

Promoting blood donation: a study of the social profile, attitudes, motivation and experience of donors*

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SUMMARY. This study investigated how to improve the recruitment of blood donors, their retention as active donors and their response to call-up. A total sample of 9,000 non-donors, lapsed donors and current donors was examined in three programmes to determine the sex, age and social profile of donors; the attitudes of the population to blood donation; the motivating forces prompting people to give blood; the de-motivating forces preventing them; the image of the blood donor in society and the image of the National Blood Transfusion Service (NBTS). The profile of blood donors, with small variations, reflects that of the

population. The experience of blood donation is widespread with 27% of the population either current or lapsed donors. The image of both blood donors and the NBTS was found to be very positive. The main force motivating donors is an awareness of patient need complemented by awareness that the need may one-day be personal. NBTS strategy will concentrate on reinforcing the need for blood donors and enhancing the experience of donors at blood donor sessions.

Key words: blood donor, motivation, profile, recruitment, retention.

The number of units of whole blood collected by the National Blood Transfusion Service (NBTS) in England and Wales has remained steady in recent years (Fig. 1) at around 2 million donations or 70 per 1,000 in the eligible population. The increase in surgical procedures over this period has meant that the patient's need for blood has continued to be met by a general reduction in the amount of blood given for each procedure. The number of individual donors who annually give blood is not known because many donors give blood more than once a year, but it has been estimated at around 1.5 million. The panel of active donors consists of 1.8 million who have given blood within the last 2 years.

The figure that has increasingly given National Blood Transfusion Service managers cause for concern is the large turnover of donors. About 300,000 or 15% of the active donor panel needs to be replaced by new donors annually. Coupled with this high turnover is the low response of regular donors to call-up for a

particular donor session. Generally only half the donors called to a session attend, although response can range between 30 and 70% depending on locality.

These factors led the National Blood Transfusion Service to undertake an investigation of the public's attitude to blood donation so that a communication strategy to improve donor recruitment, retention and response could be developed.

METHODS

NBTS recognized that the research skills needed were those of a commercial market research company, and therefore employed the company Research International to undertake the work on its behalf. It is their methodology and results which are reported in this paper. The study took place between August 1989 and March 1990. The programme consisted of four main aspects.

Population profile

The object of this initial work was to sample the population of England and Wales so that a profile of their experience of giving blood could be obtained. A

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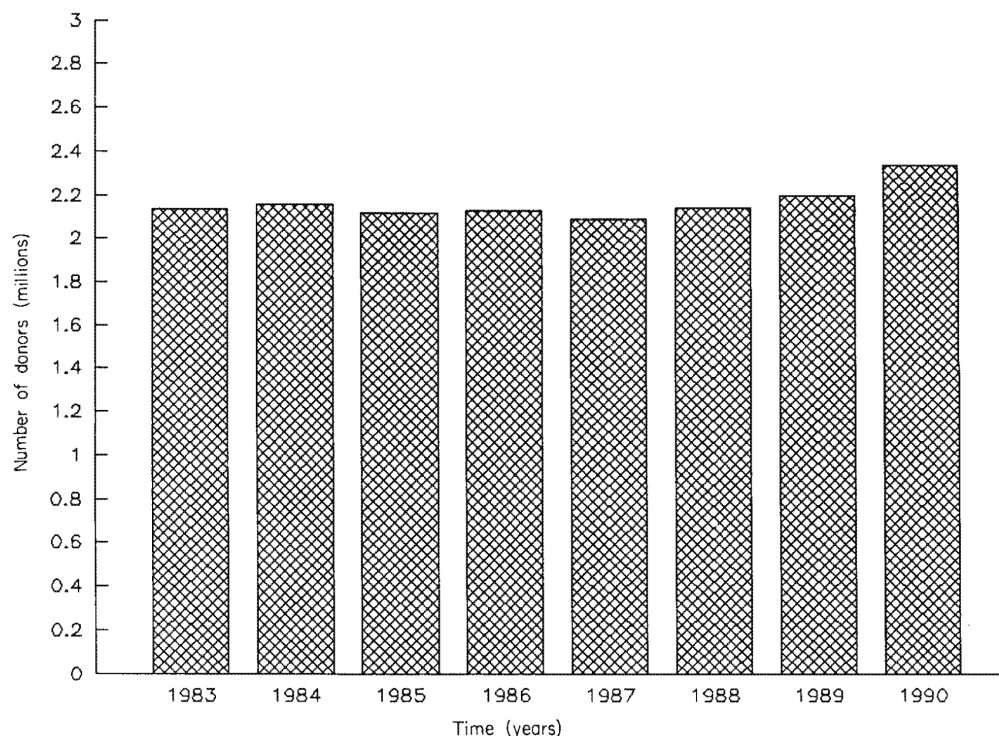


