

Παράγοντες που επηρεάζουν την προθυμία του κοινού για δωρεά κερατοειδούς

Abstract at the end of the article

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Factors affecting the public's willingness to donate corneas

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Introduction: If corneal transparency is impaired and all conservative, surgical or other medical treatments have failed, corneal transplantation is the only therapeutic option. When the family knows and is aware of this, both in the case of "opt-in" and in the case of "soft opt-out", where the family is involved in the decision, the chances of receiving the organ are higher, if there is an adequate post-mortem framework. To achieve this increase in an individual's willingness to donate organs or corneas, factors that determine/predict this willingness must be explored.

Aim: To investigate the factors influencing the willingness to donate corneas.

Materials and methods: One hundred and twenty-nine non-health science professionals/students were reached by the principal investigator from May 2022 to January 2023, and 38 nursing students were reached by the principal investigator at a nursing student conference in November 2022. The data collection method was a self-administered questionnaire with closed-end questions. The questionnaire was printed, a version of it was created in Google Forms, and there were electronic responses as well. Descriptive analysis was performed by calculating the frequencies of sociodemographic and donating characteristics. For inferential statistical analysis, the Monte Carlo method, Chi-Square and Kruskal-Wallis tests, as well as multinomial logistic regression analysis, were used to compare the parameters of the independent variables with attitudes toward corneal donation.

Results: The desire of becoming a cornea donor was expressed by 22.3% of the respondents. The multinomial logistic regression analysis was performed with the corneal donation willingness attitudes as the dependent variable (0="I do not want to become a corneal donor," 1="I

have not decided whether I want to become a corneal donor," 2="I do want to become a corneal donor") and degree of spirituality, respondent type, gender, age, marital status, highest education level, and employment status as the independent variables. The overall model was significant, $\chi^2(16)=28.84$, $p<0.025$. Comparing the attitudes of "I have not decided whether I want to become a corneal donor" and "I do not want to become a corneal donor", no statistically significant relationship ($p\leq 0.05$) was found with any of the variables in the regression model. The parameter "degree of spirituality" served as a predictive factor (OR 1.39, 95% CI 1.06-1.81, $p=0.018$) regarding the comparison of "I would like to become a corneal donor" vs. "I would not like to become a corneal donor".

Conclusions: To achieve increase in willingness to donate organs or corneas, the factors that determine/predict this willingness must be explored. In this study, "I want to be a cornea donor" was answered by 22.3% of the population. The current study also found that spirituality was found to predict willingness to donate corneas. These findings suggest that enhancing the public's willingness to donate corneas would necessitate an expansion in health policy focus. Alongside current guidelines, this should involve engaging theological schools, religious communities, and formal religious bodies in initiatives to encourage organ/corneal donation.

Keywords: Corneal transplantation; organ/cornea donation willingness; predictors; nursing students; public.

Introduction

The cornea is the transparent structure that serves as the primary infectious and supportive barrier, as well as the true anterior refractive surface of the eye.^{1,2} Diseases of the cornea, such as bullous keratopathy, keratoconus, descemetocoele, ocular infections refractory to antimicrobial therapy, and perforating ocular injuries,^{2,3} can lead to blindness.^{4,5} According to the literature,^{4,5} corneal blindness accounted for 4.0% of global visual impairment in 2010. When corneal transparency is compromised and all conservative, surgical or other medical treatments have failed, corneal transplantation is the only therapeutic option.^{2,3,6,7} Corneal transplants are the most common type of human tissue transplant performed worldwide, with more than 180,000 corneal transplants performed annually. It involves the replacement of diseased host corneal tissue with disease-free, clear donor tissue. However, due to the worldwide shortage of corneal grafts, it is estimated that only 1 in 70 patients who are eligible for corneal transplantation receive one.⁷ Therefore, given the

shortage of corneal transplants and their concomitant high demand, steps should be taken to increase the availability of corneal transplants. Given that the literature⁸ suggests a positive correlation between willingness or intent and the final action (either as a consumer or volunteer), this increase in cornea donations could be facilitated by boosting the number of individuals who express a desire to register with a country's transplantation organization as organ or cornea donors. If a person registers as an organ or cornea donor with a transplant organization and the family is or becomes aware of it, both in an opt-in and a soft opt-out transplantations system, where the family's decision plays a role, the chances of finally receiving his/her organs will increase, if the appropriate post-mortem framework is in place.⁹ In turn, to achieve this increase in a person's willingness to donate organs or corneas, the factors that determine/predict this willingness need to be explored. Subsequently, once these factors have been identified, appropriate educational interventions or campaigns can be designed.

