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Turkish Validity and Reliability of the Public Attitudes and Beliefs about Organ Donation Scale

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ABSTRACT

Objective: This methodological study aimed to adapt the Public Attitudes and Beliefs about Organ Donation (PABOD) Scale into Turkish and to evaluate its validity and reliability.

Methods: The study was conducted between November and December 2024 with 318 adult participants reached through a virtual snowball sampling method from the seven geographical regions of Turkey. Data were collected online using the PABOD. Construct validity was assessed through Confirmatory Factor Analysis (CFA), and reliability was evaluated using Cronbach's alpha and the split-half methods.

Results: Sample adequacy was found to be excellent (KMO = 0.902; Bartlett's χ^2 = 5995.595, p <.001). CFA results indicated that the four-factor model was confirmed (χ RMSEA = 0.077; CFI = 0.861; IFI = 0.862; TLI = 0.848; NFI = 0.803). Most standardised factor loadings exceeded 0.50 and were statistically significant (p <.001). Item–total correlations ranged from 0.34 to 0.75. The overall Cronbach's alpha coefficient for the scale was 0.81, and the alpha values for the subscales ranged between 0.71 and 0.89. Split-half reliability was high (r = 0.81; Spearman–Brown = 0.89).

Conclusion: The Turkish version of the PABOD is a valid, reliable, and culturally appropriate instrument for assessing attitudes and beliefs regarding organ donation. The scale can be used to evaluate public perceptions of organ donation and to inform awareness-raising initiatives and health education programmes.

Keywords: organ donation, attitude, belief, validity, reliability, scale adaptation.

1. INTRODUCTION

Organ transplantation is considered the most effective—and often the only—treatment option for individuals with end-stage organ failure, extending life expectancy and improving quality of life. When evaluated in terms of cost-effectiveness, patient comfort, and healthy life years, organ transplantation has been shown to be superior to other treatment modalities (1, 2). Today, transplants of various organs such as the kidney, liver, heart, lung, pancreas, and small intestine are successfully performed. However, despite advances in medicine, significant social, ethical, and legal challenges surrounding organ transplantation persist (2-4).

Foremost among these challenges is the fact that the number of patients awaiting transplantation far exceeds the number of available organ donors. This imbalance has increased dependence on living donors and heightened ethical concerns (3, 5). According to the Global Observatory on Donation and Transplantation (GODT), a total of 172.409 organ transplants were performed worldwide in 2023, of which only 45.861 were from deceased donors (3). Data from the Turkish Ministry of Health indicate that, as of October 2024, 25.246 individuals are awaiting kidney transplantation, 2.650 are awaiting liver transplantation, and 1.477 are awaiting heart transplantation. When patients awaiting other organs are included, a total of 33.498 people are reported to be on the national waiting list. Furthermore, it is known that 80–90% of transplants in Turkey are performed using organs from living donors (6). This situation clearly demonstrates the severe shortage of organ donors (7,8).

Although most medical and legal barriers have been largely addressed, various psychosocial and cultural factors continue to prevent individuals from consenting to organ donation. These include religious concerns, distrust in the healthcare

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system, sociocultural norms, the need for family approval, fears related to bodily integrity, low levels of knowledge, and negative attitudes toward transplantation (4,8,9). Therefore, understanding public attitudes and beliefs regarding organ donation and developing appropriate interventions are of critical importance (4).

