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Blood Donor Motivation: A Phenomenological Study of Young Male Donors

Aleeza Morris

A report submitted in partial fulfilment of the requirements for the award of Bachelor of Arts (Psychology) Honours, Faculty of Computing, Health and Science, Edith Cowan University.

Submitted October, 2011

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Blood Donor Motivation: A Phenomenological Study of Young Male Donors

Abstract

The demand for blood products in Australia is projected to increase substantially in coming years. Yet population growth and population ageing will present challenges to blood donor recruitment and hence threaten the availability of adequate blood supplies for the future. Improving the retention of blood donors offers an opportunity to leverage this availability of blood products, and a focus on young men can be particularly beneficial because men become the biggest cohort of donors later in life. This research was conducted in collaboration with the Australian Red Cross Blood Service. It applied a descriptive phenomenological methodology to explore the factors that motivate young men to repeatedly give blood. Semi-structured interviews were conducted to gather the motivational experiences of 11 young male blood donors, and their narratives were analysed according to Colaizzi's (1978) method. The extended theory of planned behaviour (TPB) was applied as an organisational framework once the analytic process was complete. Nine themes emerged as elements of motivation for the young men, each of which was subsumed by one of four theoretical constructs: attitude, perceived behavioural control [PBC], satisfaction, and self-identity. Because of the nature of the themes, it was concluded that the identified PBC and satisfaction constructs converged with the extended TPB, and that attitude and self-identity were broader than the theory suggests. Recommendations for future research are provided, and preliminary implications for psychological theory and Blood Service practice are discussed.

Aleeza Morris

Dr Deirdre Drake

Dr Leesa Costello

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I certify that this thesis does not, to the best of my knowledge and belief:

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Blood Donor Motivation: A Phenomenological Study of Young Male Donors

Blood is an invaluable, life-sustaining fluid. Without a sufficient amount of blood, the cells of the human body could not receive the oxygen and nutrients they need to survive (Australian Red Cross Blood Service [Blood Service], 2010a). Similarly, the body could not combat infections, rid itself of toxic waste products, or regulate other aspects of its internal environment (Whittemore, 2009). The critical importance of blood to life, however, is often not fully appreciated (Whittemore, 2009) until some physical trauma – such as an accident or an illness – results in a severe depletion of the body's blood volume. Partly for this reason, blood donor recruitment and blood donor retention are significant public health issues in Australia and elsewhere in the world (Masser, White, Hyde, Terry, & Robinson, 2009).

According to the Blood Service (2010b), over 27,000 blood donations are needed by Australian hospitals every week to perform routine, life-saving operations and to provide emergency paramedical care to patients. Despite this pressing need for blood, only a small percentage of the population donates; currently, 3% of eligible Australians are registered as blood donors (Blood Service, 2010a), and less than 60% of new donors return within two years to make a further donation (Masser et al., 2009). These relatively low donor rates are only just enabling the Blood Service to meet its supply targets at present, but this will become more difficult as the population ages and increases (Blood Service, 2010a).

Based on the predictions outlined in the *2010 Intergenerational Report* (Commonwealth of Australia, 2010), the Australian population – currently at 22 million – will grow to 34.9 million by 2050 and will show a significant increase in the number of people in older age groups. Specifically, the report indicates that the number of older adults aged 65 to 84 will double between now and 2050, and the

number of very old adults will quadruple, reaching 1.8 million (Commonwealth of Australia, 2010). These demographic changes are projected to place considerable strain on the Australian health sector and on the Blood Service specifically (Blood Service, 2010a), because they are associated with a greater number of older people who might require blood transfusions and fewer young people who are eligible to donate blood (Ringwald, 2010).

These demographic changes are not the only factors that are threatening the stability of Australia's blood supply. The development of more stringent exclusion criteria in response to emerging diseases is also impacting on the potential to recruit blood donors (Godin, Conner, Sheeran, Belanger-Gravel, & Germain, 2007). For example, a precautionary measure against variant Creutzfeldt-Jakob disease ('mad cow disease') was introduced in December 2000, which targeted potential donors who resided in the UK for a cumulative time of six months between 1980 and 1996 (Commonwealth of Australia, 2001). Although this measure made an important contribution to improving the safety of blood products, it led to the indefinite deferral of blood donation by 30,000 Australians (Commonwealth of Australia, 2001). Since that time, additional donor restrictions have been imposed to address other threats to public health (Blood Service, 2010b), and these restrictions have further reduced the pool of potential blood donors in Australia. Further revisions to the eligibility criteria will likely be forthcoming due to the increasing mobility of populations and the associated spread of disease (World Health Organization, 2009).

Given these cumulative challenges for blood donor recruitment, a focus on improving donor retention seems vital to ensuring a stable blood supply into the future. There are also benefits afforded by improving donor retention. Ringwald (2010), for example, considered that regular donors tend to encourage other people to

donate and are less likely to suffer from transfusion-transmissible infections (consequently, they provide a particularly safe blood supply). In addition, Ringwald reported that they provide opportunity to reduce monetary and time costs associated with recruitment. In recognition of the recruitment difficulties faced by the Blood Service and benefits such as these, psychological research is increasingly focused on blood donors and their motives for continued donation (e.g., Masser et al., 2009).

Young Australian male donors nevertheless remain an under-researched population. There are a number of indicators, however, that suggest that this cohort of donors represents an important target for research. For example, records obtained from the Blood Service (Smith, 2011a) show that 42% of all blood donations in 2010 were provided by adults over 51 years and that around 60% of these were contributed by men. By contrast, only 6% of all blood donations were contributed by young men aged 16 to 25 years (Smith, 2011a). This indicates that men become major blood donors later in life and that there may be opportunities to 'capture' them at a younger age. Capitalising on these opportunities will require that the Blood Service has a thorough understanding of what motivates continued donation by young men. Hence, young male blood donors comprise the target population for this research.

Background

Helping behaviour, in which individuals voluntarily carry out actions that benefit others (Valerian & Janusz, 1982), has long been a topic of interest in psychology. This is evidenced by the extensive research (see Sargeant, 1999) devoted to the genetic antecedents of helping behaviour, and to the socioeconomic and cognitive factors that motivate such behaviour. A comprehensive appraisal of this vast body of literature is beyond the scope of this research; however, several findings are noteworthy here. First, it is well documented that a perception of

injustice and a belief in a just world are important motives for engaging in helping behaviour (e.g., Regan, 1971), as is a view of oneself as a moral person (e.g., Perugini & Leone, 2009). Second, the helping literature often suggests that involvement in helping activities has positive psychological consequences for the helper. For example, Post (2005) reported that individuals who are committed to volunteering within their community experience better mental health and perceive a deeper meaning for their lives than their non-volunteering counterparts.

A specific research focus on blood donation has emerged alongside this general helping literature in response to pragmatic concerns. This body of psychological literature is also substantial but can broadly be described as having quantitatively examined the sociodemographic (e.g., Tscheulin & Lindenmeier, 2005) and personality (e.g., Burnett, 1981) characteristics of blood donors, and the relationship between psychosocial factors and donation (e.g., McMahon & Bryne, 2008). Where studies have taken the latter 'psychosocial' direction, variants of the theory of planned behaviour (TPB) have generally provided the theoretical frameworks for examining donor recruitment and donor retention (Gillum & Masters, 2010). A detailed review of this literature will be provided in the remainder of this chapter to establish the background and significance of this research; however, in order to provide context for the reader, the blood donation process will first be explained.