Aim

The investigation of the factors influencing the public's willingness to donate corneas.

Research questions

1. What are the frequencies of non-health sciences professionals/students and nursing students' characteristics and different attitudes towards corneal donation?
2. What are the cross-tabulations of non-health science/health professionals and nursing students' parameters with different attitudes towards willingness to donate corneas?
3. What are the predictors of cornea donation willingness?

Materials and methods**Study design**

A cross-sectional study was carried out.

Setting

The present study was carried out in the context of a postdoctoral research at the Medical School of the National and Kapodistrian University of Athens. The study was conducted in Greece, mainly in the Attica region, in the community. Since the research was anonymous, it did not require any compliance with regulations on personal data use.

Research subjects

The participants in the study, constituted two sub-groups, the first one consisted of community based, non-health sciences professionals/students, while the second one consisted of nursing students.

Recruitment

Convenience sampling was conducted based on accessibility of potential study participants. A group of non-health sciences professionals/students (n=129) was approached and recruited by the main researcher at crowded public places. A second group of health sciences (nursing) students was also recruited by the main investigator at a nursing student's conference ("First Panhellenic Nursing Students' Conference") (n=38). The sample size was estimated in accordance with Hosmer & Lemeshow's 1989 recommendation, Garson's¹¹ recommendation that there should be at least 10 cases per independent variable, and Field's¹² rule of thumb that "the larger

the sample size, the better".

Because the information gathering process for the brochure was anonymous, there was no need for GDPR compliance or ethics committee approval.¹³

Data collection

A self-administered questionnaire with closed-ended questions was used for data collection. The questionnaire was produced in paper version, as well as a version of it was created in Google Forms and there were also electronic responses. The questionnaire contained nine statements, eight of which assessed general sociodemographic characteristics and one, a "0-10" Visual Analogue Scale (VAS), assessed spirituality. The latter question was about the level of spirituality and was developed according to the study of Rajab et al.¹⁴

Additionally, the questionnaire incorporated a basic overview explaining the cornea, briefly describing what it is and where it's located within the eye. This was included because the term 'cornea' is relatively unfamiliar to the public, and a lack of fundamental knowledge could potentially hinder participants from effectively completing the questionnaire. The respondents were asked to answer the questions honestly.

The measurement of socio-demographic characteristics was based on the use of appropriate questionnaire items, in the context of a self-administered questionnaire. The items were only subjected to a validity study because they were developed by an expert panel and primarily asked for objective information. Given that the members of the panel developing the questionnaire possessed extensive expertise in ophthalmology, the chosen method to ensure validity was face validity.^{15,16}

In terms of the cornea donation willingness characteristic of "I would not like to become a cornea donor", "I have not decided whether I want to become a cornea donor", and "I wish to become a cornea donor" attitudes, an appropriate close-ended questionnaire item was used. Also, since the cornea is a relatively unknown term to the public and lack of rudimentary knowledge would not help in answering validly the corresponding question, the questionnaire included a rudimentary reference with information about the cornea (in short, what the cornea is and in which part of the eye it is located). The "Residence" parameter included Attica region/Preecture capital or "countryside".

The parameters that were recorded in the questionnaire were relevant to the following:

Table 1. Frequencies of the non-health sciences student/health professionals and nursing students, as well as of the different attitudes towards corneal donation willingness characteristics.

