Opposition to Organ Donation and Transplant by Midwifery, Nursing, and Social Work Students

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Abstract

Objectives: This study sought to determine the individual and social factors of students enrolled in undergraduate programs of midwifery, nursing, and social work, regarding their negative attitudes on organ donation and transplant.

Materials and Methods: This was descriptive research, consisting of 29 first- and second-year students from the departments of midwifery, nursing, and social work at the Kocaeli School of Health, Kocaeli University, in Kocaeli, Turkey, who expressed that they were opposed to organ donation and transplant. Data were collected in June 2012 during focus group discussions with a semistructured questionnaire and analyzed by thematic content analysis.

Results: Regarding negative attitudes toward organ donation and transplant, 7 themes were identified: fear, lack of knowledge, religious belief, loss of bodily integrity, the degree of recipient relationship, the decision's effect on the family, and fulfillment of certain criteria for a recipient.

Conclusions: The study shows that the most important determinants of students' negative attitudes regarding organ donation and transplant are fear, lack of knowledge, and religious beliefs. Adding courses to the undergraduate curricula of midwifery, nursing, and social work programs about organ donation and transplant would increase these students' knowledge.

Key words: Organ transplants, Attitude of health personnel, Psychology, Education, Health occupation students

Introduction

Organ donation and transplant are effective life-saving treatments. The World Health Organization reports that compared with 2010, a 5% increase (112,600 solid-organ transplants) occurred in 2011. However, only 25,576 deceased donors were reported that same year. In European Union countries, 61,500 patients were waiting for an organ transplant in 2011. In European Union countries, the rate of required organ donation for transplant varies between 35.3% and 0.5% per one million people. In the United States, while 2313 transplant were performed in 2013, patients reported on the wait list for transplant were 117,995.

Seventy-eight percent of all transplants are from deceased donors. In Turkey, 3987 transplant were performed in 2011, while 17,489 patients were on the wait list. The number of transplants reached 4196, and the number of persons on the wait list increased to 17,493 in 2013. The number of deceased donors per one million persons was 45 in 2011. In other words, organs from deceased donors decreased from 75% in 2005, to 19.3% in 2013. Such data are needed for donor expansion, while existing organ donations are lower than desired and are insufficient to meet the demand.

These problems are related to several factors including legislature, the organizational structure of organ donation in the country, existing health care systems, and social and individual factors including donor and recipient gender, ethnicity, education level, socioeconomic status, one's belief awareness, prejudgement without knowledge of the facts, and culture. Studies have shown that even students...
from health sciences enrolled in departments of medicine, midwifery, or nursing lack the appropriate knowledge and have negative attitudes regarding organ donation and transplant. In many countries, including Turkey, the undergraduate curricula of midwifery, nursing, and social work contain no courses on organ donation and transplant. The prevalence of those who agree on organ donation varies between 47.6% and 86.8%. There is limited research about students from social work, midwifery, and nursing departments. One study showed that 1.2% of social work students were willing to donate their organs, and 59% expressed their intention of making a donation. Another study show that 86.8% of nursing students intend to donate their organs. Today’s students are the future midwives, nurses, and social workers who, with direct communication with the public, play a key role in providing inadequate information to society and providing information that bring about negative attitudes and behavior of persons regarding organ donation and transplant.

It is important to clarify the reasons related to nondonation by these students. This study sought to identify individual and social factors related to negative attitudes regarding organ donation and transplant of first- and second-year undergraduate students in midwifery, nursing, and social work.

Materials and Methods

This descriptive research used students from the departments of midwifery, nursing, and social work at the Kocaeli School of Health in Kocaeli, in the Marmara Region of Turkey. As the Department of Social Work was recently established at the school with first- or second-year students (at the time of the research; 2011-2012 academic year), the cohort comprised first- and second-year students in the 3 departments (N = 401). There were 138 midwifery students (68 first-year students and 70 second-year students), 192 nursing students (100 first-year students and 92 second-year students), and 71 social work students (40 first-year students and 31 second-year students ). The data were collected in May 2012, via a short survey composed of 6 closed-ended questions, on 368 students (91.8% of the cohort), regarding their opinions about organ donation and transplant (with other questions, eg, gender and age). The research sample was determined by persons who expressed opinions against organ donation and transplant. Of the cohort, 19 midwifery, 25 nursing, and 8 social work students (14.1% of 368 students) were opposed to organ donation and transplant.