As noted earlier, the Blood Service has specific eligibility criteria that must be met each time a person donates blood. Although these criteria outlined by the Blood Service (2010b) are numerous, they essentially specify that donors must be between 16 and 70 years of age, and be physically healthy as determined by a screening process. This screening process involves the donor completing a 'donor

questionnaire,' and having their haemoglobin levels (a protein that contains iron) and blood pressure assessed (Blood Service, 2010b).

The blood donation process itself is time-efficient and simple. As described by the Blood Service (2010b), it takes approximately ten minutes and involves collecting 470 ml of blood – less than 10% of the average adult's blood volume – from the donor. Once the donation has been collected, it is tested for transfusion-transmissible infections and is separated into its cellular components: red cells, platelets, and plasma (Blood Service, 2010b). These blood components, the Blood Service reports, are then distributed to hospitals across Australia, where they are provided to patients as needed.

After the blood donation has been collected, the donor is offered refreshments and is encouraged to rest to reduce the chance of fainting (Blood Service, 2010b). According to reports by the Blood Service (2010b), the donor's blood volume is restored within 48 hours; however, in order to safeguard the health of the donor, the Blood Service does not permit him or her to make a further whole blood donation for at least 12 weeks. These safety measures put in place by the Blood Service inadvertently slows the rate of blood donations made, which reinforces the need to retain and increase the number of existing donors.

Prior Research on Blood Donation

Sociodemographic research. The blood donation literature is comprised primarily of correlational studies, which have examined how factors predict blood donation intentions and blood donation behaviour (Ferguson, France, Abraham, Ditto, & Sheeran, 2007). A proportion of this literature has focused specifically on the predictive power of sociodemographic factors in relation to donation (e.g., Veldhuizen, Doggen, Atsma, & De Kort, 2009). Although an early literature review

by Piliavin and Callero (1991) concluded that sociodemographic factors cannot reliably predict who will become a blood donor, recent research has seemingly challenged this view.

Indeed, among the findings which have emerged consistently in recent years are that affluence (e.g., Veldhuizen et al., 2009), white ethnicity (e.g., Schreiber et al., 2005), and a high level of education (e.g., Tscheulin & Lindenmeier, 2005) increase the odds of achieving blood donations. In addition, there is evidence (e.g., Schlumph et al., 2008) to suggest that older males are more likely than other population groups to become regular blood donors. Most of the research reported here was conducted overseas; nevertheless, the findings appear to be equally relevant in the Australian context, with the Blood Service (Smith, 2011a) reporting that the largest cohort of regular donors comprises males aged 51 years and over. This male advantage with respect to blood donation, however, is not apparent in the 16 to 30 age bracket where more females (n = 99,872) than males (n = 76,693) are registered donors (Smith, 2011a). This indicates that there is opportunity to capture earlier those men who become donors at a later stage in life.

Personality research. In addition to examining the sociodemographic correlates of blood donation, the relationship between personality variables and blood donation has been examined (Ferguson et al., 2007). The focus in this line of research has been on Costa and McCrae's (1992) Big Five personality domains (e.g., Ferguson, 2004) and on variables such as risk-taking (e.g., Andaleeb & Basu, 1995) and religiousness (e.g., Gillum & Masters, 2010). For example, Burnett (1981) found that donors tend to be highly religious, but Gillum and Masters (2010) found that religiousness does not predict blood donation. Similarly, whereas Burnett found that risk-takers are more likely than non risk-takers to be donors, an opposite pattern

of results has been obtained by Andaleeb and Basu (1995). Hence, many of these personality variables have been shown to be related to blood donation, but correlations have often not shown the same direction across studies. Although these discrepant results might be attributed, in part, to a lack of uniform variable measurements across studies (see Burnett, 1981), they suggest that personality variables alone are inadequate to explain blood donation behaviour.

Motivation research. The personality and sociodemographic research has provided some valuable insights into the characteristics of blood donors (Andaleeb & Basu, 1995), but it has not provided sufficient information to understand why people donate blood. A significant body of psychological research, however, has examined the relationship between psychosocial factors and initial and repeat donation (Ringwald, 2010), which has helped fill this 'gap' in understanding why people donate blood. The nature and outcomes of this research were discussed by Gillum and Masters (2010), who reported that adaptations of the TPB have provided the frameworks for many of these studies. Given that these studies will form the basis of the following discussion, an overview of the TPB is warranted here.

Theory of planned behaviour. In 1991, Icek Ajzen developed the TPB, based on the theory of reasoned action (Ajzen & Fishbein, 1980). According to Ajzen's (1991) theory, a behavioural intention is the most proximal determinant of behaviour; this intention, in turn, is shaped by a person's evaluation of the behaviour (attitude), their perception of social pressure to perform the behaviour (subjective norm), and their perceived controllability of the behaviour (perceived behavioural control [PBC]). These motivational factors, Ajzen's theory suggests, are themselves a function of behavioural beliefs, or expected outcomes of the behaviour; normative beliefs, which reflect the perceived extent of close referents' approval of the

behaviour; and control beliefs. Control beliefs represent factors that facilitate or inhibit the performance of the behaviour, which are generally external to the person (Armitage & Conner, 2001).

The TPB has achieved widespread application in health behaviour research to date and has shown some success in predicting and explaining behaviours such as sun protection and health services utilisation (see Montano & Kasprzyk, 2011). Nevertheless, limitations of the theory have been discussed in the literature (see Weinstein, 2007). Of particular relevance to this research is Dutta-Bergman's (2005) argument that the theory conceptualises human behaviour as the outcome of a rational decision-making process. According to this scholar, the TPB is limited in that it does not account for the influence of affective factors, which are often critically important to the performance of health behaviours. In light of arguments like the one outlined here, the TPB has been extended with additional variables for use in blood donation research.

Specifically, the TPB has been augmented with variables including donation anxiety, moral norm, descriptive norm, and self-identity (Ringwald, 2010). These variables are described in subsequent paragraphs, but here, it is important to consider that they have consistently improved the explanatory power of the TPB. Evidence of this has been provided by blood donation studies that have relied on multiple regression techniques and on non-donor (e.g., Lemmens et al., 2005) and donor samples. France, France, and Himawan (2007) undertook a review of these studies and concluded that the TPB explains between 31% and 72% of the variance in intention to donate, and up to 56% of the variance in actual behaviour. Extended models, by contrast, have been shown to account for between 41% (France et al., 2007) and 86% of the variance in intention, and up to 70% of the variance in

behaviour (e.g., Masser et al., 2009). (Also noteworthy is that this variation in effect size is not overly unexpected given the inconsistent inclusion of the variables across studies and the sensitivity of regression techniques to differences in sample characteristics – see Tabachnick & Fidell, 2000).

Although it is well established that the extended TPB variables are important components of blood donor motivation (Lemmens et al., 2005), it has been argued that their relative importance in the prediction of intention and behaviour is influenced by donor status (Piliavin & Callero, 1991). That is, by whether individuals are first-time blood donors (which the literature refer to as non-donors) or repeat donors (donors). In order to demonstrate support for this argument, the following sections review data from non-donor studies separately from those of donor studies. Due to the significance of retention in this research, focus is given to the latter type of studies.

