



Knowledge Levels and Attitudes of People Living in the City Centre of Nevşehir on Organ Donation and Transplantation

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Objective: The purpose of this descriptive study was to determine the knowledge levels and attitudes of people living in Nevşehir on organ donation (OD) and transplantation.

Methods: Data were collected using a questionnaire administered to 414 people residing in Nevşehir between February and May 2016. The primary and secondary endpoints of the present study were to determine the attitudes and knowledge levels of participants on OD and transplantation, respectively.

Results: Four hundred and fourteen people between the ages 20 and 65 years participated. In total, 8.9% of the participants correctly answered the question 'What is necessary for donating an organ?' and 31.4% of them correctly answered the question 'What is brain death?' Moreover, 53.1% of the participants stated that they wanted to receive reliable information on OD from OD centres. There was a close relationship between high education level and the willingness to donate organs ($p<0.05$). Further, 94.7% of the participants stated that they did not want to donate organs: 22.9% of them explained that their decision was because of their religious beliefs and 19.6% stated that their families did not allow it. It was observed that people who accepted organs from others were more willing to donate organs to their relatives ($p<0.05$).

Conclusion: People living in Nevşehir do not have sufficient knowledge on OD; they had various concerns on the issue and wanted to receive information from OD centres. Exemplification and internalisation methods can be used in educational schedules to increase the OD.

Keywords: Organ donation, brain death, public opinion

Introduction

Organ transplantation is considered to be a successful treatment method not only against irreparable failure of vital organs and for providing a second life chance to patients but also to enhance the quality of life of patients with end-stage organ failure (1). Despite this, 28,533 people are waiting to receive an organ transplant owing to the lack of organs, as observed in May 2016 (2).

The source (donor) in organ transplantations can be alive or dead (cadaver). The most suitable organ source is a donor who is diagnosed with an irreversible brain injury, and also is relatively young and medically healthy with organs, besides the brain, functioning well. Although organs for transplantations in Western countries are mostly obtained from cadavers, those for transplantations in Turkey are generally obtained from living donors who are relatives of the concerned patients (3).

To abide to the legal regulations, the studies and applications regarding organ transplantation are conducted and processed, respectively, according to the law 'Taking, Keeping, Injecting and Transplanting of Organs and Tissues' dated 29/05/1979 and numbered 2238. According to the 6th article of the law, a physician's approval of the report explained orally or written and signed in the presence of at least two witnesses by the person providing the organ or tissue who is above 18 years of age and rational is compulsory. In the said law, regarding obtaining organs from a cadaver, it is mentioned that the donor's brain death must have occurred, his organs must be usable and his relatives must provide legal permission (4).

Although most of the organ requirements in developed countries are met by cadaver donors, those in developing countries like our country are still met by living donors (5). Although 80% of organ donors in developed countries are cadavers, only 20% of those in our country are cadavers (6). One of the most important reasons of loss in organ transplantation is not being able to obtain family approval during organ transplantation of a person whose brain death has occurred. Although fami-

ly approval rate in Spain, where organ transplantation takes place maximum, is 75%, the same rate in Turkey is 23% (7).

Many studies have been conducted to search the underlying reasons for the low rate of organ donation in our country. Many factors such as religious beliefs, a doubt pertaining to the organ being used as a commercial good, unwillingness to intervene into the physical integrity and human life and not taking responsibility can comprise the possible reasons. To increase organ donation rates in our country, studies have been conducted for developing quality and security standards for organ donation and transplantation by 'Technical Assistance for Alignment in Organ Donation Project' within European Union harmonization project, aligning with the *acquis* of European Union in cadaver organ donation and strengthening the database since 2013. In this study, we aimed to assess the knowledge and attitude of people living in the city centre of Nevşehir pertaining to organ donation.

Methods

This study included people residing in Nevşehir between February 2016 and May 2016 after obtaining the approval of the Kırıkkale University Clinical Researches Ethical Committee. In the study, in order to determine the number of people reflecting Nevşehir city center, the sample size was calculated in compliance with certain age and gender quotas according to the data obtained from Turkish Statistical Institute. Accordingly, the study was planned with a 5% error margin and 95% confidence level on 450 people; however, 414 of 454 people residing in addresses determined by Turkish Statistical Institute accepted to respond to the questionnaire. The questionnaires were distributed through face-to-face meetings with people residing at the Nevşehir provincial centre, wherein they were asked to respond to the questions in the questionnaires. Twenty interviewers experienced in field research from Nevşehir Hacı Bektaş Veli University Faculty of Economics and Administrative Sciences Public Administration Department were trained by the 'Nevşehir Organ Transplantation Coordinator' and 'Brain Death Detection Committee Supervisor'. The primary endpoint of the research was determined as the attitude of participants regarding organ donation and transplantation, and the secondary endpoint was determined as their knowledge levels. The questionnaires comprised 20 questions, including demographic data, basic knowledge about organ donation and attitude and behaviours towards organ donation.

