ACTA PSYCHOLOGIC

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JCR ABBREVIATION

ACTA PSYCHOL

ISO ABBREVIATION

Acta Psychol.

Journal information

EDITION

Social Sciences Citation Index (SSCI)

CATEGORY

PSYCHOLOGY, EXPERIMENTAL

LANGUAGES

English

REGION

NETHERLANDS

1ST ELECTRONIC JCR YEAR

1997

Publisher information

PUBLISHER

ELSEVIER

ADDRESS

RADARWEG 29, 1043 NX AMSTERDAM, NETHERLANDS

PUBLICATION FREQUENCY

9 issues/year

Journal's performance

Journal Impact Factor

The Journal Impact Factor (JIF) is a journal-level metric calculated from data indexed in the Web of Science Core Collection. It should be used with careful attention to the many factors that influence citation rates, such as the volume of publication and citations characteristics of the subject area and type of journal. The Journal Impact Factor can complement expert opinion and informed peer review. In the case of academic evaluation for tenure, it is inappropriate to use a journal-level metric as a proxy measure for individual researchers, institutions, or articles. Learn more

2025 JOURNAL IMPACT FACTOR

3.8

View calculation

JOURNAL IMPACT FACTOR WITHOUT SELF CITATIONS

3.4

View calculation

Journal Impact Factor Trend 2025

Export

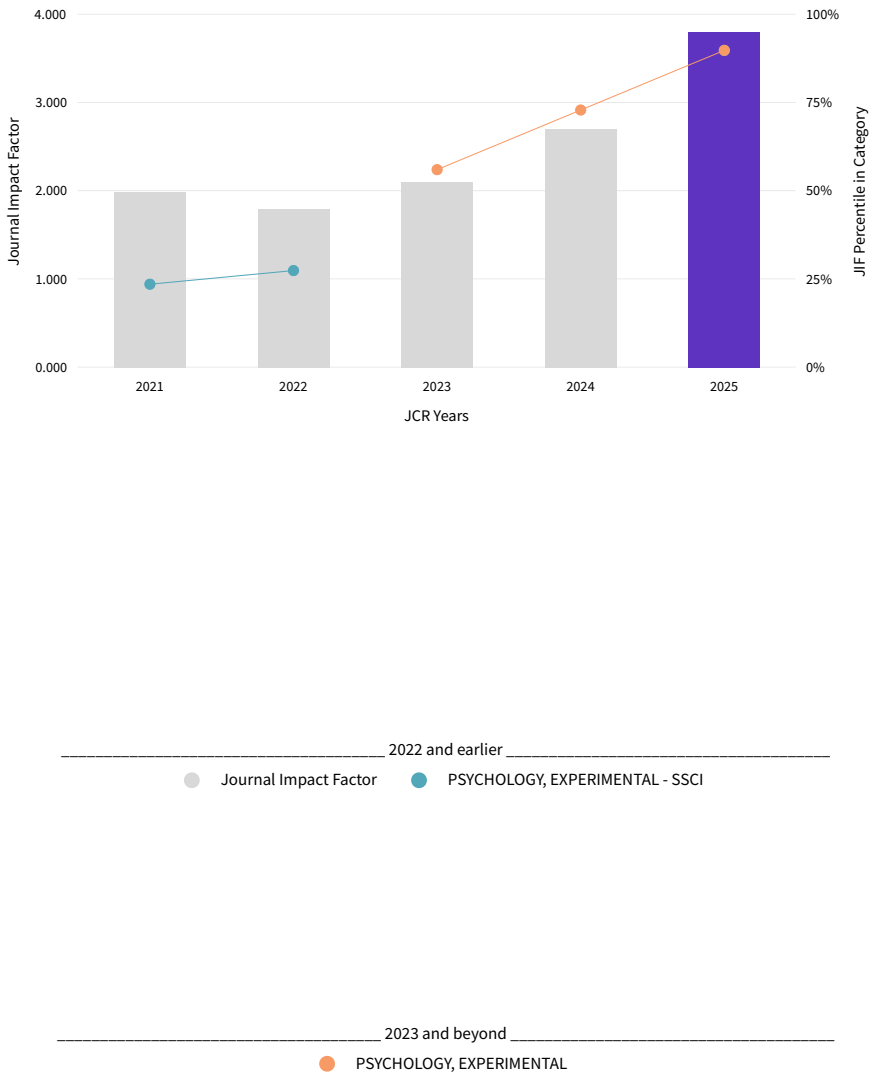
Journal Impact Factor contributing items

Export

Citable items (734) Citing Sources (1,099)

TITLE	CITATION COUNT
Theories of motivation: A comprehensive analysis of human…	99

18



What drives college students to use AI for L2 learning? Modeling the roles of…	46
Mental health and academic performance of college students:…	40
Psychometric properties of the Depression, Anxiety, and Stress Scale…	37
Tourist behaviour: The role of digital marketing and social media	33
The epidemiology and effects of video game addiction: A systematic review…	30
Exploring the relationship between burnout, learning engagement and…	29
The associations between academic stress and depression among college…	28
Is AI chatbot recommendation convincing customer? An analytical…	26
Exploring the influence of live streaming on consumer purchase…	25

View All in Web of Science

View all years

Journal Citation Indicator (JCI)

Export

1.13

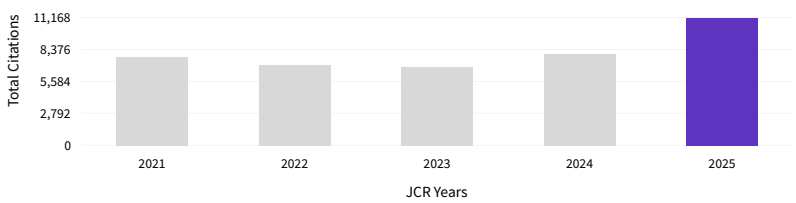
The Journal Citation Indicator (JCI) is the average Category Normalized Citation Impact (CNCI) of citable items (articles & reviews) published by a journal over a recent three year period. The average JCI in a category is 1. Journals with a JCI of 1.5 have 50% more citation impact than the average in that category. It may be used alongside other metrics to help you evaluate journals. Learn more

Total Citations

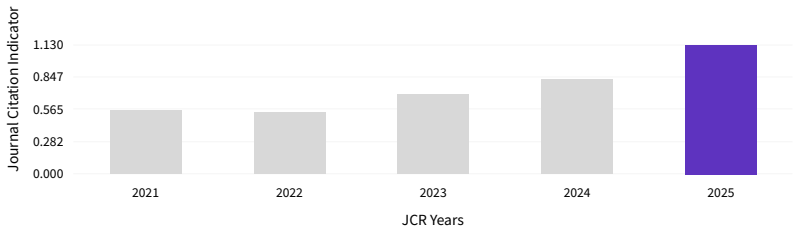
Export

11,168

The total number of times that a journal has been cited by all journals included in the database in the JCR year. Citations to journals listed in JCR are compiled annually from the JCR years combined database, regardless of which JCR edition lists the journal.



