

Religion and Post-Mortem Organ Donation: A Study of the Effect of Religious Identity
on Organ Donation Decisions among Nurses

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By

Jerrold I. Markowitz
Master of Arts
Columbia University, 1975

Director: Randi L. Rashkover, Professor
Department of Religious Studies

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George Mason University
Fairfax, VA

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DEDICATION

This thesis is dedicated to my wife Randee Ellen and our family. Their significance cannot be adequately expressed in a few written words.

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ABSTRACT

RELIGION AND POST-MORTEM ORGAN DONATION: A STUDY OF THE EFFECT OF RELIGIOUS IDENTITY ON ORGAN DONATION DECISIONS AMONG NURSES

Jerrold I. Markowitz, M.A.

George Mason University, 2010

Thesis Director: Randi L. Rashkover, Ph.D

This interdisciplinary study identified and assessed from a religious context the category of beliefs that influenced nurses' post-mortem organ donation decisions, and the nurses' donation concerns. George Mason University's Director of the School of Nursing supported this research. This included sending emails, containing an electronic link to the 18-item questionnaire, to currently enrolled students through the School's listserv. Data were analyzed from 117 respondents by identifying patterns that emerged. A majority of respondents indicated their identification and involvement with a religion and commitment to their own post-mortem organ donations. The "personal beliefs" category most often influenced the donation decisions of one group of committed organ donors, and the "both religious and personal beliefs" category influenced a second, but relatively smaller, group of committed organ donors. A third, small group of minimally-committed organ donors was also identified: responses indicated that a mixture of the "personal

beliefs” category and the “both religious and personal beliefs” category influenced respondents’ decisions; only one respondent indicated that the “religious beliefs” category influenced a decision. The results of this study suggest that for most of the committed post-mortem organ donors their decisions were personal, primarily influenced by personal beliefs, and not influenced by religious beliefs. The “personal beliefs” category may reflect a strong expression of the respondents’ autonomy and free will. This study also identified organ donation concerns from committed and minimally-committed post-mortem organ donors. Recommendations for addressing these donation concerns, which have religious, emotional, and ethical components, are outlined. This thesis is a reference for those who want to understand post-mortem organ donation decisions from a religious perspective.

CHAPTER 1: Introduction

The first human organ, a kidney, was transplanted successfully in 1954. Since then, the medical field has perfected its skill and technology so that other human organ transplants, such as livers and hearts, have also been successful in saving the lives of people who otherwise would have died. Saving a life is a primary moral principle in Judaism, Islam, Christianity, and most other religions (Veatch, 2000). The three monotheistic religions have essentially supported post-mortem organ donations, and medical science's increasing ability to save lives, based on the Torah, Qur'an, and Bible (Old and New Testaments). Although religious denominations and religious beliefs play a role in, or are relevant to, encouraging organ donation (Rocheleau, 2005; Rumsey, et. al., 2003; Radecki & Jaccard, 1997), available human organs continue to be a scarce resource.

The National Organ Transplant Act, passed in 1984, established the framework for a system of organ transplantation. Under contract with the U.S. Department of Health and Human Services, the United Network for Organ Sharing (UNOS) administers the Organ Procurement and Transplantation Network (OPTN). Based on OPTN data as of January 6, 2010, there were 105,355 candidates on the waiting list, although only 12,176 human organ donations were available; these figures include all organs (www.unos.org and www.optn.org).

Research indicates that people sometimes have concerns, fears, and limited knowledge about the donation process and their religion's position. Religious concerns may include: not respecting the donor's decision; fearing that death will be hastened to retrieve organs; fearing that the deceased body will not be treated with dignity and respect; considering the ethics of deriving economic benefit from the dead body; worrying about the possibility of delaying burial beyond religious requirements; fearing that the body would be desecrated, incomplete, and not acceptable in an afterlife; and, in general, believing organ donation is against one's religion (Gillman, 1999; Prouser, 1995; Morgan et. al., 2008).

One way to better understand the decision to donate, or not donate, organs for post-mortem transplantation is to study those professionals close to the organ donation and transplantation process, such as physicians, theologians, and nurses. Undergraduate and graduate nurses currently enrolled in the George Mason University (GMU) School of Nursing were chosen for this study rather than other potentially accessible university groups. Nurses are engaged in a profession that is based on a history and tradition of concerns for the welfare of the sick, injured, and vulnerable; this includes "the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities" (Code of Ethics for Nurses, 2005). The nursing tradition and the traditions of most religions, such as Judaism, Islam, and Christianity, support and maintain the moral principle of healing the sick and saving lives.

Nurses were also chosen for this study not for the role they have in nurse-patient-physician relationships, but in terms of their autonomy as decision-makers regarding their own post-mortem organs. It is presumed that nurses, especially those with nursing work experience, would likely be more knowledgeable and thoughtful about post-mortem organ decisions rather than university groups or students in other career fields. Therefore, it seems potentially useful to determine whether religious beliefs influence nurses' decision to voluntarily donate, or not donate, their post-mortem organs for human transplantation.

While the reasons for donating or not donating organs overlap (e.g., emotional, psychological, altruistic), religion still plays some role in that decision. For example, Stephenson, et al. (2008) conclude that there is a need to address issues related to religion and a person's own commitment to organ donation; they also suggest that "more donors would exist if individuals were more aware of religious norms set by their religious leaders" (Stephenson, et al., 2008, p. 439). Another study concludes that the most common reasons for donating organs are based on religion or an ethical desire to help needy people, while the most common reasons for not wanting to donate are mistrust of physicians, hospitals, and organ allocation systems (Morgan, et al., 2008). Nurses' commitment to organ donations may also help to alleviate a potential donor's deep mistrust of physicians and hospitals, fear of the medical errors they would make (Morgan et al., 2008), and concern that healthcare professionals would act contrary to a potential donor's religious beliefs.

Theoretical Framework

There are two mutually interrelated and compatible parts of this study's framework: basic principles of biomedical ethics and religious traditions. First, this study takes into consideration the four fundamental biomedical principles of beneficence, nonmaleficence, respect for autonomy, and justice (Beauchamp & Childress, 2001). These principles provide a useful starting point and framework for linking issues in biomedicine and religion (Alibhai & Gordon, 2008).

Beneficence and nonmaleficence focus on providing benefits, and balancing risks and costs while preventing and removing harm, by "*intentionally refraining* from actions that cause harm" (Beauchamp & Childress, 2001, p. 115; authors' italics), pain, or unnecessary suffering. Respect for autonomy focuses on respecting the right of individuals to intentionally and voluntarily make their own decisions; this includes informed consent or refusal based on personal values and beliefs (Beauchamp & Childress, 2001).