Characteristics	n	Results
Respondent type	167	Non-health sciences professional/student=77.2%; Nursing student=22.8%
Gender	167	Women=60%; Men=40%
Age (years)	167	18-25=29.9%; 36-45=29.9%; 46-60=21.6% 26-35=15.0%; >60=3.6%
Marital status	166	Unmarried=50.6%; Married=40.4%; Divorced=5.4% Cohabitation=3 %; Widowed=0.6%
Highest education level (three categories)	167	Tertiary education=58.1% Secondary education=40.2% Primary education=1.8
Profession	167	Civil servant=32.1%; Student=24.8% Private employee=23 %; Freelance=9.7% Unemployed=4.8; Pensioner=3 %; Household=2.4%
Employment status	165	In the labor market=64.8%; Not in the labor market=35.2%
If student, semester	29	Fifth=37.9%; First=20.7%; Seventh=20.7% Third=17.2%; Sixth=3.4%;
Residence	163	Attica region/Prefecture capital=83.4% Countryside=16.6%
Religion	165	Christian Orthodox=93.3%Not related to religion=4.8% Muslim=1.2%; Other Christian=0.6%
Religion association status (Yes/No)	166	Yes=95.2%; No=4.8%
Spirituality level	161	7(5-8)*
Willingness to donate corneas	166	"I have not decided whether I want to become a cornea donor"=65.1% "I wish to become a cornea donor"=22.3% "I would not like to become a cornea donor"=12.7%

*Median (Interquartile range)

- *Sociodemographic characteristics:* Gender, age (years), marital status, education level, profession, residence, religion, and degree of spirituality, and
- *Cornea donation willingness characteristics:* "I would not like to become a cornea donor", "I have not decided whether I want to become a cornea donor", and "I wish to become a cornea donor" attitudes.

Statistical analysis

The descriptive and inferential statistical analysis was carried out with the use of the IBM SPSS 28 software package.

In the context of the descriptive analysis, the frequen-

cies of the sociodemographic variables and cornea donation willingness characteristics were calculated.

With respect to the inferential statistical analysis, the Monte Carlo method, the chi-square, and Kruskal-Wallis tests were performed, as well as, multinomial logistic regression analysis, for the comparison of the independent variables' parameters with willingness attitudes towards corneal donation. For the inferential statistical analysis tests an alpha value of .05 was set.

Results

Descriptive

Regarding the sociodemographic characteristics, 77.2% of the respondents were non-health sciences pro-

Table 2. Variables crosstabulations and medians comparisons.

		I would not like to become a cornea donor	I have not decided whether I want to become a cornea donor	I would like to become a cornea donor	P-value
		(%)	(%)	(%)	
Respondent type	Non-health sciences professional/student	10.2	63.3	26.6	0.022
	Nursing student	21.1	71.1	7.9	
Gender	Men	10.1	66.7	23.2	0.44
	Women	16.9	61.5	21.5	
Age (years)	18-25	14.0	76.0	10.0	0.22
	26-35	16.0	68.0	16.0	
	36-45	14.3	57.1	28.6	
	46-60	5.6	61.1	33.3	
	>60	16.7	50.0	33.3	
Age (years -dichotomous-)	18-35	14.7	73.3	12.0	0.015
	≥36	11.0	58.2	30.8	
Marital status	Unmarried	15.5	67.9	16.7	0.21
	Married	10.6	59.1	30.3	
	Divorced	0.0	88.9	11.1	
	Widowed	0.0	0.0	100.0	
	Cohabitation	0.0	80.0	20.0	
Marital status (dichotomous)	Possibly not having family responsibilities	15.5	67.9	16.7	0.12
	Possibly having family responsibilities	8.6	63.0	28.4	
	High School (grades 7-9)	25.0	50.0	25.0	
	High school (grades 10-12)	16.7	62.5	20.8	
	Post-secondary education	7.7	71.8	20.5	
	BSc	15.0	65.0	20.0	
	Master's degree	0.0	83.3	16.7	
	PhD	0.0	0.0	100.0	
Highest education level (dichotomous)	Primary/ Secondary education	12.9	65.7	21.4	0.97
	Higher education	12.5	64.6	22.9	