View all years



View all years

Citation distribution

Export

The Citation Distribution shows the frequency with which items published in the year or two years prior were cited in the JCR data year (i.e., the component of the calculation of the JIF). The graph has similar functionality as the JIF Trend graph, including hover-over data descriptions for each data point, and an interactive legend where each data element's legend can be used as a toggle. You can view Articles, Reviews, or Non-Citable (other) items to the JIF numerator. Learn more

ARTICLE CITATION MEDIAN

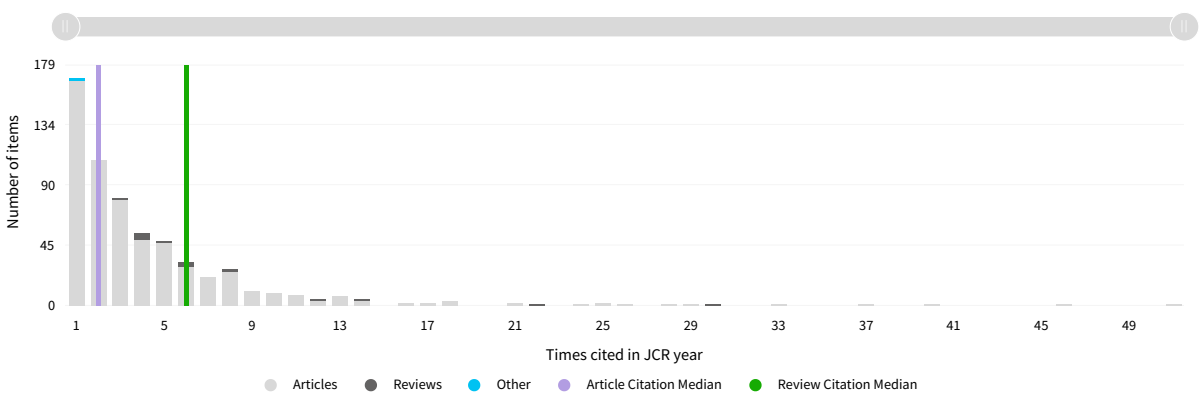
2

REVIEW CITATION MEDIAN

5.5

UNLINKED CITATIONS

22



TIMES CITED

0

ARTICLES

127

REVIEWS

2

OTHER

14

Open Access (OA)

Export

The data included in this tile summarizes the items published in the journal in the JCR data year and in the previous two years. This three-year set of published items is used to provide descriptive analysis of the content and community of the journal. Learn more

Items

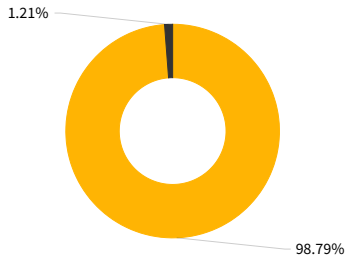
TOTAL CITABLE	% OF CITABLE OA
2,120	100.00%

Citations*

TOTAL CITABLE	% OF CITABLE OA
3,773	100.00%

CITABLE

GOLD OPEN ACCESS
2,120 / 98.79%



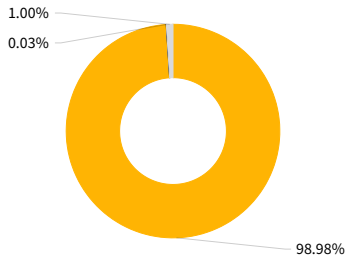
SUBSCRIPTION AND FREE TO READ
0 / 0.00%

NON-CITABLE

OTHER (NON CITABLE ITEMS)
26 / 1.21%

CITABLE

GOLD OPEN ACCESS
3,773 / 98.98%



SUBSCRIPTION AND FREE TO READ
0 / 0.00%

NON-CITABLE

OTHER (NON CITABLE ITEMS)
1 / 0.03%

UNLINKED CITATIONS
38 / 1.00%

*Citations in 2025 to items published in [2023 - 2025]

Rank by Journal Impact Factor

Journals within a category are sorted in descending order by Journal Impact Factor (JIF) resulting in the Category Ranking below. A separate rank is shown for each category in which the journal is listed in JCR. Beginning in 2023, ranks are calculated by category. Learn more

CATEGORY
PSYCHOLOGY, EXPERIMENTAL

11/104

JCR YEAR	JIF RANK	JIF QUARTILE	JIF PERCENTILE
2025	11/104	Q1	89.9
2024	28/102	Q2	73.0
2023	44/99	Q2	56.1

Rank by JIF before 2023 for PSYCHOLOGY, EXPERIMENTAL

EDITION
Social Sciences Citation Index (SSCI)

JCR YEAR	JIF RANK	JIF QUARTILE	JIF PERCENTILE
2022	65/89	Q3	27.5
2021	70/91	Q4	23.63
2020	73/91	Q4	20.33

Rank by Journal Citation Indicator (JCI)

Journals within a category are sorted in descending order by Journal Citation Indicator (JCI) resulting in the Category Ranking below. A separate rank is shown for each category in which the journal is listed in JCR. Data for the most recent year is presented at the top of the list, with other years shown in reverse chronological order. Learn more

CATEGORY

PSYCHOLOGY, EXPERIMENTAL

19/104

JCR YEAR	JCI RANK	JCI QUARTILE	JCI PERCENTILE
2025	19/104	Q1	82.21
2024	43/102	Q2	58.33
2023	55/99	Q3	44.95
2022	75/97	Q4	23.20
2021	77/98	Q4	21.94
2020	74/92	Q4	20.11
2019	72/92	Q4	22.28

Citation network

Cited Half-life

6.1 years

The Cited Half-Life is the median age of the items in this journal that were cited in the JCR year. Half of a journal's cited items were published more recently than the cited half-life.

TOTAL NUMBER OF CITES

11,168

NON SELF-CITATIONS

10,553

SELF-CITATIONS

615

Citing Half-life

7.0 years

The Citing Half-Life is the median age of items in other publications cited by this journal in the JCR year.