Justice focuses on the fair distribution or allocation of benefits, risks, and costs, which are applicable to the organ recipient within the context of scarce human organs (Beauchamp & Childress, 2001). Justice also includes a general "rights-based justice" (Gillon, 1994, p. xxv), which applies to everyone's right to benefit from autonomy or to be treated with nonmaleficence.

Therefore, the biomedical principles of beneficence, nonmaleficence, and respect for autonomy apply more directly to post-mortem organ donations. Everyone has the right to intentionally determine, prior to death, whether or not to donate an organ (whether or not

to sign an organ donor card) for the purpose of reducing suffering and saving a life. However, the right of autonomy is violated when the individual's wishes are not honored after death (Veatch, 2000). Nonmaleficence is also violated when the donation process harms donors, provides them suboptimal care, or hastens their death (Lo, 2000).

The second part of this study's framework consists of religious principles including the divinely-written or divinely-inspired scriptures accepted as divine authority by the Jewish, Islamic, and Christian religions: primarily the Torah (Lieber, 2001), Qur'an (Haleem, 2004), and Bible containing the Old and New Testaments (Nelson, 1990). Scholars and clergy have used their religious and medical logic, moral expertise, and interpretation of scripture to support voluntary human organ donation to save a human life.

In Judaism, the Torah states that saving a life (*pikku'ah nefesh*) is a high priority especially from the perspective of an immediate danger or an immediate action (Leviticus 18:5 and commentary (Lieber, 2001, p. 689)). Historically, as well as today, rabbis conclude that saving or preserving a human life is more important than other priorities, such as observing the Sabbath or Yom Kippur, the Day of Atonement (Rosner, 2001; Dorff, 1998).

Jewish legal experts have ruled that a voluntary post-mortem human organ donation is acceptable to save a life (Prouser, 1995; Eisenberg, 2003; Central Conference of American Rabbis, 2003). For example, the Committee on Jewish Law and Standards (CJLS) of the Rabbinical Assembly approved this ruling based on Leviticus 19:16

(Prouser, 1995). “Do not deal basely with your countrymen. Do not profit by the blood of your fellow: I am the Lord” (Leviticus 19:16, in Lieber, 2001, p. 696).

Rabbi Elliott Dorff, a member of the CJLS, notes that when a donor’s organ is used to save another person’s life, “it is actually an honor to the deceased person” (Dorff, 1998, p. 225). Although it is contrary to Jewish law to prematurely end the organ donor’s life in favor of saving the recipient’s life, the burial of the deceased donor can be delayed to complete the organ transplant; this does not diminish but enhances respect for the deceased (Dorff, 1998).

Verses in Ezekiel also apply to heart and other organ donations and transplantation (Rosner, 2001; Daar, 1999).

“I will give them one heart and put a new spirit in them; I will remove the heart of stone from their bodies and give them a heart of flesh, that they may follow My laws and faithfully observe my rules ...” (Ezekiel 11:19-20, in Stein, 2000, p. 1173).

“And I will give you a new heart and put a new spirit into you: I will remove the heart of stone from your body and give you a heart of flesh; and I will put My spirit into you. Thus I will cause you to follow My laws and faithfully to observe My rules” (Ezekiel 36:26-27, in Stein, 2000, p. 1238).

Like Judaism, Islam shares similar lifesaving values.

“Where organ transplantation has been permitted, it has been made permissible under the principle that the needs of the living outweigh those of the dead or that saving the life of a person outweighs the prohibition against mutilation of the dead body” (Haque, 2008, p. 22).

Islam also relies on scholars, legal experts, and clergy to provide advice and guidance in interpreting the Qur’an to determine whether, or how, it applies to organ donations. Most Muslim scholars and jurists permit post-mortem organ donations (Daar & Khitamy, 2001; Aasi, 2003). This conclusion is based on the fundamental principle and blessings of

saving a life, stated in the Qur'an 5:32, and changes in society and technology (Daar & Khitamy, 2001; Aasi, 2003; Jaffer & Alibhai, 2008).

“On account of [his deed], We decreed to the Children of Israel that if anyone kills a person ...it is as if he kills all mankind, while if any saves a life it is as if he saves the lives of all mankind ...” (Qur'an 5:32, in Haleem, 2004, p. 71; Haleem's bracket).

“Therefore, they [the scholars] adopt the position that organ transplantation and donation should be condoned as it benefits rather than hinders the well-being of human life” (Aasi, 2003, p. 732; Aasi's bracket).

The Qur'an 59:9 also supports organ donation as “an act done out of feelings of benevolence, of altruistic love, for mankind” (Aksoy, 2001, p. 467).

“Those who were already firmly established in their homes [in Medina], and firmly rooted in faith, show love for those who migrated to them for refuge and harbour no desire in their hearts for what has been given to them. They give them preference over themselves, even if they too are poor: those who are saved from their own souls' greed are truly successful” (Qur'an 59:9, in Haleem, 2004, p. 366; Haleem's bracket).

Islamic scholars also utilize the principles of concern for public welfare (*maslahah*), sense of altruism (*ithar*), and belief that human life is sacred to support human organ donation and transplantation (Aasi, 2003). The sacredness of human life is based on the Qur'an 4:29 (Aasi, 2003).

“You who believe, do not wrongly consume each other's wealth but trade by mutual consent. Do not kill each other ...” (Qur'an 4:29, in Haleem, 2004, p. 53).

Although there are debates on this issue among Islamic scholars, their *fatawa* (formal legal guidelines and opinions) “have been generally favorable to the donation of organs for transplant from both living and non-living donors” (Budiani, 2007, p. 131). Many Egyptian doctors, for instance, consult *fatawa* and meet with religious leaders regarding

issues in organ donations in order to ensure that “appropriate prior consent is obtained from – and proper diagnosis of death is made for – non-living donors” (Budiani, 2007, p. 132).

Christianity also supports post-mortem organ donations from religious and ethical perspectives (Pope John Paul II, 2001; Committee on Doctrine of the National Conference of Catholic Bishops, 2001; LaFleur, 2002; Veatch, 2000; Ashley et al., 2006). For most American Christian denominations, organ donation and transplantation are unusual opportunities to “warmly embrace” these medical “miracles” (LaFleur, 2002, p. 630, 632). Organ donation also reflects an interest “in exploring how the human body after death might still prove useful to the human community” (LaFleur, 2002, p. 639).

“Donating parts of one’s remains after death damages no human good, and can rightly be done to benefit another or others—provided, of course, that death is properly established and there is respect for grieving relatives and staff” (Finnis & Fisher, 1994, p. 39).

“Organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good that is sought for the recipient. Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity. It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons” (Catechism of the Catholic Church, 1994, section 2296; Catechism’s italics).

