree".

14- Statement "I believe that living donors need psychological support after donation" came in fourteenth place with a mean of 2.38 and a standard deviation of 1.503. Therefore, the direction of the sample

members' responses is "Strongly Agree".

15- Statement "I believe that a donor's neglect of instructions may cause them serious health problems" came in fifteenth place with a mean of 2.19 and a standard deviation of 1.334. Therefore, the direction of the sample members' responses is "Agree".

16- Statement "Living donors receive the necessary appreciation from society" came in sixteenth place with a mean of 2.20 and a standard deviation of 1.272. Therefore, the direction of the sample members' responses is "Strongly Agree".

17- Statement "I believe the donor adheres to medical instructions after the procedure" came in seventeenth place with a mean of 2.18 and a standard deviation of 1.231. Therefore, the direction of the sample members' responses is "Strongly Agree".

18- Statement "There is a lack of community awareness about the impact of organ donation on donors" came in eighteenth place with a mean of 2.18 and a standard deviation of 1.223. Therefore, the direction of the sample members' responses is "Strongly Agree".

19- Statement "I have information about the health procedures that the donor must follow after the operation" came in nineteenth place with a mean of 2.14 and a standard deviation of 1.265. Therefore, the direction of the sample members' responses is "Strongly Agree".

20- Statement "Medical instructions for living donors are clear and easy to implement" came in twentieth place with a mean of 2.08 and a standard deviation of 1.216. Therefore, the direction of the sample members' responses is "Agree".

21- Statement "I support living organ donation when no alternative solutions are available" came in twenty-first place with a mean of 1.99 and a standard deviation of 1.302. Therefore, the direction of the sample members' responses is "Strongly Agree".

22- Statement "I have enough information about organ donation from living people" came in twenty-second place with a mean of 1.98 and a standard deviation of 1.064. Therefore, the direction of the sample members' responses is "Agree".

23- Statement "The Saudi government provides significant support to donors" came in twenty-third place with a mean of 1.98 and a standard deviation of 1.397. Therefore, the direction of the sample members' responses is "Strongly Agree".

24- Statement "I believe that living organ donation is safe" came in twenty-fourth place with a mean of 1.93 and a standard deviation of 1.213. Therefore, the direction of the sample members' responses is "Strongly Agree".

25- Statement "There is an urgent need for more awareness programs about organ donation in the Kingdom of Saudi Arabia" came in twenty-fifth place with a mean of 1.74 and a standard deviation of 1.426. Therefore, the direction of the sample members' responses is "Strongly Agree".

26- Statement "Living organ donors (kidneys - part of the liver) are heroes of humanity" came in twenty-sixth place with a mean of 1.69 and a standard deviation of 1.354. Therefore, the direction of the sample members' responses is "Strongly Agree".

27- Statement "I believe that the living donating a kidney or part of a liver is a purely humanitarian decision" came in twenty-seventh place with a mean of 1.64 and a standard deviation of 1.118. Therefore, the direction of the sample members' responses is "Strongly Agree".

28- Statement "Periodic screening of donors should be mandatory" came in twenty-eighth place with a mean of 1.55 and a standard deviation of 0.996. Therefore, the direction of the sample members' responses is "Strongly Agree".

29- Statement "I support the enactment of laws to protect donors from potential health or social consequences" came in twenty-ninth place with a mean of 1.53 and a standard deviation of 1.058. Therefore, the direction of the sample members' responses is "Strongly Agree".

30- Statement "I believe that providing comprehensive health insurance for donors is essential" came in thirtieth place with a mean of 1.43 and a standard deviation of 0.995. Therefore, the direction of the sample members' responses is "Strongly Agree".

*** Discussion**

The findings of this study provide important insights into the lived experiences of organ donors, focusing on the health, psychological, and social consequences of living organ donation, and assessing how community awareness shapes and influences these experiences. The demographic analysis showed that the sample included a diverse group of participants, with a high representation of individuals aged 31–60 and over 70% holding a bachelor’s degree or higher.

Importantly, nearly 40% of participants were healthcare professionals or doctors, and almost 30% were actual donors, indicating a sample well-informed and personally or professionally engaged with organ donation issues. These characteristics add credibility and contextual richness to the study's findings.

Regarding health-related challenges, the data revealed that respondents believe donors face significant health consequences following donation. High mean scores were reported for items such as "The donor bears health consequences after donation" (M = 3.71) and "The donor faces significant health risks after donation" (M = 3.94), indicating that health risks are well recognized by the community. These results support the findings of Alumran et al. (2025), who emphasized that psychosocial factors heavily influence the decision to donate, including concerns about long-term health impacts. The study, which profiled over 1,500 potential donors at King Fahad Specialist Hospital, stressed the importance of understanding donor health concerns to improve recruitment and retention. In our study, participants also agreed on the necessity of health insurance coverage and regular screenings for donors, reflecting a community-wide call for structured health policies post-donation. This is consistent with Massey et al. (2025), who identified post-donation complications like pain, fatigue, and insurance issues as common challenges that require institutional intervention.