TOTAL NUMBER OF CITES

100,101

NON SELF-CITATIONS

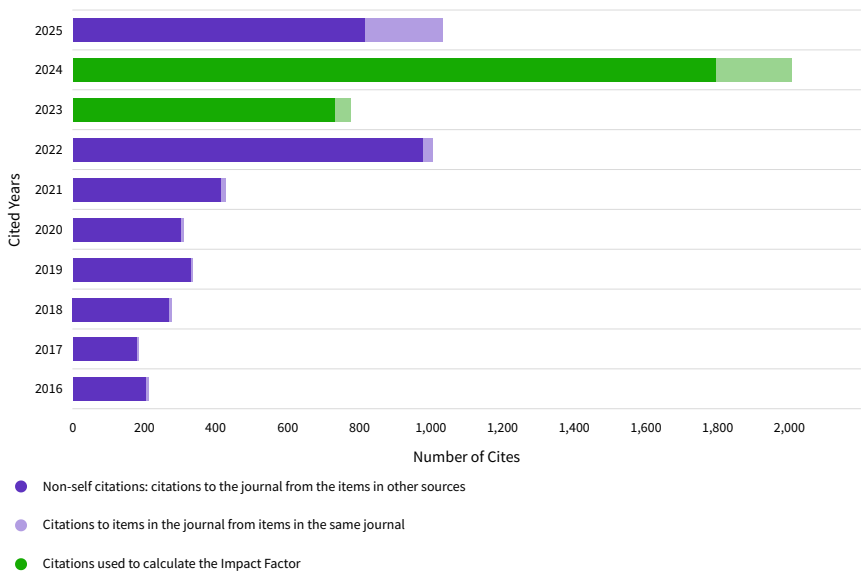
99,486

SELF-CITATIONS

615

Cited Half-life Data | Citing Half-life Data

Export

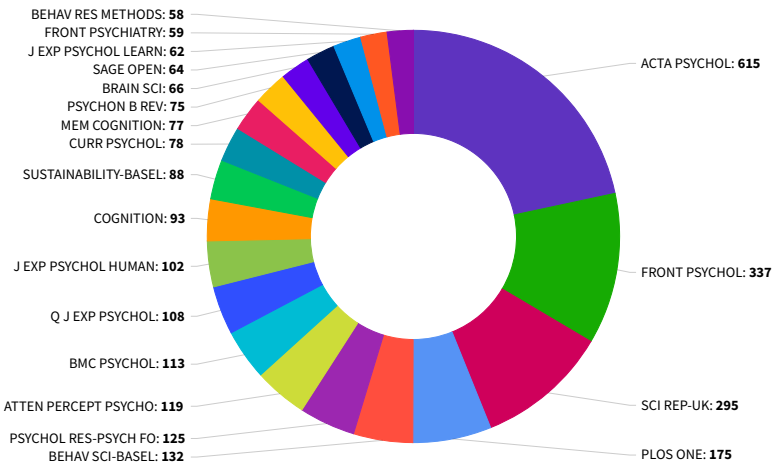


CITED YEAR	# OF CITES FROM 2025	CUMULATIVE %	# OF CITING SOURCES
All years	**11,168 citations**	**100.00%**	**2,496 sources**
2025	1,033 citations	9.25%	422 sources
2024	2,005 citations	27.20%	812 sources
2023	774 citations	34.13%	470 sources
2022	1,005 citations	43.13%	594 sources
2021	427 citations	46.96%	249 sources
2020	310 citations	49.73%	192 sources
2019	334 citations	52.72%	197 sources
2018	276 citations	55.19%	162 sources
2017	185 citations	56.85%	119 sources
2016	212 citations	58.75%	130 sources
Older	4,607 citations		

Journal Citation Relationships

Cited Data Citing Data

Top 20 journals citing ACTA PSYCHOL by number of citations



Content metrics

Source data

This tile shows the breakdown of document types published by the journal. Citable Items are Articles and Reviews. For the purposes of calculating JIF, a JCR year considers the publications of that journal in the two prior years. Learn more

1,386 total citable items

	ARTICLES	REVIEWS	COMBINED(C)	OTHER DOCUMENT TYPES(O)	PERCEI
NUMBER IN JCR YEAR 2025 (A)	1,335	51	1,386	12	99%
NUMBER OF REFERENCES (B)	95,600	4,489	100,089	12	100%
RATIO (B/A)	71.6	88.0	72.2	1.0	

Average JIF Percentile

Export

The Average Journal Impact Factor Percentile takes the sum of the JIF Percentile rank for each category under consideration, then calculates the average of those values. Learn more

ALL CATEGORIES AVERAGE	PSYCHOLOGY, EXPERIMENTAL
89.9	89.9

Contributions by organizations

Export

Organizations that have contributed the most papers to the journal in the most recent three-year period. Learn more

RANK	ORGANIZATION	COUNT
1	BEIJING NORMAL UNIVERSITY	32
2	MAPUA UNIVERSITY	27
3	RENMIN UNIVERSITY OF CHINA	24
4	CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE (CNRS)	21
5	PRINCESS NOURAH BINT ABDULRAHMAN UNIVERSITY	20

Contributions by country/region

Export

Countries or Regions that have contributed the most papers to the journal in the most recent three-year period. Learn more

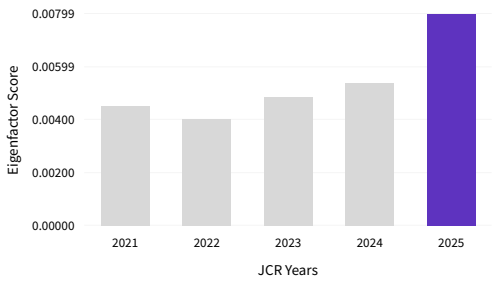
RANK	COUNTRY / REGION	COUNT
1	CHINA MAINLAND	901
2	USA	164
3	GERMANY (FED REP GER)	130
4	SAUDI ARABIA	102
5	ENGLAND	101
6	INDIA	97
7	MALAYSIA	94
8	NETHERLANDS	78
9	IRAN	77

Additional metrics

Eigenfactor Score

0.00799

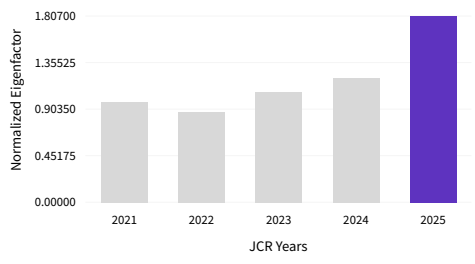
The Eigenfactor Score is a reflection of the density of the network of citations around the journal using 5 years of cited content as cited by the Current Year. It considers both the number of citations and the source of those citations, so that highly cited sources will influence the network more than less cited sources. The Eigenfactor calculation does not include journal self-citations. Learn more



Normalized Eigenfactor

1.80700

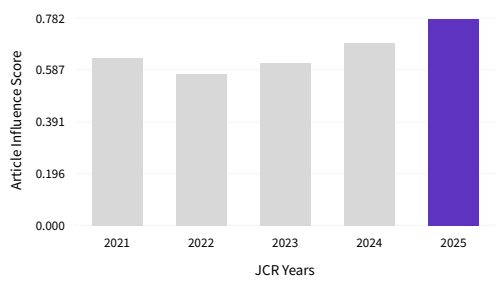
The Normalized Eigenfactor Score is the Eigenfactor score normalized, by rescaling the total number of journals in the JCR each year, so that the average journal has a score of 1. Journals can then be compared and influence measured by their score relative to 1. Learn more



Article influence score

0.782

The Article Influence Score normalizes the Eigenfactor Score according to the cumulative size of the cited journal across the prior five years. The mean Article Influence Score for each article is 1.00. A score greater than 1.00 indicates that each article in the journal has above-average influence. Learn more



5 Year Impact Factor

3.4

View Calculation

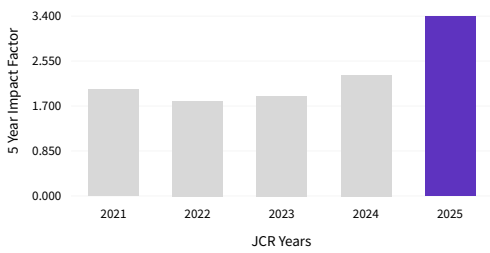
The 5-year Impact Factor is the average number of times articles from the journal published in the past five years have been cited in the JCR year. It is calculated by dividing the number of citations in the JCR year by the total number of articles published in the five previous years. Learn more

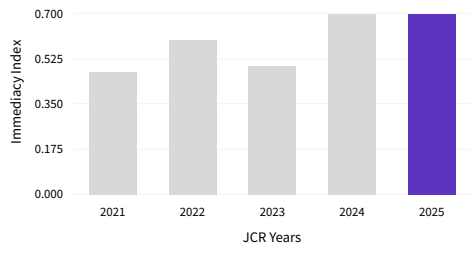
Immediacy Index

0.7

View Calculation

The Immediacy Index is the count of citations in the current year to the journal that reference content in this same year. Journals that have a consistently high Immediacy Index attract citations rapidly. Learn more





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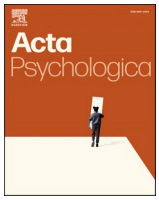
Acta Psychologica 260 (2025) 105511



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journal homepage: www.elsevier.com/locate/actpsy



Theological faculty students' attitudes toward organ and blood donation: Knowledge gaps, religious concerns, and sociodemographic variables

