



Improving organ donor registration among young adults

February 2022

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Research team

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Acknowledgments

Thank you to the Organ and Tissue Authority for their support and valuable contribution in making this project happen. In particular, special thanks to Brianna Elms and Alana Jones for their work on this project. We also thank JWS Research for running and analysing the focus groups.

The trial was pre-registered on the American Economic Association registry:
<https://www.socialscienceregistry.org/trials/7753>

Who?

Who are we?

We are the Behavioural Economics Team of the Australian Government, or BETA. We are the Australian Government's first central unit applying behavioural economics to improve public policy, programs and processes.

We use behavioural economics, science and psychology to improve policy outcomes. Our mission is to advance the wellbeing of Australians through the application and rigorous evaluation of behavioural insights to public policy and administration.

What is behavioural economics?

Economics has traditionally assumed people always make decisions in their best interests. Behavioural economics challenges this view by providing a more realistic model of human behaviour. It recognises we are systematically biased (for example, we tend to satisfy our present self rather than planning for the future) and can make decisions that conflict with our own interests.

What are behavioural insights and how are they useful for policy design?

Behavioural insights apply behavioural economics concepts to the real world by drawing on empirically-tested results. These new tools can inform the design of government interventions to improve the welfare of citizens.

Rather than expect citizens to be optimal decision makers, drawing on behavioural insights ensures policy makers will design policies that go with the grain of human behaviour. For example, citizens may struggle to make choices in their own best interests, such as saving more money. Policy makers can apply behavioural insights that preserve freedom, but encourage a different choice – by helping citizens to set a plan to save regularly.

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Executive summary

The Organ and Tissue Authority (OTA) engaged the Behavioural Economics Team of the Australian Government (BETA) to learn more about how young adults (18-25 years) view organ donation, and to inform their annual DonateLife Week community awareness campaign. In particular, the OTA noted the large gap between the proportion of young adults who say they want to be organ donors and the proportion who have actually registered on the Australian Organ Donor Register. The act of registering is important as it provides a clear indication of wishes to family, and results in an increased likelihood that if a family is approached to consent to donation in the hospital, they will agree. In turn, this can help more people get a life-saving organ transplant.

The project involved 3 stages.

- We conducted **desktop research** of organ donation and behavioural science literatures and developed draft messages for potential use by the OTA.
- In May 2021, we ran four **focus groups** with 5-7 young adults per group, to learn about their views on organ donation, and to gather feedback on the draft messages.
- Also in May, we conducted an **online survey experiment and survey** with 1,382 respondents to gather views from a larger sample and to better understand which messages influence behaviour.

Many young adults want to be organ donors but just haven't gotten around to it. That is, there is an intention-action gap when it comes to registering as an organ donor. One explanation for this is that young adults typically overestimate how difficult it will be to register as an organ donor. (It is actually pretty easy.)

We used an online survey experiment to test 3 messages to assess whether they boosted registration intentions, as well as click throughs to the registration webpage and actual registrations. **The most effective message highlighted how easy it is to register.** It boosted intentions to register within the next week by 7-8 percentage points compared to the alternatives messages (29% of respondents versus 21-22%). However, in a separate survey question, respondents preferred other messages. Nonetheless, we consider the experimental evidence on intentions to register as stronger evidence than stated preferences.

People are more likely to register if there are more opportunities to do so. Young adults would welcome opportunities to register as part of other government processes. Ideally, such processes would be in some way related to organ donation. Utilising Medicare interactions presents a compelling option (with 72% of respondents responding positively). Other popular options included the myGov platform (55%), and driver's licences (54%).

The OTA have since used the results of this project to inform their national community engagement program.

Why?

Organ donation registrations can help save lives. The OTA data indicates around 9 in 10 families agree to donation if the person has registered as a donor, compared to 4 in 10 where the person has not registered or told their family they want to be a donor. More donations enables more people to get a life-saving organ transplant.

Most Australians (70 per cent) say they would like to be organ donors. However, only 1 in 3 Australians are registered on the Australian Organ Donor Register (AODR). For 16-25 year olds, the gap between intention to sign up and the action of registering may be even greater, with less than 1 in 10 registered. The sign-up form is simple and easy to use so psychological inertia is likely driving this intention-action gap.

The OTA engaged BETA to investigate the motivations and barriers for young adults to register as organ donors. This report outlines research findings and behavioural insights that could inform the OTA's campaign messaging and help increase registrations.

Our research aimed to inform the OTA on what could motivate more young adults to register and how the intention-action gap could be minimised for this cohort. In particular the OTA was interested in how behavioral insights could inform messaging for their annual DonateLife Week campaign.

Intention-action gap

The intention-action gap is a classic behavioural issue where a person's intentions does not align with their actions. Young adults may be motivated and understand the benefits of registering to be an organ donor but may not have followed through with these intentions.

Psychological inertia

Psychological inertia describes the tendency for individuals to default to inaction (and hence the status quo) even when they have clear intentions to act. Inertia can affect decision-making and prevent people undertaking actions they long wish they had.

What we did

There were 3 stages to BETA's research. First, we conducted desktop research on the evidence for raising organ donation registration, and relevant behavioural science theory. Using this research we developed draft messages that aimed to encourage people to register. Second, we ran focus groups with young adults, to learn about their views on the messages, and organ donation generally. Finally we used an online survey experiment and survey to test messaging and provide a better indication of which messages influence behaviour.

We developed messages based on behavioural science findings

We drew on the well-established behavioural concepts (see table 1) and past research on donor registration to develop an initial set of 19 messages that could encourage young adults to register as organ donors. (For a full list of the messages developed see table 2.)

We commissioned focus groups with young adults

We tested these messages across four **focus groups** of 18-25 year olds, to determine which messages we should test in the survey and survey experiment. The focus groups also allowed us to gain an improved understanding of how young adults view organ donation.

We commissioned 4 focus groups (run via video conference), with 5-7 participants of mixed genders in each group. All participants were either registered as organ donors, or open to registering. The focus groups ran from 12 to 18 May 2021, and ran for approximately 90 minutes each. Topics covered included:

- Thoughts on draft messages to encourage young adults to register;
- Factors that affect people's decision on whether to become an organ donor and/or register;
- Factors involved in implementing the decision to become a donor; and
- Touchpoints to prompt people to register their intent to become a donor.

We tested the best-performing messages using a survey and survey experiment

We conducted an **online survey** with over 1,382 young adults in late May 2021. The survey aimed to collect more feedback on the messages focus groups suggested had the most potential. The survey also gathered perspectives on the benefits and barriers to registration, opinions on different touchpoints for registration, and views about discussing organ donation with family. We excluded potential respondents who were already registered as organ donors or were already sure they did not want to be an organ donor (see figure 1).

Table 1. List of relevant behavioural science concepts



Reducing barriers – Identifying a barrier prior to people starting an activity, and providing a simple plan to overcome this barrier, can help people achieve the activity (Gollwitzer and Sheeran 2006).



Gain frame – Highlighting the positive aspects of a decision can be effective in certain contexts (Kahneman and Tversky 1979).



Social norms – People take their cues of how to behave from others around them (Allcott 2011).