Profession	Unemployed	25.0	62.5	12.5	0.072
	Civil servant	5.8	63.5	30.8	
	Private employ- ee	10.5	68.4	21.1	
	Freelance	12.5	56.3	31.3	
	Household	0.0	75.0	25.0	
	Pensioner	20.0	20.0	60.0	
	Student	19.5	75.6	4.9	
Employment status	Not in the labor market	19.0	69.0	12.1	0.024
	In the labor market	8.5	64.2	27.4	
If student, semester	First	50.0	50.0	0.0	0.48
	Third	20.0	60.0	20.0	
	Fifth	27.3	72.7	0.0	
	Sixth	0.0	100.0	0.0	
	Seventh	0.0	83.3	16.7	
If student, semester (dichotomous)	First-fourth	36.4	54.5	9.1	0.56
	Fifth-eighth	16.7	77.8	5.6	
Residence (dichotomous)	Countryside	18.5	55.6	25.9	0.53
	Attica basin/Prefecture capital	11.9	65.9	22.2	
Religion	Not related to religion	12.5	62.5	25.0	0.98
	Christian Orthodox	13.1	64.1	22.9	
	Other Christian	0.0	100.0	0.0	
	Muslim	0.0	100.0	0.0	
Religion association status (Yes/No)	No	12.5	62.5	25.0	1.0
	Yes	12.7	65.0	22.3	
Spirituality level*		75.35	74.51	100.65	0.011
Spirituality level (dichotomous)	0-5	16.9	72.9	10.2	0.013
	6-10	9.9	60.4	29.7	

*Mean rank

professionals/students, and 40.0% of the participants were men. Of the participants 59.9% were aged 18-45 years old. Fifty-six percent was unmarried, 48.5% had only a BSc degree or were undergraduate students, and 32.1% were civil servants.

In terms of cornea donation willingness characteristics, 22.3% of the respondents wished to become a cornea donor.

All descriptive results were detailed in Table 1.

Inferential

There was a significant relationship ($p \leq 0.05$) between non-health sciences professionals/students and nursing students, people aged ≥ 36 years and people aged 18-35 years, people that were in the labor market and people that were not in the labor market, individuals who lived in a prefecture capital and people who lived in the countryside and in Attica region, Greece, as well as persons who had a spirituality level of 6-10, on a 0-10

Table 3. Multinomial logistic regression analysis for the willingness or not to donate corneas determining factors and three willingness conditions to donate corneas.

		95% CI for Odds Ratio		
	<i>B (SE)</i>	<i>Lower</i>	<i>Odds Ratio</i>	<i>Upper</i>
"I have not decided whether I want to become a cornea donor" vs. "I would not like to become a cornea donor"				
Intercept	1.04 (1.21)			
Spirituality level	0.02 (0.10)	0.83	1.02	1.26
Respondent type (Nursing student)	0.77 (0.93)	0.35	2.15	13.38
Gender (Male)	0.79 (0.58)	0.71	2.20	6.81
Age (≥ 36)	0.71 (0.86)	0.38	2.03	10.92
Marital status (Possibly having family responsibilities)	-0.72 (0.75)	0.11	0.49	2.12
Highest education level (Higher education)	-0.47 (0.69)	0.16	0.63	2.43
Employment status (In the labor market)	-0.63 (0.71)	0.13	0.54	0.13
Residence (Attica basin/Prefecture capital)	0.064 (0.71)	0.26	1.07	4.32
"I would like to become a cornea donor" vs. "I would not like to become a cornea donor"				
Intercept	-1.67 (1.56)			
Spirituality level	0.33 (0.14)*	1.06	1.39	1.81
Respondent type (Nursing student)	1.17 (1.21)	0.30	3.22	34.17
Gender (Male)	0.87 (0.67)	0.64	2.37	8.81
Age (≥ 36)	-0.62 (1.02)	0.07	0.54	3.96
Marital status (Possibly having family responsibilities)	-0.38 (0.86)	0.13	0.68	3.70
Highest education level (Higher education)	-0.94 (0.77)	0.90	0.39	1.76
Employment status (In the labor market)	-1.23 (0.84)	0.06	0.29	1.51
Residence (Attica basin/Prefecture capital)	-0.21 (0.85)	0.15	0.81	4.28
$R^2=0.17$ (Cox & Snell), 0.21 (Nagelkerke). Model $\chi^2(16)=28.84$, * $p<0.05$				

scale, persons who had a spirituality level of 0-5, also on a 0-10 scale and the "I would like to become a cornea donor" attitude ($\chi^2(2)=7.60$, $p=0.022$; $\chi^2(2)=8.38$, $p=0.015$; $\chi^2(2)=7.50$, $p=0.024$; $\chi^2(4)=10.29$, $p=0.034$; $\chi^2(2)=8.69$, $p=0.013$), where non-health sciences professionals/students responded more often than nursing students that they would like to become a cornea donor (26.6% vs. 7.9%), such as people aged ≥ 36 years compared to people aged 18-35 years (30.8% vs. 12.0%), people that