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ARTICLE INFO

Keywords:
Organ donation
Blood donation
Faculty of theology

ABSTRACT

Purpose: Individuals' level of knowledge, religious beliefs and sociocultural characteristics directly affect their attitudes toward organ and blood donation. The aim is to determine the knowledge and attitudes of the students studying at the Faculty of Theology regarding blood donation and organ donation, to examine them in the light of sociodemographic variables and to raise awareness on the subject.
Material and method: This cross-sectional descriptive study was completed with 291 students. Data were collected using an e-survey form, Organ Donation Attitude Scale, and Blood Donation Attitude Scale developed by the researchers.
Results: 145 of the students (48.8%) had donated blood before and 99 (34.1%) stated that it was appropriate for a non-Muslim to donate blood. It was determined that there was a negative and significant relationship between the blood donation attitude and its sub-dimensions and the negative attitude dimension and its sub-dimensions ($p<0.05$).
Conclusion: The study found that students had a more positive approach to blood donation, while organ donation was negatively affected by lack of knowledge, religious concerns, and personal fears. Targeted awareness campaigns should be organized by the State Health Institutions to emphasize that the process is carried out by experienced physicians and to share organ donation with the society in order to share organ donation with the society.

1. Introduction

The concept of organ donation refers to the conscious and free will of individuals over 18 years of age to donate one or more organs for the treatment of patients in need. In other words, it is the process by which any individual of sound mind and over 18 years of age freely consents to the use of their tissues and organs for the treatment of another person after their death, and provides this consent in writing (Kara et al., 2012; Özkan & Yılmaz, 2009; Şantaş & Şantaş, 2018; Savaşer et al., 2012). According to the WHO definition, organ donation is the removal of healthy organs and tissues from a donor and their transplantation to a recipient. While most donations occur after the donor's death, some can be donated while the donor is still alive. Internal organs that can be donated include the kidneys, liver, pancreas, heart, intestines, and lungs. Other tissues that can be donated include blood, stem cells, blood vessels, skin, bone, cornea, skin, and heart valves (WHO, 2025). Due to lack of information and wrong attitudes and thoughts about organ donation, the number of organ donations is not at a sufficient level in Türkiye. As of October 2024, the total number of patients in the transplant waiting list was reported as approximately 35 thousand. The number of organs/tissue transplants performed for 2024 has been reported as 9.394 according to the Ministry of Health (2025). According to these data, it is reported that organ donation remains low and the transplantation requirement continues. The number of organ donations in our country is not sufficient due to lack of information about organ donation and false attitudes and thoughts (Tutar et al., 2024). In their studies, where the community evaluated the organ donation attitude, the proportion of those who have organ donation cards was 7.1%, the ratio of those who stated that they received any training related to organ donation and the ratio of those who know that they were a national organ donor registration system in Türkiye. They found that the positive attitudes of women to organ donation were higher than men, and that the attitude

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toward organ donation did not show any statistically significant differences with marital status, working status, social security presence, income level and educational status variables (Tutar et al., 2024). In the study of Gürler and Hançer (2020), it was reported that 3.3% of the participants were organ donation cards, 74.1% had information about organ donation, and 37.8% did not deem religiously appropriate organ donation (Gürler & Hançer, 2020).

Increasing awareness in individuals, eliminating the lack of information and providing a positive attitude toward organ donation plays an important role in increasing the number of organ donations.

Blood donation is the process of donating whole blood or at least one of its components. It is essential that blood and blood products are provided voluntarily and without expecting anything in return. The reason blood donation is considered equivalent to saving human lives is that human-derived blood can only be obtained from humans, with no alternative source. Organ transplantation is the process of transferring a tissue or organ from a living or deceased donor to replace a non-functional organ or tissue. Organ transplantation can be performed from both living and deceased donors. In the case of living donors, the procedure involves the removal of one of the paired organs in a way that does not put the donor's life at risk. For deceased donors, brain death must have occurred, and the necessary legal permissions must be obtained. In Türkiye, the transplantation and donation of organs have been regulated by Law No. 2238 on the "Removal, Preservation, Grafting, and Transplantation of Organs and Tissues," which was enacted in 1979. According to Article 6 of this law, in order to obtain organs and tissues from an individual who is at least 18 years old and mentally competent, it is mandatory for the individual to declare their consent in writing or verbally in the presence of at least two witnesses, sign the document, and have it approved by a physician. The law also states that for organ retrieval from a cadaver, the donor must have been declared brain dead, the organs must be in a usable condition, and legal consent must be obtained from the next of kin. This law was expanded in 2000 with the "Regulation on Organ and Tissue Transplantation Services" (Şantaş & Şantaş, 2018; Yaşın Tekizoğlu, 2018; Yücetin et al., 2003). It is believed that increasing public awareness and knowledge on the subject will contribute to the promotion of organ transplantation, organ donation, and blood donation. Socio-cultural backgrounds, levels of knowledge on the topic, and the education received from family play a significant role in individuals' attitudes toward organ transplantation and donation (Özbolat, 2017). One of the common misconceptions about organ and blood donation is its religious aspect (Bostancıoğlu et al., 2017). Turkey is a country with a deep-rooted religious heritage, where Islamic beliefs are prominently present in society. In this context, sensitivity to religious values profoundly influences individuals' attitudes and behaviors regarding health. The decisive role of religious rulings in public perception, particularly regarding biomedical and ethical issues such as organ and blood donation, is undeniable. In this regard, students of the Faculty of Theology hold a particularly strategic position in shaping public awareness and attitudes on this issue, both because of their mastery of religious knowledge and their future roles as opinion leaders, such as religious officials, teachers, or academics.

2. Materials and methods

This study was conducted as a cross -sectional descriptive study.

The population of the study consisted of students studying at the Faculty of Theology at Yozgat Bozok University, a state university in Türkiye.

This study was conducted as a cross -sectional descriptive study.

The universe of the study was 657 students studying at Yozgat Bozok University Faculty of Theology, a state university in Türkiye. In the determination of the number of samples of the study, the formula used to determine the number of people to be sampled in cases where the universe is known (Ozturk, 2017). According to this formula, the sample size was calculated as 243. The data collection process was completed with 291 students who aim to reach the entire universe and agreed to participate in the research.

The data was collected from the students who volunteered to participate in the study between December and April of the 2024–2025 academic year and the study was completed with a total of 291 students. Before collecting data, Ethical Committee approval was obtained with the decision number 19/63 dated 21 November 2024. Corporate leave was obtained from the school administration. The students were asked to give their informed consent on the first page of the survey before participating in the research.

2.1. Data collection tools

Data were collected through a web-based survey administered to participants, including a sociodemographic data collection form (20 questions), an organ donation attitude scale (40 items), and a blood donation attitude scale (24 items). The survey used in the study was prepared online via Google Forms, and the survey link was emailed to university students in classrooms with the support of faculty.

The sociodemographic data form was developed by the researchers and consists of a total of 20 questions: 10 questions to describe the participants' individual characteristics and 10 questions to assess their attitudes toward organ and blood donation.

2.2. Organ Donation Attitude Scale

The Organ Donation Attitude Scale was initially developed by Parisi and Katz in 1986 (Parisi & Katz, 1986). It was later adapted by Kent and Owens in 1995 (Kent & Owens, 1995). As a result of the Turkish validity and reliability study conducted by Sayın (2016), some items from the original scale were removed from the Turkish version (Sayın, 2016). After these modifications, the final version of the scale was accepted as a valid measurement tool for Turkey. The Turkish version of the scale consists of 40 items, with 20 positive and 20 negative statements. Each item represents 1 point. Scores for positive attitudes range from 20 to 120, while scores for negative attitudes also range from 20 to 120. A high score on positive attitudes and a low score on negative attitudes indicate a strong positive attitude toward organ donation.

