

Individual Differences in Willingness to Become an Organ Donor:

A Data-Mining Approach to Reasoned Action

by

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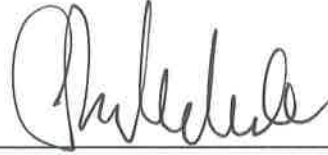
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STATEMENT OF AUTHORSHIP

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ABSTRACT

The promotion of organ donation requires a better understanding of the profiles of individuals who are more or less likely to become organ donors. Yet, beyond some demographic attributes of the typical donor, we do not know much about the personality attributes of people at different stages of change in this context. Therefore, one of the goals of this study was to examine the structure of organ donation attitudes and behaviors among university students and young adults. Another goal was to see how this structure was related to various individual differences such as conscientiousness, empathy, time orientation, religiosity, and interpersonal trust. Distributions are generally skewed in this context: While attitudes and intentions toward donation are generally very positive, actual cardholding is extremely rare. Furthermore, multi-way interactions make it hard to identify the profile of the typical donor, contemplator and the rejecter. Thus, in the present research, I propose to use nonparametric recursive partitioning techniques to reveal these complex interactions using data from two datasets. Identification of these interactions can reveal useful insights in the design of more effective campaign designs.

Keywords: Organ donation, attitudes, personality, decision trees

ÖZET

Organ bağışının arttırılması organ bağışçısı olmaya meyilli olan ve olmayan insanların profillerini daha iyi anlayarak mümkün olabilir. Birkaç demografik deęişken dıřında, organ bağışçısı olan ve olmayan insanların kiřilik özelliklerine iliřkin bilgimiz yok denecek kadar azdır. Bu çalıřmanın temel amacı ünivesite öęrencileri ve genç yetişkinlerin organ bağıřına yönelik tutum ve davranıřlarının yapısını incelenmektir. Bir dięer amaç ise bu tutum ve davranıř yapısının sorumluluk sahibi olma, empati, zaman yönelimi, dindarlık, kiřiler arası güven gibi kiřilik özellikleri ile iliřkisine bakmaktır. Organ bağıřı bağlamında deęişkenlerin daęılımları genellikle kayıřlı durumdadır: Tutum ve niyetler genel olarak oldukça olumluysen, kayıtlı organ bağıřçısı oranları çok düşük düzeydedir. Buna ek olarak, deęişkenler arası çoklu etkileřimler organ bağıřçısı olan, bağıřçılıęı reddeden ve öteleyen insan profillerini açığa çıkarmayı zorlařtırmaktadır. Bu sorunların üstesinden gelebilmek için, analizlerde parametrik olmayan tekrarlamalı ayırıştırma (örn. karar ağaçları) kullanarak bu karmařık etkileřimler açığa çıkarılmaya çalıřılmıřtır. Bu etkileřimlerin açığa çıkması daha etkili bağıř kampanyaları geliřtirilmesine yardımcı olabilir.

Anahtar Kelimeler: Organ bağıřı, tutumlar, kiřilik, karar ağaçları

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CHAPTER 1: INTRODUCTION

1.1. General Overview

Cross-cultural surveys show that most people have favorable attitudes toward donating their organs. Nonetheless, the need for organ donors is growing year by year. One of the reasons for the discrepancy is that very few people take the additional steps necessary to become registered donors (Gabel, 2006). Thus, it is hard to say that attitudes predict behaviors well in this context (Siegel & Alvaro, 2010). In that regard, identifying the characteristics and the decision-making processes of individuals who are more or less likely to become donors is needed for more effective interventions. Past research addressing this question typically concentrated on identifying the reasons for donating and not donating across different segments of the population (for a recent review see Falomir-Pichastor, Juan, Berent & Pereira, 2011; also see Nijkamp, Hollestelle, Zeegers, van den Borne, & Reubsact, 2008). However, segmentation based on *demographic* attributes has not been very fruitful so far as the data did not reveal consistent relationships across studies, times, and locations. Thus, in the present study, we chose to concentrate on another potential source of variability in organ donation decisions—which is personality.

Specifically, we examined the structure of organ donation attitudes and intentions among university students and educated young adults, which is one of the foremost target groups because of its relative openness to change. Next, we examined how this structure was related to various dispositional attributes such as time-orientation, death anxiety, conscientiousness, and empathy. The need for segmentation and tailoring in relation to personality has been highlighted (e.g., Fishbein & Ajzen, 2010; Siegel & Alvaro, 2010), and the advent of new technologies and social-media services like Facebook allow personality-

based segmentation and tailoring possible. The present study will be one of the first attempts in that direction.

Social psychological research on organ donation typically concentrated on the effects of attitudes, norms and control perceptions as the primary determinants of donation intentions and behaviors (e.g., Feeley & Servoss, 2005; Hyde, 2009; Marshall, 2006; Nijkamp et al., 2008; Radecki & Jaccard, 1997; Sandler & Miller, 2005). In general this research showed that predominantly favorable attitudes of the public generally do not reflect on the number of actual registrations. Thus, a question has arisen as to whether this discrepancy could be related to demographic and dispositional variables. In the framework that guides this line of work (i.e., reasoned action and planned behavior; Fishbein & Ajzen, 2010), demographic and dispositional variables do not have a central place; however, the mechanisms through which these variables can affect behavioral outcomes have been extensively discussed. Indeed, given the promising effects of targeted and tailored communications, Fishbein and Ajzen (2010) suggested that studying the effects of dispositional and demographic variables was of utmost importance for understanding and changing behavior.

According to the reasoned action and planned behavior framework, dispositional variables can affect behavioral outcomes by affecting the content and strength of the beliefs that people have about the behavior. Furthermore, these variables can also affect behavioral outcomes by affecting the relative weights that people place on attitudes, norms and control perceptions. For instance, some people may give greater weight to their own feelings and pay little or no attention to what other people think about them doing the behavior, whereas others may pay utmost attention to what other people do and what them to do. Consequently, one way or the other, the effects of various dispositional attributes have been implicated or directly studied in this context. For instance, Besser, Amir, and Barkan (2004) found that organ donors were less likely to be authoritarian and less fearful of death than nondonors.

Other researchers found a difference with respect to value orientations—those who scored higher on benevolence, universalism, achievement, stimulation were more likely to be donors than nondonors (Ryckman, Borne, Thornton & Gold, 2005). Thus, presumably by affecting behavioral, normative, or control beliefs that people hold about the behavior, some individual difference variables might facilitate or impede becoming organ donor. For instance, consideration of future consequences (CFC) is defined as individuals' consideration of future as opposed to immediate consequences of potential behavior (Strathman et al, 1994). As most people think there will be plenty of time ahead to become organ donor, the ones who think about the future in general- but in particular- who think about the outcomes of their behavior may be more inclined to take action and register. Naturally, because the behaviors remind people of their mortality, individual differences in death anxiety and religiosity can also be implicated: A person who has a hard time conceiving the idea of dying one day may be more hesitant to become a donor (e.g., Cleveland, 1975; Hessing & Elffers, 1986; Robbins, 1990). Individual differences in conscientiousness, altruism and trust in the medical system can also be expected to affect organ donation decisions.

Some of these effects have been demonstrated already (see e.g., Nijkamp et al, 2008). However, there is a major methodological and conceptual challenge in identifying the attributes of the typical donor and nondonor. Most research in this context examines the relationship of one or two variables in isolation from the effects of other variables; the very likely interactions among variables are almost never tested. The presence of an attribute otherwise acting as a facilitator (e.g., being altruistic) may be counteracted by another attribute acting as an impediment to donation (e.g., being present oriented or very religious). Thus, it is necessary to explore possible interactions among dispositional attributes, which is something that is not of common practice in personality research (for similar observations, see Leary & Hoyle, 2009). Complicating analytic issues further is the problem of the typically

skewed distributions of constructs such as attitudes and intentions. Thus, the traditional ordinary-least squares approaches may fall short of revealing the complex interactions among dispositional attributes and their relationship to organ donation intentions and behaviors. In the present research, I will utilize nonparametric recursive partitioning techniques to overcome these challenges (i.e., decision trees). Thus, the primary aim of the current thesis is to reveal combinations of dispositional attributes that facilitate or impede becoming organ donor; in other words the profiles of the typical donor and nondonor. Compared to the traditional multiple-regression approach, decision-tree approach is much more flexible and powerful in dealing with skewed distributions and identifying nonlinear or complex interactions among personality variables. More refined understanding of the dispositional origins of organ donation decisions may be useful in designing tailored and targeted communications for behavior change (Fishbein & Ajzen, 2010; Hagger-Johnson & Whiteman, 2008; Nijkamp et al., 2008), which is becoming more realistic than ever in the social media era.

CHAPTER 2: LITERATURE REVIEW

2.1 General Attitudes toward Organ Donation

People perceive organ donation to be an altruistic act. Furthermore, they attribute positive traits to donors (Hyde, 2009). Indeed, cross-cultural surveys reveal that attitudes toward organ donation are generally very favorable across cultures (for a review, see Nijkamp et al., 2008). However, this does not mean that people take the additional step of registering their intention by signing a card or conveying their decision to their families.

Because the decision to donate is not often a pressing one in terms of time, most people in favor of donating may not even be thinking about the issue at all; others may be thinking but simply not making plans. For rejecters, however, reasons for not being a donor can be related to various types of beliefs such as those related to one's religion and culture, one's perceptions about close others' opinions, or one's beliefs about the difficulty of performing the behavior (for a review, see Radecki & Jaccard, 1997, also see Bilgel et al., 1991; Bilgel et al., 2004; Dejong et al., 1998; Kopfman & Smith, 1996; Morgan & Miller, 2002; Morgan, Miller & Arasaratnam, 2003; Parisi & Katz, 1986). Other reasons include mistrust in the medical system, fear of dying and body disfigurement, beliefs about black marketing of organs, and the possibility of premature withdrawal of health support.

2.2 Theoretical Approaches to Organ donation

2.2.1 *Transtheoretical Model of Change*

As mentioned above, in terms of the likelihood of engaging in the behavior, there can be variability even among people who have favorable attitudes. The transtheoretical model of health behavior change (TTM) captures this notion well with its delineation of different stages

of change (Prochaska et al., 1992). According to TTM, pre-contemplation is the first stage where people are unaware of the problem and they do not have any plan for change in the near future. The second stage is the contemplation stage in which the individual is aware of the problem, has some intentions for change, but is not ready to make any changes yet. The third stage is the preparation stage in which the individual is determined to take action and is taking the necessary steps to initiate change (e.g., acquiring knowledge). The fourth stage is the action stage, in which an individual is in the process of taking action (e.g., enrolled in a program; seeking treatment). Finally, people in the maintenance stage strive to preserve the changes that they initiated. The premise of the model is that, people at different stages of change may need different strategies to proceed to the next stage. Thus, once the stage of the target population is identified, each stage has different implications for convincing people to adopt new desired behavior. Also, identifying the stage map of the people lets the researcher to decide whom to target first in intervention. As noted earlier, people generally have positive attitudes but very few of them enact these attitudes. This suggests that, most people lie between contemplation and preparation stages where they are aware of the problem but they are yet to take action. The transtheoretical model suggests that reconsidering the behavior and making commitment for change would help to move people toward the action stage from contemplation or preparation stages (Prochaska et al., 2008).

Individuals in different stages of change may also differ in their decisional balance toward behavior. For organ donation, contemplators are the ones who emphasize the negative side of organ donation, and people in the action stage (donors) are the ones who emphasize the positive side of donating organs (Hall et al., 2007).

It is also possible that, some personality or demographic factors might be influential in people's stages of change as well as their attitudes and intentions toward donation. For instance, a present-oriented person might be unable to realize the importance of this future act for

others and resist toward becoming donor. Likewise, a neurotic person might more likely to believe in urban legends about organ donation and his/her beliefs might strongly affected from those. To conclude, the transtheoretical model of change offers homogeneous groups that differ from each other in their commitment towards behavior. Thus, one of the goals of the present study was to see if the dispositional attributes of people in different stages of change were also different—a possibility that has never been examined in this context before.

2.2.2 The Reasoned Action Approach

According to the theories of reasoned action and planned behavior people do a rational, systematic evaluation before performing a behavior. They retrieve or construct beliefs about the likely outcomes of engaging in the behavior (attitudes); as well as, their perceptions about their ability to perform the behavior (perceived behavioral control); they also take into account what people who are important to them think and do about this behavior (subjective norms; for the latest treatise of these models, see Fishbein & Ajzen, 2010). Thus, if a person's attitude toward organ donation is positive and significant others support (or not mind) him/her to become an organ donor; then, it is very likely that he or she will develop an intention to take action—assuming that he or she will also feel capable of performing the behavior and there will not be any real barriers that can get into the way.