Fig. 1. Annual number of whole blood donors bled in England and Wales.

sample of 5,500 adults aged between 18 and 64 years was interviewed as part of an omnibus survey. In this type of survey many client organizations share space so interviewees are questioned not only about blood but perhaps their newspaper or grocery preferences, etc.

The sample was selected to represent the socio-demographic character of England and Wales and seven questions were asked (Table 1) to determine who in the population were current donors, lapsed donors, non-donors and potential donors.

Table 1. Questions asked in the omnibus survey

For everyone

1. Have you ever given blood?
2. How likely are you to give blood in the future?

Among people who had ever given blood

3. Where do you/did you usually give blood?
4. Are you a special plasma donor?
5. When did you last give blood?
6. When did you first give blood?
7. On average, how often do you/did you give blood?

Public survey

This section of the programme was intended to explore in depth the attitudes, beliefs and opinions of the public about blood donation and the NBTS; to examine their awareness and image of the NBTS and to find out whether the lifestyle of blood donors was in any way exceptional.

The survey consisted of 1,450 personal interviews of people in their own homes and spread throughout England and Wales in proportions that reflect the spread of the population as a whole. Six hundred and twenty of those interviewed were current donors who had given blood in the last 2 years, 410 were lapsed donors and 420 were non-donors.

Donors at sessions

This part of the research explored how donors who had just given blood viewed the experience. It was judged that donors would be influenced whether to give again by their experience and would be best questioned whilst it was fresh in their minds.

A questionnaire was completed by 2,059 donors at 42 donor sessions. Whilst the particular sessions were

selected at random, the overall selection aimed to represent approximately the correct balance between static, industrial and mobile sessions.

Employers and organizers of workplace sessions

An estimated 35% of donor sessions are held at the workplace where the employer plays a significant and essential part in the communication route with donors on the payroll. To examine how this communication was viewed by employers, 20 face-to-face interviews and 50 telephone interviews were carried out covering a cross-section of employers across the country

RESULTS

A study of this magnitude naturally produced a correspondingly large amount of data and for the purposes of this paper it has been necessary to concentrate on the main findings which led to the

development of the priority action programme now underway.

Population profile from the omnibus survey

Out of the sample population, 27% of people had given blood at some time. This was made up of 12% who said they had given within the last 2 years and 15% who had lapsed.

Fourteen per cent of the sample were non-donors who nevertheless said they intended to donate and would therefore be a target for a recruitment campaign. The sex, age, social class and employment groups of donors compared with the population as a whole is given in Table 2.

It will be seen that in most respects current donors differ only slightly from the general population. However, their average age is slightly younger, and there is a tendency toward the professional AB social groups and away from the manual DE groups. More donors are in full-time jobs and less not in work than amongst non-donors.

Table 2. Profile of the donor population for comparison with that of the total sample. Derived from the omnibus survey

	Total sample (%)	Ever donors (%)	Current donors (%)	Non-donors (%)
Sex				
Male	50	53	55	49
Female	50	47	45	51
Age (years)				
18-24	19	11	21	22
25-34	25	26	30	24
35-44	22	25	24	20
45-54	18	22	16	17
55-64	18	16	9	18
Social class				
AB	17	23	22	15
C1	25	27	30	25
C2	29	28	28	30
DE	28	22	21	31
Employment				
Full-time	54	60	67	51
Part-time	15	15	14	15
Retired	5	5	2	5
Education	3	2	4	3
Not in work	24	19	13	26

Public survey: attitudes and opinions

Non-donors. The 420 non-donors in the sample were asked whether they had ever considered giving blood. The 46% who replied 'yes' were then questioned further about what stopped them from actually donating. Respondents could give more than one reason and the results summarized in Table 3 show that reasons for not giving fall into four main categories. Health reasons, either real or imagined, were given by 35%. Negative attitudes, particularly fear of needles, were shown by 41%. Inconvenient times were cited by 18%. Lack of information about session availability had deterred 11% of the sample.