Data collection

The semistructured questionnaire was developed with 21 open-ended and close-ended questions. It included 6 questions regarding the defining characteristics of individuals including age, gender, ethnicity, grade, department, and a total of 5 open-ended questions (eg, definition of organ donation and transplant, reasons they were opposed to organ donation and transplant) to ascertain the individual and social factors regarding the students’ negative attitudes about organ donation and transplant. A pilot study with 6 of 52 students from the research sample was done to test the integrity of the questionnaire, and these 6 students were excluded from the research sample.

Three focus groups (representing 1 department each) were established to implement the questionnaire. Among 46 students who said they were opposed to organ donation and transplant, 29 students took part in the focus group discussions, with the remaining 17 students refusing to participate in the focus groups, or were absent, on sick leave, or left the school. The size and composition of the focus groups were as follows: 10 students (all women) from the Department of Midwifery, 11 students (5 men, 6 women) from the Department of Nursing, and 8 students (7 men, 1 woman) from Department of Social Work. Group discussions were moderated by only 1 researcher, because the other 2 researchers were lecturing courses; they intentionally did not participate in facilitating the focus groups to prevent biases. The duration of discussions varied between 1.06 hours and 1.22 hours.

Ethical considerations

The study was approved by the Ethical Review Committee of the institute. All protocols conformed with the ethical guidelines of the 1975 Helsinki Declaration and were confidential. Informed consent was obtained from all subjects on a voluntary basis, with oral consent given after the students had been informed about the purpose and methodology of the
research. This study was performed with written permission from the Directorate of Kocaeli School of Health.

**Statistical analyses**

Thematic content analyses were used to analyze the data. The moderator transcribed all the focus group discussions after completing the group meetings. The remaining 2 researchers listened to the records and verified the texts that had been transcribed. After verification, all 3 researchers read the transcribed texts several times and highlighted sentences or phrases they found meaningful within the research context.

Data were coded based on the theoretical framework and the aims of the research. First, the data were disaggregated into themes in line with the research questions. Then, certain themes were grouped and striking participant quotations from discussions were selected for each theme. Regarding anonymity, student quotations contained no information on sex because all midwifery students were women; there was only 1 woman from the social work department in the focus group discussion.

**Results**

During the initial screening questionnaire, there were 52 students (14.1%) in 3 departments that were opposed to organ donation. The results presented below consist of sociodemographic characteristics factors, definitions of organ donation and transplant, and factors regarding negative attitudes about organ donation and transplant.

**Sociodemographic characteristics**

Seventeen participants were female. Almost half of the students were 20 years old (mean age, 20.31 y). Fifteen students were first-year students and the remaining 14 students were second-year students. Seventeen students had spent most of their lives in small towns. Almost all students came from middle-income families. Two students said their mothers were illiterate, while the other students said their mothers had graduated from either primary or secondary schools. None of the students’ mothers had graduated from a university. One student had an illiterate father; the other fathers received primary or secondary education degrees. Five fathers had a university degree.

**Definitions of organ donation and transplant**

A few students described organ donation and transplant properly and others students declared that they agreed with these definitions. The concept of the donor was well known by the students. As expected, midwifery and nursing students defined organ donation and transplant easily and better compared with social work students. For instance:

“The organs or tissues that are taken from living individuals or from those who have been pronounced as brain dead for other people to continue their lives or increase their living standards...” (male, nursing, second-year student).

**Factors regarding negative attitudes toward organ donation and transplant**

Seven themes were defined regarding negative student attitudes toward organ donation and transplant. These themes were fear, lack of knowledge, religious belief, loss of bodily integrity, the degree of recipient relationship, the decision’s effect on the family, and fulfilment of certain criteria for a recipient.

**Fear**

Almost all students opposed to organ donation and transplant said they were scared of the donation. This was more commonly expressed by the midwifery and social work students. The sources of fear were procedures during surgery process, organ donation from religious point of view, organ trade, the effect of organ transplant on the quality of life and physical health, and lack of confidence in health care system. Students described the first source of fear as cutting and sewing of body parts during the operation. The second source of fear is the conflict between religious beliefs and the transplant. The third source of fear is the possibility of organ trade because donation and transplant is so common. Students said the organ trade could spot donors holding identification cards and claim the organs.