Statistical analysis

The data were evaluated using the Statistical Package for the Social Sciences for Windows 11.0 (SPSS Inc; Chicago, IL, US) software program and descriptive statistical methods (number, percentage, mean and standard deviation). Chi-square test was used to compare the quantitative data and t-test was used to assess the difference between two groups. If there were more than two groups, the one-way analysis of variance (ANOVA) test was used to compare the parameters between groups and Scheffe test was used to detect the group causing the difference. The data obtained were evaluated within 95% confidence interval and 5% significance level.

Results

In total, 414 people aged between 20 and 65 years participated in the research. The mean age of participants was 37.95 ± 11.36 years. Demographic data of participants are displayed in Table 1.

Among the participants, 8.9% (n=37) could correctly respond to the question 'what is necessary for organ donation?', 31.4% (n=130) to the question 'what does brain death mean?' and 56.7% (n=235) to the question 'is it possible to recover after brain death?'. The knowledge levels of participants about organ donation are displayed in Table 2.

About 3.8% (n=16) of participants wanted to obtain reliable information from the internet, 31.6% (n=131) from their family physician, 4.3% (n=18) from schools, 4.5% (n=19) from television or radio, 1.7% (n=7) from the people around them and 53.1% (n=220) from organ donation units. The sources from where participants wanted to get reliable information are displayed in Table 3.

Moreover, 34.8% (n=144) of the participants replied 'yes', 35.7% (n=148) replied 'no' and 29.5% replied 'I do not know' to the question 'Does your family object to your signing organ donation card?'. Although 97.6% (n=404) of the participants had no donation cards, 2.4% had one and 2.9% (n=7) having driving licence mentioned that they signed the organ donation part of their licences.

Among the participants, 94.7% (n=392) did not want to donate organs, 4.6% (n=19) wanted to donate organs and 0.7% (n=3) were indecisive. Overall, 89.4% (n=17) of those who decided to donate organs mentioned that they wanted to donate organs to save a life, 5.3% (n=1) of them agreed to donate organs so that their organs would continue to live after their death and 5.3% (n=1) of them agreed to donate organs because they or one of their relatives may require an organ transplant in future. Furthermore, 22.9% (n=91) of those who did not donate organs mentioned that they did not want to donate organs due to their religious beliefs, 19.6% thought their family would not permit them to do so, 14.6% (n=58) did not want others intervention on their corpse, 6.5% (n=26) were afraid that their corpse would be used as a commercial good, 5.5% thought that in case of an emergency, their treatment could face deficiency or they could easily die and 30.7% (n=122) mentioned miscellaneous reasons. There was no statistically significant difference with regard to mean values among the reasons for not wanting to donate organs. The attitudes of participants towards organ donation are displayed in Table 4.

Overall, 83.8% (n=347) of the participants responded as 'yes', 6.3% (n=26) of them responded as 'no' and 9.4% (n=39) responded as 'I am indecisive' to the question 'If one of your first degree relative is in need of an organ, do you accept other donor's organ?'. Moreover, 21.5% (n=14) of those who responded as 'no' or 'I am indecisive' to this question mentioned that they could not accept organ donation from

Table 1. Distribution of the participants' sociodemographic features

Features	n	%
Age		
20-35 years	191	46.1
36-50 years	143	34.5
51-65 years	80	19.3
Sex		
Male	212	51.2
Female	202	48.8
Marital status		
Married	293	70.7
Single	121	29.2
Educational level		
Illiterate	10	2.4
Literate or primary school graduate	122	29.4
Secondary school or high school graduate	152	36.7
Associate's degree or above	130	31.4
Occupation		
Unemployed	7	1.7
Housewife	104	25.1
Tradesman	95	22.9
Worker	76	18.4
Student	49	11.8
Civil servant	74	17.9
Retired	9	2.2

other donors because they did not want to take responsibility, 21.5% (n=14) mentioned that due to their religious beliefs, 16.9% (n=11) mentioned that because they did not want to intervene the physical integrity, 15.4% (n=10) mentioned that because they did not even want to think of it, 10.8% (n=7) mentioned that because they were against intervention to human body, 6.2% (n=4) mentioned that because they considered the commercial aspect of this situation and 7.7% (n=5) mentioned that due to other reasons. There was no statistically significant difference with regard to mean values among the reasons of not accepting.