A similar distribution of reasons was given by non-donors who had never considered giving blood. In an attempt to understand what might motivate non-donors, they were asked why they thought other people gave blood. The results (Table 4) show that helping other people is the main perceived reason given by 40% of respondents, with only 6% suggesting that donors might have a personal interest because they see a future need for themselves or their families.

Lapsed donors. With lapsed donors accounting for 15% of the general population, it was important to establish why they had stopped giving. It was particularly relevant to understand how 47% of lapsed donors who expressed themselves willing to resume donating could be remotivated to attend sessions. On average, lapsed donors had given 4 units of blood and had been giving for an average of 9 years. However, this does not

Table 3. Responses of non-donors who had considered giving blood to the question, 'What stopped you'?

	Percentage
Health reasons	35
Blood not healthy enough/anaemic	15
Poor health	7
Doctor advised against it	7
On drugs permanently	3
Pregnant/just had baby	3
Fear of AIDS	2
Attitudes	41
Squeamish/afraid of needles	16
Never got round to it	12
Fear/plucking up courage	11
Lazy	4
Friend had bad experience	2
Time/inconvenience	18
Do not have time	8
Times/places difficult	8
Work during day	4
Lack of information	11
Do not know when/where to go	8

represent a normal distribution because there are clearly three types of behaviour, those who gave blood only once (18%), those who gave a few times (32%), and those who gave regularly and then stopped (50%).

The reasons given by lapsed donors for discontinuing donating (Table 5) can be grouped under three headings. Health reasons accounted for 55% overall. This was the main reason given by donors who would not donate again. Moving either house or job, and

Table 4. Responses of non-donors to the question, 'Why do people give their blood'?

	Percentage
To help other people	40
To save lives	23
Because people need it	13
It is a good thing to do	8
For operations	8
Social conscience	7
Because they might need it	6
Have not thought about it	11

Table 5. Responses of lapsed donors to the question, 'Why did you stop donating'?

	Total (%)	Will give again (%)	Will not give again (%)
Health reasons	55	38	73
Poor health/medical condition	23	13	36
Pregnancy	10	14	5
Pass out/faint	9	3	14
On medication	5	3	7
Severe bruising	3	1	4
Anaemia	3	3	3
Bad experience	2	1	2
Do not like needles	2	1	2
Fear of AIDS	1	—	2
Moved	25	36	16
Left work/changed job	14	20	8
Moved house	10	13	7
Left university	2	3	1
Worked abroad	1	1	—
Time/inconvenience	17	21	13
Difficult to find time	7	11	2
Location inconvenient	5	4	5
Times inconvenient	2	5	—
Inconvenient	4	4	6
Other	9	10	8

thereby being lost to call-up from the NBTS, was given by 25% of respondents but was particularly important for those who would give again (36%). The inconvenience of sessions was cited by 17%.

Current donors. The proportion of the eligible population who see themselves as regular blood donors is 12%. Of these people approximately 60% have given in the last year. This 60% can be extrapolated to a national figure of 2.1 million individuals, which when compared with the NBTS session attendances suggests some respondents have exaggerated. Indeed, closer probing of the 40% of current donors who last gave 1 or 2 years ago suggested that some of these donors may have underestimated the time that had elapsed since they last gave. This may be taken as an indication of their goodwill but also an indication that some are slipping into the category of lapsed donor.

Both current and lapsed donors were asked why they gave blood (Table 6). Their answers fall loosely

Table 6. Responses of current and lapsed donors to the question, 'Why do you give blood'?