Students expressed concerns regarding an obligation to live with 1 organ rather than 2, and the inherent risk of dysfunction of this organ. They also mentioned bodily rejection as a fear. Lack of confidence in the health care system was expressed by the nursing students. The students referred to problems in the health care system, the mistrust to doctors who make the decision concerning donation
and transplant, the perception of the patient within the health system, mistreatment of the individual, mistreatment of the deceased donor as well as unethical treatments revealed by the detailed documentation of the transplant in every detail across media and consequent and consequent media shows put on by the hospital and doctors undertaking the transplant.³

“The problems in the health care system, the attitudes of doctors and nurses toward patients. . . . They have some weird approach as if they are kidding; they say we consider about organs after death, not now. They don’t pay attention for it. I mean organs are in the end some parts of ourselves. Doctors and nurses do not treat the patient in a humanitarian way” (female, nursing, first-year student).

Lack of knowledge
Lack of knowledge was another theme frequently expressed. This was related to organ donation and transplant, the organs for donation, and the donation identification card.

“Let’s say I am convinced to donate my organs and signed a paper declaring I’m going to donate my organs, is there a limitation or something concerning my acceptance to donate this or that organ. . . . Something like that? Or when I give my consent, do they take all of my organs, my arms or legs?” (female, midwifery, first-year student).

Religious beliefs
The relation between religious beliefs and negative attitudes regarding organ donation and transplant was seen across almost all students. Because of their religious beliefs, students expressed that they believe in life-after-death,³ and that the dead must be respected. The students’ decisions are affected by another religious belief: if the students’ organs were given to a person who does not live according to religious principles (ie, those who consume alcohol or commit crimes), then the students as donors would be questioned about this after death, in the other world. In addition to this, students expressed concern about possible obstacles in fulfilling religious rituals (ie, washing the body, funeral prayer, burying) during the funeral because the body had been deformed.

“. . . Respect to the dead. . . . I also would like to enjoy someone else being helped but I don’t know. . . . Hadiths and some verses from Quran explained this already. It is said if you ever lied in your life, in life after death your tongue will talk for your name and your life will appear like a storyboard in front of you. That’s why I believe my organs will demand for their rights on me” (female, midwifery, first-year student).

In the following statement, the student speaks about the importance of cemetery visits and links the importance of bodily integrity with this ritual. Indeed, some other students disagreed during the discussion. Some students explained that organ donation is not a problem in Islam as Allah, as the sole creator, would complete the bodily integrity.

“I mean I feel scared as a cadaver. . . . Also, if there is a condition about donation in religion I wouldn’t donate my organs. For instance, she [referring to one participant] said that body does not mean anything in the afterlife as you swift into the world of spirits. I believe in life after death and resurrection. If this would not be essential, we wouldn’t visit the cemetery” (social work, second-year student).

During the discussions on religious beliefs, some social work and midwifery students expressed negative attitudes regarding donating to, or receiving organs from, non-Muslim persons. Students mentioned that as long as they were sure Islam found the organ donation acceptable, they would approve it also. Some students said they would oppose to organ donation and transplant even if Islam approves it. These discussions extended the question of who receives the recovered organ. Some students were against donating their organs to non-Muslims. The negative attitudes of students were affected by the recipient’s religious affiliation and the recipient’s committing a sin with the donated organ (as well as living a negligent lifestyle regarding the principles of Islam).

“I would like to do it for someone who deserves it and pursues a decent life. I also have some criteria, such as recipient must spend a decent life.
Religious belief is an honor, purity, a priority to me. (By religion, you mean Islam?) Yes, Islam. It is priority for me. (An atheist for instance but protects his family. . . .) What if that guy commits sin with my donated organ even for one day for instance? I wouldn’t like him to commit a sin. . . .” (social work, first-year student).

Another student stated that neither donation nor a receipt from a non-Muslim would be preferred. Some students with strong religious beliefs in Islam responded with opposing explanations. This allows for different religious interpretations from the students’ point of view:

“If you say that the donor is atheist, I would definitely not accept to receive it. The donor should be faithful, must be Muslim.” (social work, first-year student).

“I think people understand faith wrong. There is also humanity. Just some human being he is whether a Muslim or a Christian. . . . There is the spirit and with that spirit, you skip into another universe when you are dead so it is meaningless to complain for your organ living in another’s body. You will never think about this kind of nonsense when you passed in the universe of spirits. . . .” (social work, first-year student).