Highlight ease – Making it easy to complete desired actions is a key tenet of behavioural insights (BIT 2014).



Loss frame – Focusing on the negative outcomes resulting from not engaging in the behaviour promoted can be persuasive (Bosone and Martinez 2017).



Regret aversion – People can be driven to action in order to avoid anticipated future regret (Loomes and Sugden 1982).



Reciprocity – Positive reciprocity is in response to friendly actions and often underlies cooperation (Fehr and Gächter 2000).



Perceived self-benefits – Self-interest is a powerful motivator and often underlies many prosocial behaviours (Cohen and Hoffner 2013).



Scarcity – Highlighting the scarcity of an object can help boost people's perception of the value of the object (Lynn 1992).

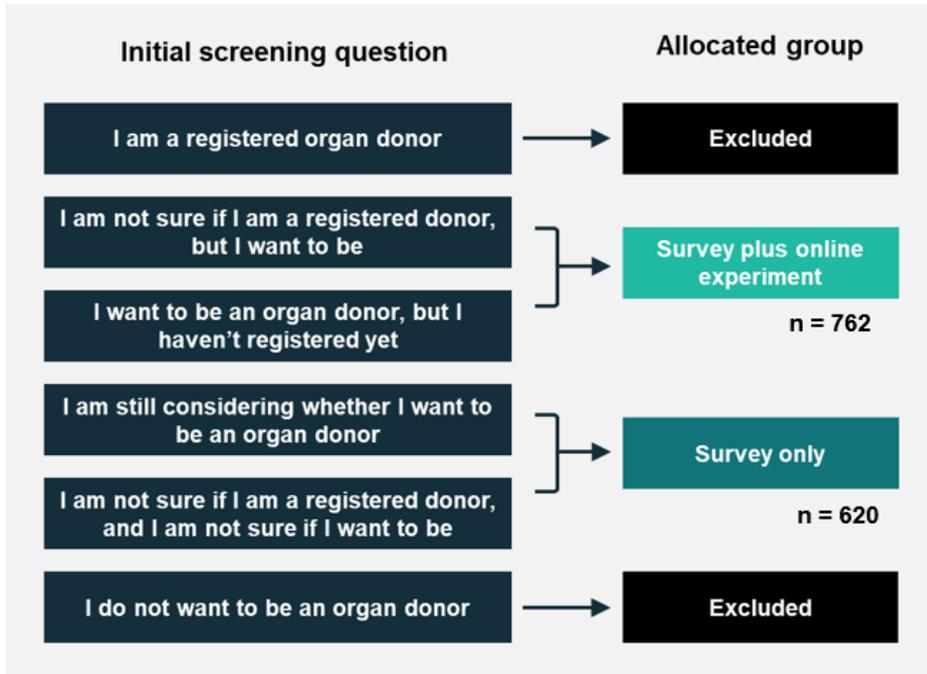


Humor – Using humor can lead to increased attention and improved retention in some contexts (BIT 2014).



Social identity – Focusing people's attention on the benefits to their in-group (here, other young adults) could help to spur action (Stets and Burke 2000).

Figure 1. Screening process for the online survey and survey experiment



We also conducted an **online survey experiment** with 762 of the young adults who wanted to be organ donors but had not yet registered (see figure 1). Drawing on the findings from the focus groups, we selected two of the top-performing messages. One message emphasised **the ease of process**, and the other message used **humour to grab attention**. We also selected a third message that had been used in previous campaigns, to serve as a **control message** (see figure 2).

Figure 2. The three messages tested in the survey experiment



Highlight ease

Humour

Control message

The experiment randomly showed participants one of the three messages and invited them to register to donate, on the spot. Our primary outcome measure was the proportion who actually registered. Our secondary outcome measures were click throughs to the registration webpage, and intention to register this week (measured by people who answered 'Likelihood of registering in the next week' with 'Definitely will' or 'Just did so'). We hypothesised that both of the new messages would perform better than the control. We did not have a directional hypothesis about which of the 2 new messages would perform best.

Results

We found many young people have an understanding of the basics of organ donation, and believe it to be a worthy endeavour. While they have limited knowledge of the specifics of the organ donation system, many young adults are still happy to register. Focus groups revealed they prefer clear, short messages that present an easy way to take action on the go. While many young adults stated a preference for messages that incorporated humour and reciprocity, our survey experiment found the message that emphasised ease of access was more effective in driving intentions to register.

Confirming the intention-action gap

The focus groups showed many young adults wanted to be an organ donor but had not gotten around to registering. Many in the focus groups also expressed surprise that the process of registering was so quick.

'I think it's just my lack of initiative to go and do it. I didn't know it was going to take a minute. If I did, I would have when I turned 18.' **Focus group participant**

The responses to the survey further confirmed an intention-action gap exists. When asked about the barriers to registering, 37% of participants stated their main barrier was 'I haven't gotten around to it'. A further 22% stated 'I'm not sure how to' and 6% responded 'I thought it would take a long time or be difficult to do'. These responses are consistent with the diagnosis of inertia being a key factor in low registration rates.

Clear, simple, short messages

The focus groups revealed young adults anticipate receiving messages in busy environments, such as when they are in transit, or on social media. Their attention can shift rapidly, with many expressing a preference to be able to read and action things quickly. For example, while both messages below highlight ease, the brevity of the first message was preferred.

"Registering is easy and only takes 1 minute at donatelife.gov.au."

"This minute can be lifesaving – it only takes a minute to register as an organ donor."

The focus groups gave us an initial, qualitative read on how young people viewed the messaging. There were 4 messages that came through as the most preferred while another 6 had mixed results. This helped us to select messages for testing in the survey experiment, as we didn't have a sufficient sample size to test them all.

Table 2. Results of message testing from the focus groups

Message	Type	Level of Preference
** Registering is easy and only takes 1 minute at donatelife.gov.au.	Highlight ease	✓ Most preferred
You could save 7 lives in as little as 1 minute.	Highlight ease + Gain frame	✓ Most preferred
** Know that your heart will go on. Register as an organ donor.	Self-benefit perception + Humour	✓ Most preferred
One day a friend or family member may need an organ transplant. Pay it forward by registering today.	Reciprocity	✓ Most preferred
Register like a life depends on it.	OTA creative agency ¹	? Somewhat preferred
Ready, set, register.	OTA creative agency	? Somewhat preferred
70% of Australians support organ donation. If you're one of them, register today.	Social norms	? Somewhat preferred
One day you may need an organ transplant. Please register to give others the same chance.	Reciprocity	? Somewhat preferred
✓ I think organ donation is a good thing, ✓ I would accept an organ if I needed one ✓ I have registered as an organ donor. Tick all the boxes.	Pseudo sets + Social identity	? Somewhat preferred
This minute can be lifesaving - it only takes 1 minute to register as an organ donor.	Highlight ease	? Somewhat preferred
There are more than 1,650 people waiting for a lifesaving transplant.	Scarcity	✗ Least preferred
There are currently 135 young Australians waiting for a lifesaving transplant.	Scarcity + Social identity	✗ Least preferred
Make sure your loved ones know your organ donation decision.	Regret aversion	✗ Least preferred
Up to 7 lives can be saved by one organ donor.	Gain frame	✗ Least preferred
There are still people dying waiting for an organ transplant.	Loss frame	✗ Least preferred

¹ The OTA asked us to include a couple of messages that their creative consultants developed.