Non-donor studies. In 1991, Piliavin and Callero proposed the idea that blood donors are not a homogeneous group in terms of their reasons for donating. According to Piliavin and Callero (1991), there are in fact substantial differences between donors and non-donors. In particular, these scholars considered non-donors to be comparatively more responsive to external influences, and hence suggested that their donations are motivated by a rational decision-making process. National (e.g., Lemmens et al., 2005) and international (e.g., Robinson, Masser, White, Hyde, & Terry, 2008) studies have supported these assertions, their results indicating that non-donors' intentions are largely determined by the TPB variables. This support, however, is only partial because, to the best of this researcher's knowledge, no attempt has been made to determine whether non-donors' intentions carry through to behaviour.

Nevertheless, the attitude construct has emerged as a significant and positive predictor across studies, uniquely explaining around 15% of the variance in non-donors' intentions (e.g., Lemmens et al., 2005). This indicates that non-donors who have a favourable attitude towards blood donation are more likely than those with an unfavourable attitude to intend to donate. Although this result, in and of itself, provides little information about the specific attitudes that generate donation intentions, it appears that anticipated affect in response to donation exerts an influence. This was borne out in Reid and Wood's (2008) analyses of underlying behavioural beliefs, which revealed that 'high-intenders' expected donating to be a satisfying, non anxiety-provoking experience. Moreover, non-donors who cited positive intentions expected the blood donation process to be painless and time-efficient (Reid & Wood, 2008), suggesting that their attitude comprises not only an affective component but a cognitive component as well.

The aforementioned studies lend further support to the argument that initial blood donation is driven by a rational decision-making process. For example, in their study of Australian non-donors, Reid and Wood (2008) found that the TPB variable of subjective norm makes an important, positive contribution to explaining variance in donation intentions. This result was also obtained by Lemmens and colleagues (2005), whose subsequent analyses showed that three sources of social influence – parents, partners, and friends – have a particularly beneficial effect on non-donors' intentions. Taken together, these results suggest that non-donors who perceive a degree of pressure from parents, partners, or friends are likely to intend to donate. Also important with regard to the influence of referent others is Robinson and colleagues' (2008) result that descriptive norm is a positive predictor of donation intentions. This indicates that knowing other people who donate blood may

engender positive intentions among non-donors, a result that is congruent with Piliavin and Callero's (1991) argument that initial donation is, to a large extent, externally driven.

Also in line with Piliavin and Callero's (1991) arguments, the perceived behavioural control (PBC) construct of the TPB has predictive utility with respect to initial donation. In their study, Godin and colleagues (2005) found that PBC was the primary determinant of intention, with non-donors who perceived control over donating citing intentions to donate. More important, however, is their finding that perceived health and rewards for donating were among the control beliefs that favoured donation intentions. Similarly, being accompanied to a donor centre, being informed that blood supplies are low (Godin et al., 2005), and television advertising (Devine et al., 2007) have been found to facilitate intentions among non-donors.

At this point, a distinction should be made between the constructs of PBC and self-efficacy. According to descriptions provided by Armitage and Conner (2001), self-efficacy is distinct from PBC insofar as self-efficacy reflects a person's perception of *internal* control over a behaviour. Concerning its relationship with blood donation, these scholars considered that intentions might be affected not only by external, uncontrollable factors (PBC) but also by a person's perception of their ability to donate (self-efficacy). On the basis of these sorts of arguments, self-efficacy has been examined both independently and in conjunction with PBC in blood donation research. Giles, McClenahan, Cairns, and Mallet (2004), for example, examined self-efficacy in the context of initial donation and found that it accounted for variance in intention over and above that accounted for by PBC. This might indicate further that, for first-time donors, donation is the outcome of a rational decision-making process (see Masser et al., 2009).

Notwithstanding the contribution of the above-mentioned TPB variables (attitude, subjective norm, PBC, and self-efficacy), donation anxiety is one of the best known determinants of initial donation. This construct measures anxiety about donating blood related to a fear of needles or pain (Masser et al., 2009), and evidence has repeatedly emerged that it is a negative predictor of intention. For example, Robinson and colleagues (2008) found that non-donors who reported a low level of anxiety expressed intentions to donate blood. These results, coupled with Lemmens et al.'s (2005) results regarding the nature of the attitude construct, indicate that there are two ways by which anticipated affective consequences predict intentions: directly, and indirectly through attitude.

Donor studies. The rational decision-making process referred to by Piliavin and Callero (1991) is important for first-time blood donors, as evidenced by the above discussion of the standard TPB variables. This process, however, has been suggested to be less relevant for repeat donors; their donation instead seen to be guided by internal or affective factors (e.g., Piliavin & Callero, 1991). This point – that continued blood donation is internally motivated – is emphasised in the remainder of this literature review with reference to the extended TPB constructs, because of this study's focus on donor retention.

Callero (1985) viewed identity theory (Stryker, 1968) as a useful framework for understanding sustained helping behaviour and to that end, he proposed that self-identification as a blood donor might motivate continued blood donation. In keeping with Callero's views, researchers have incorporated a self-identity construct into the TPB. For example, McMahon and Bryne (2008) examined the predictive strength of self-identity among a predominantly female sample of Irish donors (*M*age = 30 years), and concluded that it is a significant predictor of intention. A similar

conclusion was reached by Masser and colleagues (2009), whose data showed that donors in Queensland (60 men, 122 women, age range: 35 – 64 years) – who perceived blood donation as central to their self-concept – intended to make further donations. These results provide support for a role for self-identity in repeated blood donation generally but, in the case of this research, they indicate that there is opportunity to explore self-identity in relation to young male donors in Western Australia.

Extended TPB-based studies point to the additional internal influence of moral norm, or a perceived duty to donate, on repeat blood donation. One such study was conducted in Canada and found that moral norm significantly and positively predicts donors' intentions to donate (Godin et al., 2007). Similarly, Howden-Chapman, Carter, and Woods (1996) found that blood donors indicated a responsibility to donate, and that this responsibility was related to 'repaying' a transfusion that someone they knew had received. These results are complemented by the findings of a qualitative study in which blood donors described a sense of obligation to donate (Waldby, Rosengarten, Treloar, & Fraser, 2004). It is of particular interest, however, that this perception of responsibility was not related to the repayment of a transfusion. Instead, it reflected a view that their blood did not pose risk to blood recipients, whereas other people's blood might be contaminated (Waldby et al., 2004). This finding demonstrates the potential for qualitative approaches to further elucidate the nature of these motivational influences, but few studies on blood donation have relied on qualitative methods.

Also with regard to internal factors, the role of anticipated regret in fostering repeated blood donation must be noted. Masser and colleagues (2009) described anticipated regret as the expectation of discontent on the part of the donor in relation

to non-donation, and reported that this variable has been explored in international research as an extension of the TPB. For example, Godin and colleagues (2007) examined the contribution of anticipated regret to predicting donation intentions and self-reported behaviour, and found that it predicts donation both directly and indirectly. This study might be criticised on the basis that it employed an unreliable proxy of behaviour; even so, it suggests a role for anticipated regret in continued blood donation.