The response to the question 'If brain death of your first degree relative occurs, would you donate his organs?' was 'no' by 37.4% (n=155) of the participants, 'I am indecisive' by 44.7% (n=185) of them and 'yes' by 17.9% (n=74) of them. Overall, 24.8% (n=64) of the participants gave these answers because they did not want to take responsibility. The negative response of 20.5% (n=53) was due to their religious beliefs

Table 2. Distribution of responses showing knowledge levels of the participants on organ donation

Questions	Correct		Incorrect		No idea	
	n	%	n	%	n	%
What is required for organ donation?	37	8.9	290	70.1	87	21
What is brain death?	208	50.2	162	39.2	44	10.6
Is it possible to recover after brain death?	236	57	85	20.5	93	22.5

Table 3. Distribution of the sources that the participants want to get reliable information from

Variables	n	%
Internet	16	3.9
Family physician	131	31.6
School	18	4.3
Television. radio or newspaper	19	4.6
People	7	1.7
Organ donation unit	223	53.9

and 18.6% (n=48) was because they did not want to intervene to physical integrity. Furthermore, 6.6% (n=17) said no because they did not think that their patient was dead. Moreover, 5.8% (n=15) of them stated their worry about the commercial aspect of this situation, and 3.5% (n=9) of them were against intervention to human life. In addition, 20.2% (n=52) of them did not want to donate due to other reasons. There was no statistically significant difference with regard to mean values among the reasons of not donating their relative's organs. The attitudes of participants towards organ donation are displayed in Table 5.

When the relationship between the knowledge level of organ donation of participants and demographic data was examined, it was observed that sex and marital status were not so effective; however, those having an associate's degree and over as their educational qualifications, who were students or civil servants and who were aged between 20 and 35 years had a higher level of knowledge regarding organ donation. A significant relationship was observed between the knowledge level regarding organ donation of participants and those having an associate's degree and over as their educational qualifications, who were students or civil servants and who were aged between 20 and 35 years.

Fifteen point five percent of those who mentioned that 'I accept the organ of other donor if my first degree relative needs an organ' replied 'no', 43,3% replied 'yes' and 41,3% replied 'I am indecisive' to the question 'Would you donate your organs if brain death of your first degree relative occurs?'. A significant relationship was found between the case of accep-

Table 4. Attitudes of the participants towards organ donation

Attitude	Do you want to donate your organs?	
	n	%
Yes	19	4.5
I want to save a life.	17	89.4
I think I can feel psychologically better	0	0
I want one of my organs to continue to live after my death.	1	5.3
I or one of my relatives may become an organ recipient in future	1	5.3
Other reasons	0	0
No/Indecisive	392/3	94.7/0.7
I do not want due to my religious belief.	91	22.9
I am afraid that my corpse can be used as a commercial good.	26	6.5
I do not want others to intervene to my corpse	58	14.6
I think my family would not give permission	78	19.8
I think that, in a case of an emergency, my treatment can be carried out deficiently or my death can be eased if I have an organ donation card with me.	22	5.5
Other reasons	122	30.7

tance of organ from other donor for the first degree relative and the case of donating the organ of first degree relative whose brain death had occurred ($p < 0.05$).

The rate of participants who answered the questions about organ donation correctly was %49,1 among those who wanted to donate organ, 31,7% among those who did not want to and 22,2% among those who were indecisive. It was observed that those having high level of knowledge regarding organ donation wanted to donate organs. However, no statistical significance was found between these two variables ($p > 0.05$).

The rate of those who wanted to donate organ was highest among females, those who were married, those who had an associate's degree and over, students and those aged between 20 and 35 years. However, there was just a significant relationship between those who wanted to donate organs and had an associate's degree and over ($p < 0.05$) (Table 6).