	Current donors (%)	Lapsed donors (%)
Social conscience	61	52
To help others	34	29
Right thing to do	17	16
Public duty	11	8
Benefit to community	5	6
To fulfil need	41	37
Blood is needed	25	18
Help save lives	11	13
For accidents	4	3
For operations	2	2
Rare blood group	3	3
Personal benefit	40	23
Because I/family might need it	24	16
Personal experience of transfusion	8	3
Satisfaction at helping	4	3
Healthy to give blood	4	1
Other	3	4

under three headings; social conscience, fulfilling the need and personal benefit. The responses between the lapsed and current donor groups are similar, apart from the decreased awareness of lapsed donors of a potential personal or family need.

In an effort to determine the best way to recruit donors, both current and lapsed donors were asked how they were introduced to the NBTS. The responses (Table 7) placed friends or relatives firmly as the major

Table 7. The method which introduced current and lapsed donors to their first donor session

	Current donors (%)	Lapsed donors (%)
Friend or relative	37	24
Work place	28	48
Publicity	12	10
Made enquiries	8	7
Saw a session, went in	7	2
Other	8	8

Table 8. Personal experiences of current, lapsed and non-donors relating to blood donation and transfusion

	Current donors (%)	Lapsed donors (%)	Non-donors (%)	Total (%)
Know a blood donor	100	100	61	72
Had a blood transfusion	10	10	12	12
Know someone who has had blood transfusion	52	49	41	43
Family, close	31	32	22	25
Other relatives	8	5	8	7
Friend	15	15	13	14

recruiters with peer pressure from workmates fulfilling a similar function at workplace sessions.

It had been expected that direct experience of blood donation in the family or circle of friends would motivate giving. When this experience was probed (Table 8) there was indeed a perceptible difference in experience between non-donors and donors, with the latter being more likely (52%) than non-donors (41%) to have known a transfusion recipient.

The image of the NBTS and its blood donors. There was a strong awareness amongst current, lapsed and non-donors alike, of the NBTS as a national institution responsible for collecting blood (66% of all respondents). Seventy per cent of the population were able to recall at least some details of the linked heart logo of the NBTS. This level of recall is outstanding amongst company logos and was both a surprising and encouraging finding.

The image of blood donors themselves was equally strong with donors being associated with those groups respected by the community and showing positive virtues (Table 9). However, questions that probed the lifestyle of donors failed to distinguish their habits and preferences from those of the rest of the community.

The viewpoint of donors at sessions. Donors completed the questionnaire at the end of the session and their satisfaction with the overall experience was uniformly high. Seventy-five per cent of respondents said they were 'very satisfied' and 23% 'quite satisfied'. Whilst this was broadly an encouraging finding for the NBTS, it was necessary to look further into those aspects of session activity where a maximum satisfaction rating had not been given. The convenience of the location, the appearance of the accommodation, the welcome and directions given to them within the session and the relationship between the donor and the

Table 9. Responses by current, lapsed and non-donors to the question, 'Which of the following people are more likely to be blood donors?'

	Overall total (%)
More likely to be	
People who care about others	97
Service men and women	93
Honest people	88
Well organized people	85
Intelligent people	84
Do-gooders	83
People who play sports	83
Lively people	77
Middle aged people	76
Doctors	74
Students	72
Up-to-date people	70
People with jobs	69
Local people	61
People who are not working	49
Younger people	49
Politicians	47
Ambitious people	38
People who care about themselves	36
Football supporters	33
Dull people	30
Yuppies	27
Older people	19
People who go to a lot of parties	17

clerk taking the donor's details were the main factors criticized by donors.

The average time, as estimated by donors, for a donation was between 36 and 45 min and waiting was not identified as a major concern. Saturday and Sunday sessions would find acceptance by a quarter of those interviewed.

Views of employers and organizers of workplace sessions

Employers were motivated to promote workplace donor sessions primarily by a desire to make a contribution to the community. This positive aspect, however, was weighed against possible disruption to the routine and loss of production as well as the time taken by company staff to organize the session. Employers were generally satisfied with the service and

Table 10. The message used by the NBTS to convey the need for blood to the community

A major national resource, the supply of which must be maintained
An increasing need as medical science progresses and more lives are saved at all ages
Dependent on a partnership between members of the public and the NBTS
Relevant to everyone (everyone may need—everyone may give).
A continuous need, day in day out, forever
Something you must respond to

information provided by the NBTS. However, pressure on production meant employers were critical of any aspects of the NBTS which led to delay, such as late attendance by the collection team, lengthy questioning, etc.