Likewise, Ringwald (2010) has argued that satisfaction with previous blood donations is an important determinant of repeated donation. The research pertaining to this scholar's argument has generally been carried out overseas and is limited to older, predominantly female samples. Such research has consistently shown that satisfaction is positively related to an intention to donate blood (e.g., Glynn et al., 2007) and it increases the odds of actual return (Schlumph et al., 2008). Survey-based research conducted by Germain and colleagues (2007) has also indicated that phlebotomists' expertise and treatment by staff are among the factors that contribute to this satisfaction. In addition, the absence of vasovagal reactions – such as fainting – in response to donating has been found to increase donors' level of satisfaction and hence facilitate their intentions to provide further blood donations (e.g., Thompson, Bethel, Ownby, Nass, & Williams, 1998).

The value of this 'satisfaction' research notwithstanding, these results must be considered within the context of several methodological limitations. First, respondents were given a closed list of facilitators of satisfaction; other factors that were not measured by the surveys might affect blood donors' level of satisfaction. Second, although this research has oriented Blood Service personnel to some of the general factors that influence satisfaction, it has been unable to elicit detailed

descriptive information that could better inform retention efforts. The potential for qualitative approaches in this regard, however, was demonstrated by Giacomini and Danilo (2010), who offered invaluable insights into what constitutes positive staff-donor interactions. From the descriptions obtained in their interviews, Giacomini and Danilo concluded that blood donors accord significant importance to staff's expression of patience, attention, and tranquillity because these factors contribute to a relaxed environment.

So far, and in line with Piliavin and Callero's (1991) view that repeat donors are internally motivated, it has been argued that the extended TPB variables are important to blood donor retention. These scholars' view is substantiated further by results of TPB-based and non TPB-based research, which show that subjective norm is a nonsignificant (Masser et al., 2009) or negative (Schlumph et al., 2008) predictor of intention to return, and that there is a decrease in the predictive power of attitude (Godin et al., 2005). Nevertheless, attitude has generally emerged as a significant predictor among donor samples, suggesting the suitability of further exploring the nature of this construct here. In order to achieve this, it is appropriate to consider Valentine's (2005) review of a qualitative study on blood donation *attitudes* and, in particular, her discussion on donors and their privileging of blood donation above traditional (monetary) donations.

In her review, *Citizenship, Identity, Blood Donation,* Valentine (2005) concluded that blood donations are perceived by donors as more important than traditional donations. According to Valentine, this perception can be attributed to a lack of scepticism over the use to which the blood is put by the Blood Service; also, it reflects a view that blood donations uniquely provide immediate, life-saving assistance and involve "giving the self" (p. 118) rather than an impersonal resource.

Similar sentiments were expressed by older blood donors in Spain, who further reflected that donating is an easier way to be socially useful than providing monetary donations to charities (Suarez, Fernandez-Montoya, Fernandez, Lopez-Berrio, & Cillero-Penuela, 2004). These findings suggest that donors have a favourable attitude towards blood donation (as the TPB predicts) and that the constituents of this attitude include perceptions that blood donations are easier, more personalised, and more urgent than traditional forms of donation.

Young male donors. Little work has been done to document young people's and men's motives for continued blood donation. Consideration of this scant literature is nevertheless worthwhile here, given that young male donors comprise the target population for this research. In 2002, a US study by Glynn and colleagues found that male donors and young donors (≤ 25 years of age) are the most likely cohorts to cite recognition from family and friends as motivators; they are also especially likely to be motivated by medical screening and by a belief that donating provides a health benefit. More recent studies have identified convenient locations and opening hours as factors that facilitate young donors' ability to translate this motivation into actual behaviour (e.g., Nguyen, Devita, Hirschler, & Murphy, 2008). Moreover, although both men and women cite 'altruistic' reasons for donating, Steele and colleagues (2008) reported that these are more frequently cited by women. Viewed from the perspective of the extended TPB model, these results might mean that the TPB constructs are more relevant than the affective constructs among young men. They also suggest that young men are likely to be motivated by a perception that donating provides personal benefits.

Purpose

This study extends the above line of enquiry by adopting a qualitative

approach and by focusing on the motives of young male blood donors in Western Australia. A focus on young men was considered appropriate not only because they are the most under-represented cohort of blood donors, but also because older men are the biggest group of donors in Australia (Smith, 2011a). As noted earlier, understanding young men's motives for donation will potentially allow the Blood Service to capitalise on opportunities to capture this cohort earlier. Furthermore, to the best of the researcher's knowledge, no studies to date have focused exclusively on young men and their perceptions of the factors that motivate their donation decision – despite their ability to provide more frequent blood donations than women (Healy, 2000) and their potential to have longer 'donor careers' than older population groups (Lemmens et al., 2005).

The descriptive information afforded by this qualitative study is intended to supplement existing research, and thereby enhance the pool of evidence that can be drawn upon when developing recruitment and retention campaigns targeting young men. Thus, this research may enable the Blood Service to extract more donations from this population. This will have direct benefits for the Australian health sector and those who need blood products.

Research question: What motivational factors are experienced by young Western Australian men who repeatedly engage in whole blood donation?

Chapter 2: Research Design

Methodology

In order to inform blood donor retention efforts, this research aimed to understand and describe young males' motives for continued blood donation. To this end, a phenomenological approach was adopted. There is, however, more than one form of phenomenological inquiry (Lopez & Willis, 2004) and thus it is necessary to explain the approach adopted in this research.

Lopez and Willis (2004) provided a useful description of the critical differences between the two major phenomenological methodologies – American phenomenology and traditional European phenomenology. According to these scholars, although they are similar in their focus on subjective human experience, they differ in their approach to generating and analysing data, and in what they aim to report upon. While it is unprofitable here to delve much deeper into the differences between the phenomenologies, given they both have merit in their respective applications, the American tradition was considered unsuitable for this research due to its focus on examining the contextual features of individuals' lived experiences (Lopez & Willis, 2004). Instead, a traditional phenomenological methodology was chosen because of its potential to uncover commonalities or 'universal essences' of phenomena of human experience (like young males' motivation for regular blood donation) that have been inadequately described by prior research (see Lopez & Willis, 2004).

European philosopher Edmund Husserl is credited with being the founder of traditional phenomenology (Crotty, 1996) and although it has been termed descriptive phenomenology more recently (e.g., Caelli, 2000), its focus is to understand and describe the nature of phenomena (Lopez & Willis, 2004). Paul F.

Colaizzi (1978) outlined a discrete approach to arriving at these descriptions and concluded that one must follow Husserl's dictum and 'return to the things themselves'. This dictum referred to by Colaizzi acknowledges that a researcher enters the research context with presuppositions about the phenomenon of interest; however, it requires that he or she 'brackets' these preconceptions and, instead, immerses him or herself in the lives and knowledge of individuals who have experienced the phenomenon. Thus, Colaizzi upholds the central tenets of Husserl's tradition: A description of a phenomenon is the end point of phenomenological inquiry, and this description is obtained by objectively listening to and interrogating participants' accounts of their experiences of the phenomenon.

In terms of this research, the traditional approach requires that the researcher explicates and sets aside her knowledge about what motivates blood donation, and explores the phenomenon through direct interaction with young male donors. In particular, it necessitates that participants freely describe their motivational experiences with a view to describing what factors motivate blood donation among young men.