Ultimately, individuals determine whether or not to donate an organ based on the principle of autonomy, as defined by Beauchamp and Childress (2001). Moazam’s summary raises the act of organ donation to a profoundly spiritual act of self-sacrifice:

“Donation of a solid organ, both live and cadaveric, thus often carries with it almost a religious, biblical imagery with a Judeo-Christian tradition of self-sacrifice for the love of another human being whether kin, friend, or stranger. In

the United States in particular, such selfless sacrifice to save the life of a stranger assumes a prominent motif for the procurement of cadaveric organs”(Moazam, 2006, p. 125).

Problem Statement

This study will assess whether nurses’ religious beliefs influence their individual decisions to donate, or not donate, their own post-mortem organs for human transplantation, because their input can be useful in educating the nursing and religious communities on human organ donation and the supply/demand inconsistency.

Research Questions

1. Do undergraduate and graduate nursing students identify with a monotheistic religion (Judaism, Islam, or Christianity)?
2. Do undergraduate and graduate nursing students think that their religious beliefs influence their decisions to donate, or not donate, their own post-mortem organs?
3. What donation concerns do undergraduate and graduate student nurses have regardless of their decisions to donate, or not donate, their own post-mortem organs?

Delimitations and Limitations

This study will address nurses’ identification with one of the Abrahamic-based monotheistic religions (Judaism, Islam, and Christianity) and whether they think that their religious beliefs influence their decisions to donate, or not donate, their post-mortem organs. As noted in the questionnaire (Appendix B), nurses who do not identify with a religion, can skip other religion questions and still complete the questionnaire. This study

is limited to whether nurses will respond to the questionnaire, respond within a reasonable time frame of three weeks, and respond accurately.

Definition of Terms

1. Committed organ donor: a respondent who answers “yes” to all three organ donation questions on the questionnaire, which indicates his/her strong commitment to donate his/her own post-mortem organs.
2. Decision to donate: a living person’s voluntary decision to donate an organ for human transplantation upon that person’s death. This decision is demonstrated when an individual carries, or intends to carry, a signed organ donor card.
3. Donation concerns: founded or unfounded fears, such as whether the moment of death will be hastened, whether the body will be desecrated or mutilated when an organ is removed, whether burial will be delayed, or whether an incomplete body will be banned from entering an afterlife.
4. Minimally-committed organ donor: a respondent who answers “yes” to at least one, but not all, of the organ donation questions on the questionnaire, which indicates his/her minimal commitment to donate his/her own post-mortem organs.
5. Organ donor card: a pre-authorized document of an individual’s decision that includes the donor’s name, and which organs he or she wishes to donate soon after death. It usually can be indicated on the back of a driver’s license. Otherwise, some other document with signatures of two witnesses, and any other vital information may be carried by the potential donor.

6. Post-mortem: occurring soon after death when a licensed physician has declared a person is dead based on strict medical requirements.
7. Religious identification: identification with one of the three monotheistic religions (Judaism, Islam, or Christianity) and amount of involvement with that religion.

CHAPTER 2: Literature Review and Methodology

This chapter includes both the literature review and this study's methodology for several interrelated reasons. The literature review identifies a number of methodological problems, deficiencies, or issues in some of the studies, such as broad definitions of religion and the limited use of a relevant theory of religion. As a result, the literature review was used to form the basis for selecting and developing this study's data collection methodology.

Literature Review

The following review, from peer-reviewed journals, examines the role of religion in the decision to donate, or not donate, post-mortem organs for transplantation. First, the review covers studies with the general public, such as university students, faculty, staff, and administrators. Next, the review covers studies of healthcare students and professionals, including nurses.

Gillman (1999) analyzed the overall status of religious perspectives on organ donation that are still applicable. Most religious groups endorse organ transplantation, while they “stipulate that potential donors be given the freedom to make an individual decision, uncoerced by external pressure” (Gillman, 1999, p. 20). The issues or concerns of religious groups also include not making organ donation a means for economic gain,

treating the body with integrity and respect, and not hastening death to retrieve organs but respecting the dying process in accordance with religious beliefs (Gillman, 1999). As a result, questions arise about how death is determined and the permissibility of transplanting life-dependent organs, such as a heart or lung. In addition to religious issues, there are concerns about whether the medical team can be trusted to provide optimal care to the patient even during the process of dying. Gillman (1999) suggests a multidisciplinary team approach of physicians, nurses, social workers, clergy, and a representative of an organ donor organization.

With the purpose of examining some of these emotional, spiritual, religious, and cultural issues or barriers to organ donation, Stephenson, et al. (2008) administered a survey to 4,426 participants from six universities to try to determine the influence of religiosity, religious norms, subjective norms, and bodily integrity on the intent to donate organs. The study results indicate that religiosity and religious norms had a non-significant effect on participants' willingness to donate, whereas their views on bodily integrity revealed a strong effect. The authors acknowledge that religion's role in the individual decision to become an organ donor is unclear. The authors conclude that there is a need to "address issues related to religion that inhibit one's personal commitment to organ donation" while suggesting that "more donors would exist if individuals were more aware of religious norms set by their religious leaders" (Stephenson, et al., 2008, p. 439, 437).

Stephenson, et al. (2008) cite the credibility and limitations of related studies on intrinsic religiosity (viewing religion as a way of life and following religious doctrine)

and extrinsic religiosity (attending church and tending toward egocentricity) and their relationship to becoming a donor. Although the authors conclude that there continues to exist “muddy conceptual definitions of religiosity” (Stephenson, et al., 2008, p. 439), they did not attempt to resolve this issue by adequately defining religion based on a theory of religion. Instead, they used a relatively broad definition of religiosity and religious norms, as reflected in the questions and the measurement scale they gave to the participants. Nevertheless, it is understandable that researchers, such as Stephenson, from a university department of communication, would want to conduct research in human organ donation since communication, especially among potential donors and their families, is an important consideration in the donation process.

Morgan, et al. (2008), who is also from a communication department, conducted a study that consisted of participants who had responded to advertisements in two state university newspapers. The study also consisted of a multi-site, in-depth qualitative study of 78 family dyads (including partner-spouse, parent-child, and sibling and stepparent). The study’s methodology attempted to override the limitations of survey-oriented studies, which do not provide enough detail, by combining “naturalistic conversation between family members ... with prompts to help participants add depth to their discussions” (Morgan, et al., 2008, p. 24).

Morgan, et al. (2008) concluded that the most common reasons for donating organs were based on religion or a desire to help needy people, while the most common reasons for not wanting to donate were mistrust of physicians, hospitals, and organ allocation systems. This medical mistrust was the most frequently given reason by respondents

(47%) for not willing to donate an organ; some people believe that the only way to avoid this concern is not to sign a donor card or any hospital consent form (Morgan, et al., 2008, p. 26-27).