Responses are rated on a scale ranging from "strongly disagree" to "strongly agree." Negative items in the scale are reverse-coded (Sayın, 2016).

2.3. Blood Donation Attitude Scale (BDAS)

The Blood Donation Attitude Scale (BDAS) was developed by Çelik and Güven and consists of a total of 24 questions (Çelik & Güven, 2016).

The Blood Donation Attitude Scale (BDAS) is designed to assess attitudes toward blood donation and consists of three sections: Social and Community Responsibility 12 items, Anxiety 8 items, and Social View and Understanding 4 items, totaling 24 questions. The scale uses a 5-point Likert-type rating system. The minimum possible scores for the subdimensions of BDAS are as follows: Social and Community Responsibility 12, Anxiety 8, and Social View and Understanding 4. The maximum possible scores for these subdimensions are 60, 40, and 20, respectively. The total minimum score that can be obtained from the scale is 24, and the maximum score is 120. According to the scoring system, a higher score on the scale indicates a higher level of positive attitude toward blood donation (Çelik & Güven, 2016).

2.4. Statistical analysis

IBM SPSS 28 software was used to analyze the data collected in the study. Categorical parameters are presented as frequency and percentage. For numerical parameters, the mean and standard deviation values are provided. The normality of the numerical parameters in the study was examined using skewness and kurtosis values. Since the skewness

and kurtosis values fell within the range of −1.5 to +1.5 (as stated by Tabachnick & Fidell, 2013), it was concluded that the data followed a normal distribution (Tabachnick & Fidell, 2013).

Independent sample *t*-tests and one-way ANOVA were used to determine whether the mean scores obtained from the sub-dimensions of the Blood and Organ Donation Attitude Scales differed according to the responses. For the results that were statistically significant in the ANOVA analysis, Post-Hoc Scheffe tests were conducted for further evaluation. To examine the relationship between the Blood Donation Attitude Scale, the Organ Donation Attitude Scale, and their sub-dimensions, Pearson correlation analysis was applied. In the preparation of the research report, a significance level of 95% confidence interval ($p<0.05$) was used.

3. Findings

A total of 291 students from the Faculty of Theology participated in the study. The demographic characteristics of the students are presented in Table 1. Of the students, 195 (67%) are female, 274 (94.2%) are single, 150 (51.5%) are third-year students, 218 (74.9%) live in dormitories, and 226 (74.9%) have an average family income. The educational levels of the students' mothers (67.7%) and fathers (39.5%) are mostly at the primary school level.

The students' responses to the questions about blood and organ donation are shown in Table 2. 145 of the students (48.8%) had donated blood before and 99 (34.1%) stated that it was appropriate for a non-Muslim to donate blood. It was observed that 4 (1.4%) of the students had previously had an organ transplant to someone in their family. 7 (2.4%) had a family member waiting for an organ transplant. 121 (41.6%) wanted organ donation after death. 3 (1%) were organ donors. and 167 (57.4%) did not want to donate an organ after death. Of those who did not want to donate organs. 12 (7.2%) stated that they did not feel ready. and the highest rate. 86 (51.5%). stated that they did not think about this issue. The 4 students (2.4%) do not want an organ transplant due to their health being unsuitable. 16 students (9.6%) do not want it because they do not wish to disrupt their body integrity. 24 students (14.4%) believe it is a sin. 19 students (11.4%) do not have sufficient knowledge. and 6 students (3.6%) have doubts about the brain death decision made by doctors. Thirty-four students (11.7%) have participated in education on organ transplantation. 50 students (17.2%) believe they have sufficient knowledge about organ transplantation. and 132 students (45.4%) reported that Islam has a positive view of organ transplantation. It was observed that 263 students (90.4%) would want an organ transplant if necessary. and 93 students (32%) stated that organ transplantation from a non-Muslim is permissible according to in Islam.

The total scores obtained by the students from the blood and organ donation attitude scales and their sub-dimensions are shown in Table 3. It was determined that the students scored 92.96 points from the blood donation attitude scale. 52.35 points from the social responsibility dimension. 27.42 points from the concern dimension, and 13.19 points from the opinion/understanding dimension. It was determined that the students scored 163.16 points from the organ donation attitude scale. 92.23 points from the positive attitude dimension, and 70.07 points from the negative attitude dimension. They also scored 34.02 points from the medical neglect sub-dimension and 36.04 points from the fear of bodily harm sub-dimension.

According to the previous blood donation status, the blood and organ

Table 1
Sociodemographic characteristics of the students.

	n	%
Gender		
Female	195	67.0
Male	96	33.0
Marital status		
Married	17	5.8
Single	274	94.2
Academic year		
Preparatory year	12	4.1
Year 1	38	13.1
Year 2	34	11.7
Year 3	150	51.5
Year 4	57	19.6
Place of stay		
Home alone	28	9.6
With family	27	9.3
Dormitory	218	74.9
Other	18	6.2
Family income		
Very good	4	1.4
Good	35	12.0
Average	226	77.6
Poor	20	6.9
Very bad	6	2.1
Mother education level		
Primary school	197	67.7
Middle school	58	19.9
High school	32	11.0
University	4	1.4
Father education level		
Primary school	115	39.5
Middle school	67	23.0
High school	88	30.2
University	21	7.3

Table 2
Responses of participants to questions on blood and organ transplantation.

	n	%
Donating blood before		
Yes	145	49.8
No	146	50.2
A Non-Muslim donating blood		
Yes. It's acceptable	99	34.1
No. It's not acceptable	26	8.9
No opinion	166	57.0
Organ transplantation for a family member		
Yes. It's done	4	1.4
No. It was not done	287	98.6
Organ transplantation to a family member		
Yes. It was done	7	2.4
No. It was not done	284	97.6
An agreement was reached regarding organ donation after death		
Yes. I would like to	121	41.6
No. I would not like to	167	57.4
I am an organ donor	3	1.0
Participation in education on organ transplantation		
Yes	34	11.7
No	257	88.3
Sufficient knowledge about organ donation		
Yes. I have it	50	17.2
No. I do not have it	241	82.8
Islam's view on organ transplantation		
Positive	132	45.4
Negative	29	10.0
No definitive information	130	44.7
Would you want to have an organ transplant if necessary?		
Yes. I would like to	263	90.4
No. I would not like to	28	9.6
Organ transplantation from a non-Muslim according to in Islam		
Yes. It's acceptable	93	32.0
No. It's not acceptable	29	9.9
No opinion	169	58.1

Table 3
Participants' attitudes toward blood and organ donation.