Table 2. (continued). Results of message testing from the focus groups

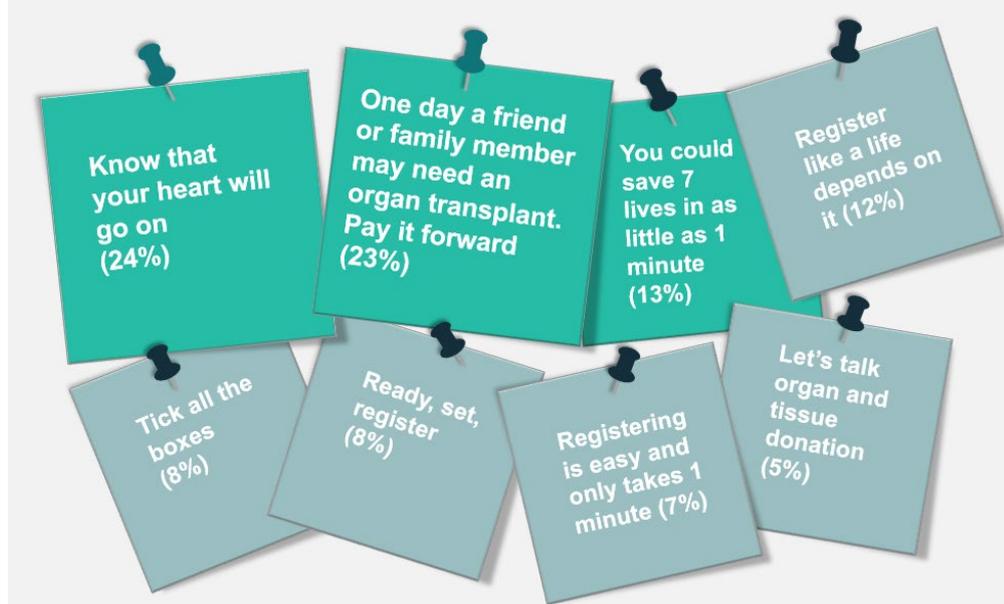
Message	Type	Level of Preference
Grab your Medicare number, and cross something off your to-do list.	Reducing barriers	✘ Least preferred
If you needed a lifesaving organ transplant would you have one? If so please help others.	Reciprocity	✘ Least preferred
There is always someone who will need a transplant in Australia. One day it might be you, or a family member.	Reciprocity	✘ Least preferred
There are more people alive in Australia today because of organ donation.	Gain frame	✘ Least preferred

** messages that were tested in the subsequent experiment

The most popular messages in our survey largely matched the focus group findings

The results from our survey showed three of the most preferred messages from the focus groups were the most popular in this quantitative testing (figure 3).

Figure 3. Preferred message (by percentage) in the survey (overall cohort)

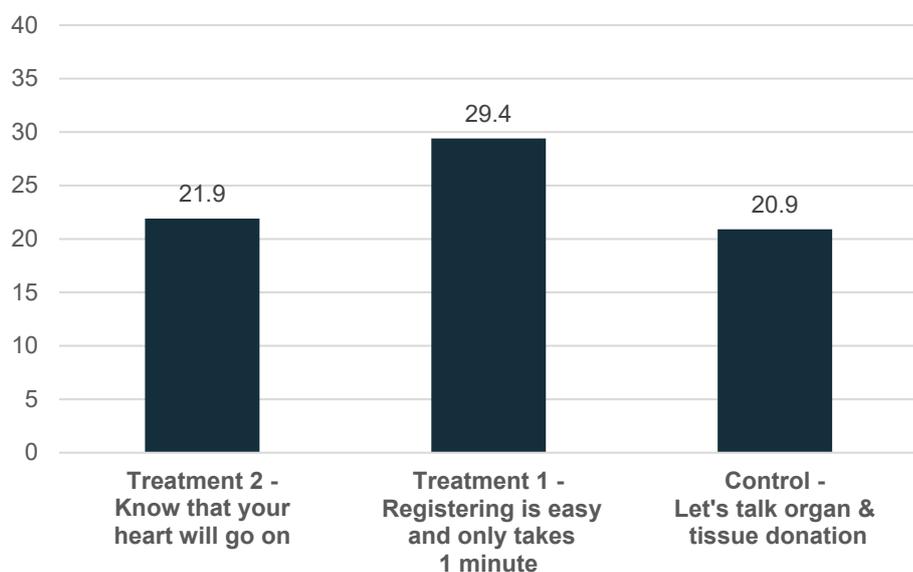


'Know that your heart will go on' was the most preferred for almost a quarter of participants (24%). The message utilising reciprocity 'One day a friend or family member may need an organ transplant. Pay it forward' was also very popular (23%). The third placed message 'you could save 7 lives in as little as a minute' received 13% of the vote. However, the other most preferred message from the focus groups, 'registering is easy and only takes 1 minute', was one of the least preferred messages in the survey (7%).

The most effective message at boosting intentions to register within the next week highlighted the ease of the registration process

Only a small number of people registered using the provided link, or clicked on the link. As such, it was difficult to draw any firm conclusions about the relative effectiveness of the 3 messages from these 2 outcomes. Our clearest result came from our final outcome measure ‘likelihood of registering in the next week’. The ‘*registering is easy*’ message led to the highest intention of registering at 29% of respondents, compared to the 21-22% for the other two messages (see figure 4).

Figure 4. Survey experiment: intentions to register (proportion of respondents)



N=762. Secondary outcome measure. The difference between Treatment 1 and Control was 8.5 percentage points (95% confidence interval: (1.1ppt, 16.0ppt), $p=0.013$). The difference between Treatment 1 and Treatment 2 was 7.5 percentage points (95% confidence interval: (-0.003ppt, 15.3ppt), $p=0.059$). See Appendix 2, Tables 8 and 9, for further details.

As such, there was a clear difference between the messages participants’ stated they preferred, and the message that boosted their intention to register within the next week. The most popular message in the survey ‘*know that your heart will go on*’ was substantially less effective at boosting intentions to register, than was the unpopular ‘*registering is easy and only takes 1 minute*’. The online survey experiment therefore helped distinguish approaches that are intuitively appealing, from those that are more effective in practice.

Prompts to register at other government touchpoints would be welcomed

The focus groups revealed many young adults would welcome being prompted to register as a part of other government processes. Our survey respondents were also positive about such prompts. They displayed a strong preference for interactions with Medicare as the preferred touchpoint: 72% of respondents selected ‘great’ or ‘good’ about being encouraged to be a donor while filling out their Medicare card application. This was much greater than other

options provided: myGov (55%), driver's license (54%), passport (48%), car registration (41%), or Tax File Number (41%). This may suggest that people prefer to be prompted via a touchpoint they loosely associate with organ donation.