Reasoned action studies reveal that attitudes toward donation are generally positive. Therefore, failure to become donors may be related to perceptions of norms and control (Siegel, Alvaro & Hohman, 2010). Likewise, applications of the model to organ donation point out the importance of control beliefs in organ donation decisions (Armitage & Conner, 2001; Bretkopf, 2006; Feeley, 2007; Hyde, 2009, Morgan & Miller, 2002; Nijkamp et al., 2008 Park & Smith, 2007). For instance, families might resist against donation of their loved ones' organs which might create a negative norm, or as Siegel and his colleagues (2010b) pointed out, people might not know how to become donors, and they might lack behavioral

control. Thus, anything that is capable of strengthening social acceptance of organ donors and control on behavior may lead to greater donor recruitment. In line with this, Siegel and his colleagues argued that providing basic information on organ donation related procedures, making people involved with the issue and motivating them to discuss it with their families, priming positive thoughts about organ donation and lastly giving people immediate opportunity to register may foster organ donation registration.

Recently, Kaca and her colleagues (2009) analyzed attitudes toward organ donation in Turkey using the planned behavior framework. They found significant correlations among attitudes, norms, control perceptions and behavior. Moreover, they found that, family consent was important for 71% of the surveyed participants. Perceived behavioral control was more strongly related to intentions ($r = .48$) than attitudes and norms, ($r = .34$, $r = .36$ respectively).

Further research inspired by the planned behavior theory revealed that variables such as age or level of knowledge could make a difference in the strength of the correlations (Feeley & Servoss, 2005; Horton & Horon, 1991; Kopfman & Smith, 1996; Morgan, Miller & Arasaratnam, 2003). Although, having higher levels of education, being female, middle aged, and Caucasian have been more commonly reported to be associated with posthumous donation, studies examining the demographic attributes of the typical donor did not reveal a consistent pattern so far (e.g., Bilgel, Sadikoglu, Goktas, & Bilgel, 2004; Radecki & Jaccard, 1997; Sander & Miller, 2005; Sanner, 1998, 2006). Thus, integrating personality in this context might extend our knowledge in understanding donor behavior as well as providing a good starting point for segmentation in people's donation-related intentions and attitudes. In line with this expectation, there is an emerging line of research that explores the role of personality in becoming donor.

2.3. Personality and Organ Donation

In health communication, segmentation and tailoring based on personality attributes is not common. However, advances in information technologies and the spread of social media services such as Facebook brought these possibilities to the attention of researchers and practitioners (Dijkstra, 2008; Dutta & Bergman, 2009; Dutta & Vanacker, 2000; Fishbein & Ajzen, 2010; Hagger-Johnson & Whiteman, 2008).

When the link between personality and organ donation decisions is considered, altruism and conscientiousness are automatically implicated. There is also some evidence suggesting that fear of death, authoritarianism, and religiosity could be relevant (Besser et al, 2004, Bolt, Eisinga, Venbrux, Kuks, Gerrits, 2011). Especially people who have extrinsic religious orientation with strong social concerns are more willing to become organ donors, than people with intrinsic religious orientation (Ryckman et al., 2004). Thus, a clearer picture is arising with regards to the effects of personality; but there is need for both more research and more sophisticated analytic approaches. It is not enough to explore simple effects of personality on attitudes and intentions. It is necessary to take into the account the very likely interactions among personality attributes (Leary & Hoyle, 2009); and this requires going beyond the OLS-based regression approaches as described earlier.

The goal of the present research is to make a contribution in this direction. We aim to go one step further within the reasoned action/planned behavior framework, and address the question of whether people at different stages of change and different levels of intention strength have different personality profiles. In other words, we address the question of identifying compositions of dispositional variables that are associated with being or not being a donor. Given that certain personality attributes were likely to facilitate organ donation whereas other were likely to impede donation (e.g., altruism and conscientiousness vs. death anxiety and present-time orientation), it was necessary to explore possible interactions among

attributes rather than to look at their simple effects. This required utilizing a nontraditional data-analytic approach that will be described later in text.

In the next sections, I report the results of two studies. In the first pilot study, I tried to identify potentially important personality differences that could affect donation decisions. In the second study, I tried to identify which of these variables were indeed related to organ donation decisions.

CHAPTER 3:

STUDIES IN SEARCH FOR PERSONALITY DIFFERENCES

3.1. Pilot Study

The aim of the pilot study was to identify the set of relevant personality variables that could make a difference in becoming a donor or not. The identification of relevant traits was the first step in identifying the link between personality and donation. For this purpose, participants were asked to think about the typical donor in their mind and then rate this person along a set of personality related adjectives.

Participants and Procedures

Participants were 183 introductory psychology students at Koç University, Istanbul, Turkey (41% women). Volunteer students were recruited through the student participant pool in exchange for extra course credit. The average age of the respondents was 20.88 ($SD= 1.3$; Range = 19 - 28). Participants completed the survey in groups of up to 15 in a classroom. Each session lasted about 15-20 minutes.

Measures

The survey included measures designed to assess respondents' present donation status and respondents' perceptions of the typical organ donor in their mind.

Cardholding/organ donation status. Participants indicated their donation status by responding a single question with the following options: "Yes, I am carrying organ and tissue donor card.", "Yes, I am signed in as a donor as indicated on my driver license.", "I am not a registered donor, but I told my family that I would like to donate my organs." and "No, I am not organ donor".

Perceived demographics of the typical donor. Respondents were asked to think of the typical organ donor in their mind and then respond to questions designed to capture the demographic attributes of this donor (i.e., gender, age, education, and SES). In addition,

respondents indicated whether or not this donor was likely to live in a rural or urban setting. Finally, they estimated the percentage of organ donors among university students.

Perceived personality of the typical donor. Two measures were used to capture the personality attributes of the typical donor in people's minds. First, an open-ended question asked respondents to describe the traits of the typical donor with up to seven adjectives. The other measure involved rating the typical donor along 43 personality-related adjectives drawn from the International Personality Item Pool. Sample adjectives included being "selfish", "social", "future oriented", "trustworthy", or "cheerful." Each adjective was rated along 5-point scales ranging from 1 to 5, "definitely does not have", to "definitely have" respectively.

Results

Of the 183 participants, 7% indicated that they were registered donors either by carrying a donor card or indicating it on their driver's licenses. Another 13% indicated having expressed their intention to become a donor with their family.

Donor Prototype

I reasoned that one way to identify traits or individual differences relevant to organ donation could be to elicit people's perceptions of the typical donor in their minds. I used two measures to get a sense of the relevant attributes of the likely donor. The first measure involved an open-ended response format and directly asked participants to list the attributes of the donor in their minds; up to seven attributes or adjectives were requested. For this measure, the most frequently reported attributes were recorded. The other measure involved a rating task where participants rated the attributes of the donor in their mind along 43 different personality-describing attributes. Attribute average scores closer to scale endpoints (1 & 5) were expected to signal relevant traits especially if the variances were also small.

The two measures revealed a consistent picture of the donor profile in people's minds. According to the responses elicited with the open-ended measure, 58% of the participants

thought that the typical donor was likely to be a helpful person; another 33% thought that a typical donor was a thoughtful person. The other most frequently mentioned attributes included being sensitive, sharing, empathic, merciful, future oriented, emotional and humanist in nature.

Table 3.1

Descriptive statistics for the most salient attributes in the closed-ended measure

| | <i>Mean</i> | <i>SD</i> | | <i>Mean</i> | <i>SD</i> |
|-----------------|-------------|-----------|--------------|-------------|-----------|
| Helpful | 4.57 | 0.65 | Selfish | 1.53 | 0.82 |
| Sharing | 4.46 | 0.56 | Impulsive | 2.37 | 0.89 |
| Sensitive | 4.44 | 0.65 | Cool | 2.40 | 0.91 |
| Merciful | 4.36 | 0.69 | Depressive | 2.41 | 0.81 |
| Thoughtful | 4.28 | 0.70 | Conservative | 2.48 | 0.99 |
| Responsible | 4.24 | 0.73 | Aggressive | 2.49 | 0.77 |
| Future oriented | 4.18 | 0.76 | Stressful | 2.55 | 0.80 |
| Empathic | 4.12 | 0.92 | Nervous | 2.63 | 0.80 |
| Open-minded | 4.02 | 0.89 | Anxious | 2.67 | 0.93 |

Note. $N = 183$; data from donors were included. Attributes were rated along 5-point scales.

Discussion

The goal of the pilot study was to identify some of the traits and individual differences that could be relevant to organ donation decisions—a task that has never been taken before in the literature. The results of the pilot study were promising.

As for the profile of the typical donor in people's minds, the typical donor has been associated with a set of uniformly positive and desirable attributes. Thus, organ donation appears to be a socially desirable behavior. In light of the findings of the pilot study, I conducted main study in an attempt to more directly assess the link between personality and organ donation.

3.2. Main Study

3.2.1. Overview

The pilot study highlighted the potential relevance of attributes such as empathy, time orientation, interpersonal trust, conscientiousness, open-mindedness, and neuroticism through identifying adjectives related with these attributes. Naturally, these are not the only attributes implicated. The relevance of religiosity and death anxiety has been highlighted in the literature before (Rumsey, Hurford & Cole, 2003; Robbins, 1990). Thus, I measured these variables as well. Therefore, for the main study, I measured each of these variables and assessed their relationship to donation related cognitions, evaluations, and behaviors. Specifically, the Big-Five personality traits, (conscientiousness, extraversion, neuroticism, openness, agreeableness), consideration of future consequences (CFC), evaluation of potential outcomes (EPO), empathy, death anxiety, hope, trust and religiosity were explored as correlates of organ donation related attitudes, intentions and behaviors. I expected, for instance, that conscientious, empathic, and future oriented people would have favorable attitudes toward donation, whereas religious and neurotic people would have less favorable attitudes especially if their trust in other people were low.

Taken together, the goal of the next study was to expand the search for relevant traits and provide more direct tests of the links between personality and organ donation in a reasoned action context. Investigation of this knowledge can be useful in designing communications and campaigns: There is ample evidence showing that matching or tailoring messages with the characteristics of the recipients enhances communication effectiveness (e.g., DeBono & Snyder, 1989; Dijkstra, 2008; Lavine et al., 1999; Rimer & Kreuter, 2006).

Personality attributes may become critical in this context in a few ways. First, these attributes may affect the strength and favorability of attitudes, intentions, norms and control perceptions. For instance, a religious person might develop negative attitudes toward donation

and hence refrain from donating. Similarly, death anxiety might function as an impediment and prevent people from developing any cognitions and evaluations about donating. Second, these attributes may affect the relationship among reasoned action constructs. For example, conscientious individuals may enact on their intentions to a greater extent than less conscientious individuals. Similarly, agreeable people may give greater weight to the opinions of others, and hence the link between subjective norms and intentions may be stronger for them than those who are not very agreeable. None of these possibilities has been explored in the past.

While each of these attributes may have significant relationships with reasoned action constructs such attitudes, norms, and control perceptions. What is more important than these zero-order correlations, however, is to identify how different combinations of these attributes facilitate or impede organ donation. For instance, an empathic person may be expected to be a donor; but what if he or she is a present-oriented person who has never thought about dying one day, or afraid of dying, or have little or no trust in other people. Similarly, a future-oriented person may be expected to be donor; but he or she may not be a conscientious, empathic person. Thus, identification of clusters of individuals who are more or less likely to be donors is more critical than exploring zero-order correlations among personality attributes and reasoned action constructs. Given this partially exploratory nature of the study, I used regression and classification trees in modeling the data.

3.2.2. Method

Participants and Procedure

Participants were 367 students and Internet users (54% female) ranging in age from 18 to 51 years ($M = 23.06$, $SD = 4.44$). Student participants were recruited through a student participant pool, whereas Internet users were recruited through social media services; in

particular, Facebook and Eksisozluk.com. Interested individuals were directed to the web-based survey page.

Thirty-six participants indicated being a registered donor; 151 indicated being a donor without holding a card; 167 indicated not being a donor, and 13 indicated being against donation. In addition, 91 participants reported knowing somebody who has donated his/her organs; 26 reported knowing somebody in need of transplantation, and 45 reported knowing somebody who has received an organ.