Considering that society consists of potential organ donors, there is a need for valid and reliable measurement tools that enable the assessment of attitudes and beliefs toward organ donation in a current, comprehensive, and multidimensional manner. Although several scales have been developed in Türkiye for this purpose (5,10,11), the existing instruments appear to be limited in terms of scope and conceptual depth. For example, although the Turkish adaptation of the Organ Donation Attitude Scale was conducted in 2016, the original form was developed in 1986; therefore, it does not adequately reflect the ethical, legal, and societal transformations that have occurred in the field of organ transplantation in recent years, nor does it assess attitudes toward living donor donation, which is widely practiced in Türkiye (5). Similarly, the Attitude Toward Cadaveric Organ Donation Scale and the Organ and Tissue Donation and Transplantation Knowledge Scale have a narrower focus and primarily concentrate on cadaveric donation or the assessment of knowledge levels (10,11). These scales are insufficient in comprehensively addressing key determinants such as religious beliefs, cultural meanings, and social decision-making processes that shape individuals' organ donation decisions (4,5). In this context, there is a clear need in Türkiye for a contemporary and multidimensional measurement tool that can evaluate attitudes and beliefs toward organ donation by encompassing both living and cadaveric donation and incorporating cognitive, emotional, and social dimensions.

One of the key factors limiting sustainability in the field of organ transplantation is the insufficiency of suitable donor numbers (2-4). Measurement tools that can assess societal attitudes and beliefs toward organ donation in a current and multidimensional manner may contribute to a better understanding of this issue and to the development of effective strategies (4,5). In this context, the "Public Attitudes and Beliefs about Organ Donation (PABOD)" scale, developed in 2023 by Othman and colleagues, is a contemporary measurement tool that evaluates individuals' thoughts, beliefs, and attitudes toward organ donation in a multidimensional manner (4). The scale has been found to be valid and reliable in the Jordanian population and provides a comprehensive assessment of the influence of religious, cultural, and social factors on organ donation.

Jordan is a Middle Eastern country with a predominantly Muslim population; therefore, the sociocultural context in which the PABOD scale was developed closely aligns with the cultural and religious characteristics of the Turkish population. Religious beliefs, the need for family approval, fatalistic perceptions, and sensitivities regarding bodily integrity all of which influence decision-making in organ donation are similarly important in both societies. This contextual similarity provides a strong foundation for adapting the scale into Turkish. Furthermore, the PABOD scale's inclusion of beliefs and attitudes toward both living and deceased donation, as well as its comprehensive evaluation of the cognitive, emotional, and social dimensions of organ donation, represents a major advantage.

For these reasons, the present study aims to culturally, linguistically, and psychometrically adapt the PABOD scale for the Turkish population and to determine its validity and reliability. This adaptation seeks to provide a contemporary, comprehensive, and reliable measurement tool that can be used in public opinion research and awareness-raising initiatives related to organ donation in Turkey.

2. METHODS

2.1. Ethics Committee Approval

Before the study was started, permission to use both scales in the study was requested by e-mail. Ethics committee permission (03.10.2024/121) was obtained from the Non-Interventional Clinical Studies Ethics Committee of the Faculty of Health Sciences at Marmara University. The study followed the principles of the Declaration of Helsinki.

2.2. Research Design

This methodological study was conducted between November and December 2024.

2.3.Population and Sample

In cross-cultural adaptation studies of scales, it is recommended that the sample size be at least 5 to 10 times the number of items in the scale (12). Accordingly, in this study, the sample size was determined to be more than 10 times the number of items, and data were collected from a total of *n* = 318 individuals.

2.4. Data Collection

In this study, a virtual snowball sampling method was employed to recruit participants from all seven geographical regions of Turkey. This approach is considered an effective sampling strategy, particularly for reaching geographically dispersed, hard-to-access populations or individuals with specific characteristics. Due to the online nature of the study, initial participants were contacted via WhatsApp and were provided with a link to the questionnaire.

On the first page of the online survey, participants were presented with a brief information sheet explaining the purpose of the study, voluntary participation, confidentiality, and data protection principles. Participants were required to provide their informed consent by selecting either the "I agree" or "I do not agree" option before proceeding to the questionnaire. Only those who selected "I agree" were

allowed to continue and complete the survey, while those who did not provide consent were automatically excluded.