These preferences were strongest for those with an intention-action gap. For example, 82% of those with a intention-action gap selected 'great' or 'good' about being encouraged to be a donor while filling out their Medicare card application (see Appendix 2, tables 23-28).

Not everyone is talking about donation

Overall, 31% of our sample had discussed their decision to be an organ donor with their family. For those that want to be donors, this was higher (42% had discussed) than for those who were still undecided (19% had discussed with family). We know from the OTA that talking about intentions to be an organ donor may influence their family's decision on whether to allow a donation to proceed (should the situation arise).

Discussion and conclusion

The OTA have made the organ donation registration form as easy as it can be, but young adults don't expect it to be easy. Campaigns are effective for dispelling this misapprehension, and remove this perceived barrier. Our findings suggest the particular wording of campaign messages could impact effectiveness, especially for the large proportion of young adults who want to register, but are yet to do so. Based on the evidence we have collected, it is important to tell people how quick and easy the process is, to remove the perceived barrier of complexity, and drive action.

The OTA have already reflected these findings in their work. In particular, the 2021 DonateLife Week campaign (see Box 1) reflected the finding that many people expect the sign-up process to be difficult and time consuming. Our findings also influenced the OTA's selection of their campaign messages.

Attract attention... and then tell them it's quick and easy to register

Grabbing the attention of young adults on social media is the first step. Messages that used humour or made it personal were most popular in our research. From there, messages that highlighted ease made the most difference in inciting an intention to register.

Focus on what people do, not just what they say

Our results highlight the value of experimental testing of messages. People are often unable to predict what messaging will motivate them to act when presented with a range of options (as in a simple survey or focus groups). Experimental testing can offer more accurate results of what actually drives intentions, and actions.

Focus efforts on touchpoints

Whilst improving messaging matters, it is likely this will result in only small incremental gains in registrations. As in other cases of consumer inertia, people welcome multiple prompts/opportunities to take action. As a complement to ongoing awareness efforts, we recommend testing options to prompt registration at relevant touchpoints, such as prompting people to register as they undertake other government processes, such as Medicare applications.

Investigate the role of social norms

We found participants held a level of scepticism that social norms would impact their decisions in practice. However, past research shows this is a common blind spot and it is important to test how people actually act in response, rather than what they think will impact them (Nolan et al. 2008). We did not test social norm messaging in the survey experiment, so it is unclear what role it plays in the organ donation context. Any future testing of messages could include social norms, and perhaps also reciprocity.

Limitation of this study

Like any research, this study has limitations which should be considered when reading this report. First, our main conclusions were based on a measure of intentions rather than actual behaviour. Second, we used a survey experiment, which means the context was different from how people would see or experience these messages in a real-world setting. Finally, our sample was drawn from an online survey panel, which is not fully representative of the population of interest (young Australian adults). Each of these considerations means there are limits to how far we can generalise from our results. Nonetheless, we judge that the evidence we gathered provides a sound basis for the conclusions presented in this report. For further details, see the discussion of limitations in Appendix 1.

Box 1: DonateLife Week 2021

The 2021 DonateLife Week campaign – The Great Registration Race for DonateLife Week – kicked off in June leading into DonateLife Week (25 July to 1 August) and continued through to the end of August.

For DonateLife Week's 10th birthday, the campaign used an evidence-based approach to refresh the brand look and feel and add a compelling call to action to speak to and resonate with the 13 million Australians aged 16 years and above who are eligible to register as organ donors – but haven't. The goal was to encourage up to 100,000 more Australians to register as organ donors and talk to their families about donation.

The campaign was supported by strategic partnerships to extend the reach of the activities to Australians who have no or low awareness about organ donation. There was also an audience segmentation strategy to target those least likely to be registered – young people (16-25), Culturally and Linguistically Diverse Groups, and Aboriginal and Torres Strait Islander peoples.

Key activities included targeted TV, digital and radio advertising, social media engagement, ambassador outreach and a strong PR and media push across TV, radio and print media.

The campaign exceeded the target of 100,000 new registrations throughout June, July and August, with 108,952 new registrations recorded on the Australian Organ Donor Register, an increase of 95 per cent on 2020 results. **There were 21,947 new registrations in our targeted 16-24 year-old youth sector between June and August.** This is a 78 per cent growth in registrations for this target audience group on the same period last year.

Appendix 1- Evaluation design and analysis

Overview

We conducted a survey and an online survey experiment in collaboration with the Organ and Tissue Authority (OTA). We ran the survey and survey experiment in May 2021, using an online survey provider Dynata to source respondents. In the survey experiment, we randomly assigned respondents to see different messages that encouraged them to register as an organ donor. Key outcomes were actual registrations, as well as intentions to register within the next week.

Pre-registration, pre-analysis plan and ethics

We pre-registered the trial, along with our pre-analysis plan, on the American Economic Association RCT Registry (31/5/2021): <https://www.socialscisearch.org/trials/7753>. We registered the pre-analysis plan after the trial commenced but prior to accessing any of outcome data.

We did not make any deviations from the pre-analysis plan in analysing the final results.

The research was subject to ethics approval from Macquarie University's Human Research Ethics Committee (reference number 520211010228382).

Trial design

Survey

We delivered a short online survey to 1,382 people. We excluded people who were already registered organ donors, or had already decided that they do not want to be organ donors. The survey aimed to gain feedback on the following topics:

- Feedback on the draft messages;
- Perceived benefits of being a donor, or reasons for becoming a donor;
- Perceived barriers to registering and becoming a donor;
- Opinions on different touchpoints for registration; and
- Questions about conversations with friends and family.

Online survey experiment

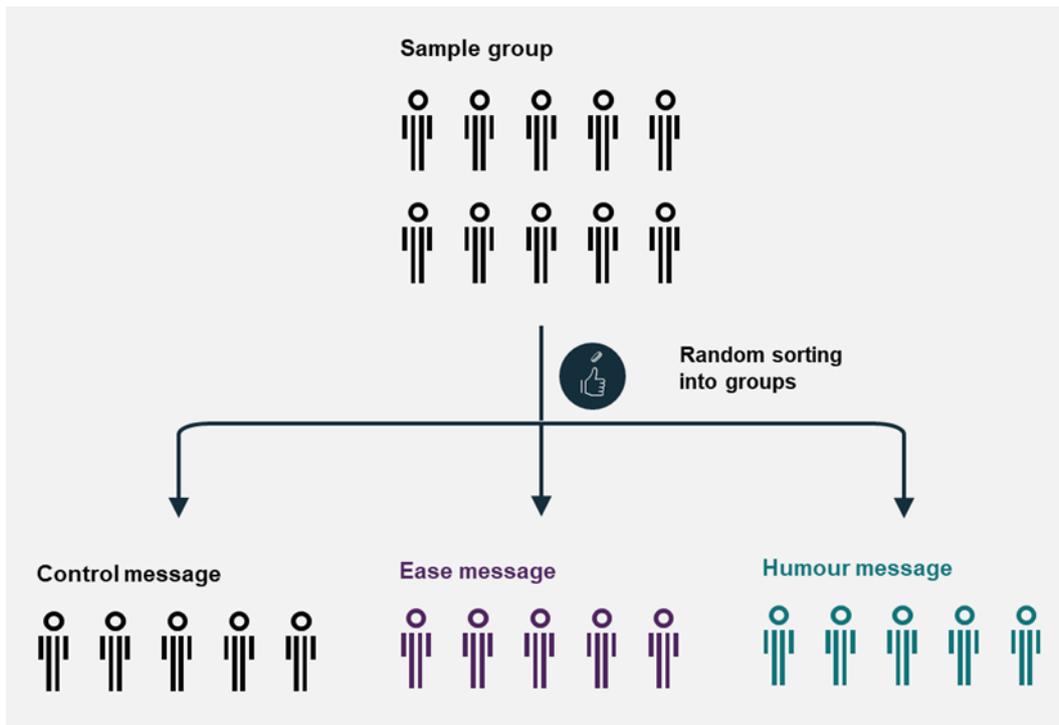
We conducted the survey experiment with the 762 survey respondents whose initial survey responses indicated they may have an intention-action gap in relation to registration (that is,