Having outlined the methodological approach of this research, it is useful to position this study within a broader research framework. Crotty's (1998) research 'scaffolding' is one example of such a framework, which conceptualises all research methodologies – and research – as being underpinned by a theoretical perspective and an epistemology, and informing specific (descriptive) research methods. Utilising his framework, this study has applied a phenomenological methodology but it is informed by an interpretive perspective (concerned with understanding social realities) and applies a constructionist epistemological position (which recognises that participants construct their own meanings).

There is considerable disagreement within the interpretivist tradition as to whether phenomenology should rely on theory. This was raised as an issue by Lopez and Willis (2004), who concluded that while newer forms of phenomenology do not negate the use of theory, phenomenology has traditionally required that theory is not relied upon. Although these scholars view the absence of a theoretical framework as presupposed by the guiding phenomenological methodology, the extended TPB has been utilised (primarily) as the organisational framework for the findings (discussed further in the Procedures section of this chapter). The use of the extended TPB in this research is based on its widespread application in the blood donation literature, and on the researcher's position that it would help to contextualise the range of motivational factors associated with blood donation behaviour.

A detailed description of the methods utilised in this study is also provided in the Procedures section of this chapter; however, by way of summary here, in-depth interviews have been used to gather participants' motivational experiences, and Colaizzi's (1978) phenomenological method of analysis has been used to develop a description of the phenomenon (in this case, motivation as it relates to continued blood donation). In addition, journaling was utilised to facilitate reflection on the research process and improve the rigour of the analysis.

Participants

Criterion sampling was used to select participants for this research. Specifically, to facilitate the study of young males' motives for continued donation, it was important that participants were male blood donors who were between 18 and 25 years of age. For pragmatic reasons, participants were recruited from the Perth metropolitan area and had a long-term relationship with the Blood Service.

For the purpose of this project, 'long-term' was determined by the young

men having at least a 24-month relationship with the Blood Service, with four or more whole blood donations performed during this time. The decision to adopt this two-year, four-donation criterion seemed appropriate given that whole blood donations may be made every 12 weeks, and it would help ensure that young men who had temporarily deferred from donation were not excluded from participation. Furthermore, it was anticipated that men who satisfied this criterion would have a 'rich' motivational experience to report. This was an important consideration because the phenomenological methodology specifies that lived experience is the basis from which descriptions of phenomena are derived (Lopez & Willis, 2004). Although it was envisaged that 10 to 15 participants would be sufficient to obtain the richness of the motivational experience, interviews were conducted to the point of saturation – that is, until no 'new' perspectives emerged (Liamputtong & Ezzy, 2006). Further details of the relevant participant characteristics are presented in Appendix A.

Procedure

Interview plan. Due to the significance of the extended TPB in blood donation research, the initial interview plan was developed in accordance with this theory. Hence, it was divided into distinct sections so that each question pertained to a construct of the theory. One 'mini-tour' question (Holloway & Wheeler, 2002) – *why do you regularly donate blood?* – was also developed with a view to encouraging the young men to describe their own reasons for donation. After the interview plan was piloted, however, it became apparent that modifications were needed.

In order to explain these modifications, it is necessary to consider the way in which the piloting process was carried out. Prior to undertaking this research, the

Blood Service advised that it would be difficult to recruit the required number of participants because of the narrow inclusion criteria. Therefore, to avoid losing potential 'real' participants, one pilot interview was conducted with a student colleague who was representative of the target group. In terms of the piloting process itself, the mini-tour question was used as a 'conversation starter' and was followed by the TPB-based questions. Several issues concerning the rigidity of the interview plan became apparent during this process; these are summarised in the journal excerpt presented in Appendix B.

The piloting process revealed that the interview plan was directive (and therefore contradictory to the aims of phenomenological research) and these insights encouraged the researcher to adopt a more 'grounded' approach. In particular, these insights were used to rephrase the initial opening question and they lead to the inclusion of an initial 'life-world-evoking question' (Todres, 2005) in the interview plan. These revisions (see Appendix C) would allow the young men to describe their experience of donation and to identify the motivational factors that were relevant to them. Furthermore, in order not to bias the participants' narratives (Lopez & Willis, 2004), the TPB questions were retained only as potential prompts.

Recruitment. As young male blood donors are underrepresented in the West Australian population (Smith, 2011a), it was anticipated that they would be difficult to access. As such, a caseworker-assisted recruitment strategy was adopted to promote participation in the research. This involved establishing a professional relationship with a Senior Research Fellow at the Blood Service, who assisted with negotiating their ethics protocols.

It was initially agreed that the researcher would invite donors to participate by way of a personalised email; however, it became apparent only after ethics

approval had been granted that privacy issues prevented the organisation from releasing email addresses from their database. This 'roadblock' demonstrates the complexities involved in conducting collaborative (multicentre) projects, which often threaten the planned nature of research. Therefore, ethics approval was amended and the recruitment strategy was modified such that the Blood Service became responsible for sending out research invitations (Appendix D).

The information (Appendix E) and consent forms (Appendix F) were distributed to 28 young men who had made their previous donation at the Whitfords or Joondalup collection centre. Although these centres were chosen to minimise inconvenience associated with travelling to Edith Cowan University to attend the interviews, only two donors had expressed an interest in participation after two weeks. As such, the geographical area was expanded and the research invitation was forwarded to a further 92 young men. These efforts resulted in the recruitment of another 9 participants. The resulting number of participants ($N = 11$) proved sufficient to achieve saturation.

Data collection. Given the anticipated recruitment difficulties and the tight timeline of the research, data collection occurred simultaneously with the recruitment process. It was initially considered ideal to conduct the interviews at local blood donor centres, but the Blood Service advised that this would be difficult to arrange. Therefore, the interviews were held in a meeting room in the University or State library depending on the participants' residential location. These 'neutral' locations may have increased the authenticity of the interview process (and thus the credibility of data - see Axinn & Pearce, 2006) to a greater extent than allowed by the donor centres.

In terms of the interview process itself, the young men were greeted by the

researcher in the library foyer. This afforded the opportunity to establish rapport with them before formal discussions began. An overview of the research (Appendix G) was also provided prior to the commencement of each interview, and permission to audio-record the interview was obtained.

The interviews were semi-structured in that they were guided by an interview plan with a focus on blood donor motivation (Holloway & Wheeler, 2002). Although it was envisaged that two questions would initially be posed to the participants (see Interview Plan), the life-world-evoking question was sufficient to initiate discussion about their motivations for donation. Consequently, the mini-tour question was postponed and issues that the participants raised were pursued. Occasionally, the motivational factors that the young men described were identified as relating to the TPB; these were further explored by utilising the TPB questions as prompts. In many cases, however, they disclosed information that converged with the theory but was too specific to 'get at' by way of such prompts. Additional impromptu questions were therefore asked throughout the interviews (see, for example, Holloway & Wheeler, 2002) in order to obtain the men's perspectives.

Rigour is crucial to phenomenological research and should focus on neutralising personal biases and immersing oneself in the participants' perspectives (Connelly, 2010). Therefore, to ensure rigour during data collection, the TPB-based prompts were rendered obsolete when the young men made no mention of a particular construct of the theory.