Measures

The questionnaire involved several instruments designed to measure attitudes and intentions toward donation, knowledge about organ donation, respondent's donor status; these measures were identical to the ones used in the first study. In addition, participants completed various individual-difference measures expected to be related to organ donation. Specifically, the following individual-difference measures were used: The brief version of the Big-Five, the consideration of future consequences scale, empathy,, interpersonal trust, religiosity, and death anxiety. For the sake of brevity one example from each scale was given, full list of the items in the scales in the study can be seen in Appendix B.

Donor Status. The current donation status of the participants was identified with a single question. The question was "What is your current donation status?". The participants indicated their current donation status in seven options. The options were:

- 1 (I am undecided)
- 2 (I am undecided, I am not planning to make a decision in coming years)
- 3 (I am undecided, but planning to make a decision in the next 6 months)
- 4 (I am undecided, but planning to make a decision within the next 1 month)
- 5 (I am decided not to donate)

6 (I have already decided to become an organ donor in the past 6 months)

7 (I have already decided to become an organ donor more than 6 months ago)

Attitude toward organ donation. Attitude toward organ donation was measured with the items previously used in other studies (e.g., Kofman & Smith, 1996). Specifically, the participants indicated their agreement or disagreement with four items in a 7-point rating scale (ranging from 1 to 7). The scale included items such as “I have a positive view about organ donation.”. Cronbach’s Alpha of the scale was $\alpha = .85$.

Subjective norms. A four-item subjective norm scale was developed in order to assess the participants’ perceptions of environmental support and approval of organ donation. Sample item from the scale is, “My close others approves organ donation.”. The Cronbach’s alpha of the scale was ; $\alpha = .88$.

Perceived behavioral control (PBC). Participants’ perceptions of the difficulty of performing the organ donation behavior were assessed with 4 items in a 7 point rating scale (ranging from 1 to 7): “I can become an organ donor if I wanted to”. Higher scores indicated higher perceived behavioral control over becoming organ donor. The responses were averaged to create an index of PBC ($M = 5.38$, $SD = 1.48$, $\alpha = .79$).

Intentions. Participants’ intentions to become an organ donor were measured with the following item in a 7-point rating scale: “I am intending to become registered organ donor.”.

Knowledge about organ donation. Knowledge about organ donation was measured by asking respondents to indicate whether the given 14 statements about organ donation were true or false (a “do not know” option was also provided). The knowledge scale included items

such as, “Organ donors can choose organs they want to donate”. An index of knowledge was created by summing the number of correct responses to these questions ($M = 8.80$, $SD = 2$).

Consideration for future consequences (CFC). Tendency to think about the future was measured using the consideration for future consequences scale (Strathman et al., 1994). This 13-item scale includes items such as “I consider how things might be in the future, and try to influence those things with my day to day behavior” and provides a good index of whether or not people think about the future consequences of their behavior, and the future in general. Participants indicated their agreement with each statement along 5-point rating scales. The reliability for the scale was satisfactory ($\alpha = .75$).

Empathy. Participants’ capacity to recognize feelings experienced by others was assessed with a 20-item scale adopted from an earlier study (Mehrabian & Epstein, 1972). The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A sample item from the scale is “Seeing people cry upsets me.”. The reliability of the scale was .80.

Neuroticism. Participants’ tendency to experience negative emotional states was assessed with a 10-item scale adopted from Benet-Martinez & John (1998). The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. The scale included items such as “I can easily cope with stress”. Higher scores indicated lack of emotional stability and higher tendency to feel negative emotional states such as anxiety, anger, depressed mood. The Cronbach’s alpha of the scale was .81.

Agreeableness. Participants tendency to cooperative and accommodating in social situations was assessed with a 10-item scale adopted from Benez-Martinez & John (1998). The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. Higher

scores indicated higher cooperativeness and social harmonious behavioral tendencies. A sample item from the scale is “I tend to find fault with others.”.The reliability of the scale was .70.

*Conscientiousness.*Participants tendency of being painstaking and careful was assessed with a 9 item scale adopted from Benez-Martinez & John (1998) The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A sample item from the scale is “I am a reliable worker”. Higher scores indicated higher responsibility and conscientiousness. The reliability of the scale was $\alpha=.80$.

*Openness.*Participants openness to new experience was assessed with a 9- item scale adopted from Benez-Martinez & John (1998) The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A sample item from the scale is “I am someone who is inventive.”.Higher scores indicated active imagination, higher intellectual curiosity, and higher attentiveness to inner feelings. The reliability of the scale was $\alpha=.76$.

*Extraversion.*Participants overall level of sociability, assertiveness, emotional expressiveness and excitabilitywas assessed with a 9*item scale adopted from Benez-Martinez & John (1998) The respondents were asked to indicate the extent to which their agreement with statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A sample item from the scale is “I am someone who is outgoing, sociable.”. Higher scores indicate higher social orientation. The reliability of the scale was $\alpha=.89$

*Religiosity.*Participants overall level of involvement, interest and participation in religios activity and belief was assessed with a8 item scale adopted from Peterson & Seligman (2004). The respondents were asked to indicate the extent to which their agreement with

statements on a 5-point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A sample item from the scale is “I am a spiritual person”. Higher scores indicate higher religious orientation. The reliability of the scale was $\alpha=.90$

Evaluation of Potential Outcomes. Participants' general tendency to elaborate on potential outcomes of their behavioral actions was assessed with a 6-item scale adopted from Nenkov et al. (2008). The respondents were asked to indicate the extent to which their agreement with statements on a 7-point Likert scale ranging from “1 = strongly disagree” to “7 = strongly agree”. A sample item from the scale is “I try to anticipate as many consequences of my actions as I can.”. Higher scores indicate higher concern for potential outcomes. The reliability of the scale was $\alpha=.83$

Death anxiety. Fear of death was measured with 13 items adopted from Templer's (1970) scale. This 13-item scale includes items such as “I worry about what is going to happen to my body after death.”. The participants indicated their agreement with each item statement along 5-point rating scales ranging from “1 = strongly disagree” to “5 = strongly agree”. Reliability for the scale was satisfactory ($\alpha = .86$).

Trust. Participants' tendency to rely on others was assessed with a 9-item scale adopted from Costa & McCrae (1992). The respondents were asked to indicate the how frequent they do or think about behaviors given in the statements on a 5-point Likert scale ranging from “1 = Never” to “5 = Always”. A sample item from the scale is “I do not suspect hidden motives in others”. Higher scores indicate higher interpersonal trust. The reliability of the scale was $\alpha=.85$.

3.2.3. Analysis

The goal of the present study was to investigate the personality-related determinants of differences in organ donation attitudes and intentions in a sample of nonregistered people. Skewed distributions of the planned behavior variables and the complex interactions expected

to be present in the data necessitated the use of nonparametric procedures in analyzing the data. Thus, I analyzed the data using decision trees (i.e., CART- Classification and Regression Trees)—a data-mining approach based on recursive partitioning. The major strength of CART is its ability to detect interactions that cannot be easily detected with OLS approaches (Breiman, Freidman, Olshen, & Stone, 1984; Lemon, Roy, Clark, Friedmann & Rakowski, 2003). Moreover, the easy to understand output tree is another advantage of CART over regression.

The goal in the CART approach is to split the datafile into smaller, internally cohesive groups, where people in the same group will be similar to each other with respect to the outcome but different from people in another subgroup. In that regard, the approach is similar to both cluster analysis and step-wise regression analysis. The eventual outcome looks like a tree with several branches carrying nodes representing groups of people. Recursive splitting takes place separately in each level of the tree. The algorithm automatically detects the optimum binary cut offs using least squares that create lowest within-group variance. The splitting process continues until there the difference is statistically insignificant. Moreover, statistical program used in the current study (i.e., SPSS Clementine v.12) also let some customization to see alternative splits which might be statistically less powerful but conceptually more sensible. At the end of the splitting process, an inverted tree structure of the splits is displayed. The branches in the lowest level are called terminal nodes meaning that any further split is neither possible, nor reliable.

Registration intention was used as the dependent variable in this analysis. Attitudes, norm perceptions, and perceived control over behavior were used as the dependent variables in creating regression trees. To our knowledge, recursive partitioning method has never been used in the analyzing reasoned action data. In order to create a stable tree, we specified model

to require a minimum of 20 cases per “node”. Sample size was 331 after excluding already registered donors ($N = 36$).

CHAPTER 4 : RESULTS

Descriptive Statistics

Descriptive statistics and correlations are displayed in Table 4.1. As expected, attitudes, norms, control beliefs were very favorable toward donation. Indeed, there was an apparent range restriction problem with attitudes and perceptions of control ($M_s > 6$ on a 7-point scale). Thus, due to range restrictions in the TPB variables, zero-order correlations reported in Table 6 should be interpreted with caution. Furthermore, these data justify the use of decision trees in analyzing the data.

4.1 Current Position of Participants toward Donation

To identify participants' placement on the stages of change, we asked them a question about the current donor status (see Table 4.1) and recoded responses to this question to create four groups of people varying in their position toward organ donation: (1) People who are uninterested in organ donation; (2) people who are thinking about becoming a donor at some point—contemplators; (3) people who have already made a decision to become a donor—donors; (4) people who have already made a decision not to become an organ donor—rejecters. Various attributes of people in each group are listed in Table 4.2.

Table 4.1.
Means standard deviations and correlations among variables

| | Mean | SD | Alpha | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------------------------|-------|------|-------|-------------------|--------|--------|--------|-------|-------|-------|--------|--------|--------|-------|-------|------|-------|-------------------|
| 1. Registration intentions | 5.01 | 1.75 | | | | | | | | | | | | | | | | |
| 2. Attitude | 6.24 | 0.88 | .85 | .66** | | | | | | | | | | | | | | |
| 3. Subjective norm | 5.37 | 1.21 | .88 | .37** | .45** | | | | | | | | | | | | | |
| 4. PBC | 6.16 | 0.90 | .79 | .42** | .48** | .62** | | | | | | | | | | | | |
| 5. CFC | 54.09 | 8.80 | .73 | .08 | .06 | .08 | .07 | | | | | | | | | | | |
| 6. EPO | 33.73 | 4.35 | .83 | .05 | .10* | .11* | .16** | .45** | | | | | | | | | | |
| 7. Empathy | 75.79 | 9.13 | .80 | .07 | .11* | -.03 | .02 | .17** | .08 | | | | | | | | | |
| 8. Extraversion | 27.27 | 6.06 | .89 | .00 | .08 | .10 | .18** | .05 | .11* | .16** | | | | | | | | |
| 9. Agreeableness | 35.04 | 4.80 | .70 | .00 | .04 | -.04 | .06 | .11* | .15** | .29** | .14** | | | | | | | |
| 10. Conscientiousness | 29.93 | 5.71 | .80 | .00 | .00 | .05 | .00 | .49** | .32** | .08 | .16** | .22** | | | | | | |
| 11. Openness | 38.89 | 4.57 | .76 | .06 | .13* | .07 | .11* | .05 | .27** | .00 | .20** | .13* | .05 | | | | | |
| 12. Neuroticism | 30.55 | 6.41 | .81 | -.07 | .01 | .00 | -.06 | .00 | -.03 | .40** | -.23** | -.23** | -.16** | -.13* | | | | |
| 13. Trust | 26.50 | 4.39 | .85 | .02 | .04 | -.01 | .05 | -.01 | -.02 | .34** | .17** | .48** | .01 | -.07 | -.08 | | | |
| 14. Religiosity | 25.30 | 4.71 | .90 | -.21** | -.23** | -.27** | -.20** | .09 | .09 | .20** | .05 | .19** | .10 | .03 | .06 | .09 | | |
| 15. Death Anxiety | 23.12 | 7.77 | .86 | -.14 [±] | -.10 | -.02 | -.06 | -.01 | .10 | .36** | -.03 | -.02 | -.03 | -.05 | .32** | .15* | .27** | |
| 16. Donation knowledge | 8.80 | 2.00 | | .21** | .23** | .18** | .13* | .06 | .13* | -.05 | .06 | .00 | .08 | .06 | -.10 | -.10 | -.03 | -.12 [±] |

Note. CFC = Consideration for future consequences; EPO = elaboration on potential outcomes of behavior; PBC = Perceived behavioral control. For CFC, higher scores indicate thinking about the future to a greater extent. Planned behavior variables were measured along 7-point scales ranging from 1 to 7.

** $p < .01$. * $p < .05$ $N=367$ except for Death Anxiety ($N=183$). [±] Nonsignificant because of the different sample size.