they indicated that they wanted to register, but either were yet to register, or couldn't remember if they had done so). Young adults received one of three different messages designed to encourage them to register their organ donation wishes, and invited them to register on the spot (including a clickable link to the web form). The instructions clearly informed participants that they could register immediately, if they liked, but that 'you do not need to register as an organ donor to complete this survey – it is purely voluntary to do so'. Once this short experiment was complete, participants completed the same remaining survey questions as other participants.

The three messages were:

- A **control** message used in previous campaigns ('Let's talk organ and tissue donation').
- Treatment 1 – a message that emphasized the **ease** of the process ('Registering is easy and only takes 1 minute');
- Treatment 2 – a message that used **humour** for attention ('Know that your heart will go on').

Figure 5. Flow diagram for online survey experiment



Eligible participants were randomized to one of the three trial-arms within the survey platform (Qualtrics) with equal probability of assignment across the three groups.

Experimental Outcomes

Primary outcome - Registered as an organ donor on the DonateLife web form (binary). We recorded this outcome by directing participants in each arm of the trial to a different web form URL (supplied by the OTA).

Secondary outcomes

- Clicked on the link to the DonateLife web form (binary)
- Stated likelihood of registering this week (binary, those that said they 'definitely' will plus those that said they 'just did a moment ago' = 1)

Hypotheses

H1. Treatment group 1 registrations > Control group registrations

H2. Treatment group 2 registrations > Control group registrations

H3. Treatment group 1 registrations \neq Treatment group 2 registrations

H1 and H2 are directional hypotheses and as such we used one-tailed tests. We tested the non-directional H3 with a two-tailed test. We used the same hypotheses for the secondary outcome measures.

We did not adjust p-values for multiple hypothesis testing.

Sample selection and power calculations

We aimed to recruit approximately 1,400 people from the survey panel provider Dynata. Participants were eligible if they were Australian citizens between the ages of 18 and 25. Furthermore, we excluded potential participants who were already registered as an organ donor, or who had already decided they did not want to be an organ donor.

As specified in our pre-analysis plan, we excluded from analysis any respondents who took less than 100 seconds to complete the survey (19 records were removed as a result). This threshold was based on internal testing of the time to complete the survey by members of the BETA team. It was determined prior to launching the survey, and was the limit below which we did not believe people could have actually been reading and engaging with the survey. In other words, it was a conservative threshold that erred on the side of not excluding respondents if there was a modest chance that they managed to offer genuine responses despite doing so speedily. We did not implement any other exclusion criteria.

For our power calculation, we anticipated that around half of the sample (700) would have an intention-action gap and therefore would be eligible for our survey experiment. This implied the trial would achieve around 230 respondents per treatment group. We performed power calculations that indicated that at an alpha of 5% we would have 80% power to detect a standardised effect of 0.261. Assuming that the control group had a registration rate of 1%, this would be equivalent to a 4.25 percentage point increase for treatment groups 1 or 2.

Analysis

For the principal analysis of the effect of the intervention, we used an unadjusted comparison of our primary outcome for our three arms. This estimate, confidence intervals and p-values were derived from a linear regression model with the following specification:

$$y = \alpha + \tau A + \delta B + \epsilon$$

Where the coefficient on A and B is the impact of our two messages, respectively, compared to control. We calculated robust (HC2) standard errors for all linear models.

We used the same model to analyse the secondary outcomes. We used an equivalent model to test for any difference between the ease and humour message. In this case, the ease message was the reference group and the coefficient was the impact of the humour message relative to that reference group.

This was not a pure intent-to-treat analysis because, as described in the previous section, we excluded 19 respondents whose survey completion time seemed implausibly fast. However, these respondents could only be excluded after they had completed the experiment and the survey and hence after they had been randomised to one of the 3 treatment groups.

Trial threats

When writing our pre-analysis plan we were concerned some participants would fail to complete the survey experiment and we would therefore have missing data for the primary or secondary outcomes. We committed to excluding missing cases that did not see the intervention, but keep those that did (and record them as having not registered). This missing data issue did not turn out to be a significant issue – there was only one instance of this occurring. As such, it did not impact our results in any noticeable way.

Limitations

While this study offers useful information to assist in boosting registration to be an organ donor, it does have limitations.

First, our clearest results were for a secondary outcome, which only measured intentions. While boosting intentions to ‘register this week’ is something, we do not have a sense of how often these intentions were followed through on. Indeed, since the issue we trying to deal with was an intention-action gap, boosting intentions is not ideal.

Second, we drew the sample from an online survey panel – the people on this panel may not be representative of the underlying population of interest (young Australian adults). Indeed, our sample is not representative on a key characteristic: 69% of our experiment sample were female (see Appendix 2, tables 30-39).

Third, we conducted a survey experiment, which tested in respondents’ behaviour in a somewhat contrived setting. While we tried to mimic the experience of receiving real messages about organ donation, the context is clearly different to how people would see these messages in a real-world setting. Consequently, there is a limit to how far we can generalise from our results.

Finally, the primary outcome variable may under-estimate the impact of the messages. We received only 5 registrations in total for the 3 treatment groups (see Appendix 2, table 3). This may reflect the very low impact of short messages in general on actual registrations.

Alternatively, it may reflect other factors such as:

- respondents may have felt uncomfortable in registering as a part of a survey for a government agency;
- respondents may have registered without using the provided link (e.g/ by doing a search for the web form); and/or
- respondents may not have had their Medicare number handy and decided to register after they had finished the survey.

There is some evidence that these other factors were relevant. In particular, 17 respondents stated that they *'just registered a moment ago'*.

Appendix 2 – Statistical Tables

Survey experiment results

The tables below present the results from our survey experiment, which tested the impact of 3 different messages on registrations, click-throughs and intentions to register.

The raw numbers for registrations were extremely low (table 3). In total, only 5 people (or 0.7%) did so via the link provided although a larger number (17 respondents) said in a subsequent question that they had ‘just registered a moment ago’. This suggests that some respondents navigated to the registration web page themselves, rather than following the link provided. The click-throughs on the link provided were also low: 14 people (or 1.8%) did so.