There were interesting opinions about body and soul regarding discussions on faith and religion. Passing into the afterlife, the spirit suffers pain, the body is just a corpse, and the spirit is more essential:

“I mean, the dead should be respected. The dead suffers if someone throws the body or treats unpleasantly during some operations. I believe in this way” (female, midwifery, first grade).

“Feeling incomplete, for instance. . . . If someone’s uterus is removed, she might feel weak in sexuality. She feels like she lost her femininity. . . . If a uterus is transplanted to someone then she might feel weird during the sexual relationship. I mean her worries about the partner; he might think he is having sex with someone else, not me . . . .” (female, midwifery, second-year student).

The losing of bodily integrity

Students expressed, in almost in all group discussions, their demands for preserving bodily integrity in the afterlife. When talking about a living-donor organ transplant, only midwifery students mentioned the possibility of problems about body image. During this discussion, the effect of the donated organ on the recipient was raised. Judgements about sexuality (which is taboo in our society) also were revealed. Especially, the differential effect of the sex of the person from whom the organ was recovered. The effect of the recovered organ on life and on the physical health of the donor after the transplant was mentioned.

“When someone underwent a surgical removal of the uterus or kidney, he/she will face some changes in body image. I witnessed this during my internships. (How? Can you explain further?) Feeling incomplete, for instance. . . . If someone’s uterus is removed, she might feel weak in sexuality. She feels like she lost her femininity. . . . If a uterus is transplanted to someone then she might feel weird during the sexual relationship. I mean her worries about the partner; he might think he is having sex with someone else, not me . . . .” (female, midwifery, second-year student).

Degree of recipient relationship

Students stated the degree of relationship with the recipient is crucial to their decision regarding organ donation and transplant. This was discussed across by all students. Students said that if the recipients are someone they care about, they could be convinced to donate their organ or have it recovered. They mentioned their family (including aunts and uncles) in the first place. Students valued persons other than their family members: those without any kinship ties with whom they feel close or are concerned with. Friends were included in this group. The third group of recipients were persons that the students valued or were persons that they admired. Lastly, children waiting for organ donation are considered. Some students expressed worries about their families as recipients—if they are from close relatives—they might “remind” the donor of the person who had died.
Family's effect on decision
The families’ attitudes regarding organ donation and transplant could be seen as another determinant affecting the students’ decisions. If the family had no positive attitudes regarding organ donation and transplant, the students may have had a similar perspective. Practicing religious rituals or different ways of practicing religious rituals also was a significant determinant of students’ attitudes. Students said that the families would like to visit the grave sites of their children. They highlighted the importance of the donor’s grave site that could be visited after organ donation.

“I am not sure about it and my family never supports organ transplant. (Why?) I don’t know, I think my mom is scared of it . . . . And I think also she believes that we came to the world a complete form and we will pass away in the same complete form . . . .” (female, midwifery, second-year student).

Deserving of organ donation
Students thought they had the right to choose whether the recipient could donate an organ. Recipients should deserve that donation. The characteristics of a decent recipient are (1) they should contribute to the society’s benefit, (2) they should refrain from committing crimes or hurting anyone, (3) they should live decently, (4) they should value of the recovered organ, (5) they should not abuse harmful substances, (6) family life should take priority, (7) they should be Muslim, (8) they should say a blessing for receiving the donated organ, (9) and they should be grateful to the donor’s family. During discussions, students understood that organ donation is seen as granting a precious part of their bodies to another person, and a sacrifice is made for the recipient. The recipients lifestyle, characteristics, and attitudes were significant determinants for deciding to make an organ donation. Students put it this way:

“Let’s say I donated an organ to someone . . . . If that person would end some other’s life, I would regret for having donated. A road accident for example, or murdering someone else, or committing a crime . . . (Only for murder? What would you do in case of robbery?) I wouldn’t donate as well. When harming someone else is the issue, I wouldn’t make donation. I am thinking about it . . . you are giving a life to someone and he is hurting some other people . . . .” (female, midwifery, first-year student).

“The recipient must remember me, gratitude me, and pray for me (giggles) (What if he is an atheist
or not praying for you?). I mean we don’t know whether he is going to pray for me or not at the time of donation. The recipient does not necessarily have to believe in the same religion as me. Religious belief is not important here. Because I’m dead, the recipient should come and visit my family and thank to my family . . . . He should say something like “your daughter saved my life and I am grateful for this” (female, midwifery, second-year student).