Discussion

The diseases that can be treated with organ and tissue transplantation are among the important health problems of our country as well as of the other countries worldwide. In the studies conducted, it was reported that one of the important obstacles of organ transplantation is the insufficiency of

Table 5. Attitudes of the participants towards organ donation

	n	%
If one of your first degree relative is in need of an organ, do you accept other donor's organ?		
Yes	349	84.3
No / indecisive	26/39	6.3/9.4
I don't want to take responsibility	14	21.5
I am against to intervene to human life	7	10.8
It is not approved in our religion	14	21.5
I am worried about the commercial aspect of the event.	4	6.2
I do not want to intervene to physical integrity.	11	16.9
I do not even want to think that	10	15.4
Other reasons	5	7.7
If brain death of your first degree relative occurs, would you donate his organs?		
Yes	155	37.4
No / indecisive	74/185	17.9/44.7
I don't want to take responsibility	64	24.8
I am against to intervene to human life	9	3.5
It is not approved in our religion	53	20.5
I am worried about the commercial aspect of the event.	15	5.8
I do not want to intervene to physical integrity	48	18.6
I do not think that my patient was dead	17	6.6
Other reasons	52	20.2

organ donation or the inability to find enough number of organs (8). Although the insufficiency of organ donation can be overcome by increasing the number of cadaver donors, this solution cannot be used in our country. When the data of the Ministry of Health were examined, it was observed that in Turkey, organ and tissue donation was very low compared to the actual requirement (2).

Although in European countries, 80% of organ donors are cadaver and 20% of them are living, in Turkey, 75% of organ donors are living and 25% are cadavers. With the organizations made in recent years, the rate of cadaver donors in our country has increased slightly (9). This situation stems from the fact that not accepting the removal of their organs after death is widely prevalent in the society.

The individual will have donated his organs with two witnesses by filing and signing a document stating that he will donate his organs after his death and delivering to the autho-

Table 6. The relationship between demographic data and unwillingness for organ donation

Features	Yes		Hayır		Indecisive		p
	n	%	n	%	n	%	
Age							
20-35 years	11	5.8	180	94.2	0	0	0.378
36-50 years	4	2.8	137	95.8	2	1.4	
51-65 years	4	5	75	93.8	1	1.3	
Gender							
Male	7	3.3	203	95.8	2	0.9	0.385
Female	12	5.9	189	93.6	1	0.5	
Marital status							
Married	12	4.1	279	95.2	2	0.7	0.745
Single	7	5.8	113	93.4	1	0.8	
Educational level							
Illiterate	0	0	10	100	0	0	0.017*
Literate or primary school graduate	2	1.6	119	97.5	1	0.8	
Secondary school or high school graduate	4	2.6	148	97.4	0	0	
Associate degree or above	13	10	115	88.5	2	1.5	
Occupation							
Unemployed	0	0	7	100	0	0	0.499
Housewife	4	3.8	100	96.2	0	0	
Tradesman	4	4.2	91	95.8	0	0	
Worker	2	2.6	72	94.7	2	2.6	
Student	5	10.2	44	89.8	0	0	
Civil servant	4	5.4	69	93.2	1	1.4	
Retired	0	0	9	100	0	0	
*p<0.05							

rized institutions. Organ transplantation from cadaver takes place with the approval of first degree relatives of the individual whose brain death has occurred. Providing this information about organ and tissue transplantation may change peoples mind regarding organ donation. Overall, 93.9% of the participants of the study conducted by Şıpkın et al. (10) and 72% of the participants of the study conducted by Akış et al. (11) stated that they had sufficient information. Although participants in these researches were questioned as to whether they had sufficient information or not, in our research questions measuring the knowledge level of people were asked. Although 8.9% of the people living in Nevşehir replied correctly the question 'What is necessary for organ donation?' by stating as 'personal identifying information and two witnesses', 26.8% of them replied wrongly by stating 'knowledge of my physician is necessary'. This situation

on one hand indicates that people living in Nevşehir do not have sufficient information about organ donation and on the other hand does not reflect the confidence of people in their physicians. A significant relationship was observed between the knowledge level of participants about organ donation and possessing an associate's degree and over, students and civil servants and being aged between 20 and 35 years. In line with other researches, it has been observed that having information about organ donation is closely correlated with young age, being a student and education level.