Morgan, et al. (2008) also identified several factors that affected respondents' willingness to donate their own or relatives' organs, such as religion/spirituality, altruism, fears about an organ black market, questions about potential recipients (such as, moral or immoral recipients), family opinions, and visceral or nonrational reasons (such as, the fear of recipients acquiring psychological traits of their donors). These factors often overlap or are related, such as altruism and religion. This suggests that it is important to define terms to ensure that the research and research participants are clear on what to discuss or answer. Morgan, et al. (2008) noted that "respondents who declared themselves to be strongly religious consistently stated that they could see no contradiction between Biblical scripture and organ donation" (p. 30). It is unclear from this study what is meant by "strongly religious."

One of the study's limitations is that families may have spent more time discussing organ donation than would be expected under normal circumstances (Morgan, et al., 2008). In addition, this "may have led to a certain degree of self-consciousness and may have even contributed to a positive bias" toward organ donation (Morgan, et al., 2008, p. 31).

In a pilot study of medical, nursing, dental, and health technician students at Dicle University, Turkey, 651 participants completed a self-administered questionnaire (Goz, et al., 2006). The results indicated that 65.5% of the respondents were willing to donate

their organs after death in order to save someone's life and 25.5% were hesitant about donating organs (Goz, et al., 2006). The study found that 9.0% of the 651 participants did not want to donate organs because of religious beliefs, fear of illegal behaviors, concern about family opposition, or else were unable to give a clear reason (Goz, et al., 2006). The study's findings indicate a need to review the schools' curricula to improve students' knowledge of the organ donation and transplantation process.

In a study of 72 English nursing and medical students' attitudes toward organ and corneal donations, the questionnaire results indicated that 74% of the student nurses had already signed a donor card, compared with 43% of the medical students (Cantwell & Clifford, 2000). The researchers offered no reason for this significant difference between nursing and medical students beyond acknowledging the need for further study of this difference. Regarding medical students, Cantwell and Clifford (2000) confirmed these findings in studies that demonstrated that medical students are reluctant to sign donor cards and donate personally. Since healthcare practitioners need to develop collaborative approaches in the work environment, qualitative studies are required "to identify why individuals choose to donate their organs and sign a donor card, or why some are strongly opposed to personal donation" (Cantwell & Clifford, 2000, p. 967). Identifying these differences and trying to resolve them among healthcare professionals before working with potential donors is important in order to avoid communicating conflicting views that could hinder effective relationships between a patient and healthcare providers.

Since the practice of nursing encourages close relationships with potential donors and their families, this role may facilitate discussions of donation and other issues (Kent &

Owens, 1995). Therefore, it is likely that nurses with conflicting or negative attitudes toward donation would be less effective than those with more positive attitudes (Kent & Owens, 1995). Using a questionnaire to measure positive and negative attitudes about organ donation, Kent and Owens (1995) found, in their study of 112 nurses, that respondents were not opposed to organ donations, although 25% of them would not donate their corneas. Respondents suggested that eyes reflect identity and represent “very personal and important parts of the body” (Kent & Owens, 1995, p. 490). Respondents also expressed “[t]he belief that eyes are needed to see the way into the next life....” (Kent & Owens, 1995, p. 490).

In a more current study, Boey (2002) examined the attitudes and commitment (signing a donor card) to post-mortem organ donation by administering a questionnaire to a group of 314 nurses in a Hong Kong teaching hospital. The questionnaire focused on the humanitarian benefits of donation, feelings of personal satisfaction, levels of commitment, as well as items designed to measure negative characteristics of post-mortem organ donation. Nurses who commit to their own post-mortem organ donation would likely be more effective in their role, clinical practice, and behavior in recognizing a potential donor and dealing with a grieving family (Boey, 2002). Nurses’ unwillingness to commit to organ donation was significantly related to fears of bodily mutilation or disfiguration (Boey, 2002).

The Boey (2002) study, unlike the one conducted by Stephenson, et al. (2008), included more details concerning three of the most significant factors: humanitarian and moral conviction; fears of bodily mutilation; and fears of medical neglect. As a result, the

reader gets a better of idea of the effect of religiosity on organ donation decisions, based on the assumption that religion, psychology, culture, and emotions sometimes overlap. For instance, the category of “humanitarian and moral conviction” from Table 2 in the Boey study (2002, p. 99), is an example of this conceptual overlap. This category illustrates that organ donation is a charitable action that gives suffering or dying people a realistic hope that their lives can be saved, thereby giving extra meaning to the lives of the donor and the recipient (Boey, 2002). This suggests that a religious or personal belief could influence an individual’s voluntary decision to donate an organ.

Nevertheless, “[n]egative attitudes toward organ donation are still an area that educational programs should work on” (Boey, 2002, p. 102). For instance, it is unclear why older nurses with more work experience may be more reluctant to commit to organ donation (Boey, 2002).

In a study of a hospital staff’s own attitudes toward organ donation, Gross, et al. (2000) surveyed 199 staff; 47% had signed donor cards. It appears that this study did not provide much depth to the identification of religion or its influence on the individual decisions to donate organs. Gross, et al. (2000) concluded that much work still needs to be done to encourage medical staff to set consistent organ donor examples for the community.

During this literature review it became apparent that religious, psychological, altruistic, emotional, moral, or ethical factors sometimes overlap. They also may be redundant, or not provide enough depth for the researcher to fully understand respondents’ views of religion and if, or how, they influence or affect the decision to donate an organ. Since

definition is one of the methodological issues that emerged, then an appropriate data collection approach for this thesis consists of a short self-administered questionnaire that adds structure to the respondents' identification of religion, religious commitment, and opinion of religious influence.

Therefore, this study attempts to reduce the problem of conceptualizing religion by using William James' theory of religion. James was a humanist, pragmatist, and defender of religion. His theory acknowledges that there are both personal (such as conscience) and institutional aspects of religion. For James, intense human emotions, feelings, actions, and experiences in relation to an individual's definition, or understanding, of the Divine, are often more important than thinking or rationalizing about religion. James, therefore, defines religion as:

"... the feelings, acts, and experiences of individual men [and women] in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine. Since the relation may be either moral, physical, or ritual, it is evident that out of religion in the sense in which we take it, theologies, philosophies, and ecclesiastical organizations may secondarily grow" (2003, p. 29; James' italics).