These participants were then asked to share the survey link with others who met the inclusion criteria. In this way, the sample was expanded, and voluntary participants from different regions were successfully reached. One of the key reasons for selecting virtual snowball sampling was the sensitive nature of the topic. Organ donation involves personal, cultural, and ethical considerations, which may lead to reluctance in participating through traditional data collection methods. Therefore, a web-based and participant-driven approach was adopted to allow individuals to respond more comfortably, without social pressure, and at their own convenience. This strategy was intended to increase both the response rate and the authenticity of the participants' views.

2.5. Inclusion and Exclusion Criteria

The study included Turkish citizens aged 18 years and older who could read and write in Turkish, had a smartphone, and had internet access, and who did not have organ failure. Surveys completed by individuals who did not meet the study criteria were excluded from the analysis.

2.6. Data Collection Methods and Tools

The data of the study were collected through the 'Personal Information Form', the 'Public Attitudes and Beliefs about Organ Donation (PABOD) Scale'.

2.6.1. Personal Information Form

The Personal Information Form was prepared by the researchers in line with the literature (4,5,8,9). It consisted of five questions concerning individuals' sociodemographic characteristics such as age, gender, marital status, education level, and the presence of chronic diseases.

2.6.2. Public Attitudes and Beliefs about Organ Donation Scale (PABOD)

The PABOD, which was developed by Othman et al. in 2023, assesses individuals' attitudes and beliefs about organ donation. The PABOD scale has 31 items and consists of four sub-scales: opinions about organ donation, preferences for organ donation, perceived risks of living organ donation, and hesitations and barriers to organ donation. The opinions about organ donation sub-scale consist of nine items, the preferences for organ donation sub-scale includes eight items, the perceived risks of living organ donation sub-scale include six items, and the hesitations and barriers to organ donation sub-scale includes eight items. The items are responded on a 5-point Likert scale including options of strongly disagree (0), disagree (1), not sure (2), agree (3) and strongly agree (4). The total score to be obtained from the scale ranges between 0 and 124, and scoring should be done for each sub-scale. The items of the last three sub-scales (perceived risks, preferences, hesitations about organ donation [except item 3] are scored reversely before statistical analysis. Higher scores obtained from the scale reflect positive attitudes towards organ donation. Cronbach's alpha coefficient of the scale was reported as 0.82 (4) and Cronbach's alpha coefficient was determined as 0.81 in this study.

2.7. Translation: The preliminary Turkish draft of the scale was reviewed in two stages to ensure both linguistic accuracy and conceptual appropriateness. This process involved three language experts (either native English speakers or individuals with advanced academic English proficiency) and three nursing experts (academics or clinical nurses with subject-matter expertise). Based on the feedback provided by these experts, revisions were made to the scale items, resulting in the final Turkish version of the draft.

***2.7.1. Assessment of Content Validity*:** The Turkish draft version of the scale was evaluated for content validity by four nursing experts and one clinical psychologist using the Davis technique. Based on expert ratings, the Item-Level Content Validity Index (I-CVI) values ranged between 0.80 and 1.00. Although some items were marked as "needs revision" by one or more experts, all items met the acceptable I-CVI criterion. The Scale-Level Content Validity Index (S-CVI/Ave) was calculated as ≥0.90, indicating excellent content validity. All items requiring revision were revised in line with expert feedback prior to further analyses.

***2.7.2. Back-Translation and Developer Approval*:** The Turkish draft scale, translated and reviewed by experts, was back-translated into English by three independent language experts. The back-translated version was compared with the original scale to assess semantic equivalence. The back-translated form was then submitted to the original developers of the scale for confirmation of content accuracy and appropriateness of the translation.

***2.7.3. Pilot Testing*:** Following content validity evaluation and expert-based revisions, the revised scale form was administered to a convenience sample of 25 individuals who were not included in the main study. Participants completed the scale via the online data collection platform under conditions similar to those of the main study.

During the pilot testing phase, participants were asked to comment on the clarity, comprehensibility, and relevance of each item, as well as the ease of completing the online form. Written feedback was collected through open-ended questions at the end of the survey, and participants were encouraged to report any items they found unclear, ambiguous, repetitive, or difficult to understand.