In most of the researches in which ways of obtaining information about organ donation are questioned, it is reported that visual and written media have an important contribution to the participants' knowledge about organ donation (12). In the study conducted by Hausteiner and Sellers (13) on 185 patients, when the question 'where did you obtain the informa-

tion about organ donation from?’ was asked, 59% of the patients replied as from the internet and 61% as from religious officials. Unlike other researches in the literature, we asked people where they want to obtain the necessary information regarding organ donation from and found that 3.8% of the participants wanted to obtain the information from the internet, 31.6% from their family physician, 4.3% from schools, 4.5% of them from television and radio, 1.7% from the people around and 53.1% from organ donation units. Even if the best way of informing society about organ donation is press, it comes out that the best way of obtaining correct and reliable information is ‘organ donation units’. Therefore, establishment of such units in healthcare facilities that is often visited both for gaining trust of people and providing healthy information to the people is important.

There may be a close relationship between organ donation and sociodemographic characteristics of people. In our research the rate of people who wanted to donate organ was the highest among those who were female, married, had an associate’s degree and over, students and aged between 20 and 35 years. However, there was only a significant relationship between people who wanted to donate organs and those who had an associate’s degree and over. This clearly reflects the effect of education on organ donation.

People may have different reasons that make them eager for donating organs. In a study conducted by Okka et al. (14), 85.2% of participants’ reason for donating organs was ‘saving a life and healing a person’. In our research, 89.4% of those who wanted to donate organs mentioned that they wanted to donate to save a life. This was in line with the literature.

Lack of knowledge, religious beliefs, medical distrust, fear of organ trade, the thought that the person’s family would not allow and deterioration of physical integrity can be counted among factors preventing organ donation. The reasons why the participants did not want to donate organs were reported to be ethical in a study conducted by Canova et al. (15) including university students in Italy; the thought that they would not be provided necessary care in case they were donors (43.7%) in a study conducted by Al-Fagih (16); the belief that their bodies would be disintegrated (39%) in a study conducted by Sanner (17); religious beliefs (44.8%) in a study conducted by Bölükbaş et al. (12) and fear and distrust (40.4%) in a study conducted by Pierini et al. (18). Main reason why the students did not want to donate their organs was that they did not want their bodies to be disintegrated (33.3%) in a study conducted by Savaşer et al. (19) and the thought of ‘I do not want my corpse to be intervened’ (36.1%) in a study conducted by Efil et al. (5). In our study, 22.9% of the participants mentioned that they did not want to donate their organs due to their religious beliefs, 14.6% of them due to the fact that they did not want their corpse to be intervened and 6.5% of them due to the fact that they were afraid that their body would be used as a commercial good. There was no statistical difference with regard to mean values among the reasons for not want-

ing to donate organs. These results were partly consistent with the literature.

In a study conducted by Şıpkın et al. (10), 85.4% of the instructors found organ transplantation religiously acceptable. The rate of those who found organ transplantation religiously acceptable was 51.7% in a study conducted by Özmen et al. (20). The rate of those who found it acceptable was 66.6% in a study conducted by Naçar et al. (21). Overall, 51% of the participants in a study conducted by Aytaş et al. (22) and 31.9% in a study conducted by Okka et al. (14) mentioned that religious beliefs were obstacles for organ transplantation. Our study reveals that among factors affecting organ donation, religious beliefs are still highly effective. In our country, The Presidency of Religious Affairs Higher Council of Religious Affairs defined organ donation as ‘the greatest help that a human being can lend to another’ (23). Despite this, the presence of religious beliefs among the reasons why people do not donate organs cannot be assessed because the studies on this issue are not enough.

There are studies in the literature displaying the relationship between knowledge levels of organ donation and wanting to donate organs. Although the people living in the city of Afyon and the health staff had sufficient information about organ donation, Efil et al. (5) stated that they were not certain and did not have sufficient sensibility about organ donation. On the contrary, Kavurmacı et al. (24) determined as a result of their research that there was a statistical significance between the state of obtaining information about organ transplantation and donation and organ donation and considering organ donation. Özer et al. (25) provided information to the students about organ transplantation and donation and detected that the views of students about organ transplantation and donation positively changed after the training. In our study, the rate of correctly responding to the knowledge questions was 49.1% among the participants who wanted to donate organs, 31.7% among those who did not want to and 22.2% among those who were indecisive. It was observed that those who had a high level of knowledge about organ donation wanted to donate organs at a higher rate. However there was no statistical significance between these two variables. These contradictory results between the knowledge level of organ donation and the state of wanting to donate organ may be closely related with people’s source of information. Although the media’s disguidance of people about organ donation affects the negatively approach of organ donation, information pollution in internet environment about organ transplantation may lead to confusion among people. Therefore, the information gathered from correct and reliable sources will result in an increase in organ donation rates.