	$\bar{X}$	Ss.	Minimum	Maximum
Blood donation attitude scale	92.96	9.73	24	120
Social responsibility	52.35	6.34	12	60
Concern	27.42	5.00	8	40
Opinion and understanding	13.19	2.07	4	20
Organ donation attitude scale	163.16	25.14	40	240
Positive attitude (altruism and moral values)	92.23	18.46	20	120
Negative attitude	70.07	17.88	20	120
Fear of medical neglect	34.02	10.86	10	60
Fear of bodily harm	36.04	9.38	10	60

donation attitudes are shown in Table 4. The opinions and understanding of students who had donated blood before were higher compared to those who had not donated blood before ($p<0.05$). There was no significant difference in the scores of the students' blood donation and organ donation attitudes and sub-dimensions based on their previous blood donation status ($p>0.05$). According to the acceptability of blood donation from a non-Muslim according to in Islam. The blood and organ donation attitudes are shown in Table 4. It was found that the students who answered "Yes. It's acceptable" had significantly higher scores in blood donation attitude and social responsibility compared to those who answered "No opinion" ($p<0.05$). It was also found that the students who answered "No. It's not acceptable" had significantly higher scores in organ donation and positive attitude compared to those who answered "Yes. It's acceptable" and "No opinion" ($p<0.05$). It was found that the students who answered "Yes. It's acceptable" had significantly lower negative attitude scores compared to those who answered "No. It's not acceptable" and "No opinion" ($p<0.05$). It was determined that the students who answered "No. It's not acceptable" had higher scores in the fear of bodily harm sub-dimension compared to those who answered "Yes. It's acceptable" ($p<0.05$). No significant difference was found in the scores of the students in the other sub-dimensions based on the acceptability of blood donation from a non-Muslim according to in Islam ($p>0.05$). According to the previous situation of organ transplantation to a family member, the blood and organ donation attitudes are shown in Table 4. It was found that the students who had not previously had an organ transplant to a family member had significantly higher social responsibility scores compared to those who had previously had an organ transplant to a family member ($p<0.05$). There was no significant

Table 4
Attitudes toward blood and organ donation according to participants' responses.

		I donated yes		I didn't donate no		t	p-
		M	S.D.	M	S.D.		
Blood and organ donation attitudes based on previous blood donation status	Blood donation attitude	93.30	9.56	92.61	9.91	0.602	0.548
	Social responsibility	52.46	5.79	52.24	6.86	0.299	0.765
	Concern	27.31	5.88	27.52	3.93	0.358	0.721
	Opinion and understanding	13.52	2.24	12.84	1.81	2.819	0.005*
	Organ donation attitude	162.93	27.89	163.38	22.16	0.151	0.880
	Positive attitude	91.85	19.40	94.59	17.43	1.268	0.206
	Negative attitude	68.91	19.30	71.21	16.32	1.095	0.274
	Fear of medical neglect	33.56	10.81	34.38	10.92	0.717	0.474
	Fear of bodily harm	35.35	10.15	36.73	8.52	1.257	0.210

		Yes. It was done		No. It was not done		t	p-
		M	S.D.	M	S.D.		
Blood and organ donation attitudes based on previous organ transplantation to a family member	Blood donation attitude	89.00	9.73	93.01	9.78	0.819	0.414
	Social responsibility	44.00	6.34	52.46	6.30	2.680	0.008*
	Concern	31.00	5.00	27.37	5.01	1.444	0.150
	Opinion and understanding	14.00	2.07	13.17	2.07	0.793	0.428
	Organ donation attitude	171.00	25.14	163.05	25.29	0.627	0.531
	Positive attitude	88.00	18.46	93.31	18.58	0.570	0.569
	Negative attitude	57.00	17.88	70.25	17.93	1.475	0.141
	Fear of medical neglect	30.00	10.86	34.08	10.92	0.746	0.457
	Fear of bodily harm	27.00	9.38	36.17	9.38	1.951	0.052

		Yes. It's acceptable		No. It's not acceptable		No opinion		F	p-
		M	S.D.	M	S.D.	M	S.D.		
Blood and organ donation attitudes based on the acceptability of blood donation from a non-Muslim according to in Islam	Blood donation attitude	95.47	6.30	94.03	6.02	91.28	11.42	6.122	0.002*
	Social responsibility	54.35	4.65	53.00	5.98	51.05	6.94	9.014	0.001*
	Concern	28.04	4.13	27.65	2.46	27.02	5.69	1.331	0.226
	Opinion and understanding	13.08	1.67	13.38	2.59	13.21	2.19	0.266	0.767
	Organ donation attitude	169.55	24.76	135.11	27.66	163.74	21.95	22.272	0.001*
	Positive attitude	95.87	19.18	68.92	25.69	95.45	13.35	29.655	0.001*
	Negative attitude	66.32	17.52	73.80	13.34	71.71	18.41	3.506	0.031*
	Fear of medical neglect	32.27	9.83	33.00	12.62	35.22	11.05	2.448	0.088
	Fear of bodily harm	34.05	9.51	40.80	8.80	36.48	9.11	5.970	0.003*

* $p < 0.05$.

difference in the scores of the students' blood donation and organ donation attitudes and sub-dimensions based on the previous situation of organ transplantation to a family member ($p>0.05$).

The attitudes toward blood and organ donation based on whether an individual has a family member awaiting organ transplantation are presented in Table 5. There was no significant difference in students' scores on blood and organ donation attitudes and their subdimensions according to the presence of a family member awaiting organ transplantation ($p>0.05$). There was a significant difference in students' scores on blood and organ donation attitudes and their subdimensions (except for the concern dimension) based on their willingness to donate their organs after death ($p<0.05$). Students who had received education on organ transplantation had significantly higher scores in blood donation attitude, social responsibility, and concern compared to those who had not received such education ($p<0.05$). There was no significant difference in students' scores on the perspective and understanding dimension, organ donation attitude, and its subdimensions based on whether they had received education on organ transplantation ($p>0.05$). The difference between the scores of students who were willing to receive an organ transplant when needed and those who were not was statistically significant in terms of blood donation, its subdimensions, organ donation, and positive attitudes ($p<0.05$). However,

Table 5
Participants' attitudes toward blood and organ donation according to some characteristics.

		Yes. Present		No. Not present		t	p
		M	S.D.	M	S.D.		
Attitudes toward blood and organ donation based on having a family member awaiting organ transplantation	Blood donation attitude	93.28	5.34	92.95	9.81	0.090	0.928
	Social responsibility	50.00	7.48	52.41	6.31	0.993	0.322
	Concern	29.28	2.13	27.37	5.04	0.998	0.319
	Perspective and understanding	14.00	0.01	13.16	2.08	1.056	0.292
	Organ donation attitude	176.14	6.41	162.84	25.34	1.385	0.167
	Positive attitude	96.14	10.15	93.15	18.62	0.422	0.673
	Negative attitude	60.00	3.74	70.31	18.01	1.512	0.132
	Fear of medical negligence	30.00	0.01	34.12	10.97	0.992	0.322
	Fear of bodily injury	30.00	3.74	36.19	9.43	1.731	0.084
Attitudes toward blood and organ donation based on willingness to donate organs after death	Blood donation attitude	96.86	8.57	90.05	9.54	6.276	0.001*
	Social responsibility	55.30	4.17	50.15	6.78	7.471	0.001*
	Concern	28.00	5.84	26.98	4.22	1.728	0.085
	Perspective and understanding	13.54	2.33	12.91	1.80	2.607	0.010*
	Organ donation attitude	174.88	21.32	154.45	24.25	7.476	0.001*
	Positive attitude	98.77	14.95	89.11	19.74	4.562	0.001*
	Negative attitude	63.88	18.93	74.65	15.58	5.316	0.001*
	Fear of medical negligence	32.32	11.10	35.28	10.53	2.320	0.021*
	Fear of bodily injury	31.56	9.64	39.37	7.66	7.691	0.001*
Attitudes toward blood and organ donation based on receiving education on organ transplantation	Blood donation attitude	98.41	7.55	92.23	9.76	3.546	0.001*
	Social responsibility	54.41	5.34	52.07	6.42	2.027	0.044*
	Concern	30.55	3.51	27.01	5.02	3.993	0.001*
	Perspective and understanding	13.44	2.43	13.15	2.01	0.767	0.444
	Organ donation attitude	159.58	32.72	163.63	24.01	0.881	0.379
	Positive attitude	89.85	28.05	93.67	16.81	1.136	0.257
	Negative attitude	70.26	16.28	70.04	18.10	0.068	0.946
	Fear of medical negligence	33.05	9.82	34.15	11.01	0.551	0.582
	Fear of bodily injury	37.21	8.32	35.89	9.51	0.767	0.443
Attitudes toward blood and organ donation based on willingness to receive an organ transplant when needed	Blood donation attitude	93.37	9.57	89.07	10.53	2.239	0.026*
	Social responsibility	52.84	5.99	47.67	7.65	4.217	0.001*
	Concern	27.23	5.12	29.17	3.15	1.965	0.050*
	Perspective and understanding	13.28	2.14	12.21	0.41	2.643	0.009*
	Organ donation attitude	166.50	22.79	131.75	24.84	7.695	0.001*
	Positive attitude	94.41	14.07	63.35	26.71	10.594	0.001*
	Negative attitude	69.90	18.06	71.60	16.27	0.478	0.633
	Fear of medical negligence	34.20	10.68	32.35	12.51	0.854	0.394
	Fear of bodily injury	35.70	9.44	39.25	8.26	1.910	0.057