In keeping with Liamputtong and Ezzy's (2006) advice about being sensitive to the lives of participants, the interviews took their natural course in duration; with most interviews running for around 50 minutes. After the interviews, permission was obtained to email participants at a later date for member-checking purposes.

These emails, together with the journal entries (which were made after each interview and identified key elements of the participants' motivational experiences), were utilised as secondary data sources to improve the rigour of the analysis.

Data analysis. The phenomenological methodology applied here prescribes the use of systematic procedures to analyse data (Crotty, 1998). As such, Colaizzi's (1978) method was used to develop a description of the phenomenon. Prior to conducting the analysis, however, a position statement (Appendix H) was developed. This provided a point of reference from which to assess the influence of personal biases on the participants' descriptions (Pollio, Henley, & Thompson, 1997) of what motivates blood donation. In this way, this study retained the essential bracketing technique that descriptive phenomenology relies upon.

The interviews were first transcribed and names were replaced with unique identification numbers to protect the participants' privacy. Consistent with the analytic process outlined by Colaizzi (1978), the narratives were then read to acquire a 'feeling' for the young men's motivational experiences. Next, each narrative was interrogated in conjunction with the researcher's journal and the extended TPB, and significant statements were extracted from the transcripts. Any phrases or sentences that pertained to the phenomenon of blood donor motivation were considered significant statements.

Keeping to Colaizzi's (1978) guidelines, these significant statements then became the focus of the analysis and meanings were formulated for each statement. Subsequently, the unique identification numbers were reconciled with names so that the meanings could be validated by the participants. Where the meaning of significant statements was unclear, participants were also invited to provide clarification. Additional data obtained during this member-checking process were

incorporated into the formulated meanings to ensure that they accurately represented the young men's motivational experiences.

As a final step in the analysis, Colaizzi's (1978) instruction to group formulated meanings into clusters of themes was followed; the resulting themes were subsumed under extended TPB constructs as appropriate. The interview transcripts were then revisited to confirm that each theme represented a part of the participant's motivational experience (Colaizzi, 1978). As a way to describe the 'essential structure' of blood donor motivation (and thus explain the donation behaviour of these young men), these theoretical constructs and themes are explored in the following chapter.

Ethical considerations. Researchers have provided insight into the kinds of ethical issues that might arise in blood donation research. Howden-Chapman et al. (1996), for example, found that the underlying reasons for donation are 'sensitive,' including knowing someone who has needed a blood transfusion. Based on findings such as these, the researcher was aware of the potential for emotional distress before undertaking this research. Efforts to minimise this risk included consulting with the Blood Service during the development of the interview plan and allowing the young men to 'pause' their interview if required. Participants were also informed prior to their interview that they could contact Lifeline if they wished to discuss issues of distress with a third party. Fortunately, although the men cited sensitive reasons for donating, none reported feeling distressed as a result of participation.

In addition to these ethical considerations, the multicentre nature of this project necessitated adherence to the Blood Service's internal policies surrounding recruitment. The organisation's policy is that donors must not be contacted in any way other than through the Blood Service, and it states that donors who are

'extracted' from the database must be flagged as having been contacted for research (G. Smith, personal communication, April 14, 2011). Therefore, in keeping with these policies, this research relied on the Blood Service to recruit participants. It was also important to 'keep track' of the young men who participated, so that their participation could be reported to the Blood Service.

This research was conducted in accordance with the *National Statement on Ethical Conduct in Human Research* (National Health & Medical Research Council [NHMRC], 2007). As per this statement, ethics clearance was obtained from the University's Human Research Ethics Committee (HREC) and the Blood Service HREC prior to recruitment and commencement of data collection. The ethics committees were also informed about changes to the research process in order to maintain ethical acceptability of the project. With regards to consent, the young men were informed about the purpose of the project prior to participation. Also in line with the guidelines relating to coercion, they were advised that participation was voluntary and that they could withdraw from the project at any time.

Chapter 3: Findings and Interpretations

The phenomenological approach that guided the analytic process of this research (Chapter 2) allowed the participants' narratives to inform understanding of what constitutes blood donor motivation. As a result, this research was able to identify perspectives that converged with and diverged from those of the extended theory of planned behaviour (TPB). In all, nine themes emerged from the analysis and each theme was appropriately subsumed by one of four extended TPB constructs: attitude, perceived behavioural control (PBC), satisfaction, and self-identity (see Table 1). The nature of the themes was such that the theoretical constructs of PBC and satisfaction showed convergence with the extended TPB, but self-identity and attitude were broader than the theory suggests. In particular, the identity that supported the young men's regular participation in blood donation centred, more generally, on being a 'helper'. Further to this, there was a role for blood donation-specific attitudes and general, non-specific attitudes in donation. These theoretical constructs and their corresponding themes are discussed below.

Table 1

Emergent Themes for Donor Motivation

Theoretical construct	Themes
Attitude	An easy form of charity
	Significant benefits
	Belief in a just world
Perceived Behavioural Control	Logistical factors
	Marketing
	Reputation

Satisfaction	Interactions with staff
	Post-donation refreshments
Self-identity	A helper identity

Attitude

In the context of this research, participants' comments consistently indicated a positive evaluation of whole blood donation. Thus, attitude proved to be a theoretical construct of paramount importance. This finding is consistent with the blood donation literature (e.g., Glynn et al., 2002), which identifies a favourable attitude towards blood donation as an important motivational influence among young male donors in particular. In this study, this attitude construct is described as comprising three themes.

An easy form of charity. The most common of these themes was discussed by all young men in the sample of 11. It reflected the view that whole blood donation is an easy way to do their 'bit' of charitable work and to give back to the community. Participant 10, a 25-year-old donor for three years, expressed this well:

> [Whole blood donation is] just an easier and simpler form of charity work. I mean, it's not arduous. It's an easy process; it's short. Yeah, it's just an easy way to help out.

The above sentiment converges with previous scholars' assertion (Suarez et al., 2004) that donors see blood donation as an easy way to be socially useful; however, it extends their argument by making clear that this perception – at least for these young men – is inextricably linked to the time-efficient nature of the donation process. Such a perception is also related to the fact that whole blood donation is infrequent. This often became apparent when it was contrasted with other forms of

charity work and other types of blood donation. For example, the young men described whole blood donation as less of a "put out" than plasma donation because it is a "one-off thing every 3 months" (Participant 7) rather than a fortnightly commitment.

A way to give without losing. That whole blood donation is a time-efficient, infrequent process was not the only factor that supported the idea that donation is easy (and thus contributed to the favourable attitude of these young men). More than half of the sample also considered it to be a process that, while involving giving to others, did not disadvantage the donor. These young men expressed this position by marking blood as a unique resource – specifically, as something that could be transferred to another person while being retained by the self. For example, Participant 6 likened the donation process to sharing a computer file. Although the file – blood – is transferred, the owner retains the "master copy". As he put it, "you're giving a bit of your blood but you're not losing anything".

This view – that blood donation involves giving without losing – is directly related to participants' knowing that blood restitutes itself (see Giacomini & Danilo, 2010). Evidence for this was obtained when Participant 1 said:

> You're not losing anything, [be]cause your body is going to make the blood back.... You're not doing anything bad to yourself, your life, by giving something that's going to come back to you anyway.