were in the labor market compared to people that were not in the labor market (27.4% vs. 12.1%), individuals who lived in a prefecture capital compared to individuals who lived in the countryside and in the Attica region, Greece (27.0% vs. 25.9% vs. 20.4%), and persons who had a spirituality level of 6-10, on a 0-10 scale compared to persons who had a spirituality level of 0-5, on a 0-10 scale (29.7% vs. 10.2%). Regarding the spirituality level as a continuous variable, a statistically significant dif-

ference was found between the spirituality level of and willingness to donate a cornea ($H(2)=8.947, p=0.011$) with a mean rank of 100.65 for the response "I would like to become a cornea donor".

The multinomial logistic regression analysis was run with the corneal donation willingness attitudes as the dependent variable (0="I would not like to become a cornea donor", 1="I have not decided whether I want to become a cornea donor", 2="I would like to become a cornea donor"), and spirituality level, respondent type, gender, age, marital status, highest education level, employment status, and as the independent variables. The overall model was significant, $\chi^2(16)=28.84, p<0.025$. In terms of the "I have not decided whether I want to become a cornea donor" vs. "I would not like to become a cornea donor" attitude comparison, not statistically significant ($p \leq 0.05$) relationship was found with any variable of the regression model.¹⁷ As for the "I would like to become a cornea donor" vs. "I would not like to become a cornea donor" attitude comparison, the "spirituality level" parameter was found as a predictor (OR 1.39, 95% CI 1.06-1.81, $p=0.018$). All the multinomial logistic regression results are presented in Table 3.

Discussion

The most important finding of this study was the fact that only 22.3% of the study participants, from the public, wanted to become cornea donors. This finding was different from that of the study of Li et al.¹⁸ where the willingness rate for corneal donation in China increased to 56.0% (43.3-68.3) after 2015, from 39.2% (31.2-47.4) before 2015, demonstrating more than twice willingness rate. Even more different from the present study, was the finding of Yang et al.¹⁹ who found that 69.91% (in a sample of 8942 individuals) of Shenyang city residents were willing to donate organs. It should be noted that the study by Yang et al.¹⁹ concerned organ donation in general and not exclusively cornea donation. Also diverging from the current study was the study by Giugni et al.²⁰ which was conducted among multidisciplinary teams (total sample of 34 participants) working in children's hospices in Italy. In that study²⁰ all respondents stated that they were in favor of organ and tissue donation, among them, six (17.6%) were officially registered as donors and 11 (32.3%) said they intended to do so. That is, potentially 49.9% of respondents expressed a willingness to donate organs. In addition, in the same study,²⁰ no respondents identified the eyes as the part of the body to be excluded from donation after death.

Somewhat comparable results to the present study were obtained in the study by Tsigkos et al.,⁹ which was also conducted in the same country as the current study. In that study,⁹ 40.9% of the participants, of which 49.6% had profession/studies related to medical field and therefore possible bias in favor of transplantation, indicated that they would seriously consider donating corneas if they were given more information about the process, and only 3.8% had any negative feelings about donation whatsoever. One explanation for the discrepancy between the findings of the present study and those of the recent current literature may be the fact that in Greece there is not a high level of public awareness on organ donation legislation.⁹

The second most important finding of the present study, following the inferential data analysis, was the fact that an increased level of spirituality was associated with a greater likelihood of answering "I would like to become a cornea donor", and emerged as a predictor of willingness to donate corneas, when this response was compared to the attitude "I would not like to become a cornea donor" (OR 1.39, 95% CI 1.06-1.81, $p=0.018$). It is important to note that this study was cross-sectional in nature, i.e., it only reflects this single point in time for the participants; therefore, no cause-and-effect conclusions can be drawn.²¹ However, although cross-sectional studies do not lend themselves to causal associations, since the basic requirement of temporal sequence needed to define a cause-and-effect relationship as causal cannot be ascertained, they provide the stimulus for experimental or other longitudinal studies.²² Comparable and in line with those of the present study are the results of the study by Fatima et al.,²³ who in a sample of medical students in Pakistan, 35% of whom stated "Certainly Yes/ Probably Yes" regarding willingness to donate organs in general, found a very strong correlation between high piety and willingness to donate organs ($p=7.4252 \times 10^{-13}$). Contrasting, but contrary to those of the current study, are the results of the study by Tarabeih et al.,²⁴ who in a sample of religiously observant members of the public in Israel, whose willingness to donate organs in general was 2.11 ± 0.49 for Jews, 2.31 ± 1.09 for Muslims, and 2.30 ± 0.66 for Christians, found that increasing religious observance had a negative effect ($B=-0.217$) on the variance in willingness to donate organs, explaining 3% of the variance in willingness. Another study with comparable and opposite results to those of the present study is the study by Dopelt et al.,²⁵ who in a sample of the Israeli public found that as the level of spirituality