Religion gives meaning to human life and encourages a "systematic cultivation of healthy-mindedness" (James, 2003, p. 78). In other words, religion consists of "*solemn experiences*" that are found nowhere but in religion (James, 2003, p. 35, 43; James' italic). The total expression of human experience, including religion, is not limited to the narrow "scientific" (James, 2003, p. 435), quantitative, or rating-scale view. The religious person is not simply impressed by physical laws that explain phenomena, such as the rainbow, thunder, summer rain, and stars (James, 2003). Instead, "the devout man tells

you that in the solitude of his room or of the fields he still feels the divine presence, that inflowings of help come in reply to his prayers, and that sacrifices to this unseen reality fill him with security and peace” (James, 2003, p. 417). This “instinctive belief of mankind” demonstrates the reality of the Divine Being, because it “produces real effects” (James, 2003, p. 433).

Although people make tables, chairs, and cars, something other than people made the natural phenomena, such as the sky, clouds, sun, and moon. In addition, people can gain unexpected feelings or insights when going through individual or family crises, or difficult decisions, such as an illness or the death of a relative or friend.

This study is not intended to test out James’ pragmatic theory of religion. Instead, his theory is used as a basis for developing a questionnaire to assess whether nurses identify with a religion, regardless of their intrinsic and extrinsic motivations, and whether their religious beliefs influence their decisions to voluntarily donate, or not donate, their post-mortem organs for human transplantation. In addition to individual decision-making, James’ theory is also compatible with the biomedical principles discussed in Chapter 1 of this study, especially the respect for autonomy.

Methodology

The data collection methodology for this study is a qualitative opinion poll questionnaire developed by the researcher. This methodology was chosen after reviewing summaries of measurement scales on religious faith, motivations toward religion, and religious coping (Egbert, et al., 2004). It was determined that the measures summarized

by Egbert, et al. (2004) address feelings and attitudes of religiosity more from a psychological rather than a religious perspective.

Based on the literature review, a questionnaire was developed. The draft questionnaire was reviewed by two Registered Nurses (RN), each having more than ten years of nursing experience, from George Mason University's (GMU) course on Healthcare Ethics (Nursing 660). Their comments were incorporated into the questionnaire. The questionnaire was further developed using surveymonkey.com (Survey Monkey), a host software company that collects and analyzes responses anonymously.

Prior to the data collection, the GMU Human Subjects Review Board (HSRB) reviewed and approved the research protocol. This protocol included an agreement from GMU's Nursing School to forward the Consent Form, containing an electronic link to the questionnaire, to currently enrolled students through the School's listserve. Paper copies of the approved Consent Form and the questionnaire are in Appendix A and Appendix B.

The Nursing School's Office of Student Affairs sent the Consent Form attached to an initial email (Appendix C) to 676 BSN, MSN, and PhD nursing students enrolled in the Fall 2009 semester. Follow-up emails (Appendix D) with the same attachment were sent to the same nursing students 11 days later, which gave nonrespondents the opportunity to reconsider participating in this study.

CHAPTER 3: Data Analysis and Presentation

The data analysis began by reviewing Survey Monkey's Response Summary, which includes the numbers of responses to each question and the respondents' specific comments. The data were further analyzed by identifying patterns that emerged from the identification and involvement with a religion, influences on decisions to donate or not donate, and donation concerns. This analysis answers the three research questions.

Research Question 1: Do nursing students identify with a monotheistic religion?

Table 1 presents a demographic picture of the total number of respondents, which includes identification with a religion, nursing experience, nursing and educational credentials, and current student status at GMU. This demographic picture seems to show a reasonable cross section of nursing students ranging from no nursing experience or credentials to years of experience and numerous credentials. The numbers of responses are included, because respondents sometimes fell into multiple categories: nursing experience, nursing credentials, and educational credentials.

Table 1. Demographic characteristics of respondents to the questionnaire (N=117)

	Responses
<i>Religion identification</i>	
Christianity	89
Islam	0
Judaism	2
Hindu	1
Buddhism	3
Religion not specified	1
Do not identify with a religion	21
<i>Nursing experience</i>	
No paid or volunteer experience	22
No response	3
Paid experience	
1/4 – 5 years	23
6 – 11 years	19
12 – 17 years	11
18 – 23 years	9
24 – 39 years	19
Volunteer experience	
1/2 – 1 year	9
2 – 3 years	10
4 – 5 years	4
6 – 36 years	3
<i>Nursing credentials</i>	
RN	76
LPN	4
CNA	7
None	27
<i>Educational credentials</i>	
AAS	19
BSN	48
MS	5
MSN	17
<i>Student status</i>	
Undergraduate	47
Graduate	55
Doctoral	15

As noted in Table 1, 96 respondents identified with a religion, which is more than 82% of the total number of respondents who completed the questionnaire. Identification with a religion is further defined in terms of attendance at formal prayer services/study groups and observance of religious traditions/rituals.

More than half of those who identified with a religion (54) indicated that they attend formal prayer services or study groups either weekly or monthly. Respondents are approximately split between those who indicated that their religion supports post-mortem organ donation and those who are not sure; no one indicated that a religion does not support organ donations. The most frequently mentioned sources for learning about a religion's position is the New Testament and clergy.

Table 2 presents a summary of the religious traditions and rituals that the respondents, who identified with a religion, considered part of their lifestyle. The table's second column presents the number of responses, since respondents often indicated their observance of more than one religious tradition or ritual. It is unclear why respondents most frequently chose the observance of "other holy days." It is possible that some respondents thought of "other holy days" as any day other than the Sabbath.

Table 2. Respondents' observance of religious traditions and rituals

	Number of responses
Observe other holy days	57
Observe the Sabbath	27
Fast on one or more holy days	17
Follow religious dietary laws (e.g., Friday during Lent)	11
Prayer (worship and intercessory), such as attend church on Sundays	4
Celebrate Christmas	3
Celebrate Easter	2
Giving to the poor/charitable giving	2
Baptize children	1
Confirmation of young adults	1
Lighting the advent wreath	1
Say grace at all meals	1
Try to be a good Samaritan	1
Reflection	1
Do not observe any religious traditions or rituals	22

Research Question 2: Do nursing students think that their religious beliefs influence their decisions to donate, or not donate, their own post-mortem organs?

As an introduction to this research questions, Table 3 presents an overview of the organ donation decisions from the entire group of 117 respondents. Most of them, whether or not they identified with a religion, answered “yes” to donating their own post-mortem organs.