In addition, response patterns were reviewed to assess response variability, identify potential ceiling or floor effects, and detect any technical or functional problems related to the online data collection system (e.g., item display, response options, or submission process). Based on participant feedback and the preliminary review of response distributions, minor wording revisions were made to improve

item clarity and ensure cultural appropriateness. No items were removed at this stage.

***2.7.4. Implementation and Psychometric Testing Process*:** Following the pilot test, the final version of the scale was administered to a sufficiently large sample group representative of the target population. Based on the data obtained, the following statistical analyses were conducted: Confirmatory Factor Analysis (CFA) for construct validity, Cronbach's Alpha for internal consistency, item-total correlations, Critical Ratio (CR), standard error (S.E.), and item discrimination analysis. As a result of these analyses, the Turkish version of the scale was determined to be a valid and reliable measurement tool, and the final Turkish version of the scale was established.

2.8. Statistical Analysis

The data obtained in the study were analysed using SPSS (Statistical Package for Social Sciences) for Windows 25.0 and AMOS 22 software. Descriptive statistics were used to summarise the data. The validity of the scale was evaluated using confirmatory factor analysis (CFA). Before factor analysis, the adequacy and compatibility of the scale content and sample size were confirmed by Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity. The internal consistency of the scale was analysed by Cronbach Alpha, concurrent validity and split-half method. Spearmen-Brown and Guttman Split-Half coefficients were taken into consideration in the split-half internal consistency analysis. Statistical significance level <.05 was accepted. In addition, convergent and divergent validities were checked by calculating Composite Reliability (CR) values.

3. RESULTS

The mean age of the participants in this study was 34.61 years; 55.7% were female, 50.6% were married, and 42.8% were high school graduates (Table 1).

Table 1. *Data on the participants' characteristics*

Characteristics	n	%
Age mean±sd (min-max)	34.61±11.92 (18-55)	
Sex		
Female	177	55.7
Male	141	44.3
Marrital status		
Married	161	50.6
Single	157	49.4
Education status		
Literate	16	5.0
Primary School	28	8.8
Middle School	30	9.4
High School	136	42.8
University and above	108	34.0

Before conducting the Confirmatory Factor Analysis (CFA) for the Public Attitudes and Beliefs about Organ Donation (PABOD) Scale, the Kaiser–Meyer–Olkin (KMO) test was performed to assess the adequacy of the sample size for factorisation. In this study, the KMO value indicated an appropriate level of sampling adequacy (KMO = 0.902), demonstrating that the sample size was sufficien (13). Examination of the Bartlett's Test of Sphericity showed that the scale items were significantly correlated ($\chi^2(28) = 5995.595$; $p = 0.001$). Accordingly, the items were considered to originate from a multivariate normal distribution (14).

The confirmatory factor analysis indicated that the four-factor structure of the scale produced generally acceptable factor loadings. In the first factor, *Opinions about Organ Donation*, the standardised factor loadings ranged from 0.220 to 0.872. In the second factor, *Preferences for Organ Donation*, the factor loadings ranged from 0.661 to 0.758, and all items contributed significantly to the model. In the third factor, *Perceived Risks of Living Organ Donation*, the loadings ranged from 0.157 to 0.890; although item PADOB_20 showed a low loading, the remaining items demonstrated strong load values. In the fourth factor, *Hesitations and Barriers to Organ Donation*, the loadings ranged from 0.629 to 0.780. All items showed statistically significant critical ratio (CR) values ($p < .001$), indicating that the items adequately represented the four-factor structure. These findings support the validity of the factorial structure of the PABOD scale in the Turkish sample (Table 2).