While we were unable to reject the null hypothesis for either registrations or click-throughs, the small raw numbers involved mean it was hard to draw firm conclusions about the impact of the messages on either these measures (tables 4-7).

For the secondary outcome of intention to register this week, Treatment 1 (the ease message) generated notably higher intentions than either the control message or Treatment 2 (the humour message): 29% versus 21-22% (tables 8 and 9). Only the difference between Treatment 1 and control was statistically significant however our judgement is that the data also provides stronger evidence for Treatment 1 than Treatment 2.

Table 3. Outcomes – registrations, click-throughs and intentions

Treatment arm	Registrations	Clicked on link	Just registered a moment ago	Definitely will (register in next week)	n
Control	2	3	5	53	277
T1 (ease)	2	7	6	67	248
T2 (humour)	1	4	6	46	237
Total	5	14	17	166	762

Note: The outcome measure for ‘Likelihood of registering in the next week’ is the sum of the responses ‘Just registered a minute ago’ and ‘Definitely will’.

Table 4. Primary outcome – registered using the provided link (H1, H2)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
Control	0.0072	0.0072					
T1 (ease)	0.0081	0.0008	0.0076	0.1105	0.4560	-0.0142	0.0158
T2 (humour)	0.0042	-0.0030	0.0066	-0.4536	0.6749	-0.0160	0.0100

Note: n = 762, OLS regression, p-values are from one-tailed tests. We did not correct for the comparison of multiple arms against the shared control due to the correlation between comparisons.

Table 5. Primary outcome – registered using the provided link (H3)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
T1 (ease; reference group)	0.0081	0.0081					
T2 (humour)	0.0042	-0.0038	0.0071	-0.5428	0.5876	-0.0178	0.0101

Note: n = 485, OLS regression, p-values are from two-tailed tests.

Table 6. Secondary outcome – clicked on the link to register (H1, H2)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
Control	0.0108	0.0108					
T1 (ease)	0.0282	0.0174	0.0122	1.4210	0.0779	-0.0066	0.0414
T2 (humour)	0.0169	0.0060	0.0104	0.5789	0.2814	-0.0145	0.0266

Note: n = 762, OLS regression, p-values are from one-tailed tests. We did not correct for the comparison of multiple arms against the shared control due to the correlation between comparisons.

Table 7. Secondary outcome – clicked on the link to register (H3)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
T1 (ease; reference group)	0.0282	0.0282					
T2 (humour)	0.0169	-0.0114	0.0135	-0.8427	0.3998	-0.0378	0.0151

Note: n = 485, OLS regression, p-values are from two-tailed tests.

Table 8. Secondary outcome – will register within the next week (H1, H2)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
Control	0.2094	0.2094					
T1 (ease)	0.2944	0.0850	0.0380	2.2386	0.0127	0.0105	0.1595
T2 (humour)	0.2194	0.0100	0.0364	0.2753	0.3916	-0.0614	0.0815

Note: n = 762, OLS regression, p-values are from one-tailed tests. We did not correct for the comparison of multiple arms against the shared control due to the correlation between comparisons.

Table 9. Secondary outcome – Will register within the next week (H3)

Treatment arm	Margn'l mean	ATE	Std. error	t	p-value	95%CI: low	95%CI: high
T1 (ease; reference group)	0.2944	0.2944					
T2 (humour)	0.2194	-0.0750	0.0396	-1.893	0.0589	-0.1527	0.0028

Note: n = 485, OLS regression, p-values are from two-tailed tests.

Key survey results

Overview

The tables below present some of the key results from the survey. In addition to the aggregate results, where relevant the statistics are broken down by whether the respondent was in the experimental (RCT) sample, or the survey-only sample. This is because the respondents in the two samples were fundamentally different – those in the experimental sample had stated that they had an intention-action gap, while those in the survey-only sample said that they were still undecided on whether they wanted to be an organ donor.

Feedback on messages

We asked respondents 2 questions about which message would be most effective. First, for those in the survey experiment, we asked them how motivated to register the message made them feel (table 10). Consistent with the findings from the survey experiment, a higher proportion who saw the message 'registering is easy and only takes 1 minute' said they were 'very motivated' by the message.

Second, we asked all respondents which message was their favourite (table 11). There are also some notable differences in preferences by sample. Survey-only participants (who had not yet decided whether to register) strongly preferred messages that related to the decision of whether or not to be an organ donor:

- 'Know that your heart will go on' (28%), and
- 'One day a friend or family member may need an organ transplant. Pay it forward' (29%).

Participants in the survey experiment (that is, those who wanted to register) also preferred these messages, but more weakly. A larger minor showed a stronger preference for messages that spoke to the action of registering.

Table 10. Motivation by message (RCT cohort only, n=762)

Message	Very motivated % (n)	Motiv'd % (n)	Neutral % (n)	Not motiv'd % (n)	Not at all motiv'd % (n)	Total % (n)
Let's talk organ & tissue donation	17.0 (47)	42.2 (117)	34.3 (95)	5.8 (16)	0.7 (2)	100.0 (277)
Registering is easy & only takes 1 minute	25.0 (62)	52.0 (129)	21.4 (53)	1.6 (4)	0.0 (0)	100.0 (248)
Know that your heart will go on	20.7 (49)	52.7 (125)	23.6 (56)	2.5 (6)	0.4 (1)	100.0 (237)

Question: 'How motivated to register as an organ donor does this message make you feel?'

Table 11. Favourite message

Message	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
Total	1353	610	743	100.0	100.0	100.0
Know that your heart will go on	320	168	152	23.7	27.5	20.5
Let's talk organ & tissue donation	64	26	38	4.7	4.3	5.1
One day a friend or family member may need an organ transplant. Pay it forward	316	175	141	23.4	28.7	19.0
Registering is easy and only takes 1 minute	92	24	68	6.8	3.9	9.2
Ready, set, register	111	44	67	8.2	7.2	9.0
Register like a life depends on it	164	66	98	12.1	10.8	13.2
Tick all the boxes	109	41	68	8.1	6.7	9.2
You could save 7 lives in as little as 1 minute	177	66	111	13.1	10.8	14.9

Note: Respondents were asked to identify their favourite message from each of two groups of messages, and then to select their favourite from these 2 messages. This was the final question in the survey, and as some respondents had dropped out by this stage, there are less responses to this question than earlier questions.

Reasons for not registering as a donor, and reasons why they remain undecided on being a donor

The experimental sample represented those who wanted to register but had not done so. We asked them why not (table 12). The largest group (37%) indicated that inertia was the main

issue – ‘I haven’t gotten around to it’. Other popular reasons related to a lack of knowledge about how to register (21%) or about registration generally (16%).

Those in the survey-only sample represented those who were still undecided about whether they wanted to register. We asked them why they were undecided (table 13). The most common reasons were: that they hadn’t thought enough about it (47%), or that they are young and not going to be in a position to donate anytime soon (28%).

Table 12. Why people who want to be organ donors have not registered

	RCT-cohort (n)	RCT-cohort (%)
Total	760	100.0
I haven't gotten around to it	280	36.8
I'm not sure how to	164	21.6
I don't feel like I know enough about it	122	16.1
I didn't know I needed to register	97	12.8
I thought it would take a long time or be difficult to do	42	5.5
I tried but had technical issues and didn't complete the form	18	2.4
I don't want to think about it	14	1.8
Other	23	3.0

Question (survey experiment cohort): What is the main reason that you haven't previously registered as an organ donor?

