

## ABSTRACT

Previous studies have shown that the general public exhibits favorable attitudes toward posthumous organ donation, but a low donor card signing rate. Hence, positive attitudes may not be a good predictor of the behavioral commitment to donate organs. This dissertation was a cross-cultural study on the actual behaviors of signing or taking away the donor card (i.e. *behavioral intentions to donate organs after death* (BID)). It aimed at proposing an integrative, content-specific but culture-general model for posthumous organ donation. The model was composed of two levels of influences on BID, namely, the proximal level (including *self-efficacy* toward signing the donor card, general *attitudes* toward posthumous organ donation, and *subjective norm* for posthumous organ donation) as well as the distal level (including *knowledge* regarding posthumous organ donation, *altruism*, and *after-death anxiety*). The model was first tested and refined among 517 Chinese college students (Study 1), and was then further validated with 290 Chinese community adults (Study 2) in Hong Kong. The applicability of the model was also examined with a Western control sample of 217 Caucasian American college students (Study 3) and a non-Chinese Asian sample of 670 Japanese college students (Study 4). Psychosocial characteristics of three college samples were then compared, and ethnic differences on predictive values of psychosocial factors on BID were studied (Study 5).

By path analysis, it was found that only self-efficacy and subjective norm, but not general attitudes, significantly predicted individuals' BID across all samples. Moreover, in contrast to the hypothesis, results showed that after-death anxiety predicted self-efficacy but not attitudes. Low after-death anxiety, accurate knowledge regarding organ donation, and high subjective norm promoted self-efficacy. Altruism was the main determinant of attitudes but its indirect impact on BID was weak. The

applicability of the model on all four samples was acceptably high, and the configural invariance of the model was generally supported across three ethnic groups.

The ANOVA results challenged the old assumption of underlying similarities in psychosocial characteristics across Asian ethnic groups. As expected, Americans were the most likely to show BID, followed by Chinese, while Japanese had the lowest tendency to show BID. Chinese and American samples were alike in self-efficacy, but Japanese were significantly less self-efficacious than other two samples. Americans were the most altruistic and possessed the highest subjective norm, followed by Chinese, while Japanese had the lowest altruistic level and subjective norm. On the other hand, Chinese reported the most accurate knowledge of organ donation, followed by Japanese, while Americans were the least knowledgeable. Chinese also reported the most favorable attitudes toward organ donation, followed by Americans, while Japanese possessed the least favorable attitudes. Contrary to the hypotheses, Chinese, Americans, and Japanese did not differ in after-death anxiety level.

By multi-sample analyses, all path coefficients were statistically similar across the models for three college samples. The model was further simplified, by removing non-significant constructs of altruism and attitudes toward posthumous organ donation for clearer suggestions on improving future promotion campaign in different ethnic groups. It was found that path coefficients were quite invariant across samples, except the one from knowledge to self-efficacy. Compared to Japanese sample, the impact of knowledge on self-efficacy was larger in American and Chinese samples. It was concluded that, across three ethnic groups, and the most salient predictors of BID were self-efficacy and subjective norm.

This dissertation contributed to the literature on posthumous organ donation by developing a content-specific, but culture-general model of posthumous organ donation across ethnic groups. Moreover, its findings suggested that future promotion campaign should intervene self-efficacy and subjective norm, which might improve the donor card signing rate. However, several limitations of this study such as self-report and cross-sectional design might impede the validity of the study. Also, due to the issue of correspondence, more specific, instead of general, attitude construct (e.g. attitudes toward signing the donor card) and altruism construct (e.g. in-group altruism) should be assessed. The effectiveness of different intervention strategies, should also be further evaluated in posthumous organ donation.