* $p < 0.05$.

there was no significant difference in the scores of negative attitudes and its subdimensions based on willingness to receive an organ transplant when needed ($p>0.05$) (Table 5).

The relationship between blood donation and organ donation attitudes is shown in Table 6. A positive and significant relationship was found between blood donation attitude and its subdimensions and organ donation attitude as well as positive attitude ($p<0.05$). No significant relationship was found between the concern dimension of blood donation attitude and positive organ donation attitude ($p>0.05$). A negative and significant relationship was found between blood donation attitude and its subdimensions and the negative attitude dimension and its subdimensions ($p<0.05$).

4. Discussion

In this study, the knowledge levels and attitudes of Theology Faculty students regarding blood and organ donation were examined, and how these attitudes are shaped according to sociodemographic variables was evaluated. The students of the Theology Faculty will play a guiding role in society as religious officials, academics, or teachers after graduation, making it crucial for them to be well-informed on important health and ethical issues such as blood and organ donation. The research findings reveal that students generally have a more positive attitude toward blood donation, but exhibit a more hesitant and reserved attitude toward organ donation. This suggests that individual, religious, and cultural factors may influence perceptions of organ donation. It was found that 48.8% of the students participating in the study had donated blood before, while only 1% were organ donors. When reviewing studies in the literature, it has been shown that individuals' attitudes toward organ-tissue and blood donation are influenced by factors such as educational level, the health status of individuals and their families, knowledge about the topic, sociocultural factors, and religious beliefs. Prejudices and unconscious behaviors stemming from misconceptions and unfounded fears can negatively affect organ and blood donation (Can, 2017; Güler et al., 2017).

Blood donation is a more widely accepted behavior than organ donation in many societies. The reasons behind this difference are related to psychological, religious, cultural, and medical factors. Blood donation is perceived by society as a safer, reversible, and risk-free act (Ferguson et al., 2008). The fact that blood donation is a more common and normalized behavior in society increases its acceptance through social learning. While blood donation, regularly encouraged in schools, workplaces, and through various campaigns, has become the social norm, organ donation is less visible and encouraged (Bednall & Bove, 2011). Furthermore, religious and cultural beliefs also shape donation behavior. In many religions and cultures, widespread beliefs about the need to preserve bodily integrity lead to reservations against organ donation, especially after death. However, blood donation is considered a temporary procedure that does not violate these beliefs (Oliver et al., 2011; Sanner, 2001). From a medical perspective, blood donation is a less complex, less invasive, and more controllable procedure than organ donation. While individuals are more exposed to information about the blood donation process, a lack of knowledge about the details of organ donation, particularly about brain death and the donation process, fosters false beliefs (Wakefield et al., 2010).

In our study, it was found that approximately half of the students (41.6%) would like to donate their organs after death, while 57.4% were not in favor of organ donation. The most common reasons for negative attitudes toward organ donation include students not having considered the issue, religious concerns, and a desire to preserve bodily integrity. This suggests that religious beliefs and lack of information have a significant impact on organ donation decisions. In a study conducted by Jones in 2024, it was found that individuals with a religious stance naturally opposed body donation, while those without religious affiliation showed higher willingness (Jones, 2024).

In a study conducted by Mandacı in 2023, it was found that one in every four students had a positive attitude toward becoming an organ donor, while approximately half were indecisive. Additionally, no students were identified as having donated organs or tissues or carrying a donor card (Mandacı, 2023).

In Bulut's study, when examining the distribution of participants' thoughts on organ donation, it was found that 31.1% had considered donating organs. 28.1% had not, and 40.7% were undecided about organ donation (Bulut, 2019).

In the study by Salem et al. (2024), a significant proportion (40.4%) of participants suggested that blood donation is a personal duty for every eligible individual (Salem et al., 2024). In the study conducted by Ibrahim and Randhawa, more than half of the participants (52.8%) were found to have a positive attitude toward organ donation (Ibrahim & Randhawa, 2017).

In our study found that whether students had received education on organ transplantation significantly affected their blood donation attitudes and social responsibility levels. This finding suggests that education on organ transplantation and donation could be effective in raising individuals' awareness.

In Turan's study, it was found that 65 participants (32.0%) had received education on organ donation, while 138 participants (68.0%) had not. The percentage of those who had donated or were considering donating organs was reported to be 62.6% (Turan, 2022).

In the study by Sarı et al. (2023), it was found that 70.3% of undergraduate students had received education on organ donation. 55.1% had considered donating their organs, but only 11.4% had an organ donor card, and 79.5% were unaware of the organ donation law in Turkey (Sarı et al., 2023). In the study by Ibrahim and Randhawa, a significant majority of participants (93.2%) were knowledgeable about organ donation. and 76.7% had good knowledge on the subject.

Additionally, more than half of the participants (52.8%) have a positive attitude toward organ donation, while less than half (42.8%) exhibit positive behavior toward organ donation (Ibrahim & Randhawa, 2017).

In a study conducted with medical students in Puerto Rico, the average score of participants' knowledge about organ donation on a 10-point scale was found to be 6.29. Approximately 72% of the participants had a positive opinion. 40% of the participants expressed an intention to donate their organs, while only 23% had a donor card (Marqués-Lespier et al., 2013).

The study in the literature reported that the educational program was effective in promoting knowledge, facilitating attitude changes and

Table 6
Relationship between blood donation and organ donation attitudes.

	Blood donation attitude		Social responsibility		Concern		Perspective and understanding	
	r	p	r	p	r	p	r	p
Organ donation attitude	0.523	0.001*	0.360	0.001*	0.437	0.001*	0.300	0.001*
Positive attitude	0.282	0.001*	0.299	0.001*	0.097	0.099	0.173	0.001*
Negative attitude	−0.445	0.001*	−0.198	0.001*	−0.515	0.001*	−0.243	0.001*
Fear of medical negligence	−0.387	0.001*	−0.147	0.001*	−0.483	0.001*	−0.201	0.001*
Fear of bodily injury	−0.399	0.001*	−0.206	0.001*	−0.421	0.001*	−0.230	0.001*

* $p < 0.05$.

consolidation, easing discussions with families, increasing the willingness to donate, and raising the number of potential donors (Bas-Sarmiento et al., 2023).