Table 13. Why people haven’t decided whether they want to be an organ donor

	Survey-only cohort (n)	Survey-only cohort (%)
Total	614	100.0
I haven't thought enough about it	287	46.7
I am young - I not going to be in a position to donate anytime soon	173	28.2
It is unpleasant to think about	69	11.2
I'm not sure where to find information about organ donation	48	7.8
Due to family or cultural reasons	16	2.6
I don't think it is very important	3	0.5
Other	18	2.9

Question (survey-only cohort): Why are you undecided about becoming an organ donor?

Reasons to register as a donor

The reasons to register that resonated the most with respondents were:

- 'Helping others'
- 'I would accept an organ if I needed one, so it is only fair that I am willing to donate'
- 'It feels like the right thing to do'
- 'I won't need my organs when I have passed away, so others can have them'.

Respondents from the experimental group were more likely to rate all of the options as more important than respondents from the survey-only group.

Table 14. Reasons to register – Helping others

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	52.5 (718)	37.7 (516)	8.4 (115)	1.2 (16)	0.1 (2)	100 (1367)
RCT	65.7 (497)	28.1 (213)	5.5 (42)	0.5(4)	0.1 (1)	100 (757)
Survey-only	36.2 (221)	49.7 (303)	12.0 (73)	2.0 (12)	0.2 (1)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 15. Reasons to register – Knowing part of me will live on

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	20.5 (280)	31.2 (427)	24.7 (338)	13.0 (178)	10.5 (144)	100 (1367)
RCT	23.4 (177)	28.3 (214)	22.1 (167)	14.0 (106)	12.3 (93)	100 (757)
Survey-only	16.9 (103)	34.9 (213)	28.0 (171)	11.8 (72)	8.4 (51)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 16. Reasons to register – It feels like the right thing to do

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	39.7 (543)	43.6 (596)	14.0 (192)	2.3 (31)	0.4 (5)	100 (1367)
RCT	52.4 (397)	38.7 (293)	7.3 (55)	1.5 (11)	0.1 (1)	100 (757)
Survey-only	23.9 (146)	49.7 (303)	22.5 (137)	3.3 (20)	0.7 (4)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 17. Reasons to register – Knowing that other people support organ donation

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	24.4 (334)	40.0 (547)	25.8 (353)	6.7 (92)	3.0 (41)	100 (1367)
RCT	30.3 (229)	36.5 (276)	22.5 (170)	7.7 (58)	3.2 (24)	100 (757)
Survey-only	17.2 (105)	44.4 (271)	30.0 (183)	5.6 (34)	2.8 (17)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 18. Reasons to register – I would accept an organ if I needed one, so it is only fair that I am willing to donate

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	43.8 (599)	40.8 (558)	12.4 (170)	2.3 (32)	0.6 (8)	100 (1367)
RCT	54.0 (409)	35.8 (271)	8.1 (61)	1.7 (13)	0.4 (3)	100 (757)
Survey-only	31.1 (190)	47.0 (287)	17.9 (109)	3.1 (19)	0.8 (5)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 19. Reasons to register – I know someone who needs (or had) an organ transplant

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	19.7 (269)	30.2 (413)	34.1 (466)	8.0 (109)	8.0 (110)	100 (1367)
RCT	23.4 (177)	27.5 (208)	31.4 (238)	7.9 (60)	9.8 (74)	100 (757)
Survey-only	15.1 (92)	33.6 (205)	37.4 (228)	8.0 (49)	5.9 (36)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 20. Reasons to register – Most of my family and friends are organ donors

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	11.3 (155)	24.9 (341)	43.0 (588)	13.5 (185)	7.2 (98)	100 (1367)
RCT	13.3 (101)	25.2 (191)	41.6 (315)	12.7 (96)	7.1 (54)	100 (757)
Survey-only	8.9 (54)	24.6 (150)	44.8 (273)	14.6 (89)	7.2 (44)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 21. Reasons to register – It feels good to be an organ donor

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	30.1 (412)	43.2 (591)	21.4 (292)	3.8 (52)	1.5 (20)	100 (1367)
RCT	41.6 (315)	40.8 (309)	14.1 (107)	2.4 (18)	1.1 (8)	100 (757)
Survey-only	15.9 (97)	46.2 (282)	30.3 (185)	5.6 (34)	2.0 (12)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 22. Reasons to register – I won't need my organs when I have passed away, so others can have them

Sample	Very important % (n)	Important % (n)	Neutral % (n)	Of little importance % (n)	Not at all important % (n)	Total % (n)
All	46.7 (638)	35.6 (486)	14.9 (203)	2.4 (33)	0.5 (7)	100 (1367)
RCT	61.4 (465)	29.2 (221)	7.4 (56)	1.6 (12)	0.4 (3)	100 (757)
Survey-only	28.4 (173)	43.4 (265)	24.1 (147)	3.4 (21)	0.7 (4)	100 (610)

Question: Below are some of the reasons people register as organ donors. How important is each of these to you personally? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Touchpoints to prompt registration

Most respondents were open to being prompted to register at various touchpoints, with the most popular options being: Medicare card application, myGov account, and driver's license. Respondents in the experimental sample were substantially more positive about all of the options than respondents in the survey-only group. Indeed all options received a positive response more than 50% of respondents from the experimental group.

Table 23. Potential touchpoints for registering as a donor – Medicare card application

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	32.3 (442)	39.9 (547)	23.1 (316)	3.9 (53)	0.9 (12)	100 (1370)
RCT	40.5 (306)	41.0 (310)	15.6 (118)	2.6 (20)	0.3 (2)	100 (756)
Survey-only	22.1 (136)	38.6 (237)	32.2 (198)	5.4 (33)	1.6 (10)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 24. Potential touchpoints for registering as a donor – Using your myGov account

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	23.6 (323)	31.9 (437)	30.4 (417)	10.8 (148)	3.3 (45)	100 (1370)
RCT	32.7 (247)	34.1 (258)	25.3 (191)	6.0 (45)	2.0 (15)	100 (756)
Survey-only	12.4 (76)	29.2 (179)	36.8 (226)	16.8 (103)	4.9 (30)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 25. Potential touchpoints for registering as a donor – Driver's license application/renewal

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	24.5 (335)	29.1 (398)	25.8 (353)	15.8 (217)	4.9 (67)	100 (1370)
RCT	33.1 (250)	31.2 (236)	21.7 (164)	10.7 (81)	3.3 (25)	100 (756)
Survey-only	13.8 (85)	26.4 (162)	30.8 (189)	22.1 (136)	6.8 (42)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 26. Potential touchpoints for registering as a donor – passport application/renewal

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	20.1 (276)	28.2 (386)	30.2 (414)	17.2 (236)	4.2 (58)	100 (1370)
RCT	27.6 (209)	31.1 (235)	27.8 (210)	11.5 (87)	2.0 (15)	100 (756)
Survey-only	10.9 (67)	24.6 (151)	33.2 (204)	24.3 (149)	7.0 (43)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 27. Potential touchpoints for registering as a donor – car registration