Table 4.2
Attributes of People at Different Stages of Change

| | Rejecter <i>N</i> = 13 | Uninterested <i>N</i> = 16 | Contemplator <i>N</i> = 151 | Donor <i>N</i> = 187 |
|------------------------------|---------------------------|-------------------------------|--------------------------------|-------------------------|
| Registration intention | 2.23 (1.54) | 3.44 (1.93) | 4.32 (1.4) | 5.93 (1.42) |
| Attitude | 4.44 (1.10) | 5.06 (1.14) | 5.96 (0.79) | 6.69 (0.49) |
| Subjective norm | 5.04 (1.10) | 4.38 (1.46) | 5.07 (1.16) | 5.73 (1.12) |
| Perceived behavioral control | 5.94 (0.88) | 5.30 (1.35) | 5.89 (0.93) | 6.47 (0.68) |
| Gender | | | | |
| Women | 38.5% | 43.8% | 49.7% | 58.8% |
| Men | 61.5% | 56.3% | 50.3% | 41.2% |
| Knowledge | | | | |
| Number of true answers | 8.23 (2.01) | 8.31 (2.33) | 8.58 (2.12) | 9.08 (1.84) |
| Number of false answers | 1.69 (1.49) | 1.69 (1.70) | 1.77 (1.27) | 1.64 (1.11) |
| Personal Familiarity | | | | |
| Does not know a donor or | 69.2% | 75% | 86.8% | 82.4% |
| Knows a donor or recipient | 30.8% | 25% | 13.2% | 17.6% |

Note. Thirty-six of the 187 donors were registered donors, whereas the others were only verbally committed. Numbers in parentheses are standard deviations.

Table 4.1 shows that attitudes of this sample were quite positive. Furthermore, most people thought that they would be supported by close others if they wanted to become a donor. Finally, participants in all status groups thought that they could become a donor if they wanted. These data verify that organ donation is a volitional and socially desirable behavior in general. The knowledge data suggested that status differences might not be due to differences in the level of knowledge; none of the group differences was significant. Gender, however, made a significant difference. There were more women donors. However, the proportion of

contemplators was equal for men and women—which is promising, because this is the ultimate target group for interventions. The proportion of people who were against donation or uninterested with the issue was very small (7%); in this small group of people there were more men than women. The next step was to examine the personality attributes of people at different stages of change.

Table 4.3
Personality comparison table based on donor status

| Individual Differences | Rejecter | Uninterested | Contemplator | Donor |
|------------------------|------------------|------------------|------------------|------------------|
| | <i>N</i> = 13 | <i>N</i> = 16 | <i>N</i> = 151 | <i>N</i> = 187 |
| CFC | 48.76 (10.16) | 49.04 (11.14) | 50.65 (10.76) | 49.65 (9.28) |
| EPO | 52.22 (10.22) | 47.75 (10.48) | 49.99 (10.10) | 50.05 (9.91) |
| Empathy | 50.57 (9.76) | 45.57 (11.74) | 50.36 (10.22) | 50.05 (9.67) |
| Extraversion | 48.28 (9.46) | 42.95 (9.85) | 50.48 (9.78) | 50.33 (10.06) |
| Agreeableness | 48.47 (15.32) | 48.09 (6.8) | 51.58 (9.83) | 48.99 (9.82) |
| Conscientiousness | 49.99 (6.72) | 49.8 (9.74) | 50.97 (9.51) | 49.23 (10.58) |
| Openness | 51.09 (10.97) | 46.14 (11.83) | 50.76 (9.40) | 49.64 (10.22) |
| Neuroticism | 55.26 (8.15) | 52.95 (11.14) | 49.63 (9.76) | 49.68 (10.14) |
| Death Anxiety | 50.29 (5.54) | 49.19 (13.43) | 52.67 (10.52) | 48.02 (9.15) |
| Hope | 49.22 (6.36) | 46.02 (10.83) | 51.01 (9.32) | 49.58 (10.59) |
| Trust | 48.39 (7.12) | 49.23 (10.11) | 50.25 (9.72) | 49.98 (10.43) |
| Religiosity | 54.60 (8.20) | 51.94 (9.61) | 52.64 (9.49) | 47.39 (9.90) |

Note. Means are t-transformed ($M = 50$, $SD = 10$)

Rejecters. Rejecters were mostly men who were more religious and neurotic than people in other groups. They were also slightly more introvert than others. While, they seemed to think more about the potential outcomes of their decisions, lack of knowledge was not the distinguishing aspect of this group.

Uninterested individuals. As with rejecters, there were more men in this small group. These people were not very empathic, open and optimistic. Furthermore, they tended to be introverted and slightly high on neuroticism. Finally, they indicated thinking not much about the outcomes of their behaviors.

Contemplators. About 40% of the sample were thinking about becoming a donor at some point, but were yet to take action. Attitudes of this group were already very favorable; these people also thought that they could easily become donors. The distinguishing aspect of this group from the donor group was their religiosity and the extent of fear of dying.

Donors. Participants who identified themselves as registered or unregistered organ donors had the most favorable attitudes not surprisingly. There were more women in this group (about 59%). Although these people were quite knowledgeable, very few of them indicated knowing a donor or recipient personally. As mentioned above, the distinguishing aspect of this group was its ranking lowest in religiosity.

4.2 Regression Tree Results

Although comparisons across stages of change are revealing, they reflect only simple relationships. As mentioned earlier, there should be complex interactions among these variables—and a better understanding of the profiles of people who are more or less likely to be donors can be achieved only with the knowledge of these interactions. Thus, I explored these interactions using decision trees, an analytical approach that has never been applied to planned behavior data. For this purpose, I built three decision trees. The first tree aimed to identify clusters of people with similar attitudes, norm perceptions, and control beliefs and

then compare if people in different clusters also differed from each other in terms of dispositional attributes. The second and the third trees examined the relationship of dispositional attributes to intentions and decisions more directly: In the second tree, I took registration intentions as the dependent variable and predicted variability in these intentions based on dispositional attributes and level of knowledge. In the third tree, I used the same set of predictors in modeling donation status (i.e., whether or not the respondent is a donor or not)

4.2.1. Tree 1: Predicting Registration Intentions from Reasoned Actions Constructs

I first excluded cardholding donors from the data ($N = 36$) and then built a decision-tree using only the planned behavior constructs as predictors and the registration intentions as the dependent variable. The decision tree analysis with CART generated a model with seven terminal nodes (or clusters of people), with registration intentions ranging from 1.95 to 6.3 on a 7-point scale (see Figure 1). In the resulting tree, attitudes, norm perceptions, and control beliefs were identified as splitters. Intentions could be most strongly predicted from attitude; hence, the first split or branching of the tree was based on the attitude scores: As can be seen from the top of the tree, when attitudes were not extremely favorable (less than 5.88), intentions to become organ donor were very weak ($M = 3.43$, $SD = 1.58$; see Node 1); yet, when attitudes were closer to the middle point of the attitude scale, people indicated not having any intentions to become organ donors (see Node 3). For the people with unfavorable attitudes, possessing a high degree of control over the behavior did not help much either. Thus, for stronger intentions, it is a must to have very favorable attitudes. As can be seen, subjective norms did not make a difference here. For the people with highly favorable attitudes, however, further splitting took place based on attitudes again and then for norms and control perceptions. The group that had the strongest intentions to become organ donors also perceived almost perfect control over the behavior (see Node 12). When people had favorable attitudes, but did not perceive similarly high degree of support from their environment, there

was a sharp decline in the strength of their intentions (see Node 9). That is an example of interaction effect. For those with favorable to extremely favorable attitudes subjective norms become critical. For the people with extremely favorable attitudes, however, control beliefs become more critical than norms.

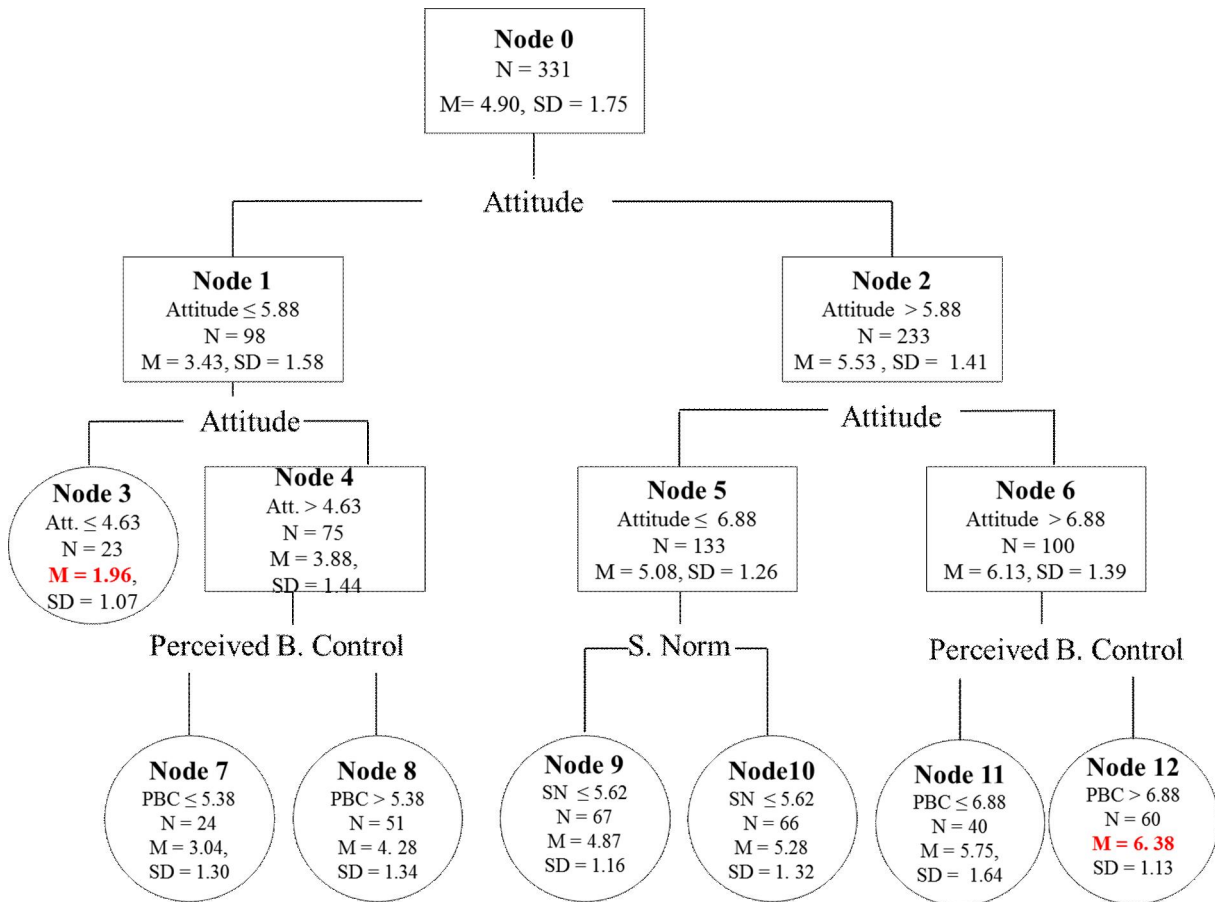


Figure 1 Registration intention tree constructed according to TPB

Attributes of people in each terminal node or cluster are presented in Table 4.4. The top panel of the table displays the attitudes and beliefs of people varying in the strength of their intentions. Personality related attributes and individual differences are displayed in the middle panel of the table. For presentational purposes, scores on each attribute were standardized using t-transformations ($M=50, SD=10$). The bottom panel of the table displays the effects of gender and knowledge on the strength of intentions. In the table, Node 3 represents the group with the weakest intentions to become organ donors and Node 12

represents the group of people with the strongest intentions become organ donors (higher node numbers indicate stronger intentions). As a result, the deviance from the overall mean of the predictors is particularly important for identifying impediments or motivators toward donation. Variance explained in the model was $r^2=.47$.