Table 3. Responses of all respondents to the organ donation questions

Questions	Yes	No	Not sure
Does your driver's license, or other document, indicate that you are an organ donor?	104	13	n/a
Do you intend in the future to indicate on your driver's license, or other document, that you are an organ donor?*	104	3	7
Would you donate one of your organs even if you do not carry a signed organ donor card?	106	4	7
* Three respondents skipped this question			

In order to specifically answer this research question, the concept of a religious beliefs category was expanded to include the three categories of beliefs presented as answer choices in the questionnaire: “religious beliefs”; “personal beliefs”; and “both religious and personal beliefs.” With further analysis, the 96 respondents who identified with a religion were organized into a total of five groups, as shown in Table 4.

Table 4. Groupings of respondents’ decisions regarding organ donations

Groupings	Respondents
Committed organ donors: “personal beliefs” category influenced decisions	50
Committed organ donors: “both religious and personal beliefs” category influenced decisions	22
Minimally-committed organ donors	13
Committed to “No” organ donation	3
Miscellaneous: mixture of not sure, no, no response	8
	Total = 96

Since the outcome of current decisions to donate post-mortem organs is futuristic, it was also determined during this analysis to identify and review the data from respondents who are minimal organ donors and those who are committed organ donors. Minimal organ donors are respondents who answered “yes” to at least one, but not all, of the organ donation questions in the questionnaire, which indicates their minimal commitment to donate their own post-mortem organs. Committed organ donors are respondents who answered “yes” to all three organ donation questions on the questionnaire, which indicates their strong commitment to donate their own post-mortem organs.

Fifty committed organ donors who identified with a religion indicated that the “personal beliefs” category influenced their decisions. All of these respondents also indicated their involvement in religion by either observance of at least one religious tradition/ritual, or attendance at formal prayer services/study groups at least yearly; most committed donors (40 out of the 50) indicated weekly/monthly attendance at formal prayer services/study groups.

One of the committed donors stated:

“I trust the Consortium to handle the donation of any of my organs, to be honest with you. They are bound by laws and I don't think they would do anything unlawful, as in a donation for money.”

Table 5 presents the characteristics of 22 committed organ donors who indicated that the “both religious and personal beliefs” category influenced their decisions. All of these respondents also indicated their involvement in religion by either attendance at weekly/monthly formal prayer services/study groups or observance of religious traditions/rituals. The respondent numbers in this table are not personal identifiers. The

numbers refer only to the order in which completed questionnaires were received and do not identify any of the respondents.

Table 5. Twenty-two committed organ donors who indicated that the “both religious and personal beliefs” category influenced their decisions

Respondent	Attends prayer service/study group	Observes religious tradition or ritual
# 11	Weekly	Observes the Sabbath and other holy days. Fasts on at least one holy day. Follows religious dietary laws.
# 15	Weekly	None
# 16	Weekly	None
# 32	Weekly	Observes other holy days.
# 36	Weekly	Observes other holy days.
# 42	Weekly	Observes other holy days.
# 46	Weekly	Observes the Sabbath.
# 60	Weekly	Observes other holy days. Follows religious dietary laws.
# 61	Weekly	Observes the Sabbath and other holy days. Follows religious dietary laws.
# 63	Weekly	Observes the Sabbath and other holy days. Fasts on at least one holy day. Follows religious dietary laws.
# 92	Weekly	No response
# 93	Weekly	Observes the Sabbath and other holy days.
# 98	Weekly	Observes the Sabbath and other holy days. Prays and reflects.
#103	Weekly	Follows religious dietary laws.
#114	Weekly	Observes the Sabbath and other holy days. Fasts on at least one holy day.
#116	Weekly	Observes the Sabbath and other holy days.
# 53	Monthly	Observes the Sabbath and other holy days. Fasts on at least one holy day.
# 76	Monthly	Observes the Sabbath.
# 12	Yearly	Observes the Sabbath and other holy days. Gives to the poor.
# 89	Yearly	Observes the Sabbath and other holy days. Says grace at all meals.
#111	Yearly	Observes the Sabbath and other holy days.
# 51	Never	Observes other holy days.

One of the respondents included in Table 5 stated: “I work in an ICU and have seen organs and tissue taken, I believe the ability to help others is fantastic [sic].”

Most of the thirteen minimally-committed organ donors not only identified with a religion but also indicated involvement in either prayer/study groups or religious traditions/rituals. One respondent answered “No” to the question: “Would you donate one of your organs even if you do not carry a signed organ donor card?” and indicated that “religious beliefs” influenced the decision. This is the only response (from a total of 117 respondents) indicating that the “religious beliefs” category influenced an organ donation decision.

Six of these minimally-committed organ donors indicated that they do not currently carry an organ donor card. However, they also indicated on the questionnaire that they intend to donate whether or not they carry an organ donor card. Fred Singer, Ph.D., a retired Clinical Psychologist in Fairfax County, Virginia, commented that the finding suggests that this study's questionnaire might have generated additional post-mortem organ donors (personal communication, December 29, 2009). He mentioned a research study in which people who made personal commitments to change smoking behavior were more likely to change their behavior than those who had not stated a commitment.

The three committed non-organ donors that were identified from the data all indicated “No” to the three organ donation questions and indicated that the “personal beliefs” category influenced their decisions. The non-organ donors indicated observance of at least one religious tradition or ritual (praying, observing the Sabbath, following religious dietary laws).

As previously discussed, 96 from a total of 117 respondents identified with a religion. Eighteen of the respondents who did not identify with a religion indicated they are committed post-mortem organ donors, and the “personal beliefs” category influenced their decisions.

Research Question 3: What donation concerns do nursing students have regardless of their decisions to donate, or not donate, their own post-mortem organs?

Although the majority of respondents in this study decided to donate their own post-mortem organs, several of them have lingering donation concerns. The donation concerns of respondents, with some involvement in religion, are summarized in Table 6; this includes committed and minimal organ donors. No respondent indicated that retrieving a donated organ might delay the deceased’s burial, which was a concern that was identified in the literature review (Chapter 2). The family or next of kin’s potential opposition to the deceased’s decision is a concern that respondents most frequently indicated. This is consistent with the research cited in the literature review.

Table 6. Organ donation concerns of respondents with involvement in religion*

	Committed organ donors	Minimally-committed organ donors
Family/next of kin might oppose the deceased's decision	16	4
Death might be hastened to retrieve an organ	10	4
Deceased body might be mutilated or desecrated	11	2
Organ might go to a convicted criminal	9	1
Do not want to think about death	7	3
Organ donation may not actually save a life	7	1
Incomplete body might not be acceptable in the afterlife	3	0
Unethical and/or illegal human organ collection agency, such as black market procurement	1	1
After age 65 an organ cannot be donated	1	0
Ensure that the donated organ goes to the best matched recipient	1	0
"Don't want to be a cadaver that medical students 'practice' on."	1	0
Tissue or organ would go to medical research	1	0
*Note: Respondents indicated attendance at weekly/monthly/yearly prayer or study groups, or observance of at least one religious tradition or ritual		

One of the minimally-committed organ donors, who is currently carrying a donor card but is unsure about continuing as an identified post-mortem donor, made the following statement:

"This whole topic is 'creepy' to think about. Years ago, in nursing school, we went to the morgue as part of our education. I saw what a body looks like after they are finished harvesting all the organs that they need....it was not a pretty site. Even though it sounds silly, the whole picture has stuck in my mind since then. On one hand, I understand the importance of organ donation and that I will no longer need the organ. On the other, it is not very pleasant to picture yourself as being the donor."