In our study, the average score students received from the blood donation attitude scale was 92.96. The higher score (52.35) in the social responsibility subdimension suggests that students perceive blood donation as a societal responsibility. The score students received from the organ donation attitude scale was 163.16. The score of 92.23 in the positive attitude subdimension indicates that students may exhibit a positive attitude toward organ donation, while the score of 70.07 in the negative attitude subdimension shows that a significant portion still has reservations about organ donation. The scores of students in the subdimensions of fear of medical negligence (34.02) and fear of bodily injury (36.04) suggest that their concerns about organ donation are primarily related to medical worries and bodily integrity.

In our study, when comparing the attitudes of students who had donated blood before with those who had never donated, it was found that students who had donated blood scored higher in the perspective and understanding dimension. This suggests that having donated blood may have increased the students' awareness of the issue and made their views more positive. In the study by Tüney and colleagues. 4.1% of blood donors had obtained tissue and organ donor cards (Tüney, 2011). Previous studies have reported registration rates among blood donors in different countries, ranging from as low as 2.8% to as high as 69% (Basavarajegowda et al., 2021; Li et al., 2001; Merz et al., 2017; Savaş & Danışmanı, 2019).

Another notable finding in our study is that, according to the correlation analysis results, there is a positive and significant relationship between blood donation attitude and its subdimensions, and organ donation attitude and positive attitude. This suggests that individuals with a more positive attitude toward blood donation may also have a more positive attitude toward organ donation and are generally more open to donation. The relationship between positive attitudes indicates that there may be a similar attitude structure between blood and organ donation. A positive and significant relationship was found between blood donation attitude and organ donation attitude (r=0.523. p=0.001). There is also a negative and significant relationship between blood donation attitude and negative attitude toward organ donation (r=−0.445. p=0.001). Individuals with a positive attitude toward blood donation are more likely to have a positive attitude toward organ donation as well. Those with a strong sense of social responsibility are more likely to view organ donation positively. As concern increases, negative attitudes toward organ donation also rise. Individuals with a positive attitude toward blood donation have lower fears of medical negligence and bodily harm. This suggests that reservations are not limited to organ donation alone but that similar psychological and social barriers may also exist in other types of donation, such as blood donation. In a study conducted by Uzun (2022), it was reported that individuals who donated blood for the first time and those who had donated blood before both had high levels of organ donation attitude, but no statistically significant difference was found between the two groups (Uzun, 2022).

In another study, it was observed that the approaches of the physicians participating in the research toward organ donation were different from their approaches toward blood donation. Whether the participant donated blood or not did not affect their attitude toward organ donation (Turan, 2022).

In another study in the literature, only one-fifth of the participants donated blood voluntarily. Those registered as organ donors were 1.4%, and those registered as bone marrow donors were 6.4% (Symvoulakis et al., 2022).

In our study, 132 participants (45.4%) expressed a positive view on organ transplantation according to Islam, 263 (90.4%) indicated that they would want to receive an organ transplant if necessary. and 93 participants stated that receiving an organ transplant from a non-Muslim is permissible according to in Islam. When reviewing the literature, regarding the permissibility of receiving an organ donation from a non-Muslim. 63.1% of participants were undecided, while 20.8% stated that it is not permissible (Mandacı, 2023). In our study, it was also found that students' perceptions regarding the religious permissibility of receiving organs or blood from a non-Muslim significantly influenced their attitudes toward donation. Students who answered “yes. it is permissible” had higher blood donation attitude and social responsibility scores, while students who answered “no. it is not permissible” had higher organ donation positive attitude scores. This finding further highlights the impact of religious beliefs and perceptions on donation decisions. In a study conducted by Soylu et al., correlation and regression analyses revealed a statistically significant relationship between religious attitudes and the medical negligence fear subdimension of the Organ Donation Attitude Scale. The results of the study showed that there is a relationship between religious attitudes and attitudes toward organ transplantation (Soylu et al., 2022). In another study, it was found that Baptists are more likely to approve of organ transplantation compared to people from other religions. Muslims, on the other hand, were less likely to approve compared to other religious groups (25%). In the younger age group (60 years and under), there was a higher acceptance rate for organ transplantation and donation, whereas in the older age group (over 60), positive attitudes toward organ transplantation and donation decreased. Among religious groups. Baptists showed more positive attitudes, while Muslims had a relatively lower approval rate. Catholics were found to be the most willing group for organ donation (Kobus & Malyszko, 2016).

5. Conclusion and recommendations

This study examined and evaluated the knowledge and attitudes of Faculty of Theology students regarding blood and organ donation within the context of sociodemographic variables. The study findings indicate that students have a more positive attitude toward blood donation but are hesitant about organ donation. The primary concerns regarding organ donation were found to be religious concerns, lack of knowledge, and concerns about bodily integrity. Furthermore, receiving education on organ donation was found to positively impact blood donation attitudes and social responsibility. Upon graduation. Faculty of Theology students will be in a position to guide various segments of society as religious officials, academics, or teachers. Therefore, it is crucial for them to have accurate information on vital health and ethical issues such as organ and blood donation to raise public awareness and consciousness. It is crucial that they receive comprehensive training on these topics to address widespread religious and ethical concerns in society, provide individuals with accurate information, and provide sound guidance based on scientific data. In this context, awareness-raising seminars, panels, and training programs on organ and blood donation should be organized at universities. Informational events can be organized, particularly for students with religious concerns, with the participation of authorized personnel from the Presidency of Religious Affairs, religious officials, and healthcare professionals. Information booths should be set up on university campuses to raise awareness and inform students about blood and organ donation processes, and the process itself should be explained in detail. Healthcare institutions can organize awareness campaigns to explain the organ donation process, emphasize its importance, and inform the public that it is safe and carries minimal risk when performed by experienced physicians. Additionally, qualitative research can be conducted to thoroughly analyze the psychological and cultural factors that influence donation decisions. These recommendations aim to raise public awareness of blood and organ donation, increase donation rates, and address individual concerns. In future research, it is recommended that attitudes related to organ donation should be measured not only at the general level, but also in the context of donation and donation made during life. This approach will contribute to the development of more detailed findings and the development of applicable policy and educational programs,

especially with the fact that religious beliefs can affect these two donations differently in a different way.

Limitations

This study has several limitations. First, its cross-sectional nature precludes any claims of causality. Second, the data were collected at a university in the Central Black Sea region of Türkiye, which may not allow the results to be generalized to all university students in Türkiye. Therefore, a longitudinal study on this topic with university students is recommended.

CRediT authorship contribution statement

Nursel Üstündağ Öcal: Writing – review & editing, Writing – original draft, Software, Resources, Methodology, Formal analysis, Data curation, Conceptualization. **Nida Kiyici:** Writing – review & editing, Writing – original draft, Resources, Formal analysis, Data curation, Conceptualization. **Selahattin Yakut:** Writing – review & editing, Resources, Conceptualization.

Consent for publication

NA/not applicable.

Ethical approval and consent to participate

The research was carried out in accordance with the rules and ethical codes specified in the Declaration of Helsinki. University students were informed about the study and their informed consent was obtained for the participation. Prior to data collection, ethical approval was obtained with decision number 19/63 on 21.11.2024.

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Declaration of competing interest

The authors declare that there is no conflict of interest in this study.

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Data availability

The datasets generated and/or analyzed during the current study are not publicly available due to limitations of ethical approval involving the participants' data and anonymity but are available from the corresponding author on reasonable request.

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