Similarly, this theme reflected an appraisal of blood donation as an action that did not impact upon donors' financial well-being. The young men described it as a way that they could help fellow human beings, which did not result in their incurring financial losses. For some donors, this very fact that donation involves a non-

monetary resource meant that it was their preferred method of "charity". This privileging of blood donation above traditional philanthropies may be better understood in the context of where these young men are in their lives. Currently in their early to mid 20s, they may be at the stage of life where they are actively saving in order to secure their futures. Thus, it might be appropriate for the Blood Service to nurture this perception – that blood donation does not compromise donors' financial wellbeing – as a means of 'capturing' young men of this age.

Side effects and pain. A final consideration that supported the theme that blood donation is easy, pertained to the issues of side effects and pain. This was apparent from sentiments that echoed across participants' narratives. For example, the young men expressed the view that blood donation is painless and, as such, they considered it to be an easy task that they "might as well" undertake. A majority of the men likewise referred to side effects of donation; however, there was less convergence of perception among participants regarding how they influenced attitude. According to their comments, the general experience was to feel "a bit sluggish" after donating. This did not lessen their view of blood donation, however, because it was a minor issue, "equivalent to not drinking coffee," as Participant 7 put it. In fact, for some donors, it facilitated a favourable attitude. This is demonstrated in the following statement, in which Participant 4 describes plasma donation as "lesser" than whole blood donation:

> It's the same thing you're giving, but it feels like it's lesser. With plasma, you're fine; you can do it every two weeks. Full-blood, you know you've done something... you're physically drained a little bit and you can't do some things. It's all part of the sense of achievement.

So here, whole blood is privileged above other blood donations because the fatigue it produces carries with it a sense of achievement. This is an interesting finding, given that France and colleagues (2007) found that physiological reactions correlate negatively with attitude. This finding, however, may be reconciled with the literature by postulating a 'high threshold' for the negative impact of side effects on attitude. Indeed, in France et al.'s study attitude was demonstrated to be sensitive to severe side effects (e.g., dizziness, difficult breathing), as measured by the Blood Donation Reactions Inventory. Moreover, the participants in this study indicated that blood donation would be less appealing if it produced nausea and dizziness, thus further demonstrating the emphasis that young men place on the ease of donation.

Significant benefits. Although the young men viewed blood donation as being an easy task, they shared the understanding that it provides significant benefits. Thus, significant benefits was the second theme that comprised the theoretical construct of attitude. Some donors expressed this with reference to the far-reaching effects of their donations on families of blood recipients and on the healthcare system.

It was more common, however, for the young men to express the personal benefits of blood donation. For example, all donors referred in some way to a finding reported by Glynn and colleagues (2002); the idea that donation provides a physical health benefit. Several donors indicated that they felt vitalised and "refreshed" after donating, and they attributed this to the way in which the donation process cleanses their body of "bad" blood. Other men considered blood donation to benefit their health indirectly, by affording them reason to reduce their participation in health-compromising behaviours. This position was articulated by participant 1, who said:

> Once you start donating blood, you start thinking you're helping someone. Why should you harm your body? You affect them rather than just yourself. Like with alcohol, with everything. That's gone down heaps.

Here, it can be seen that donation carries with it a concern for the health of blood recipients, which motivates these young men to better care for their own physical health. This high degree of health salience on the part of the donor is not solely the result of concern for others, however. In most cases, donors mentioned that the predonation screening alerts them to negative changes in their blood pressure and haemoglobin levels. They commented further that this also prompts them to make lifestyle changes and thereby improves their perceived health status. Thus, as in Glynn et al.'s (2002) study, medical screening also featured as a motivator for these young men.

The perceived personal benefits of blood donation were not limited to physical health – they spanned psychological and emotional health as well. This was demonstrated by the participants, who, in line with previous research (Reid & Wood, 2008), stated that they derived satisfaction and a sense of achievement from directly contributing to other people's lives. (For some of the men, this sense of achievement also stemmed from the side effects of donation – see the above discussion of Side Effects and Pain.) Further to these affective benefits, several participants voiced sentiments that resonated with the general helping literature – in particular, with Post's (2005) conclusion that donation behaviour impacts positively on donors' psychological well-being. In this regard, the young men indicated that donating alleviates guilt related to their perceived lack of civic contribution and that it

increases their sense of self-worth. The strongest claim for psychological benefits was made by Participant 4, who described how blood donation helps to counter feelings of depression and indirection:

> You might find yourself, a week before your donation, depressed or lost; you could be going through a range of things. And you come back for a donation and you're back to square one again. You're still part of the community, part of society.... Through my family, we have a history of depression... so this sort of thing helps to counterbalance that.

For this young donor, then, the beneficial effect of blood donation on psychological well-being derives from a (perceived) sense of integration with the community.

A final point of interest with respect to personal benefits concerned the concept of karma. In general, the young men felt that they were doing "something nice" by donating and thus believed that they were securing "good karma". In particular, the men considered that the universe will reward them for their kindness through the reciprocation of blood products, should they need them in future. This idea of karma is similar to the concept of reciprocity in Giacomini and Danilo's (2010) study of Brazilian donors, which might indicate that this benefit is universally applicable as a motivator for blood donation.

Belief in a just world. Presuming then that significant benefits are experienced, participants also indicated that their donations eliminate the unjust suffering of "good" people. Therefore, the notion of a 'just world' that is discussed in the helping literature (i.e., that people should get what they deserve; see Regan,

1971) seemed to influence the positive attitude of these young men towards blood donation. In the words of Participant 9:

> Why should someone who hasn't done anything wrong suffer? These are good people. [They] deserve that chance to grow up and be healthy and do the best they can in life... if it takes a blood donation.

Although exemplary comments like the one presented above were made relatively infrequently, they are of interest because they uncover the limitations of understanding donor motivation using the TPB. According to this model, only those attitudes pertaining specifically to blood donation influence donation. This, however, does not seem to be the case for these young men, whose responses indicated a role for global beliefs as well.

Perceived Behavioural Control

In addition to a favourable attitude, the young men provided evidence for a motivational role of external factors in blood donation. In particular, they positioned logistical factors, marketing, and reputation as critically important to their continued donation. Hence, the TPB construct of perceived behavioural control (PBC) was identified as an overarching theoretical category for explaining donation among these young men. This theoretical category is discussed below as comprising the above three themes.

Logistical factors. Without exception, the young men in this study saw logistical factors as playing a crucial role in their blood donation behaviour. A particular focus in this regard was on Blood Service factors, such as donor centre locations and advanced- and immediate appointment booking. Oftentimes, participants reflected on their experience of booking donation appointments. The

Blood Service was described as “flexible” and “accommodating” in this capacity, with the majority of participants reporting that they can be “slotted in” for donation on the day they call. On the other hand, some men stated they are able to schedule appointments three months in advance, on the day of their donations. The flexible nature of the booking system expressed here meant that blood donation could be either a “planned activity,” which alleviated the need to book in for their next donation; or a relatively spontaneous one. This, in turn, supported the retention of these young men by aiding their ability to organise and manage their time.

