



Re-Framing the Gift of Life: Interdisciplinary Empirical Examination of Altruism, Social Distance and Material Incentives for Non-Directed Kidney Donation

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Introduction: More than 121,000 individuals are currently listed for a kidney transplant in the United States (United Network for Organ Sharing, 2015). In 2015 alone, 12,000 potential kidney recipients were refused or died awaiting treatment or were considered too ill to transplant (United Network for Organ Sharing, 2015).

One survey concluded that while 77 percent of Americans think that it is acceptable for an altruistic stranger to donate a live kidney, only 24 percent are actually motivated to do so (Spital, 2001).

Purpose: The purpose of this research is to examine motivations for undergoing a living kidney donation among professional helping service workers - specifically, nurses and social workers with NKF membership - using a research design reproduced from an earlier investigation evaluating the persuasiveness of the NKF altruistic “Gift of Life” Frame.

Previous studies with samples of international nurses and college students produced mixed results. Substantially more support for material incentives was noted among an international sample of nursing professionals as compared to a convenience sample of college students.

Methodology: This exploratory study assesses the relationship between material incentives, social distance and motivation to donate using the Bogardus Social Distance Scale, as well as work-related burnout and compassion fatigue as structural factors that might reduce non-directed kidney donor motivation.

Data for this research is based on a self-administered, self-report survey using a non-representative sample of convenience administered at the 2015 Spring Clinical Meeting of the National Kidney Foundation in Dallas, Texas. The sample includes nephrology social workers, nurses and other healthcare professionals – yielding a total sample size of 159 respondents.

Limitations: This study includes a small, non-representative sample (159 social workers, nurses, and health care professionals), and maintains an exploratory design. Of particular note is the use of attitude measures (i.e., willingness to donate a kidney and support for linking various material rewards to living kidney donations) as “indicators” of the motives and behaviors of living kidney donors. Research in psychology suggests that attitudes are an imperfect predictor of behavior and that motives are often more complex than can be assessed through a study of attitudes alone.

Results:

- Little support for the notion that compassion fatigue or burnout accounts for results.
- Nephrology Social workers are somewhat more altruistic than Nephrology Nurses.
- Low support for living donation unrelated to others, high support for limited material incents suggest the need for exploring alternatives to current framing of kidney donations.

Linking Material Incentives to Living Donation (N=169)*

Living kidney donors should not be compensated. The donation should be considered a free-will donation and purely altruistic.	3.62	1.27
Living kidney donors should be entitled to compensation for medical expenses related to the procedure	4.63	0.64
Living kidney donors should be entitled to compensation for medical expenses and lost wages related to the procedure	4.43	3.21
Living kidney donors should be compensated for medical expenses, lost wages relating to the procedure and should also receive a “reward” package that may include a weekend getaway.	2.77	1.96
Living kidney donors should be compensated in the form of a federal tax deduction.	3.42	1.32
Living kidney donors should be compensated for medical expenses and lost wages relating to the procedure and should also receive a “reward” package that may include cash or a tax credit.	2.77	1.30
Living kidney donors should be compensated for medical expenses and lost wages relating the procedure and should also receive a “reward” package that includes life-long medical coverage	2.74	1.28
Living kidney donors should be compensated for medical expenses and lost wages relating to the procedure and should also receive a “reward” package that includes life-long medical insurance coverage plus an amount of instant compensation of up to \$60,000-\$70,000.	2.05	1.02
Living kidney donors should be able to freely negotiate the price, compensation, and reward they receive for their donation with no limitation to the amount or criteria	1.77	.928

Social Distance and Kidney Donation (N = 159)	Yes	No
I would donate one of my kidneys to an immediate family member.	95.8% (n=161)	4.1% (n=7)
I would donate one of my kidneys to a member of my extended family.	74.4% (n=125)	25.6% (n=43)
I would donate one of my kidneys to a close friend.	71.3% (n=119)	28.1% (n=47)
I would donate one of my kidneys to an acquaintance.	22.9% (n=38)	77.1% (n=128)
I would donate one of my kidneys to a stranger.	14.5% (n=24)	85.5% (n=141)