DISCUSSION

The principal finding of the omnibus survey that blood donors broadly reflect the social, sex and age patterns of the population can be viewed as a measure of the success achieved by the NBTS over the years in promoting blood donation as part of good citizenship. If this achievement is to be maintained, however, it suggests that the NBTS strategies for encouraging donors should continue to be addressed to the population as a whole and should not drift towards favouring one particular social group.

The omnibus survey also showed that over one-quarter of the population had given blood at some time or another. There is probably over-claiming by some of the active donors who would probably be regarded as lapsed according to NBTS criteria. This over-claiming, however, which also occurred in other parts of the survey, is itself an indicator that, whilst giving blood is seen as worthwhile, factors intrude which prevent the donor fulfilling his own ideals. These factors need to be addressed. Nearly half the lapsed donors would give again and it was seen as important to discover why they stopped, and what would be needed to remotivate them.

The results of the public survey provide some of the answers and can also be used to suggest ways in which the reservoir of non-donors who would consider giving blood might be motivated to action. The reasons of non-donors for not giving will be familiar to anyone who has ever tried to encourage a friend or colleague to

give blood. The reasons are often insubstantial and akin to excuses, given without a great deal of thought, to avoid a task of low priority. Some measure of the priority accorded to blood donation by non-donors may be understood from their perception of why people give blood. Their view, in summary, is that donors give blood to help save the lives of others. This statement seems accurate enough, but the significance of its vocabulary only emerges when contrasted with the view of donors themselves on why they give. Here there is a marked change of emphasis, donors also speak of 'help' but they place greater weight on 'need'. Furthermore, they do not simply consider the needs of others but are aware of a personal benefit. This benefit incorporates a feeling of satisfaction but is primarily an awareness that the donor or his family might one day need blood. This moves away from the concept that donating blood is a solely altruistic activity and shows that the altruism is strongly complemented by a personal realism.

The majority of lapsed donors give health reasons for discontinuing donation. Whilst some undoubtedly will have been permanently deferred from the donor panel, it is likely that others will have been deterred permanently by a temporary deferral. This would merit further study. The large number lost to call-up through moving house or job shows that for these people the motivation is not sufficiently strong to provoke them into making the effort to contact NBTS. Support for this view is provided by the fact that their attitude to donating remains positive although, like non-donors, they also quote inconvenience and a lack of time as reasons for not giving.

The behaviour of people towards blood donation is thus a balance between the motivating force provided by the perceived need, and the de-motivating forces. The latter are the necessity of giving-up time, making an effort and any discomfort or uncertainty associated with the donation itself. This motive-balance can shift individuals from non-donor to donor and back to lapsed donor.

The role of managers in donor provision is to influence the motive-balance in favour of blood donation. Their task is helped by the strong and positive perception of the NBTS held by the population as a whole and the equally positive view of donors.

Reinforcing the need for blood will improve recruitment, retention and response to call-up. A fact that was amply demonstrated during the recent Gulf War, when an appeal to support the potential need of British armed forces for blood evoked an immense response from the public. Weekly collections were doubled and an extra 50,000 donations were obtained over the period of the appeal. This was an exceptional response to exceptional circumstances and the more sustainable message developed for the NBTS from the present work emphasizes the continuing nature of the need and its personal dimension (Table 10). The other side of the motive-balance may also be influenced by the NBTS and to meet the points raised by the survey, efforts are being directed at improving the session experience in terms of comfort, efficiency and convenience.

CONCLUSION

The task of maintaining a motivated donor base is continuous and demanding. The motives and expectations of blood donors need to be well understood if resources for donor provision are to be used effectively. The results reported here have provided a firm base from which NBTS has been able to develop a communication strategy to encourage blood donation in the population of England and Wales.

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