Another respondent, who identified with a religion, is not a current organ donor and is not sure whether to donate, provided the following thoughtful comment regarding the importance of communicating with family:

“I understand that in some states, designation as an organ donor on a drivers license will be honored even if the family objects to donation. My spouse strongly objects to organ donation. Specifically, he is concerned about the methods that have been used by some Organ Procurement Organizations to encourage families to donate organs. He is also concerned about the potential profit motive of entities that utilize tissue, bone, etc. Should I predecease him, I don’t want my spouse to be pressured into allowing donation of my organs against his wishes.”

One of the non-organ donors made the following comment:

“Donations are completely non-specific: a good book reference on this topic is called Stiff - if you havent read it already, I highly recommend it. I recently read somewhere that many nurses do not wish to donate their bodies because those nurses working in ICU/organ retrieval, etc., see the waste and misuse of many bodies and organs [sic].”

Another respondent, who is a committed organ donor and did not identify with a religion, nevertheless expressed the following religion-based concern:

“My family is Mormon and believe in burying their dead to later be united with their souls when Jesus comes again. I don't hold this belief and actually want to be cremated so i don't mind giving away my organs if they can help. I would just want to know that everything that could be done was and I wasn't just sacrificed for my organs [sic].”

Three other thoughtful comments stand out. One respondent, who identified with a religion and intends to donate in the future, stated: “... if I have a chance to save a life, why not.”

An RN respondent who does not presently identify with a religion but decided to be an organ donor gave the following comment:

“Frequently health care professionals have personal and religious beliefs that can impact their standards of care when dealing with the organ donation and procurement process [sic].”

A committed donor who identified with a religion summarized donation concerns and the need for education.

“I feel strongly that we have a duty to donate our organs post-mortally. I understand that certain cultures and religious affiliations have restrictions against this and respect those sentiments. I wish that it was shown in a better light in the media and more information available to the general public. I feel that there is still a distrust and misunderstanding of the processes [sic].”

The patterns that emerged from the data gathered in this study are examples of the complexity of drawing definitive conclusions regarding the influence of religious beliefs and personal beliefs on organ donation decisions, especially when respondents identified with, and indicated some involvement in, a religion. The conclusions and recommendations drawn from this study are discussed in Chapter 4.

CHAPTER 4: Conclusions and Recommendations

The conclusions and recommendations from this study are limited to nurses who primarily identified with Christianity. Therefore, post-mortem organ donations should be further studied in settings where there are relatively large numbers of nurses who identify with other religions, such as Judaism and Islam. Nevertheless, given the limited results, this thesis is a reference for those who want to assess and better understand post-mortem organ donation decisions and concerns from a religious perspective.

It is reasonable to conclude that most respondents understood the three generic belief categories since they answered the organ donation questions, although their specific individual beliefs may differ. Otherwise, if they did not understand the generic categories, they could have skipped the questions, answered “not sure,” or wrote comments.

The “personal beliefs” and the “both religious and personal beliefs” categories apparently influenced the majority of respondents’ decisions to donate their own post-mortem organs for human transplantation. The respondents who identified with a religion, which includes some level of involvement in religion, most frequently indicated that the “personal beliefs” category influenced their decisions to donate their own post-mortem organs. A noticeable but smaller group of respondents indicated that the “both religious and personal beliefs” category influenced their decisions to donate their own

post-mortem organs. Only one respondent indicated that the “religious beliefs” category influenced an organ donation decision. The majority of respondents apparently did not view the “religious beliefs” category as a relevant influence in their decisions.

The results of this study suggest that for most of the committed post-mortem organ donors their decisions were personal, primarily influenced by personal beliefs, and not influenced by religious beliefs. The “personal beliefs” category may reflect a strong expression of the respondents’ autonomy and free will. The respondents may also be practically and philosophically stating that the lifesaving concept of post-mortem organ donations is not limited to a religious context, but reflects a broader moral concept. Therefore, planning for a post-mortem organ donation is, and should continue to be, a voluntary personal decision. Since committed post-mortem organ donors who did not identify with a religion also indicated that the “personal beliefs” category influenced their decisions, it is also unclear how much influence religion can have on individual organ donation decisions.

As discussed in Chapter 2, 676 nursing students were offered the opportunity to participate in this study. Although this was not a study of response rates, the status of over 500 nonrespondent nursing students regarding their own organ donation decisions from a religious perspective is unknown. In an effort to understand the organ donation decision-making process, it seems important to study why nurses choose, or do not choose, to share their decisions by completing a questionnaire. For instance, nurses who choose not to participate in a study of post-mortem human organ donation decisions might be silently expressing a level of discomfort or disagreement with this topic.

The committed post-mortem organ donors in this study also indicated some donation concerns. This is not a contradiction. Rather, it reflects both the nurses' thoughtful decisions to save lives by post-mortem organ donations, which are compatible with the nursing profession's tradition, and their acknowledgement that flaws remain in the organ donation concept. Therefore, it is likely that all groups of individuals have donation concerns. They include the minimally-committed organ donors and the noncommitted identified in this study, as well as individuals who are consistently unsure about organ donations.

Although it is unclear how much influence religion can have on organ donation decisions, the donation concerns identified in this study have religious, emotional, and ethical components. Therefore, various professional groups, such as clergy, nurses, and religion educators should continue addressing, describing, and analyzing the concerns in greater depth for the purpose of educating nursing and religious communities and attempting to resolve donation concerns. Education would not guarantee an increase of post-mortem organ donors nor a reduction in the scarcity of organ donations. Education simply increases the likelihood of better informed communities.

APPENDIX A

Project Title: **Jewish, Islamic, and Christian nurses' decisions to donate, or not donate, their post-mortem organs for human transplantation**

CONSENT FORM

RESEARCH PROCEDURES

This research project is being conducted to assess whether nurses' religious beliefs influence their decisions to donate, or not donate, their own post-mortem organs for human transplantation. If you agree to participate in this research you will be asked to complete a short answer 18-item questionnaire and then press the "Done" button. It should take approximately 20 minutes to complete the questionnaire.

RISKS

There are no foreseeable risks for participating in this research.