Table 4.4
Strength of Registration Intentions as a Function of Individual Differences

| | Terminal Node Number | | | | | | |
|---|----------------------|------------------|------------------|-----------------|------------------|------------------|----------------------|
| | 3 (least willing) | 7 | 8 | 9 | 10 | 11 | 12 (most willing) |
| N | 23 | 24 | 51 | 67 | 66 | 40 | 60 |
| Registration intention | 1.96 (1.07) | 3.04 (1.30) | 4.27 (1.34) | 4.87 (1.17) | 5.29 (1.32) | 5.75 (1.64) | 6.38 (1.14) |
| Planned Behavior Variables | | | | | | | |
| Attitude | 3.83 (0.59) | 5.44 (0.32) | 5.45 (0.33) | 6.35 (0.31) | 6.41 (0.28) | 7.00 (.00) | 7.00 (.00) |
| Subjective Norm | 4.05 (1.18) | 3.91 (1.02) | 5.10 (0.90) | 4.51 (0.93) | 6.24 (0.37) | 5.46 (1.09) | 6.21 (0.90) |
| Perceived Behavioral Control | 5.20 (1.23) | 4.58 (0.69) | 6.22 (0.44) | 5.78 (0.86) | 6.44 (0.47) | 6.04 (0.78) | 7.00 (.00) |
| Personality Attributes and Individual Differences | | | | | | | |
| CFC | 46.88 (8.74) | 47.58 (10.28) | 50.36 (10.84) | 51 (10.61) | 50.57 (9.65) | 49.41 (10.82) | 50.16 (9.63) |
| EPO | 47.83 (9.31) | 45.45 (12.77) | 49.86 (10.42) | 49.7 (8.85) | 50.45 (9.49) | 52.12 (8.62) | 51.89 (9.34) |
| Empathy | 50.66 (10.40) | 47.17 (8.49) | 47.16 (11.24) | 52.39 (9.96) | 48.54 (10.08) | 50.28 (9.48) | 52.66 (9.05) |
| Extraversion | 45.53 (11.64) | 45.84 (9.38) | 51.27 (9.14) | 51.94 (8.81) | 50.36 (9.60) | 48.07 (11.31) | 51.21 (10.28) |
| Agreeableness | 48.65 (12.74) | 46.09 (7.42) | 52.16 (9.37) | 51.87 (8.81) | 48.87 (10.57) | 48.14 (10.19) | 51.58 (10.16) |
| Conscientiousness | 47.99 (7.44) | 46.92 (7.94) | 52.32 (9.90) | 51.06 (9.94) | 50.34 (8.79) | 48.46 (9.76) | 51.76 (11.20) |
| Openness | 45.87 | 46.6 | 49.82 | 50.97 | 51.25 | 51.56 | 51.35 |

| | | | | | | | |
|------------------------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | (9.41) | (11.60) | (9.69 | (9.44) | (8.98) | (9.26) | (10.05) |
| Neuroticism | 52.67 (8.54) | 51.22 (8.33) | 47.58 (8.11) | 49.54 (9.80) | 49.92 (10.11) | 53.28 (7.67) | 49.74 (12.95) |
| Trust | 50.1 (9.15) | 46.71 (8.26) | 51.03 (9.00) | 50.54 (9.08) | 48.14 (10.26) | 49.74 (10.35) | 51.41 (11.57) |
| Religiosity | 56.73 (9.21) | 54.25 (9.47) | 51.31 (8.49) | 51.25 (8.75) | 47.72 (10.62) | 48.5 (9.86) | 48.39 (10.15) |
| Death Anxiety | 53.09 (6.97) | 49.85 (12.18) | 50.65 (10.27) | 50.17 (10.29) | 50.07 (10.76) | 52.5 (10.36) | 48.06 (9.42) |
| Demographics | | | | | | | |
| Gender | | | | | | | |
| Women | 60.9% | 25.0% | 51.0% | 67.2% | 47.0% | 55.0% | 50.0% |
| Men | 39.1% | 75.0% | 49.0% | 32.8% | 53.0% | 45.0% | 50.0% |
| Knowledge | | | | | | | |
| Knowledge | | | | | | | |
| Number of true | 7.26 (1.76) | 8.58 (2.24) | 8.29 (2.01) | 8.61 (1.88) | 9.21 (2.16) | 8.57 (2.18) | 9.40 (1.56) |
| Number of false | 1.87 (1.49) | 2.04 (1.33) | 1.65 (1.32) | 1.90 (1.36) | 1.76 (1.19) | 1.68 (1.05) | 1.53 (0.98) |
| Personal Familiarity | | | | | | | |
| Does not know a donor or recipient | 91.3% | 79.2% | 86.3% | 82.1% | 78.8% | 87.5% | 86.7% |
| Knows a donor or recipient | 8.7% | 20.8% | 13.7% | 17.9% | 21.2% | 12.5% | 13.3% |

People in lower numbered nodes (e.g., Node 3 & 7) had weaker intentions to donate; whereas people with higher numbered nodes had stronger intentions. The personality data suggests that organ donation intentions will be weaker for people who are presented oriented (low CFC); who do not think much about the consequences of their behavior (low EPO); who are introvert; who are not very conscientious and open to new experiences; who are religious and afraid of dying. Intentions, however, were stronger for the people who are thoughtful about the consequences of their behaviors; who are empathetic; and who are not very religious or afraid of dying. The people in Node 12, who had the strongest intentions constituted about 20% of the sample; half of them were men; they had the highest scores on

knowledge, empathy and interpersonal trust; while having the lowest scores on religiosity and death anxiety. Their strong intentions did not seem to stem from knowing a donor or a recipient personally.

4.2.2. Tree 2: Predicting Registration Intentions from Personality Variables

Next, I addressed the relationship between registration intentions and personality variables more directly by regressing intentions on these variables without taking attitudes, norms, and perceived behavioral control into account. The decision tree analysis with the CART algorithm generated seven terminal nodes, with registration intentions ranging from 3.34 to 5.80 on a 7-point scale; religiosity, empathy, elaboration on potential outcomes (EPO), neuroticism, conscientiousness and the level of knowledge were identified as splitters. Intentions were most strongly associated with religiosity; hence the first branching of the tree was based on religiosity scores. As can be seen from the top of the tree, when religiosity scores are low, intention to become a donor is very strong (Node 1). For people with at least some degree of religiosity (Node 2), possessing above average empathy bolsters intentions especially when it is coupled with higher levels of conscientiousness (Node 22; $M = 5.80$). However, for the same group (Node 2), low empathy coupled with lack of interest in thinking about the potential outcomes of own actions and neuroticism brings about the weakest intentions to donate (see Node 28; $M = 3.34$). Thus, empathy, EPO, conscientiousness, and knowledge appear to be facilitator attributes while religiosity and neuroticism appear to act as impediments. As noted, however, it does not mean that being religious automatically decreases the likelihood of becoming a donor; when it is coupled with certain facilitator attributes, donation intentions can still be strong (e.g., Node 22).

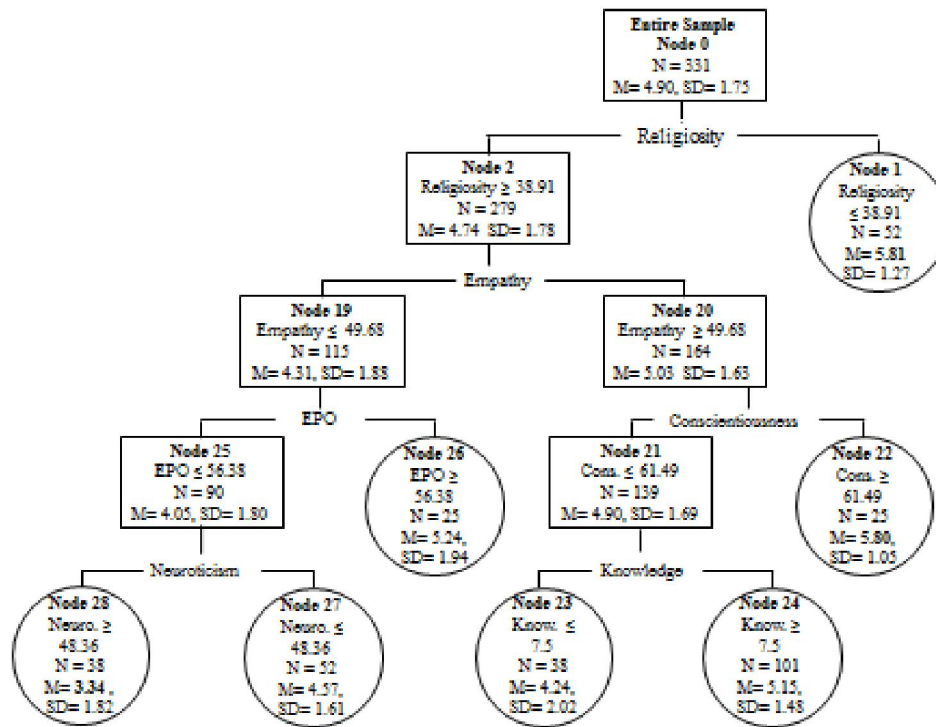


Figure 2 Attitude, subjective norm, PBC levels of people in each terminal node or cluster

Attitude, subjective norm, PBC levels of people in each terminal node or cluster are presented in Table 11. In the table Node 28 represents the group with the weakest intentions to donate and Node 1 & 22 represents the groups of people with strongest intentions to donate. In sum, even though the intention levels of some nodes are not very different from the overall mean, they are still very important for us in order to identify impeding and facilitating attributes.

Table 4.5
Descriptive Statistics for Planned Behavior Variables

| Terminal Node Number | Registration intention | | Attitude | | Subjective Norm | | Perceived Behavioral Control | | |
|-------------------------|---------------------------|------|----------|------|--------------------|------|---------------------------------|------|--------|
| | N | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| 28 | 38 | 3,34 | (1.82) | 5,52 | (1.09) | 4,97 | (1.21) | 5,59 | (0.94) |
| 23 | 38 | 4,24 | (2.02) | 5,99 | (1.11) | 4,84 | (1.49) | 5,88 | (0.85) |
| 27 | 52 | 4,58 | (1.61) | 5,84 | (0.87) | 5,13 | (1.20) | 5,97 | (1.01) |
| 24 | 101 | 5,15 | (1.49) | 6,29 | (0.83) | 5,38 | (1.11) | 6,17 | (0.96) |

| | | | | | | | | | |
|----|----|------|--------|------|--------|------|--------|------|--------|
| 26 | 25 | 5,24 | (1.94) | 6,65 | (0.57) | 5,56 | (1.05) | 6,47 | (0.62) |
| 22 | 25 | 5,8 | (1.04) | 6,45 | (0.61) | 5,45 | (1.04) | 6,23 | (0.92) |
| 1 | 52 | 5,81 | (1.27) | 6,53 | (0.54) | 5,66 | (1.25) | 6,42 | (0.68) |

Note. All variables were measured with a 7-point scale ranging from 1 to 7.

As expected from their weaker intention scores, the people in Node 28 has also the weakest attitude, subjective norm and perceived behavioral control. Contrary, other does not deviate from each other significantly. Variance explained in the model was $r^2=.19$.

4.2.3. Tree 3: Predicting Donation Status from Personality Variables

Next, I used the same set of dispositional variables in predicting the donation status of the recipients; specially, whether or not they are donors. The CART analysis revealed a tree with four levels, and seven terminal nodes with donor percentages ranging from 21 to 86 (see Figure 3). In the resulting tree religiosity, trust in others, consideration for future consequences (CFC), conscientiousness and level of knowledge were identified as splitters. Overall, 51% of the participants were donors (see Node 0). As in the previous tree, religiosity emerged as the strongest predictor of donation status: Donation was more common among less religious individuals as expected. For people who were half a standard deviation below average in religiosity, donation was common (69% see Node 1). For those who were only half a standard deviation above average, however, donation was much less common (34%, see Node 10). Yet when religiosity levels were closer to the mean, conscientiousness comes into picture and creates a further split. As expected, higher conscientiousness is associated with higher percentage of donors (see Node 12). In this picture, lack of knowledge also brought about decreases in the likelihood of being a donor (see Node13). We expected that trusting other people and thinking about the future (rather than the present time) would facilitate becoming a donor. As expected, people who were high in these attributes were very likely to

be donors especially if they were not very religious (87%; see Node 8)— about 25% of the donors were in this group (46 out of 187 donors).