The fit indices of the model within the scope of the confirmatory factor analysis are presented in Table 3. The analysis showed that the χ^2/df value was 2.881, indicating an acceptable level of fit. The RMSEA value was 0.077, indicating an acceptable level of model fit. Examination of the incremental fit indices revealed that the values of CFI = 0.861, IFI = 0.862, TLI = 0.848, and NFI = 0.803 were all within the acceptable fit range. These findings demonstrate that the proposed model exhibits a basic level of fit, although several fit indices did not reach ideal or acceptable levels (Table 3).

Table 4 presents comprehensive information regarding the reliability analyses of the scale. First, in the Split-Half analysis in which the scale was divided into two halves, the Cronbach's alpha values for each half were found to be 0.756 and 0.805, respectively. These values indicate that both halves have acceptable levels of internal consistency. The correlation coefficient between the two halves was 0.806, demonstrating a strong and significant relationship between them. The Spearman–Brown coefficient of 0.892 and the Guttman Split-Half coefficient of 0.859 show that the scale has a high level of internal consistency as a whole.

At the factor level, the Cronbach's alpha values of the four subscales were calculated as F1 = 0.895, F2 = 0.894, F3 = 0.764, and F4 = 0.713. These findings indicate that the first two factors have particularly high reliability, while the third and fourth factors demonstrate acceptable levels of reliability. The overall Cronbach's alpha value of the scale was 0.810, indicating good internal consistency.

Table 2. *Standardised Factor Loadings, Item–Total Correlations, and Model Fit Indicators of the PABOD Scale*

Items	r*	Standardised factor loadings	S.E	CR	p value
F1: Opinions about organ donation					
PADOB_1	.666	.786	-	-	-
PADOB_2	.726	.872	.082	13.234	.0001
PADOB_3	.647	.813	.075	14.592	.0001
PADOB_4	.444	.220	.078	13.668	.0001
PADOB_5	.689	.743	.075	3.746	.0001
PADOB_6	.714	.766	.079	12.509	.0001
PADOB_7	.546	.703	.077	12.896	.0001
PADOB_8	.533	.644	.076	11.880	.0001
PADOB_9	.737	.661	.083	10.900	.0001
F2: Preferences for organ donation					
PADOB_10	.720	.661	-	-	-
PADOB_11	.594	.685	.058	17.698	.0001
PADOB_12	.574	.735	.099	11.283	.0001
PADOB_13	.569	.720	.102	11.099	.0001
PADOB_14	.535	.758	.098	11.571	.0001
PADOB_15	.567	.714	.097	11.024	.0001
PADOB_16	.531	.706	.100	10.919	.0001
PADOB_17	.479	.693	.099	10.749	.0001
F3: Perceived risks of living organ donation					
PADOB_23	.479	.812	-	-	-
PADOB_22	.750	.890	.055	18.669	.0001
PADOB_21	.749	.890	.054	18.679	.0001
PADOB_20	.344	.157	.071	-2.703	.0001
PADOB_19	.557	.678	.064	13.002	.0001
PADOB_18	.651	.561	.068	10.341	.0001
F4: Hesitations and barriers to organ donation					
PADOB_31	.453	.629	-	-	-
PADOB_30	.598	.710	.098	10.407	.0001
PADOB_29	.557	.683	.096	10.098	.0001
PADOB_28	.532	.642	.094	9.596	.0001
PADOB_27	.585	.639	.093	9.569	.0001
PADOB_26	.550	.727	.097	-10.588	.0001
PADOB_25	.640	.780	.100	11.140	.0001
PADOB_24	.551	.703	.095	10.320	.0001

*n = 318; r = Item–Total Score Correlation; CR = Composite Reliability; **p<.05 indicates statistical significance.*

Note: The first item of each factor was fixed for model identification in the CFA model. Therefore, standard errors (S.E.), critical ratios (CR), and p values were not estimated for these items.

