



## Anger, frustration, boredom and the Department of Motor Vehicles: Can negative emotions impede organ donor registration?



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### ABSTRACT

**Rationale:** The IIFF Model (Information, Immediate and Complete Registration Mechanism, Focused Engagement, Favorable Activation) offers a checklist of considerations for interventions seeking to influence organ donor registration behavior. One aspect of the model, favorable activation, recommends considering the emotional and motivational state of a potential donor registrant. Given that most donor registrations occur at the Department of Motor Vehicles (DMV), we considered whether emotions experienced while at the DMV could influence registration rates.

**Objective:** The current research effort investigated the emotions people experience while visiting the DMV, explored whether these emotions are associated with donor registration intentions, and experimentally assessed whether DMV experiences influence donor registration.

**Methods:** Three studies were conducted through Amazon's Mechanical Turk. In Study 1, we randomly assigned participants to either recall a prior DMV experience or to a comparison condition. Emotions associated with the recalled experiences were the dependent variable. Study 2 assessed the correlations between nine different emotions and donor registration intentions. Study 3 randomly assigned participants to recall a prior frustrating DMV experience or to a comparison condition. Intention to register to donate was the dependent variable.

**Results:** Study 1 found that recalling a prior DMV experience was associated with more negative and less positive emotions than the comparison condition. Study 2 found that increased levels of negative emotion could be problematic, as negative emotions were associated with decreased donor intentions. Study 3 found that recalling a frustrating DMV experience resulted in significantly lower intentions to register as an organ donor (vs. a control condition).

**Conclusion:** Although not all DMV experiences are negative, these data indicated a relationship between the DMV and negative emotions; an association between negative emotions and lower donor registration intentions; and, a causal relationship between negative DMV experiences and decreased registration intentions.

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In the United States, organ donor registration typically occurs at the Department of Motor Vehicles (DMV). As [Rodrigue et al. \(2014\)](#) noted, "The motor vehicle (MV) office increasingly has become an important venue for delivering organ donation messaging. In all 50 states, the organ donation question is required to be asked at the time of a driver's license transaction" (p. 1184). Accordingly, interventions seeking to increase organ donor registration rates have

frequently targeted people at the DMV (e.g., [Degenholtz et al., 2015](#)). For example, [Harrison et al. \(2011\)](#) used DMV point-of-decision materials (e.g., footprint stickers, posters, and clerk cards), which complemented media-based efforts, with the goal of increasing DMV donor registration rates. In addition to targeting DMV patrons with point-of-decision materials, donor registration efforts have also taken the approach of training DMV clerks (e.g., [Harrison et al., 2008](#); [Rodrigue et al., 2012](#)) or showing videos to DMV customers ([Thornton et al., 2012](#)). The success of these early efforts has been followed by additional DMV-based interventions. In one study, [Degenholtz et al. \(2015\)](#) implemented a web-based training program for DMV staff—the result of which was an

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increase in donor registration rates at the DMV. Based on these findings, it is clear that successfully increasing donor registration through DMV interventions is possible. Our goal in the current studies is to consider whether the moods people experience when visiting the DMV, something not typically taken into consideration, could affect their likelihood of registering as organ donors.

To guide the current investigation, we used the IIFF Model (Information, Immediate and Complete Registration Mechanism, Focused Engagement, Favorable Activation; Siegel et al., 2010a; 2010b), because it offers a lens for understanding the DMV's potential for successfully increasing donor registrations, and also the ways in which negative experiences at the DMV might affect donor registration intentions. The IIFF Model assumes that motivation to register as an organ donor is low for most people because they have limited vested interest in doing so, and because they are highly ambivalent (i.e., hold both positive and negative attitudes) about registering. These low levels of motivation minimize the likelihood that even people with positive attitudes toward organ donation will proactively seek to register. With the goal of counteracting this limited motivation, the IIFF Model proposes four behavioral supports which, if simultaneously present, maximize the likelihood that people with positive attitudes toward donor registration who have yet to register (i.e., passive positives) will act on their inclinations to do so: 1) an immediate and complete registration opportunity (ICRO; e.g., a means to start and complete the registration process as soon as the decision to register is made); 2) information (e.g., proactively providing information about topics such as eligibility); 3) focused engagement (i.e., creating a context where potential donors will actively consider whether to register as an organ donor); and 4) favorable activation (i.e., peoples' salient thoughts occurring as a result of their psychological state). Prior qualitative, quasi-experimental, and experimental studies indicate that the simultaneous presence of all four components of the IIFF Model can increase donor registration rates among passive positives (e.g., Alvaro et al., 2011; Salim et al., 2014; Siegel et al., 2015, *in press*).