In order to be able to transplant an organ from a person whose brain death has occurred, person must stated that he/she wants to donate his/her total body or organ and tissues for the treatment, diagnosis and scientific purposes with an official or written form or person must explain his/her request in the presence of two witnesses when he/her was healthy. If

person did not donate while he/she was alive, consent of his/her spouse, adult children, mother or father or one of his/her siblings is necessary, respectively. If they do not exist, the affirmation of any close relatives is necessary (4). It is a difficult decision to donate an organ while alive. In some studies, it is reported that the effect of families about organ donation is very important (26). In our study, 19.6% of the participants stated that they did not want to donate organs with the thought that their families would not give permission. In this context, the family having sufficient information about organ donation and discussion of this issue within the family is important.

In our study, the reason for the responses 'no' or 'I am indecisive' to the question 'If your first degree relative needs an organ, do you accept another donor's organ?' was stated to be unwillingness to take responsibility by 21.5%, religious beliefs by 21.5% and reluctance to intervene to the physical integrity of their bodies by 16.9%. The participants who replied as 'no' or 'I am indecisive' to the question 'Would you donate the organs of your first degree relative whose brain death occurred?' stated that they did not want to donate the organs of their first degree relatives because of not wanting to take responsibility (24.8%), their religious beliefs (20.5%) and not wanting to intervene to the physical integrity of their bodies (18.6%). In the two abovementioned cases, the reasons of the negative approach to organ donation were parallel with each other.

Altruism (selflessness) is the feeling of trying to be beneficial to other people without looking after one's personal material or moral interests. Human beings as the smallest parts of society should also consider benefit of society at least as much as themselves. This issue is becoming more important for organ donation. In the studies conducted in our country, the rate of those who accepted other donor's organ in case of need has almost always been higher than the rate of people who wanted to donate organs. In the research conducted by Baykan et al. (27), although the rate of students who wanted to donate organs and tissues was 34%, 80.4% of them mentioned that they wanted to receive organs and tissues when they or their close relatives required. Although Yaşar et al. (28) reported that 34.9% of the participants wanted to donate organs, 84.9% of them stated that they wanted to receive organs donated by others when they or their close relatives required. Unlike other studies, we searched for the answers to the question "Do you donate his/her organs in case of brain death in the first degree relative?" (83.8%) of those who accept the organ of another donor. According to this, we found a significant difference between the participants who donated and did not donate their relative's organs. Furthermore, closeness between the rate of participants who accepted to donate their relative's organs and the rate of those who were indecisive was remarkable. If their being indecisive especially because of not wanting to take responsibility is taken into consideration, this can be explained in such a way that people have not yet understood the importance of organ donation. Therefore, we consider that the most important way of increasing the rate of

organ donation is the use of the methods of exemplification and internalization in training programs.

Conclusion

As a result of the study, it has become evident that people living in Nevşehir do not have sufficient information about organ donation; they are anxious and require information about this issue and they would like to get information from organ donation units with the knowledge of physicians. Although the best way of informing society about organ donation is media, it should be kept in mind that the best place of obtaining exact and reliable information is the 'organ donation unit'. Therefore increasing the number of 'organ donation units' in health facilities to both gain confidence of people and provide reliable information to people is important. It should be kept in mind that having information about organ donation is closely related with being young, being a student and the education level. Being the effect of religion still among the reasons not to donate organ can be assessed as such that the effort in this issue are not sufficient. Therefore, religious officials should be trained with programs about organ donation and the society's religion-donation awareness should be raised. Although media misguides people about organ donation through news that negatively affects people's mindset about this issue, information pollution in the internet environment can lead to confusion among people. Therefore, the information gathered from accurate and reliable sources will result in an increase of organ donation. The thought of people that their families would not give permission to donate organ affects organ donation rates. In this context, the families' having sufficient information about organ donation and discussion of this issue within the family have importance. At the same time, since acceptance of deceased's relatives is necessary for being a donor candidate, not only it is not enough the person's donation while alive but informing his/her relatives about own decision will positively affect organ donation. Accepting donated organ for themselves but not donating for others may be caused from the fact that this issue could not be internalized. Therefore, the most important way of increasing organ donation is the use of the methods of exemplification and internalization in training programs.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Kırıkkale University School of Medicine.

Informed Consent: In order to get more intimate and accurate answers from the participant, "Informed Volunteer Consent Form" was read by interviewers to participants but informed consent was not taken.

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