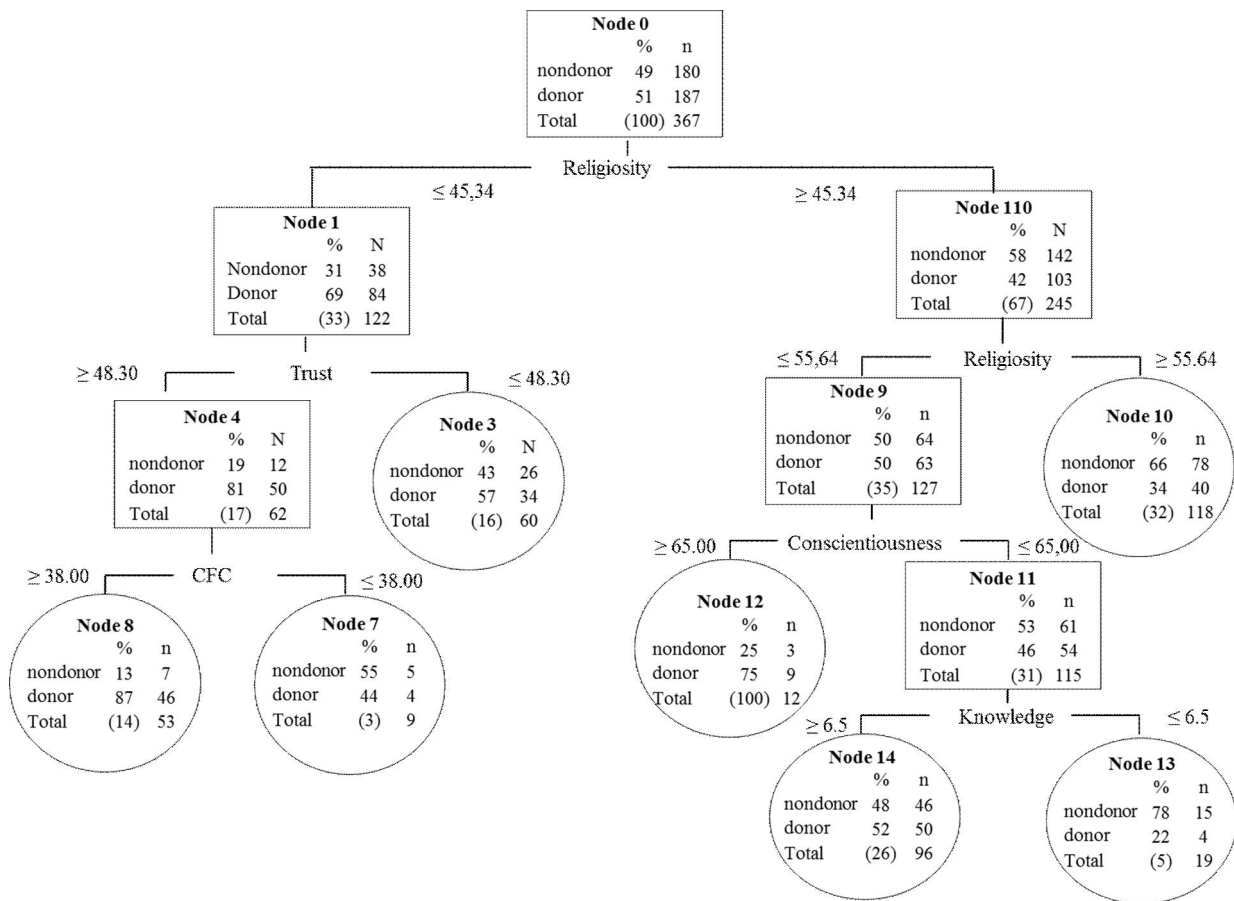


Figure 3 Donation status tree constructed according to dispositional variables

Table 4.6
Misclassification Matrix

| | | Actual Category | | |
|--------------------|----------------------------|-----------------|----------|--------------------|
| | | Donor | Nondonor | Percentage correct |
| Predicted Category | Donor | 139 | 82 | 63% |
| | Nondonor | 48 | 98 | 67% |
| | Overall Percentage Correct | | | 65% |

Table 4.6 shows a risk chart indicating the preciseness of classification. It is similar to the percentage of classified respondents in the discriminant analysis. The risk estimate predicted the risk incurred due to misclassification of the respondents in the CART procedure. The less the estimate, the more precisely classified was the model. With regard to the results of assessing the donation status, the risk estimate was 0.35. This means that the preciseness of classifying respondents was 65%. That is, about 65% of the respondents were classified accurately on split nodes.

CHAPTER 5 : DISCUSSION

The primary purpose of the current study was to examine the relationship between various dispositional variables and becoming organ donor. More specifically, this thesis aimed to identify impeding and facilitating personality variables related with becoming organ donor. Earlier research had implicated empathy and religiosity as potential correlates, but a reliable conclusion could not be drawn for at least two reasons; one is the distributional properties of the intention and attitude measures, and the other is the fact that there are complex interactions among these attributes and these interactions are never modeled. Here in this research, theory of planned behavior (TPB) provided initial theoretical framework and the nonparametric decision-tree approach allowed us to come up with clearer conclusions about the importance of certain dispositional attributes in organ donation context.

Overall, this study verifies the usefulness of the planned behavior framework in examining organ donation decisions in a Turkish sample. The contribution of TPB to the prediction of people's intention to become registered organ donors suggests that all of the theories of planned behavior components (attitudes, subjective norm, and perceived behavioral control) are important predictors of people's registration intentions. When people have very favorable attitudes, feel support from their peers and family, and believe that they are capable of becoming organ donor, they are more likely to become registered donors (Ajzen, 1991; Nijkamp et al., 2008).

More importantly, the current study fulfills its ultimate aim by identifying impeding and facilitating dispositional variables that predict people's registration intentions and donation status (Study 2). Additionally, the current thesis contributes to the literature by providing an example of an analytic approach that can be used when the planned behavior constructs and the predictors have complex interactions or non-normal distributions, which

can often be the case with socially desirable behaviors (Fishbein & Ajzen, 2010). Each of the three trees supports our facilitator/ impediment hypothesis from a different angle in the following ways.

In the first tree, people who were the least and the most willing to become a donor (Node 3 and 12 respectively) had some distinct characteristics that differentiated them from the rest. Specifically, the people in Node 3 were the least knowledgeable; the least open to new experiences; the most introverted; the most present oriented; the least conscientious; and the most religious. They were also slightly more neurotic and fearful of death than average. On the other hand, people who had the strongest intentions to become organ donors appeared to be very knowledgeable and empathetic; furthermore, they were not as religious as the other participants (see Node 12). This asymmetry in opposite poles of the continuum suggests that some characteristics impede people's intentions towards donation but they do not necessarily motivate them to become donor. So, according to the terminal node comparison, fear of dying, lack of knowledge and being present oriented, introvert, and religious seem to be the factors that impede people from becoming a donor. There is also a motivator for people to become organ donor. People who have higher registration intentions are empathic, but people with lowest registration intentions are just around the mean. Thus, empathy appears to function as a motivator.

The second and the third trees investigated the direct effect of dispositional variables on the strength of donation intentions and donation status. Examining the relevance of each attribute in isolation from other attributes—as it is almost always done in the literature—has not been very fruitful so far. The exploration of the interactions among dispositional attributes in both trees revealed that some of the dispositional variables seem to facilitate donation whereas others seem to impede it. Religiosity, in particular, seemed to be a key variable-- as it surfaced in both the second and the third trees. As mentioned, however, it does not mean that

donors do not exist among religious people; when certain other facilitators such as empathy and conscientiousness were in place; donation was likely for religious people as well (see e.g., Node 22 in Figure 2). On the other hand, when religiosity is coupled with lower levels of empathy, lower levels of thinking about the outcomes of own behavior and higher neuroticism, the idea of donation became extremely unlikely. Similarly, if somewhat religious, empathic and less conscientiousness individuals do not have enough knowledge about organ donation, they are less likely to become organ donor. In sum, the second tree analysis revealed that religiosity and neuroticism work as impediments. That is, higher levels of these two variables decrease the likelihood of becoming organ donor. On the other hand, empathy, thinking about the outcomes of own behavior, conscientiousness and level of knowledge seem to function as facilitators; higher levels of these attributes are associated with stronger intentions to become a donor.

In the third decision tree, I explored the dispositional attributes of donors and nondonors-- where 51% of the sample was donors. In line with the second tree, there were more donors among less religious individuals. If these less religious individuals were future oriented and maintained trust in other people in general, the odds of them being a donor were significantly higher. For moderately religious people, conscientiousness and level of knowledge became critical. Specifically, when a person is moderately religious and not very conscientious and does not have enough knowledge, it is very unlikely that he or she is a donor (Node 13); whereas, at the same level of religiosity, higher levels of conscientiousness increased the odds of being a donor. Thus, third tree suggests that, interpersonal trust, time orientation, and conscientiousness, and level of knowledge act as facilitators. Yet, religiosity seems like the only impeding dispositional variable.

In sum, fear of dying, lack of knowledge and being present oriented, introvert, religious, and neurotic seem to be the factors that impede people from becoming an organ

donor. On the other hand, being empathic, future oriented, knowledgeable, conscientious, and trusting others seem to facilitate donation. Earlier research had revealed the importance of religiosity, knowledge and empathy (Radecki & Jaccard, 1997; Falomir-Pichastor, Brent & Pereira, 2011), but the relevance of the other variables and the interactions among these attributes were not well established.

Scientific and Practical Contributions of the Present Study

The present study was one of the first studies to explore the association between personality and organ donation. Personality is an understudied aspect in the organ donation literature and it was never examined in relation to the theory of planned behavior in the past. Therefore, the most important contribution of the current study was to identify the relevance of certain attributes in the context of organ donation. As discussed earlier our impediment / facilitator approach for dispositional variables was supported in the study. In addition, the current study showed that some dispositional variables are closely associated with behavioral outcomes in the planned behavior framework. Our findings empirically support the importance of integrating dispositional variables into the planned behavior framework (Fishbein & Ajzen, 2010).

The present study was also important for demonstrating the usefulness of nonparametric recursive partitioning techniques (i.e., decision trees) in a context where the variables are not normally distributed and there are complex interactions among the predictors. With the current sample sizes it would not be possible to explore these interactions using the traditional least-squares regression approaches.

As for applied implications, the biggest challenge in organ donation is developing effective communication campaigns (Alvaro & Siegel, 2010; Falomir-Pichastor, Brent & Pereira, 2011). Tailoring and segmentation is very important for designing effective communications. Tailoring improves cognitive preconditions of message processing and

increase message impact (Hawkins et al., 2008). As mentioned at the onset, persuasion research in this context is at its infancy (Oskamp, 2010; Noar, Benac & Harris, 2007). Limited number of intervention studies typically relied on demographic attributes in targeting and tailoring the communications, but they have not been particularly fruitful and consistent (Hawkins et al., 2008). Hopefully, the knowledge generated on the relevance of dispositional attributes in this thesis will be useful for future persuasion efforts. Fishbein and Ajzen (2010; see Chapter 10) call for greater attention to personality-based tailoring in designing interventions.

Limitations and Future Directions

One of the limitations of the present study is that, the sample was not representative of the broader Turkish population. As mentioned at the onset, young and educated adults constitute the primary target group for intervention because of their relative openness to the idea of donation. Hence, it was important for us to target this group. Thus, significant deviation from the broader population was inevitable in registration rates. In the present study, this rate was close to 50%, whereas it is around 15-20% in the broader population (Eurobarometer, 2010). Part of the high registration rate should be due to self-selection as well. Thus, replicating these analyses with a more representative sample is needed in the future.

Another limitation of the study was regarding analysis with recursive partitioning. Because the sample was not very large, we could not assess the robustness of the model through cross validation. In building trees, it is customary to develop multiple trees and compare them in many respects such as their simplicity and generalizability (Strobl, Malley & Tutz, 2009). Thus, the trees that I presented might have overfit the data. Furthermore, I used a single decision-tree approach known as CART in modeling these data (Classification &

Regression Trees; Breiman et al., 1984). Maybe other decision-tree algorithms such as CHAID (chi-squared automatic interaction detector) would have outperformed CART.

Lastly, future studies should include some additional variables such as trust healthcare system and to do something meaningful in life. Distrust in healthcare system might impede people's decision to become organ donor independent of attitudes toward donation or any dispositional variable. On the other hand, if a person wants to do something meaningful in life, becoming organ donor might be a way to fulfill that drive. Thus, including these variables might facilitate a more comprehensive understanding of organ donation behavior.

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APPENDICES

Appendix A

Merhaba, bu çalışmanın amacı tipik bir organ bağışçısının toplum tarafından nasıl algılandığını anlamaktır. Lütfen kafanızda **tipik bir organ bağışçısını** canlandırarak aşağıdaki soruları yanıtlayınız. Sizce doğru olduğunu düşündüğünüz seçeneğin karşısındaki kutucuğa işaret koyunuz. Her bir cevabınız bizim için çok değerli, katılımınız için şimdiden teşekkürler.

Doğum tarihiniz: _____

Cinsiyetiniz : _____

Okuduğunuz bölüm : _____

Bölüm I.

1. Tipik bir organ bağışçısının sizce cinsiyeti nedir?

Erkek

Kadın

Cinsiyeti fark etmez

2. Tipik bir organ bağışçısı sizce hangi yaş grubundadır?

18-25

25-40

40-55

55+

Yaşı fark etmez

3. Tipik bir organ bağışçısı sizce hangi seviyede eğitime sahiptir?

İlköğretim ve altı

Lise

Üniversite

Yüksek Lisans ve üzeri

Eğitim seviyesi fark etmez.