increased, the willingness to issue an organ donor card, for all organs generally, decreased ($r_s=0.32$, $p<0.001$).

The disagreement of most studies in the current literature^{24,25} with this finding of the present study could be explained by the fact that according to the literature,²⁶ Orthodox Christians, who constituted the largest percentage of religious observants in the present study (93.3%), have one of the lowest rates regarding the possession of an organ donor card and perhaps by extension the idea of organ donation in general, compared to Jews, Roman Catholics, and Protestants (20% vs ≈35%, ≈46%, and ≈42%). Another explanation for this discrepancy may be the methodology used to measure spirituality level, where the present study used the better method of 10-point Likert-type scale, which collected more information, unlike the studies by Tarabeih et al.²⁴ and Dopleit et al.,²⁵ where three- and four-point scales were used, respectively. However, according to this reasoning, the finding of Fatima et al.,²³ which is consistent with the present study, is coincidental.

Conclusions

When the transparency of the cornea is compromised

and all conservative, surgical, or other medical treatments have failed, corneal transplantation is the only therapeutic option available. When a person registers as an organ or cornea donor with a transplant organization and the family knows or learns about it, in both an opt-in and a soft opt-out transplant system where the family decision plays a part, the chances of eventually receiving his/her organs will increase if the appropriate post-mortem framework is in place. To achieve this increased willingness to donate organs or corneas, the factors that determine/predict this willingness need to be explored. In the present study, 22.3% of the public answered, "I wish to become a cornea donor". Also, in the current study, the level of spirituality was found to be a predictor of willingness to donate corneas (OR 1.39, 95% CI 1.06-1.81, $p=0.018$). According to these findings, in order to increase the willingness to donate corneas, relevant health policies should, in addition to the established guidelines, turn to theological schools, religious communities and formal religious bodies to take initiatives to increase the public's willingness to donate organs/corneas.

ABSTRACT

Παράγοντες που επηρεάζουν την προθυμία του κοινού για δωρεά κερατοειδούς

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Εισαγωγή: Η μεταμόσχευση κερατοειδούς είναι η μόνη θεραπευτική επιλογή, εάν η διαφάνεια του κερατοειδούς έχει μειωθεί και όλες οι συντηρητικές, χειρουργικές ή άλλες ιατρικές θεραπείες έχουν αποτύχει. Όταν η οικογένεια το γνωρίζει και είναι ενήμερη γι' αυτό, τόσο στην περίπτωση «opt-in» όσο και στην περίπτωση «soft opt-out», όπου η οικογένεια συμμετέχει στην απόφαση, οι πιθανότητες λήψης του οργάνου είναι μεγαλύτερες, εφόσον υπάρχει το κατάλληλο μεταθανάτιο πλαίσιο. Για να επιτευχθεί αυτή η αύξηση της προθυμίας ενός ατόμου να δωρίσει όργανα ή κερατοειδείς, πρέπει να διερευνηθούν οι παράγοντες που καθορίζουν/προβλέπουν την προθυμία αυτή.

Σκοπός: Να διερευνηθούν οι παράγοντες που επηρεάζουν την προθυμία δωρεάς κερατοειδούς.