BENEFITS

There are no benefits to you as a participant other than to further research in religious beliefs and human organ donation for human transplantation in order to save a life. This study is intended to better understand nurses' voluntary decisions, which can be useful in educating the nursing and religious communities on human organ donation.

CONFIDENTIALITY

The data obtained in this study will be confidential. While it is understood that no computer transmission can be perfectly secure, reasonable efforts will be made to protect the confidentiality of your transmission. This study has the approval of George Mason University's Director, School of Nursing, and the Human Subjects Review Board. Do not include your name or any other personal identifier on the questionnaire, if you agree to participate in this study. Responses to the questionnaire are requested by an email link to the questionnaire. All completed questionnaires will be moved, with no personal identifiers, to a separate location.

PARTICIPATION

Your participation is voluntary. If you decide not to participate there is no penalty. There are no costs to you or any other party.

CONTACT

This research is being conducted by Dr. Randi Rashkover (faculty advisor) and Mr. Jerrold Markowitz (student researcher) from the Religious Studies Department at George Mason University. Dr. Rashkover may be reached at 703-993-2778, and Mr. Markowitz may be reached at jmarkowi@gmu.edu for questions, or to report a research-related problem. You may contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have questions or comments regarding your rights as a participant in this research. This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT

The George Mason University Human Subjects Review Board has waived the requirement for a signature on this consent form. However, if you wish to sign a consent, please contact Mr. Jerrold Markowitz by email.

1. I agree to participate in this research. Click this link to access the questionnaire:
http://www.surveymonkey.com/s.aspx?sm=EBxepziu_2bcpgMa8agW_2bW3A_3d_3d
2. I do not agree to participate in this research by clicking the following link:
http://www.surveymonkey.com/s.aspx?sm=nLT_2fxKwL_2fpc1AJdjGzPk7w_3d_3d

APPENDIX B: Human Organ Donation Questionnaire

1. I agree to participate in this research.

Confirm

After completing this questionnaire, press the "Done" button.

2. Do you presently identify with a religion?

Yes: continue with question #3 No: continue with question #8

3. If you identify with a religion, which of the following most closely meets your religious needs?

Christianity Islam Judaism
Other (specify)

4. Does the religion you identified in question #3 support post-mortem human organ donation for human transplantation?

Yes: continue with question #5 Not sure: continue with question #6 No: continue with question #5

5. Where did you learn whether the religion you identified in question #3 supports or prohibits human organ donation? Check and write in all that apply.

Torah (Old Testament) Qur'an New Testament Clergy TV/Radio Newspaper Other Not sure

Comments

6. How often do you usually attend formal prayer services (church, synagogue, temple, mosque), or study groups, in the religion you identified in question # 3?

Weekly Monthly Yearly Never

7. What religious traditions or rituals do you consider part of your lifestyle in the religion you identified in question # 3? Check and write in all that apply.

Observe the Sabbath
 Observe other holy days
 Fast on one or more holy days
 Follow religious dietary laws
 Do not observe any religious traditions or rituals

Specify other religious traditions or rituals

8. Does your driver's license, or other document, indicate that you are an organ donor?

Yes No

9. Which of the following influenced your decision in question #8?

Religious beliefs Personal beliefs Both religious and personal beliefs Not sure

APPENDIX B: Human Organ Donation Questionnaire (continued)

10. Do you intend in the future to indicate on your driver's license, or other document, that you are an organ donor?

- Yes Not sure No

11. Which of the following influenced your decision in question #10?

- Religious beliefs Personal beliefs Both religious and personal beliefs Not sure

12. Would you donate one of your organs even if you do not carry a signed organ donor card?

- Yes Not sure No

13. Which of the following influenced your decision in question #12?

- Religious beliefs Personal beliefs Both religious and personal beliefs Not sure

14. What concerns do you have regarding human organ donation? Check and write in all that apply.

- Do not want to think about death
 Death might be hastened to retrieve an organ
 Deceased body might be mutilated or desecrated
 An organ might go to a convicted criminal
 An organ donation may not actually save a life
 An incomplete body might not be acceptable in the afterlife
 Burial might be delayed beyond religious requirements
 Family or next of kin might oppose the decision of the deceased

Specify other concerns you have regarding human organ donation

15. How many years of nursing experience do you have?

Paid years Volunteer years

16. What nursing credentials do you have? Check and write in all that apply.

- RN LPN CNA None

Specify other nursing credentials you have

17. What educational credentials do you have? Check and write in all that apply.

- AAS BSN MS MSN Ph.D

Specify other educational credentials you have

18. What is your current student status?

- Undergraduate Graduate Doctoral

19. Comments

Please do not put any personal identifiers on this questionnaire. **THANK YOU** for completing this questionnaire.

APPENDIX C: Initial Email (invitation to participate in the study)

From: GMU School of Nursing

To: Distribution List

Subject: Human Organ Donation Questionnaire

Attachment: Consent Form

Dear GMU Nursing Student,

With agreement from Dr. Robin Remsburg, Associate Dean and Director, School of Nursing, George Mason University, I am conducting research on nurses' decisions to donate, or not donate, their own post-mortem organs for human transplantation and whether religious beliefs influence their decisions. Participation is voluntary and consists of answering a short answer 18-item questionnaire. All answers and input will remain confidential.

Please read the attached Consent Form and click the link at the end of the form to indicate whether or not you agree to participate in this research.

Sincerely,
Jerold Markowitz
MAIS candidate: Religion, Culture, Values
George Mason University

APPENDIX D: Follow-up Email (invitation to participate in the study)

From: GMU School of Nursing

To: Distribution List

Subject: Human Organ Donation Questionnaire (follow-up email)

Attachment: Consent Form

Dear GMU Nursing Student,

A couple of weeks ago you received an email about the research I am conducting on nurses' decisions to donate, or not donate, their own post-mortem organs for human transplantation. Dr. Robin Remsburg, Associate Dean and Director of the School of Nursing at George Mason University supports this research project. If you have already completed the short answer 18-item questionnaire, I thank you again.

If you have not completed the questionnaire, but would still like to voluntarily participate in the research, there's still time. All answers and input will remain confidential.

Please read the attached Consent Form and click the link at the end of the form to indicate whether or not you agree to participate in this research.

Sincerely,
Jerold Markowitz
MAIS candidate: Religion, Culture, Values
George Mason University

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CURRICULUM VITAE

Jerrold I. Markowitz received his B.A. from Long Island University, and M.S. and M.A. from Columbia University. Since his retirement from the Federal government (U. S. Army and U. S. Coast Guard), he is working as a licensed pharmacy technician at the Fairfax Nursing Center in Fairfax, Virginia.