4. Tipik bir organ bağışçısının sizce gelir düzeyi nedir?

Alt

Orta

Üst

Gelir düzeyi fark etmez.

5. Tipik bir organ bağışçısı sizce nerede yaşar?

Köy

İlçe

Şehir

Büyükşehir

Yaşadığı yer fark etmez.

6. Sizce Koç Üniversitesi öğrencilerinin yüzde kaç organ bağışçısıdır?

% _____

7. Kafanızda canlandırıdığınız organ bağışçısının sahip olduğunu düşündüğünüz 7 kişilik özelliğini aşağıda boş bırakılmış yerlere yazarmısınız?

8. Sizece Tipik bir organ bağışısı aşağıdaki kişilik özelliklerine ne derecede sahiptir?

| | Kesinlikle Sahip | Sahip Değildir | Emin Değilim | Sahiptir | Kesinlikle Sahiptir |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sıcakkanlı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sosyal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| İleriyi Düşünen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Güvenilir | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dürüst | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Açık Görüşlü | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bencil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| İşine/görevine bağlı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kaygılı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| İlişkilerinde Baskın | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Empatik | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hareketli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sorumlu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muhafazakar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Merhametli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soğuk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uyumlu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neşeli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| İlimli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yeni Deneyimlere Açık | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Düzenli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entellektüel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alçakgönüllü | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Becerikli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utangaç | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Öfkeli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duyarlı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Özdisiplinli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depresif | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gelişmiş Hayalgücüne | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strese Çabuk yenilen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Başarma Güdüsüne Sahip | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heyecanlı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ayrıntılı düşünebilen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sinirli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yardımsever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planlı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kontrolsüz davranışları | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Duygusal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Açıksözlü | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Düşünceli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yenilikçi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kibar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paylaşımıcı | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bölüm III.

1. Organ bağışçısı mısınız?

- Evet, yan taraftaki bağışçı belgesini taşıyorum.
- Evet, ehliyetimde bağışçı kısmı işaretli.
- Evet, kartım yok fakat aileme söyledim.
- Hayır, organ bağışçısı değilim.



2. Ailenizle organ bağış hakkında konuştunuz mu?

- Evet
- Hayır

3. Yanıtınız evet ise, ailenizin konuya yaklaşımı nasıl?

- Kesinlikle desteklemiyorlar
- Desteklemiyorlar
- Kararsızlar
- Destekliyorlar
- Kesinlikle destekliyorlar
- Aile içerisinde görüş ayrılıkları var.
- Diğer: Lütfen belirtiniz. _____

4. Çevrenizde organ nakli yapılmış yada organ nakline ihtiyacı olan bir tanıdığınız var mı?

- Evet
- Hayır

5. Yakın çevrem organlarımı bağışlamam konusunda bana destek verir.

- Doğru
- Yanlış
- Emin değilim

Araştırmamıza katkıda bulunduğunuz için teşekkür ederiz. Sorularınız için bana bdemir@ku.edu.tr adresinden ulaşabilirsiniz. Çalışmanın sonuçları hakkında daha fazla bilgi isterseniz aşağıdaki boşluğa ku-mail adresini yazabilirsiniz. _____@ku.edu.tr

Başar Demir

Appendix B

Merhaba, Bu çalışmanın amacı bir yüksek lisans tezi bağlamında üniversite öğrencilerinin organ bağışına yaklaşımını anlamaktır.

Organ bağışı, bir insanın organlarının bir kısmını veya tamamını, henüz sağlıklı iken, beyin ölümünün ardından başka insanlarda yararlanılmak üzere bağışlaması işlemidir.

Lütfen aşağıdaki soruları yukarıda verilen tanım üzerinden değerlendirerek, atlamadan ve içtenlikle yanıtlayınız. Sizce doğru olduğunu düşündüğünüz seçeneğin karşısında ya da altındaki kutucuğa işaret koyarak seçiminizi belirtiniz. Anket yaklaşık 30 dakika sürmekte olup, sizden isim vb. bireysel **bilgi toplanmamaktadır**. Verdiğiniz bilgiler kesinlikle gizli kalacak olup, hiçbir üçüncü şahısla paylaşılmayacak ve tamamen akademik amaçla kullanılacaktır.

Anketi doldurarak tezime katkıda bulunduğunuz için teşekkür ederim.

BÖLÜM I

Cinsiyetiniz : Kadın Erkek

Doğum Tarihiniz: __/__/____

Bölümünüz : _____

A. Organ bağışı bağlamında *kimi insanların organlarını uzun süre önce bağışladığını, kimilerinin organlarını bağışlama üzerine düşündüğünü, kimi insanların ise organlarını bağışlamamaya karar verdiklerini* biliyoruz. Lütfen aşağıdaki **bütün seçenekleri okuduktan sonra** sizin durumunuzu en iyi açıklayan seçeneğin sol tarafındaki kutucuğa çarpı işareti koyunuz.

- Organ bağışı konusunda karar vermedim ve karar vermeyi düşünmüyorum.
- Henüz karar vermedim, daha çok erken, önümüzdeki yıllarda düşüneceğim.
- Henüz karar vermedim fakat önümüzdeki 6 ay içerisinde karar vermeyi düşünüyorum.
- Henüz karar vermedim fakat önümüzdeki bir ay içerisinde karar vermeyi düşünüyorum.
- Karar verdim, organlarımı bağışlamıyorum.
- Organ bağışçısı olmaya son 6 ay içerisinde karar verdim (Henüz kayıt olmamışlar dahil).

B. Organ bağışçısı olma istediğinizi ehliyetinizdeki ilgili bölümü doldurarak ya da organ ve doku bağışçısı kartı olarak kayda geçirdiniz mi?

- Evet**, Doku ve organ bağışçısı kartı taşıyorum.
- Evet**, Ehliyetimde ilgili kısım işaretli.
- Hayır**.

C. Organlarınızı bağışladıysanız; ailenize ya da yakın çevrenize öldükten sonra organ bağışçısı olmak istediğinizden bahsettiniz mi?

- Evet* *Hayır*

D. Ailenizin organ bağışına yaklaşımı nasıl?

- 1. Kesinlikle desteklemiyorlar
- 2. Desteklemiyorlar
- 3. Kararsızlar
- 4. Destekliyorlar
- 5. Kesinlikle Destekliyorlar
- 6. Aile içerisinde görüş ayrılıkları var (Annem destekliyor, babam desteklemiyor vb.)
- 7. Bilmiyorum
- 8. Diğer (_____)

E. Çevrenizde organlarını bağışlamış bir tanıdığınız var mı?

- Evet* *Hayır*

F. Çevrenizde organ nakline ihtiyacı olan bir tanıdığınız var mı?

- Evet* *Hayır*

G. Çevrenizde organ nakli yapılmış bir tanıdığınız var mı?

- Evet* *Hayır*

H. Bu bölümdeki soruları cevaplarken, sorunun altında verilen 7 seçenekten sizin düşüncenizi en iyi yansıtan seçeneği işaretleyiniz.

1. Genel itibariyle, organ bağışının önemli olduğunu düşünüyorum.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

2. Genel itibariyle, organ bağışına bakış açım olumludur.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

3. Organ bağışını destekliyorum.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

4. Bence organ bağışında bulunmak mantıklıdır.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

5. Organlarımı bağışlarsam kendimi iyi hissederim.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

6. Değer verdiğim insanlar organlarımı bağışlamamı onaylar.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

7. İnançlarım organ bağışçısı olmama izin verir.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

8. Ailem organ bağışçısı olmamı ister.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

9. Organ bağışı yapmamı çevrem onaylar.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

10. Organlarımı bağışlama niyetimi çevremle rahatlıkla konuşabilirim.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

11. Genel olarak organ bağışı konusunda bilgi sahibiyim.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

12. Organlarımı bağışlamak istersem bunu nasıl yapacağımı biliyorum.

| | | | | | | |
|----------------------------|--------------|-----------------------|------------|----------------------|-------------|---------------------------|
| Kesinlikle Katılmıyorum | Katılmıyorum | Biraz Katılmıyorum | Kararsızım | Biraz Katılıyorum | Katılıyorum | Kesinlikle Katılıyorum |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

13. Organ bařışında bulunduđumu çevremle paylaşabilirim.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

14. Organ bařışçısı olmak istediđimi söylersem çevremden dışlanabilirim.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

15. Organlarımı bařışlarsam ailem kararına karşı gelir.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

16. Eđer istersem, beni kimsenin etkilemesine izin vermeden organ bařışında bulunabilirim.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

17. Organlarımı bařışlamak istediđimi ailemle çekinmeden konuşabilirim.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

18. Yakın gelecekte organ bařışı konusunda daha fazla bilgi sahibi olmayı düşünüyorum.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

19. Yakın gelecekte organ bařışçısı olmayı ailemle konuşmayı düşünüyorum.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

20. Yakın gelecekte organlarımı bařışlamayı düşünüyorum.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

21. Organlarımı bařışlamam gerektiđini düşünüyorum.

| | | | | | | |
|---------------------|---------------------|---------------------|-------------------|--------------------|--------------------|--------------------|
| <i>Kesinlikle</i> | | <i>Biraz</i> | | <i>Biraz</i> | | <i>Kesinlikle</i> |
| <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Katılmıyorum</i> | <i>Kararsızım</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> | <i>Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- | 6----- | 7----- |

BÖLÜM II

| | <u>Doğru</u> | <u>Yanlış</u> | <u>Bilmiyorum</u> |
|---|--------------------------|--------------------------|--------------------------|
| 1. Organ bağıışı için yaş sınırı yoktur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Organ bağıışçıları bağıışlamak istedikleri organları seçebilirler. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Organ bağıışı kartına sahip olmam veya sürücü belgemde organ bağıışında bulunduğumun işaretili olması, hastaneden alacağım tıbbi bakımın kalitesini değıştirmeyecek. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Organ bağıışında bulunmak isteyen kişinin iki şahit huzurunda organ bağıışçısı kartı imzalaması gerekir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Organ bağıışında bulunsam bile öldükten sonra ailemin rızasının alınması gerekir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Organ bağıışlayan ve organ nakli yapılan kişiler aynı doktorun bakımı altında olmamalıdır. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Bir doktor veya cerrah kendi bakımı altında bulunup ölen hastasının ailesinden izin almaksızın hastasının organını bağıışlayabilir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Beyin ölümü gerçekleşen biri tekrar sağılığına kavuşabilir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Organa ihtiyacı olan insanlar arasında zengin veya ünlü kişiler varsa onlar diğere hastalardan daha önce organ ve doku alır. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Müslümanlık dini organ bağıışını yasaklamıştır. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Organ bağıışlayan kişilerin aileleri nakil esnasında ortaya çıkan masrafları öder. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Organ bağıışlayan bir kişi dilediğı zaman kararını değıştirebilir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Organ bağıışı için yaş sınırı yoktur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Organ bağıışlayan bir kişinin organları alınmadan önce, bir doktor heyeti bağıışlayıcının öldüğünü onaylamalıdır. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Tansiyon ve şekeri olanlar organ bağıışlayamaz. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Organ bağıışçısı olmak için imzalı bağıışçı kartının taşınması gerekir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Organ bağıışçısı olabilmek için ailenin izninin alınması gerekir. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Organ bağıışından kaynaklanan operasyon masraflarını organı alan taraf öder. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.