Table 3. *Findings Related to Confirmatory Factor Analysis and the two-half method*

Index	Perfect Fit Criterion	Acceptable fit Criterion	After Modification
χ^2/SD	0≤χ^2/df≤3	3≤χ^2/df≤5	2.881
RMSEA	0.000.05	0.05	0.077
CFI	0.95≤CFI	0.85≤CFI	0.861
IFI	0.901.00	0.80	0.862
TLI	0.90≤TLI	0.80≤TLI	0.848
NI	0.90≤NFI	0.80≤NFI	0.803

Ki kare/ Degrees of Freedom (/DF), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI)

Non-Normed Fit Index (NFI), Goodness of Fit Index (GFI)

Table 4. *Data on the two halves. Cronbach's alpha. and simultaneous measurement*

Cronbach's Alpha	Chapter 1= PADOB_1. PADOB_3. PADOB_5. PADOB_7. PADOB_9. PADOB_11. PADOB_13. PADOB_15. PADOB_17. PADOB_19. PADOB_21. PADOB_23. PADOB_25. PADOB_27. PADOB_29. PADOB_31	0.756
	Chapter 2= PADOB_2. PADOB_4. PADOB_6. PADOB_8. PADOB_10. PADOB_12. PADOB_14. PADOB_16. PADOB_18. PADOB_20. PADOB_22. PADOB_24. PADOB_26. PADOB_28. PADOB_30.	0.805
Correlation between two halves		0.806
Spearman-Brown coefficient		*0.892*
Guttman Split-Half coefficient		*0.859*
Scale and subscales		**Cronbach Alpha**
F1: Opinions about organ donation		0.895
F2: Preferences for organ donation		0.894
F3: Perceived risks of living organ donation		0.764
F4: Hesitations and barriers to organ donation		0.713
Public Attitudes and Beliefs About Organ Donation		0.810

4. DISCUSSION

This study aimed to assess the validity and reliability of the Public Attitudes and Beliefs about Organ Donation (PABOD) Scale during its adaptation into Turkish. Organ donation is not merely an individual decision but a multidimensional process shaped by cultural, religious, and ethical values. Therefore, the development and cultural adaptation of measurement tools that can reliably evaluate public attitudes and beliefs regarding organ donation are of great importance. The findings indicate that the PABOD scale is usable in the Turkish

population and demonstrates acceptable psychometric properties.

The Kaiser–Meyer–Olkin (KMO) coefficient, which evaluates the suitability of the sample for factor analysis, was found to be 0.902, indicating that the sample is adequate at an excellent level for factor analysis. This value is higher than the KMO coefficient reported in the original scale development study (0.828) and demonstrates that the Turkish sample is highly suitable for revealing the factor structure of the scale. Similarly, the KMO value of 0.898 reported for the Attitude Toward Cadaveric Organ Donation Scale developed by Gökkaya and Karaman (2023) and the KMO value of 0.936 reported for the Organ and Tissue Donation Knowledge Scale developed by Öztürk and Emirali support the notion that attitude and knowledge scales related to organ donation involve structures that require strong sampling adequacy (10,11). The significant result of Bartlett's Test of Sphericity also confirmed the suitability of the PABOD data for factor analysis.

Item–total correlation coefficients ranging from 0.344 to 0.750 indicate that all items have sufficient power to represent the overall scale. In the literature, item–total correlation values above 0.30 are considered acceptable, values above 0.50 are considered good, and values above 0.70 are regarded as indicators of very strong internal consistency (15,16). These findings demonstrate that the items of the adapted scale make a meaningful contribution to the construct being measured and that the scale has a homogeneous structure. Similar results have also been reported in other organ donation attitude scales developed and adapted in Türkiye (5,10).