Many DMVs meet, or have the potential to meet, three of the IIFF's four criteria (i.e., ICRO, information, focused engagement). Satisfying the ICRO requirement, customers have the potential to start and complete the registration process at the DMV. Further, the common need for customers to wait at some point during their visit offers a context where information can be provided. The need for focused engagement can be met as a result of license forms including a question about donation, and is likely to be further enhanced if clerks inquire about donor registration. Considering these three components, it is easy to see why DMVs are such a desirable locale for donor registration efforts. However, according to the IIFF Model, rates are maximized when all four components of the model are met.

The one aspect of the model that DMVs might not always meet is favorable activation—put simply, people might not be engulfed with positive affect when visiting the DMV. This sentiment is in line with numerous news articles indicating that frustration is a common emotion at the DMV (e.g., Aratani, 2014). As noted in a Washington Post article, “departments of motor vehicles have never enjoyed stellar reputations for customer service” (Aratani, 2014). Indeed, a comment from a focus group (Siegel et al., 2010b) inspired the current set of studies: “I don't care about how positive an attitude you have, most of the time when you are at the DMV, it's not really a positive experience and those things are kind of equated. Anything associated with the DMV automatically has a negative connotation.”

If negative emotions are induced at the DMV, these negative experiences could be problematic, as multiple studies have indicated that people's emotional experience influences prosocial behaviors (e.g., Isen, 2001), including organ donor registration

(Rocheleau, 2013; Siegel et al., 2015). Of course, not every experience at the DMV will be negative. For example, one customer wrote to the *LA Times* to express “I was amazed and pleasantly surprised to discover that at each window I was greeted in a friendly and efficient manner” (Pressman, 2001). The DMV is also the context where people receive their first driver's license, or where they may have an unexpectedly efficient visit due to new systems designed to reduce wait times. As such, discovering the range of emotions induced during DMV visits, and how people's emotional states influence registration decisions could further the field's understanding of registration behavior in a context where registration is likely to occur.

## 1. The current studies

If the DMV is indeed a context associated with negative emotions, it represents both a challenge and an opportunity for scholars and practitioners seeking to maximize donor registration rates. Using the IIFF Model as a guide, the goal of the current set of studies was to assess the valence of the emotions that people experience when visiting the DMV, and to determine how these emotions influence their willingness to register as organ donors. The first study investigated the general valence of the emotions that people experience at the DMV. The second study assessed whether the emotions people were feeling were associated with their intentions to register as organ donors. Finally, we investigated whether people randomly assigned to recall a prior negative DMV experience report lower intentions to register as a donor than those assigned to write about their current day. To be sure, the goal of the current studies was not to examine the emotions associated with organ donation itself (e.g., fear and anxiety associated with death and signing an organ donor card; Albright et al., 2005), but rather to determine how the DMV might influence people's emotions and how these emotions affect their intentions to register as organ donors.

## 2. Study 1a

The goal of the first study was to assess whether visits to the DMV are likely to arouse negative emotions. If the associations between the DMV and negative emotions were only folklore, further investigations in this regard would be relatively futile. To begin our examination, we randomly assigned participants to describe either a prior experience at the DMV or their current day. Participants were then asked to report their feelings at the time.

## 3. Method

### 3.1. Design, participants, and procedures

Data were collected in June 2014 via Amazon's Mechanical Turk (MTurk), an online crowdsourcing tool (Buhrmester et al., 2011). Claremont Graduate University's Institutional Review Board reviewed all procedures, for all studies. We recruited both registered and non-registered organ donors; however, we only analyzed non-donors for the current study. A total of 103 participants were included in the final sample, with no missing data observed; see Table 1 for sample characteristics. We randomly assigned participants to describe a prior DMV experience or their current day. After the manipulation, participants completed a posttest with measures of emotions and demographics.

### 3.2. Experimental manipulations

Participants in the DMV condition thought about and described their most recent experience at the DMV. We asked participants to

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