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	18.2 (249)	23.1 (316)	29.3 (402)	22.5 (308)	6.9 (95)	100 (1370)
RCT	24.7 (187)	26.9 (203)	27.5 (208)	17.2 (130)	3.7 (28)	100 (756)
Survey-only	10.1 (62)	18.4 (113)	31.6 (194)	29.0 (178)	10.9 (67)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Table 28. Potential touchpoints for registering as a donor – applying for a tax file number

Sample	Great % (n)	Good % (n)	Neutral / meh % (n)	Dislike % (n)	Strong dislike % (n)	Total % (n)
All	18.8 (257)	21.9 (300)	32.1 (440)	20.9 (287)	6.3 (86)	100 (1370)
RCT	26.2 (198)	23.9 (181)	30.7 (232)	15.5 (117)	3.7 (28)	100 (756)
Survey-only	9.6 (59)	19.4 (119)	33.9 (208)	27.7 (170)	9.4 (58)	100 (614)

Question: You may have been encouraged to register as an organ donor when filling out official forms. How would you feel about being asked in each of these situations? Note: 'RCT' refers to the experiment cohort; 'Survey' refers to the survey-only cohort.

Discussions with family

Most respondents had not discussed organ donation with their family. Those in the experimental group (who indicated they wanted to register but hadn't yet done so) were more than twice as likely to have discussed organ donation with their family as those in the survey-only group (42% vs 19%).

Table 29. Discussed organ donation with your family

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
Total	1374	614	760	100	100	100
Yes	430	114	316	31.3	18.6	41.6
No	874	466	408	63.6	75.9	53.7
Not sure	70	34	36	5.1	5.5	4.7

Question (experiment cohort): Have you discussed your decision to be an organ donor with your family?
Question (survey-only cohort): Have you ever discussed organ donation with your family?

Demographic characteristics

This section details the demographic characteristics of the overall sample. It includes breakdowns for both the survey and experiment samples, as well as for each of the 3 treatment groups in the experiment.

Key demographic characteristics – age, jurisdiction – are broadly representative of the underlying Australian young adult population (table 32 and table 33). However, gender in our sample skews heavily female (table 31, 65% of respondents).

The randomisation of survey respondents produced a fairly even distribution of demographic characteristics between the 3 treatment groups but, as expected, not perfectly so (tables 30-39). For example, the 'Treatment 1' (Ease message) group had more somewhat more female respondents (72% vs 65% and 68% in the other groups) and a somewhat younger make-up (48% aged 18-21 vs 43-44% in the other groups).

Table 30. Demographics for overall sample - totals

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
Total	1382	620	762	100	100	100

Note: 656 people were screened out of the survey as they had either already registered as an organ donor, or they firmly did not want to be an organ donor. 19 people who completed the survey were excluded for implausibly fast completion times.

Table 31. Demographics for overall sample - gender

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
Female	900	377	523	65.1	60.8	68.6
Male	419	210	209	30.3	33.9	27.4
Non binary/ gender diverse	8	4	4	0.6	0.6	0.5
Prefer not to say	1	0	1	0.1	0.0	0.1

Note: 656 people were screened out of the survey as they had either already registered as an organ donor, or they firmly did not want to be an organ donor. 19 people who completed the survey were excluded for implausibly fast completion times.

Table 32. Demographics for overall sample - Age

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
18-21	635	294	341	45.9	47.4	44.8
22-25	747	326	421	54.1	52.6	55.2

Note: 656 people were screened out of the survey as they had either already registered as an organ donor, or they firmly did not want to be an organ donor. 19 people who completed the survey were excluded for implausibly fast completion times.

Table 33. Demographics for overall sample - Jurisdiction

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
NSW	438	186	252	31.7	30.0	33.1
VIC	354	160	194	25.6	25.8	25.5
QLD	286	140	146	20.7	22.6	19.2
SA	72	32	40	5.2	5.2	5.2
WA	151	70	81	10.9	11.3	10.6
TAS	49	20	29	3.5	3.2	3.8
ACT	23	9	14	1.7	1.5	1.8
NT	9	3	6	0.7	0.5	0.8

Note: 656 people were screened out of the survey as they had either already registered as an organ donor, or they firmly did not want to be an organ donor. 19 people who completed the survey were excluded for implausibly fast completion times.

Table 34. Demographics for overall sample – Donor registrations status

	All n	Survey -only n	RCT n	All %	Survey -only %	RCT %
I am not sure if I am a registered donor, but I want to be	296	0	296	21.4	0.0	38.8
I want to be an organ donor, but haven't registered yet	466	0	466	33.7	0.0	61.2
I am not sure if I am a registered donor, and I am not sure if I want to be	150	150	0	10.9	24.2	0.0
I am still considering whether I want to be an organ donor	470	470	0	34.0	75.8	0.0

Note: 656 people were screened out of the survey as they had either already registered as an organ donor, or they firmly did not want to be an organ donor. 19 people who completed the survey were excluded for implausibly fast completion times.

Table 35. Demographics for experiment sample - totals

	Control n	T1 n	T2 n	Control %	T1 %	T2 %
Total	277	248	237	100	100	100

Note: T1 refers to the Ease message; T2 refers to the Humour message.

Table 36. Demographics for experiment sample - gender

	Control n	T1 n	T2 n	Control %	T1 %	T2 %
Female	179	184	160	64.6	72.4	67.5
Male	84	57	68	30.3	23.0	28.7
Non binary/ gender diverse	2	1	1	0.7	0.4	0.4
Prefer not to say	1	0	0	0.4	0.0	0.0

Note: T1 refers to the Ease message; T2 refers to the Humour message.

Table 37. Demographics for experiment sample - age

	Control n	T1 n	T2 n	Control %	T1 %	T2 %
Age						
18-21	118	118	105	42.6	47.6	44.3
22-25	159	130	132	57.4	52.4	55.7

Note: T1 refers to the Ease message; T2 refers to the Humour message.

Table 38. Demographics for experiment sample - jurisdiction

	Control n	T1 n	T2 n	Control %	T1 %	T2 %
NSW	91	78	83	32.9	31.5	35.0
VIC	60	62	72	21.7	25.0	30.4
QLD	56	52	38	20.2	21.0	16.0
SA	16	13	11	5.8	5.2	4.6
WA	36	25	20	13.0	10.1	8.4
TAS	12	11	6	4.3	4.4	2.5
ACT	5	5	4	1.8	2.0	1.7
NT	1	2	3	0.4	0.8	1.3

Table 39. Demographics for experiment sample - Donor registration status

	Control n	T1 n	T2 n	Control %	T1 %	T2 %
I am not sure if I am a registered donor, but I want to be	109	93	94	39.4	37.5	39.7
I want to be an organ donor, but haven't registered yet	168	155	143	60.6	62.5	60.3

Note: T1 refers to the Ease message; T2 refers to the Humour message.

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ISBN 978-1-925364-95-8

Improving organ donor registration among young adults (online)

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