“While some students produced a list of “eligibility criteria for an appropriate recipient,” other students highlighted opposing arguments, especially on ethical grounds. The students expressed their opinions regarding ethical conflicts and the effect of determining the “appropriate recipient” based on certain characteristics. The opponent states that persons will change over time, and such discriminatory attitudes also affect professional practice. The statement of 1 of these students shows the principle of “equal treatment for everyone” was violated.

“In my opinion, if a person judges the other one for being alcoholic, or a drug addict and, thinks that’s why he doesn’t deserve to be donated, he cannot take decisions objectively. If a health worker has this kind of concerns and judgements, he definitely reflects this on his job. He cannot be indifferent, this would be reflected somehow” (male, nursing, second-year student).

Discussion
On screening the students, 14.1% were against organ donation and transplant. This was higher than previous research that used midwifery, nursing, and social work students (7.2%-11.5%),6,7,9,16,23,24 and lower than other studies (17.2%-40.4%).17-19,21,25-27 Moreover, some studies showed that female students were more willing to donate their organs and undergo a transplant.9,16,28-30 Despite the high number of female participants in the research sample, the prevalence of the opposition to organ donation was higher compared with other studies.9,23,25 Except for 2 students,c before the research was performed, all students stated that they had never thought about organ donation and transplant.

One student had a close relative who was in the wait list for an organ transplant. The other student has a relative with serious health problems who underwent long treatments.

Exp Clin Transplant
Furthermore, courses on ethics, human rights, and values are given in the third and fourth years of undergraduate education. It must be mentioned that profession-specific courses, as well as courses on professional practice, take place during the third and fourth years of undergraduate education. Nevertheless, this research shows that the grade level of the student is ineffective in determining the attitude toward organ donation and transplant. Although all students could describe organ donation and transplant correctly, the study showed that students in all 3 departments do not have complete information regarding organ donation and transplant, including the process of transplant, the organs recovered, and having an organ donation card. These results are similar to the findings of other studies using midwifery, nursing, and social work students in Turkey and other countries. 7,9,16-19,21,23-25,27 Whisenant and associates12 argued that nursing students in the United States and other countries lack knowledge regarding organ donation, and this causes contradictions on making organ donations. Students with insufficient knowledge regarding organ donation are prospective midwives, nurses, and social work professionals who will be employed at medical institutions and at organ transplant centers, bringing with them the above-mentioned findings.

Although almost all students make fear and lack of knowledge significant determinants of their negative attitudes, both factors are related to their religious beliefs. Fear stems from the process of organ transplant and compatibility of the donation with their religious beliefs. However, students do not have the knowledge regarding their religion and how their religion thinks about organ donation. This lack of knowledge creates an uncertainty, ultimately resulting in fear. This fear also manifests as inappropriate behavior toward their religion, worrying about how it will affect their life after death, rituals about death (ie, having a grave), and the afterlife. Thus, fear and lack of knowledge shapes students’ attitudes toward organ donation and transplant. In other studies, fear, and the source of that fear, are based on causes similar to this research: organ trade, decreased quality of life, mistrust of physicians,7,9,14,16-19,23,27,31

In contrast to other studies, the current research shows considerations such as surgical procedures, problems with the health care system, the health care system’s approach to the patient, the role of media in showing all the details, and the risk of transplant becomes a show.4 A study by Dogan26 on nursing and midwifery shows students suggest that insecurity (23.9%) is the second reason, and surgical complications (12.3%) are the fourth reason against organ donation and transplant. Ulutasdemir and associates31 showed that the primal concern of students against organ donation (expressed by almost half of the research sample) is the fear of losing their health.

Religious beliefs appear to be another significant reason for negative attitudes toward organ donation and transplant in our research and others.6,9,10,16-18,21,24-27,32 Wakefield and associates30 showed that the more religious people are, the more negative are there attitudes about organ donation and transplant. Nevertheless, school of health students and social work students will play key roles in providing accurate information, guidance, and counselling for society.5,8-11,12,20,22,33

According to the March 3, 1980 declaration, numbered 396/13, of the Higher Board of Religious Issues of Directorate of Religious Affairs in Turkey, organ donation is permissible in Islam under the appropriate conditions. However, organ and tissue transplant in return for profit is prohibited.34 Sharif13 emphasized that some verses of the Quran and hadiths of Prophet Muhammad are helpful in easing the organ donation for those believing in Islam, while other hadiths act against it. Most students said they would donate their organs if it conflicts with their religious beliefs. The strength of their religious beliefs is the main distinction whereby students with a strong belief and complete religious practice act in accordance with their religious premises. There are differences in “faithful” students regarding their attitude toward organ donation and transplant, which stem from distinct religious interpretations of the students. Most students said they did not have enough knowledge about how Islam approaches an organ donation. This affects their decisions considerably.