1. Diğer insanların önünde yapılan sevgi gösterilerinden rahatsız olurum.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

2. İnsanların kendi küçük sorunlarından ötürü mutsuz olduğunu gördüğümde rahatsız olurum.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

3. Etrafımda gergin insanlar olduğunda ben de gerilirim.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

4. Sevinçten ağlayan insanları anlamakta zorlanırım.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

5. Bir arkadaşımın sorunu olduğunda duygusal olarak ben de kendimi kaptırırım.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

6. Aşk şarkılarının mısraları beni derinden etkiler.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

7. İnsanlara kötü haber verirken kontrolümü kaybedecekmişim gibi hissedirim.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

8. Çevremdeki insanlar ruh halim üzerinde büyük etkiye sahiptir.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

9. İnsanları hediye açarken izlemek hoşuma gider.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

10. İnsanları ağlarken görmek beni üzer.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

11. Bazı şarkıları dinlemek beni mutlu eder.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

12. Roman okurken karakterlerin o an hissettikleri duygular beni de etki altına alır.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

13. Birine kötü davranıldığını gördüğümde çok sinirlenirim.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
1-----2-----3-----4-----5

14. Etrafımdaki insanlar telaşlandığında bile sakinliğimi koruyabilirim.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

15. Birisi kendi sorunlarını anlatmaya başladığında dinliyormuş gibi yaparım.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

16. Etrafımda herkesin kahkaha atması benim de gülmem için yeterli değildir.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

17. Sinemada etrafımdaki insanların film yüzünden içlenip ağlamaları bana gülünç gelir.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

18. Depresif insanlardan uzak dururum.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

19. İnsanların bazı şeylere ne kadar üzülüğünü anlamakta zorlanırım.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

20. Bir hayvanı acı çekerken görmek beni üzer.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

21. Kitap ve filmlerden etkilenmek bana saçma gelir.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

22. Yardıma muhtaç yaşlı insanları görmek beni üzer.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

23. Birisi yanımda ağlamaya başladığında ne diyeceğimi bilemem.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

24. Kalabalıkla birlikte coşarım.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

25. Arkadaş grupları içerisinde yalnız kalmış insanları görmek beni üzer.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman
 1-----2-----3-----4-----5

C. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.**1. Gelecekte işlerin nasıl olacağını tahmin etmeye çalışır ve bu işleri günlük hareketlerimle etkilemeye çalışırım.**

Kesinlikle Biraz Kararsızım Biraz Kesinlikle
 Katılmıyorum Katılmıyorum Katılmıyorum Katılmıyorum Katılmıyorum
 1-----2-----3-----4-----5

2. Sonuçları yakın zamanda ortaya çıkmayacak şeyleri elde etmek için bile gününbirlik şeyler yaparım-son dakikanın gelmesini beklemem.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

3. Geleceğin bir şekilde nasıl olsa kurtulacağını düşünerek sadece çok acil olan sorunlarımı karşılarım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

4. Geleceği bir şekilde kurtaracağımı düşünürüm. Bu yüzden gününbirlik problem ve aktivitelerime odaklanmayı tercih ederim.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

5. Kişisel rahatım verdiğim kararlarda ve hareketlerimde büyük bir faktördür.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

6. Ufukta daha olumlu sonuçlar elde etme ihtimali görürsem, şu andaki mutluluğum ve refahımdan fedakarlık edebilirim.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

7. Ufukta bir olumsuzlukla karşılaşma ihtimali varsa ve yıllar boyunca gerçekleşmeyecek olsa bile bununla ilgili uyarıları ciddiye almak bence çok önemlidir.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

8. Hemen gerçekleşmeyecek ancak önemli etkileri olan şeyler için bir çaba göstermek, daha önemsiz etkileri olan şu andaki şeyler için bir çaba göstermekten daha önemlidir.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

9. Genellikle olası gelecek problemleri hakkında uyarıları dikkate almam çünkü bu problemler gelecekte kriz seviyesine gelmeden çözülecektir.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

10. Gelecekte bir sorunla karşılaşmayacağım diye bugünü feda etmeyi çoğu zaman anlamsız bulurum. Gelecekteki sorunlarla zamanı geldiğinde ilgilenilir.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

11. Gelecekteki problemlerle zamanı geldiğinde ilgileneyeceğimi düşünerek, sadece acil ihtiyaçlarımı karşılamak üzere hareket ederim.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

12. Bir işin sonuçlarını görmek uzun zaman alacaksa, o işe girmekte pek heveslenmem. Çabuk sonuç görmek isterim.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

13. Harekete geçmeden önce, davranışlarımdan dolayı oluşacak sonuçların gelecekte bana neler kazandıracaklarını ya da kaybettireceğini göz önüne alırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

14. Davranışlarımdan ötürü oluşacak sonuçları elimden geldiğince tahmin etmeye çalışırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

15. Bir karar vermeden önce bütün muhtemel sonuçları göz önüne alırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

16. Kararlarımın muhtemel sonuçlarının ne denli önemli olabileceğini daima değerlendirmeye çalışırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

17. Farklı olası sonuçların nasıl gerçekleşebileceğini tahmin etmek için çok çalışırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

18. Genellikle değişik sonuçların risklerini dikkatli bir şekilde tahmin etmeye çalışırım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

D. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.

1. Ölmekten korkarım.

Kesinlikle Katılmıyorum *Biraz Katılmıyorum* *Kararsızım* *Biraz Katılıyorum* *Kesinlikle Katılıyorum*

1-----2-----3-----4-----5

2. Ölüm hakkında düşündüğüm olur.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

3. İnsanların ölüm hakkında konuşmaları beni rahatsız eder.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

4. Hastaneye gitmekten hoşlanmam.

| | | | | |
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| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

5. Ölmekten korkmuyorum.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

6. Ölüm hakkında düşünmek beni rahatsız eder.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

7. Öldükten sonra bana ne olacağını düşünüyorum.

| | | | | |
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| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

8. Kalp krizi geçirmekten korkuyorum.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

9. Gazetelerde trafik kazasında ölenleri okuduğumda ürperdiğimi hissedirim.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

10. Öldükten sonra vücudumun başına gelecekler için endişelenirim.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

11. Çok yakınlarımla bir gün öleceklerini düşündüğümde endişeleniyorum.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

12. Ölmeden önce yapmak istediklerimi bitirememekten korkuyorum.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

13. Gazetede ölüm ilanı gördüğümde içim ürperir.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1-----2-----3-----4-----5 | | | | |

E. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.

1. Evrensel bir güce, ya da tanrıya inanırım.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

2. İnançlarımın benim hayatımı önemli kıldığına düşünürüm.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

3. Benliğimin oluşmasında inancımın rolü büyüktür.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

4. Maneviyatı yüksek bir insanım.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

5. Hayatta her şeyin bir sebebi olduğuna inanırım.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

6. Mutlak bir tanrıya inanmam.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

7. Kendimi dindar biri olarak görüyorum.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

8. Düzenli ibadet ederim.

Kesinlikle Katılmıyorum Biraz Katılmıyorum Kararsızım Biraz Katılıyorum Kesinlikle Katılıyorum

1-----2-----3-----4-----5

F. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.

1. Başkalarına olumsuz gözükten şeylerde olumlu bir taraf bulurum.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman

1-----2-----3-----4-----5

2. En zor anımda bile işlerin yoluna gireceğine inancımı korurum.

Hiçbir Zaman Nadiren Bazen Sık Sık Her zaman

1-----2-----3-----4-----5

3. Güçlüklere rağmen umudumu koruyabilirim.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

4. Kendime koyduğum hedeflere ulaşıyorum.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

5. Her şeyin sonunda güzel olacağını düşünürüm.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

6. Kendini en kötüye hazırlarsan kazançlı çıkarsın.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

7. Kendimi kötü hissettiğimde hayatımda güzel giden şeyler hakkında düşünürüm.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

8. Olayların olumsuz tarafını görmekten kendimi alamam.

Hiçbir Zaman *Nadiren* *Bazen* *Sık Sık* *Her zaman*
 1-----2-----3-----4-----5

G. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.**1. Başkalarına güvenirim.**

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

2. İnsanların gizli niyetlerinden şüphelenirim.

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

3. İnsanların özlerinde kötü olduklarına inanırım.

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

4. İnsanların ahlaklı olduklarına inanırım.

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

5. İnsanların söylediklerine temkinli yaklaşırım.

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

6. İnsanlarda iyiliğin erdemine inanırım.

Kesinlikle *Biraz* *Kararsızım* *Biraz* *Kesinlikle*
Katılmıyorum *Katılmıyorum* *Kararsızım* *Katılıyorum* *Katılıyorum*
 1-----2-----3-----4-----5

7. İnsanlara güvenmem.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- |

8. Başkalarının söylediklerine güvenirim.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- |

9. İnsanların iyi niyetli olduğunu düşünürüm.

| | | | | |
|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| 1----- | 2----- | 3----- | 4----- | 5----- |

H. Aşağıda verilen ifadelere ne derecede katıldığınızı ilgili rakamı yuvarlak içerisinde alarak belirtiniz.

| | <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
|--|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| Orijinal fikirler üretirim. | 1 | 2 | 3 | 4 | 5 |
| İlgi alanlarım çok çeşitlidir. | 1 | 2 | 3 | 4 | 5 |
| Kararlarımda çok yönlü düşünmeye çalışırım. | 1 | 2 | 3 | 4 | 5 |
| Hayal gücüm kuvvetlidir. | 1 | 2 | 3 | 4 | 5 |
| Yaratıcıyım. | 1 | 2 | 3 | 4 | 5 |
| Değişimi severim. | 1 | 2 | 3 | 4 | 5 |
| Farklı şeyler denemeyi severim. | 1 | 2 | 3 | 4 | 5 |
| Fikir jimnastiği yapmayı severim. | 1 | 2 | 3 | 4 | 5 |
| Yeni yerler keşfetmeyi severim. | 1 | 2 | 3 | 4 | 5 |
| Depresifimdir. | 1 | 2 | 3 | 4 | 5 |
| Stresle kolay başa çıkabilirim. | 1 | 2 | 3 | 4 | 5 |
| Telaşlıyım. | 1 | 2 | 3 | 4 | 5 |
| Çabuk gerilirim. | 1 | 2 | 3 | 4 | 5 |
| Kaygılıyım. | 1 | 2 | 3 | 4 | 5 |
| Ruh halim dengelidir. | 1 | 2 | 3 | 4 | 5 |
| Bazen karamsar olabilirim. | 1 | 2 | 3 | 4 | 5 |
| Ruh halim çevremden çabuk etkilenir. | 1 | 2 | 3 | 4 | 5 |
| Baskı altındayken sakin kalabilirim. | 1 | 2 | 3 | 4 | 5 |
| Çabuk sinirlenirim. | 1 | 2 | 3 | 4 | 5 |
| Konuşkanımdır. | 1 | 2 | 3 | 4 | 5 |

| | <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
|---|------------------------------------|-------------------------------|-------------------|------------------------------|-----------------------------------|
| İçime kapanığım. | 1 | 2 | 3 | 4 | 5 |
| Enerjiğimdir. | 1 | 2 | 3 | 4 | 5 |
| Coşkulu bir yapım vardır. | 1 | 2 | 3 | 4 | 5 |
| Genel itibariyle sessiz, sakin bir yapım vardır. | 1 | 2 | 3 | 4 | 5 |
| Çekingenimdir. | 1 | 2 | 3 | 4 | 5 |
| Utangacımdır. | 1 | 2 | 3 | 4 | 5 |
| Sosyalimdir. | 1 | 2 | 3 | 4 | 5 |
| Sempatîğimdir. | 1 | 2 | 3 | 4 | 5 |
| İşimi savsaklamam. | 1 | 2 | 3 | 4 | 5 |
| Biraz dikkatsiz olabilirim. | 1 | 2 | 3 | 4 | 5 |
| Üzerime aldığım işi bitiririm. | 1 | 2 | 3 | 4 | 5 |
| Dağınığım. | 1 | 2 | 3 | 4 | 5 |
| Düzenliyimdir. | 1 | 2 | 3 | 4 | 5 |
| Genel itibariyle tembel bir yapım vardır. | 1 | 2 | 3 | 4 | 5 |
| Elimdeki işi bitirene kadar rahat etmem. | 1 | 2 | 3 | 4 | 5 |
| Yaptığım planlara sadık kalırım. | 1 | 2 | 3 | 4 | 5 |
| | <i>Kesinlikle Katılmıyorum</i> | <i>Biraz Katılmıyorum</i> | <i>Kararsızım</i> | <i>Biraz Katılıyorum</i> | <i>Kesinlikle Katılıyorum</i> |
| Tutumluyumdur. | 1 | 2 | 3 | 4 | 5 |
| Başkalarında kusur bulmaya eğilimliyimdir. | 1 | 2 | 3 | 4 | 5 |
| Yardımseverimdir. | 1 | 2 | 3 | 4 | 5 |
| Tartışmaları başlatan taraf genelde ben olurum. | 1 | 2 | 3 | 4 | 5 |
| Bağışlayıcı bir kişiliğim vardır. | 1 | 2 | 3 | 4 | 5 |
| Uyumluyumdur. | 1 | 2 | 3 | 4 | 5 |
| İnsanlara genellikle güvenirim. | 1 | 2 | 3 | 4 | 5 |
| Bazen insanlara karşı soğuk ve ilgisiz olabilirim. | 1 | 2 | 3 | 4 | 5 |
| Hemen herkese karşı kibarımdır. | 1 | 2 | 3 | 4 | 5 |
| İnsanlarla çatışmamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| Birlikte çalışırken, işleri inada bindirmem. | 1 | 2 | 3 | 4 | 5 |

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