In terms of psychological impacts, participants expressed a complex view of donor experiences. While many strongly agreed that donors need psychological support (M = 2.38), the statement that donors may feel remorse after donating received a neutral mean (M = 4.00), suggesting that emotional regret is a concern, albeit not dominant. These responses align with the findings of Clemens et al. (2006), who found that while most living kidney donors do not suffer from depression or anxiety, a small percentage experience negative psychological consequences, including declines in emotional well-being post-donation. Moreover, Clemens et al. (2006) emphasized the importance of follow-up care and psychological support, which is echoed by the present study's participants, who called for more psychosocial resources to be offered to donors. Similarly, Massey et al. (2025) identified a range of donation-specific psychological effects, such as remorse, satisfaction, and

unfulfilled needs, reinforcing the idea that the psychological journey of a donor is highly individualized and must be managed with sensitivity and care.

Social outcomes also emerged as a critical concern. Participants believed that living donors face social pressure (M = 3.57), potential problems at work or in personal life (M = 3.74), and may lack societal appreciation (M = 2.20). These findings resonate with Massey et al. (2025), who discussed the social repercussions of living donation. Although society views donors as heroic (M = 1.69), the data shows that this perception does not necessarily translate into tangible support or reduced social stress. In addition, neutral responses to statements about familial support (M = 2.67) and psychological help from the community (M = 2.59) suggest that donors may feel under-supported by those around them, an issue that can have serious long-term effects on social reintegration and well-being.

A critical dimension of the study was assessing public awareness and perceptions surrounding organ donation. While attitudes were largely positive demonstrated by strong agreement with the statement "Organ donation is a purely humanitarian act" (M = 1.64)—participants also acknowledged substantial gaps in public knowledge. For example, the mean score for "There is a lack of community awareness about the impact of organ donation on donors" was 2.18, and participants strongly supported the need for further awareness programs (M = 1.74). These findings are well supported by Alghalyini et al. (2024), who found that lack of awareness, coupled with religious and cultural misconceptions, hinders donor registration in Riyadh. Additionally, Al Moweshy et al. (2022) emphasized the influence of religious understanding and institutional campaigns on students' willingness to donate. Their work showed that awareness programs rooted in cultural and religious clarity could significantly enhance public engagement with organ donation. This supports the present study's finding that while the community recognizes the nobility of donation, it lacks a deep understanding of the donor's lived experiences and long-term needs.

This study offers a thorough understanding of the interplay of physiological, psychological, and social components in influencing the experiences of living organ donors. It underscores the significance of community awareness in influencing

attitudes and support mechanisms for donors. The incorporation of prior research enhances the credibility of the findings and illustrates that, although Saudi society possesses favorable attitudes towards organ donation, substantial efforts are still required to provide sufficient medical, psychological, and social support for donors. Improved awareness campaigns, regulatory reforms, and organized donor support networks are crucial measures for cultivating a more equitable and educated donation culture that not only honors donors as heroes but also provides full assistance along their journey.

*** Conclusion**

This study elucidates the many problems and issues encountered by living organ donors, highlighting the necessity of comprehending their health, psychological, and social experiences. The results demonstrate that although the public predominantly perceives living organ donation as a benevolent act, there exists a considerable deficiency in understanding the tangible physical and mental repercussions experienced by donors. Participants recognized health hazards and voiced apprehension regarding the sufficiency of post-operative care, psychological assistance, and social reintegration. These issues reflect those documented in the current literature, underscoring the necessity for long-term monitoring systems, emotional support initiatives, and enhanced social acknowledgement frameworks for donors.

Furthermore, the study underscores a disparity between the community's symbolic recognition of donors and the tangible material and psychosocial assistance they obtain. Although donors frequently receive commendation and are seen as heroic characters, such accolades do not consistently result in regulations that safeguard their rights, offer financial and medical assistance, or alleviate the social constraints they may face. These discrepancies indicate that public and institutional initiatives must progress from mere awareness to tangible action and advocacy.

The study emphasizes the crucial importance of public education in fostering informed organ donation practices. The majority of participants expressed robust support for awareness efforts and policy formulation to enhance donor assistance. These findings correspond with prior research advocating for culturally appropriate educational initiatives and legal safeguards to cultivate a more supportive environment for living

donors. By addressing the recognized deficiencies in healthcare, mental health services, and community awareness, stakeholders can strive for a more ethical and equitable environment for living organ donation in Saudi Arabia.

This study's findings necessitate the incorporation of health policy reforms, psychological support systems, and public education to protect the welfare of individuals who altruistically contribute to the salvation of others. Upholding donor rights and enhancing public awareness are not only supportive initiatives; they are ethical obligations that may fortify and enhance the organ donation system both within the Kingdom and outside.

*** Recommendations**

1- Healthcare facilities must offer long-term medical follow-up and health insurance coverage for living organ donors to monitor and manage any post-donation issues.

2- Hospitals and transplant centres must provide donors with pre- and post-donation psychiatric counselling to mitigate emotional distress, potential remorse, and assure long-term mental health.

3- Initiate national campaigns employing culturally relevant language and religious insights to enhance understanding of living donors' experiences and advocate for organ donation education.

4- Educational institutions ought to integrate organ donation subjects into health curricula to foster early awareness and normalize donation as a social and humanitarian endeavor.

5- The government ought to legislate protections for donors' rights in the workplace, shield them from discrimination, and guarantee access to financial or employment assistance when necessary.

6- Engage with religious experts and local leaders to elucidate religious viewpoints on organ donation, rectify misconceptions, and promote broader community acceptance.

7- Regularly evaluate public awareness, perceptions, and apprehensions about organ donation using national surveys to guide forthcoming policy and educational initiatives.

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