Concerns about bodily integrity, even after death, were raised in almost all focus groups. Their worries were aggravated by their belief in the afterlife, and concerns about loss of body integrity at resurrection.
These worries also were raised among health students such as nursing, midwife, and medical in Turkey. Sobnach and associates found that 11% of Muslim medical students and 18% of medical students who express a belief in the afterlife are less willing to accept human or animal organs. Other points related to loss of bodily integrity are problems related to body image (which was mentioned solely by midwifery students).

In this study, students who are indecisive about donating their organs while they are alive expressed that they could donate in cases when it is a necessity. Similar results have been shown in nursing and social work students where nearly half of the students said that they would make donation if a close relative or friend dies. Gök-Ozer found contrary results from nursing and other school of health students where more than half of the students expressed that the identity of the recipient would not be important regarding their decision.

Considering the professional groups involved in humanitarian services, “deserving recipients” should be discussed. Our findings show that nursing and social work students maintain more normative attitudes toward organ donation and transplant. In discussions, socially excluded groups in society (eg, criminals or substance abusers) do not deserve organ donation. In each focus group session, only a few students objected to this perspective. “Those beneficial to society” and “those who deserve organ donation” were discussed in each group. When the humanitarian perspective of the professional practices was considered, detailed discussions by nursing and social work students were regarded as worrisome, and required detailing within the framework of the professional ethics. Two interpretations could be made about students’ tendency toward making a list of eligibility criteria for deserving recipients: First, students would be concerned about keeping control over their bodies and their own right to decide on this issue. Second, students would not have perceived some attitudes and behavior (eg, having a good communication with patients, equal treatment to all patients) as a part of the professional education yet. The other research in Turkey has revealed different findings.

Kücük-Bicer showed that most social work students prioritized religion, language, and recipient nationality in organ donation and transplant. A study by Savaser and associates shows that more than half of the nursing students stated they would donate their organs to anyone without differentiating among those they know and those they do not know (83%), or someone with a different religious affiliation (90%), or someone with the opposite gender (98.8%). A study by Gök-Ozer and associates showed that 27% of nursing students showed the effect of cultural differences would affect their decision to donate an organ, while 69.3% of those students said that the recipient’s identity is not an important factor affecting their decision.

Students feel uncomfortable when discussing organ donation in a specific context and time, when they feel healthy and do not see the need for an organ donation (at the time when focus groups were held). This may have occurred because organ donation reminded the students of death, and made them talk about dying, as revealed in expressions such as “I am scared,” or “I feel chilled.” Savaser and associates showed that the third reason against organ donation for nursing students is that “organ donation reminds them of death.”

In the current research, family attitudes toward organ donation and transplant appeared to be an important factor affecting the students’ decisions. Moreover, the family’s religious beliefs as well as the family’s religious rituals also are affected. Indeed, bodily integrity is fully respected in organ donation, and the corpse would be buried in accordance with the religious practices of the donor. The current findings of the effect of the family on the decision regarding whether or not to donate an organ also are supported by Gök-Ozer and associates, where 76.1% of the students stated that a positive attitude of their family toward organ donation and transplant would help clarify their own decision.

This is the first qualitative research in Turkey on this topic. It provides in-depth detailed findings on the reasons behind negative attitudes toward organ donation. Second, there is a paucity of research within the social work and midwifery disciplines. The current research contributes to the knowledge in these disciplines. Third, it is the only research (in Turkey) that covers midwifery, nursing, and social work students together. The basic limitation of this research is its inability to generalize its findings to the population in general owing to its qualitative nature.

In conclusion, fear and lack of knowledge were mentioned by students to explain their negative attitudes toward organ donation and transplant.
Discriminatory expressions were shown toward people with differing religious beliefs, nonbelievers or atheists, alcoholics, and those who had committed a crime. We must emphasize organ donation and transplant and values and ethical considerations in undergraduate curricula. Qualitative data are warranted to discuss negative student and professional attitudes within the health care system.

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