Υλικά και μέθοδοι: Εκατόν είκοσι εννέα μη επαγγελματίες/φοιτητές επιστημών υγείας προσεγγίστηκαν από τον

κύριο ερευνητή από τον Μάιο του 2022 έως τον Ιανουάριο του 2023, όπως επίσης 38 φοιτητές νοσηλευτικής προσεγγίστηκαν από τον κύριο ερευνητή σε ένα συνέδριο φοιτητών νοσηλευτικής τον Νοέμβριο του 2022. Η μέθοδος συλλογής δεδομένων ήταν ένα αυτοσυμπληρούμενο ερωτηματολόγιο με ερωτήσεις κλειστού τύπου. Το ερωτηματολόγιο εκτυπώθηκε, μια εκδοχή του δημιουργήθηκε στο Google Forms και υπήρξαν και ηλεκτρονικές απαντήσεις. Πραγματοποιήθηκε περιγραφική ανάλυση με τον υπολογισμό των συχνοτήτων των κοινωνικοδημογραφικών και χαρακτηριστικών δωρεάς. Για την επαγωγική στατιστική ανάλυση, χρησιμοποιήθηκαν η μέθοδος Monte Carlo, οι έλεγχοι Chi-Square και Kruskal-Wallis, καθώς και η πολυωνυμική ανάλυση λογιστικής παλινδρόμησης, για τη σύγκριση των παραμέτρων των ανεξάρτητων μεταβλητών με τη στάση απέναντι στη δωρεά κερατοειδούς.

Αποτελέσματα: Το 22,3% των ερωτηθέντων επιθυμούσε να γίνει δωρητής κερατοειδούς όσον αφορά τις στάσεις για τη δωρεά κερατοειδούς. Η ανάλυση πολυωνυμικής λογιστικής παλινδρόμησης πραγματοποιήθηκε με εξαρτημένη μεταβλητή τις στάσεις προθυμίας δωρεάς κερατοειδούς (0=»Δεν θέλω να γίνω δωρητής κερατοειδούς», 1=»Δεν έχω αποφασίσει αν θέλω να γίνω δωρητής κερατοειδούς», 2=»Θέλω να γίνω δωρητής κερατοειδούς») και ανεξάρτητες μεταβλητές το επίπεδο θρησκευτικότητας, τον τύπο του ερωτώμενου, το φύλο, την ηλικία, την οικογενειακή κατάσταση, το υψηλότερο επίπεδο εκπαίδευσης και την κατάσταση απασχόλησης. Το συνολικό μοντέλο ήταν σημαντικό, $\chi^2(16)=28,84$, $p<0,025$. Συγκρίνοντας τις στάσεις «Δεν έχω αποφασίσει αν θέλω να γίνω δωρητής κερατοειδούς» και «Δεν θέλω να γίνω δωρητής κερατοειδούς», δεν βρέθηκε στατιστικά σημαντική σχέση ($p\leq 0,05$) με καμία από τις μεταβλητές του μοντέλου παλινδρόμησης. Όσον αφορά τη σύγκριση μεταξύ «Θα ήθελα να γίνω δωρητής κερατοειδούς» και «Δεν θα ήθελα να γίνω δωρητής κερατοειδούς», η παράμετρος «επίπεδο θρησκευτικότητας» αποδείχθηκε ως προβλεπτικός παράγοντας. (OR 1,39· 95% CI 1,06-1,81· $p=0,018$).

Συμπεράσματα: Για να επιτευχθεί αύξηση της προθυμίας δωρεάς οργάνων ή κερατοειδούς, πρέπει να διερευνηθούν οι παράγοντες που καθορίζουν/προβλέπουν αυτή την προθυμία. Στην παρούσα μελέτη, η στάση «Θέλω να γίνω δωρητής κερατοειδούς» απαντήθηκε από το 22,3% του πληθυσμού. Η παρούσα μελέτη διαπίστωσε επίσης ότι η θρησκευτικότητα βρέθηκε να προβλέπει την προθυμία δωρεάς κερατοειδούς. Σύμφωνα με αυτά τα ευρήματα, προκειμένου να αυξηθεί η προθυμία για δωρεά κερατοειδών, οι σχετικές πολιτικές υγείας, εκτός από τις καθιερωμένες κατευθυντήριες γραμμές, θα πρέπει να απευθύνονται στις θεολογικές σχολές, στις θρησκευτικές κοινότητες και στους επίσημους θρησκευτικούς φορείς για την ανάληψη πρωτοβουλιών ώστε να αυξηθεί η προθυμία του κοινού για δωρεά οργάνων/κερατοειδών.

Λέξεις-ευρετηρίου: Μεταμόσχευση κερατοειδούς, προθυμία δωρεάς οργάνων/κερατοειδούς, προγνωστικοί παράγοντες, φοιτητές νοσηλευτικής, κοινό.

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