In the confirmatory factor analysis, standardized factor loadings were found to range between 0.157 and 0.890, and the majority of the items were above 0.50 and statistically significant. Only the PADOB_20 item in the Perceived Risks of Living Organ Donation subscale exhibited a low factor loading (0.157). In the original scale development study, it was reported that perceived risk related to living organ donation exhibited a conceptually more variable structure compared to the other subscales, and that this variability was reflected in the factor structure (4). Living organ donation is a type of donation that may be evaluated differently among individuals due to ethical concerns, family pressure, religious interpretations, and perceived health risks. Therefore, the low factor loading of the PADOB_20 item may be related to the item being interpreted differently within the cultural context. Nevertheless, the statistically significant critical ratio (CR) value of this item indicates that its inclusion in the model is statistically supported (17).

In the original scale development study, only exploratory factor analysis was conducted, and the four-factor structure was reported to explain 52.18% of the total variance (4). The four-factor structure obtained in the Turkish adaptation largely overlapping with the original scale indicates that the PABOD has cross-cultural structural consistency. Similarly, scales developed by Sayın (2016) and by Gökkaya and Karaman (2023) in Türkiye also demonstrate that attitudes toward organ donation are addressed through multidimensional structures (5,10).

When the fit indices of the confirmatory factor analysis were evaluated, the proposed model was found to exhibit an acceptable (reasonable) level of fit rather than a good or excellent fit (χ^2/df = 2.881; RMSEA = 0.077). However, the incremental fit indices (CFI, TLI, IFI, NFI) did not reach the ideal threshold values, although they remained within the acceptable fit range. In community-based scale studies conducted in Türkiye to evaluate attitudes toward organ donation, confirmatory factor analysis results have generally been interpreted within the framework of acceptable fit (10,18). Despite this, these values are consistent with approaches that recommend evaluating model fit in confirmatory factor analysis of multidimensional scales not based on a single indicator but through the joint consideration of multiple fit indices (19,20).

The reliability analyses of the scale also yielded strong findings. A total Cronbach's alpha coefficient of 0.810 indicates that the scale has a good level of internal consistency. Alpha coefficients for the subscales ranging between 0.713 and 0.895 demonstrate that the Attitudes Toward Organ Donation and Organ Donation Preferences subscales, in particular, exhibit high reliability. These values largely overlap with the Cronbach's alpha coefficients reported in the original PABOD scale development study (0.820) (4). In addition, it was observed that the reliability coefficients (0.75–0.90) reported in other organ donation scales developed and adapted in Türkiye are consistent with these findings (5,10,18). The high Spearman–Brown and Guttman coefficients obtained from the split-half reliability analysis support the Turkish usability and measurement stability of the adapted scale.

5. CONCLUSION

This study aimed to examine the validity and reliability of the Public Attitudes and Beliefs about Organ Donation (PABOD) Scale through its adaptation into Turkish. The findings demonstrated that the culturally adapted Turkish version of the scale is valid, reliable, and culturally appropriate. In the construct validity analyses, the KMO value of 0.902 and the significant Bartlett's test results confirmed that the sample was adequate for factor analysis. The CFA results (RMSEA = 0.077; CFI = 0.861; IFI = 0.862; TLI = 0.848; NFI = 0.803) verified that the four-factor structure of the scale was preserved within the Turkish sample. The fact that most factor loadings exceeded 0.50 supported the consistency of the structure. In the reliability analyses, the Cronbach's alpha coefficient was found to be 0.81, with subscale values ranging from 0.71 to 0.89; split-half reliability (r = 0.81; Spearman–Brown = 0.89) was determined to be high. In conclusion, the Turkish form of the PABOD is a valid, reliable, and culturally appropriate instrument for assessing attitudes and beliefs regarding organ donation. This scale can be effectively used in nursing research, health education, and community-based awareness initiatives.

This study has certain limitations. First, a virtual snowball sampling method was used, and because participants were recruited through their own social networks, the sample may have consisted of individuals with similar sociodemographic characteristics. This may have limited the diversity of the sample.

Second, although the confirmatory factor analysis supported the four-factor structure of the scale, some incremental fit indices did not reach ideal levels. This finding suggests that the model demonstrates an acceptable but improvable structure. Further studies conducted with different samples may contribute to strengthening the factor structure of the scale.

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