Also with respect to Blood Service factors, the locations and opening hours of donor centres were continuous points of discussion. The young men made statements about the centres being in proximity to their workplace and about their operating outside of ‘normal’ work hours. Participant 6, in discussing the locations of donor centres, expressed the views held by young men both in this study and that of Nguyen and colleagues (2008):

> I donate at the city one – just on the road from where I work.... It’s one of the main factors why I’ve kept up my donations. If, for example, there wasn’t a centre in the city…, I would either have to finish work early and go, which is not preferable; or I would need to book on the weekends. In this instance, I’m not sure if I could keep up the motivation. The fact that I can integrate blood donation with my day-to-day work schedule makes me happy... I prefer to sleep on weekends.

While the young men made similar comments about extended opening hours, this example illustrates that the ways in which accessible locations maintain their

donations are two-fold. First, having donor centres located near the workplace means that they can donate on their way to or from work, or during their lunch break. As a result, blood donation does not interfere substantially with their work day. Second, it allows the young men to avoid having to donate on weekends, so they do not have to sacrifice their participation in other activities. So, here there is further evidence of the above-mentioned attitude position – that blood donation does not involve losing. These young men are willing to regularly donate because it is not at their expense in terms of leisure time, career development, or finance (this is supported by convenient locations). In agreement with previous assertions (Nguyen et al., 2008; Steele et al., 2008), this might suggest that altruism is less relevant as a motivator among the younger generation of male donors, who are more responsive to perceptions about the impact of blood donation on their own lives.

Although the workplace was discussed in relation to Blood Service factors, it was also considered a stand-alone logistical factor. Many of the young men referred to the workplace and how it facilitated their donations by affording them flexibility in their work schedules. For example, Participant 3 acknowledged that his four-day-on, four-day-off roster encouraged him to donate, because he would otherwise "sit around all day" while his friends were at work. In this way, blood donation was positioned as something of a 'time-killer'. Other donors referred to their workplace's time-in-lieu policy and to their ability to be late to work without being "frowned on". The importance of such workplace flexibility in ensuring regular donation by these young men was clearer when Participant 10 said, "if I had a strict work schedule that was totally inflexible..., it would make my donations irregular".

While some men felt that their workplace was "accommodating" of their blood donation behaviour, others felt that their workplace actively supported and

"normalised" it. Participant 4, who worked full-time for a law firm, reflected on the active involvement of his workplace with blood donation. In particular, he described how, every six months, he and his work colleagues were encouraged by senior staff to register to donate. He went on to explain that the workplace scheduled employees' donation appointments and provided them with transport to the donor centre on donation day. According to this donor, having such support from the workplace further increased the ease of blood donation (and ensured his continued donation) by alleviating "the burden of having to take time off or find[ing] time during weekend hours".

The statements presented in the preceding paragraphs illustrate the ways in which the workplace facilitates the retention of these young men; however, they do not readily demonstrate why the workplace supports blood donation. Possible explanations are that the (predominantly mining and engineering) companies for which these men work see blood donation as a corporate social responsibility, and they have the financial resources required to fund employees' participation in donation (see commentaries on volunteer management in: Hager & Brudney, 2004). In addition, perhaps as a result of the Blood Service reputation and marketing, there may be a perception among the companies of legitimacy and urgency of blood donation. Therefore, they may be inclined to direct these resources here.

Marketing. Alongside logistical factors, Blood Service marketing was an important external facilitator of blood donation among these young men. Mobile SMS and direct mail were among the most frequently discussed marketing media, but the mechanism(s) by which they facilitated donation varied. For example, perhaps given the infrequent nature of donation and participants' (self-reported) difficulties with time management, mobile SMS and emails ('new media')

functioned as useful reminders about upcoming donations. Consequently, they ensured that the young men "show[ed] up to appointments as scheduled" (Participant 2). A similar role was reported for direct mail-outs of letters, which contained both general eligibility information and stories about blood recipients. These letters also reinforced donation by making tangible the outcome of donations (and, presumably, by increasing positive affect associated with donation – see the previous discussion of the affective consequences of blood donation, in Significant Benefits). This was succinctly described by Participant 5:

> You see the letters... They're good to see, "oh yeah, I'm helping someone with leukaemia".... It's good knowing the things they do with your blood. It kind of reinforces my donation, where it kind of ends up in the final stage.

Further to this, pamphlets at blood donor centres proved to be an effective marketing strategy for the retention of these young men. Specifically, participants spoke of how pamphlets emphasised the imbalance between the number of blood donors and blood recipients in Australia and how this, in turn, "leads to that sense of responsibility to donate" (Participant 9). The perception of 'responsibility' described by these donors is similar to the notion of moral norm in the extended TPB (Godin et al., 2007), which further demonstrates the legitimacy of the role of moral norm in regular blood donation. It is, however, interesting that this was discussed in relation to marketing, because it appears to challenge current thinking that moral norm affects donation independent of PBC. Among these young men, there instead appeared to be a cyclical relationship between the variables such that PBC increases moral norm to support donation behaviour.

That marketing surfaced as a facilitating factor in this study is surprising – especially given the above assertion that television advertising drives *initial* blood donations (see the discussion of Non-donors in Chapter 1). But this finding does not negate the validity of these earlier reports. Indeed, although the young men indicated that direct mail-outs and new media support their retention, they similarly indicated that "advertising on TV... spurred me into action". Taken together, these findings might mean that there is a role for marketing irrespective of donor status, but that the most effective mediums change throughout the course of the 'donor career'. Consideration should also be given to the possibility that new media are particularly well suited to retain this 'technology savvy' younger generation of male donors (see Vorderer, 2000 on the appeal that new media hold for young adults).

Reputation. Because marketing is instrumental in establishing and maintaining the Blood Service image and reputation (Blood Service, 2010a), it could be that the above marketing factor is related to the influence of reputation. The Blood Service reputation, however, was regarded as an independent facilitating factor for donation and is therefore treated as (part of) a separate theme under PBC here. Overwhelmingly, the young men agreed that the Blood Service is a not-for-profit organisation that has a strong reputation for helping Australians in need. This reputation appeared to instill in them confidence that their donations are put to good use:

> The non-profit organisations, they're not going to use your blood for malicious causes.... They're using the blood for altruistic and medicinal purposes, not to use for weapons or chemical warfare. I would say that makes me feel good about continuing to donate.

From Participant 6's comment above, it could be inferred that these young men would reconsider their position on blood donation if they perceived their donations were being 'wasted'. This idea was supported somewhat when reference was made to the reputation of other charitable donations. For example, several men reported being reluctant to provide monetary donations based on the perception that charitable organisations do not deliver them "to the right place" (Participant 5). These statements are reminiscent of Valentine's (2005) assertion that the blood donation behaviour of older adults is maintained by scepticism of social welfare charities. Therefore, it appears that a perceived negative reputation of other charities supports blood donation generally (that is, across age groups); however, for some young men, a favourable Blood Service reputation is important as well.

Satisfaction

In the preceding sections of this chapter, six themes were discussed as aspects of motivation for young male blood donors; these themes were positioned as components of one of two overarching theoretical constructs – attitude and PBC. A theoretical construct of satisfaction with previous donations was also identified, a finding that converges with the perspectives of the extended TPB. Two themes – interactions with staff, and post-donation refreshments – are explored below as the basis for these donors' satisfaction.

Interactions with staff. A major contributor to satisfaction in this study concerned the young men's interactions with donor centre staff. This theme supports previous reports (Germain et al., 2007) that treatment by staff mediates donor satisfaction and hence confirms the appropriateness of focusing on staff as a means to support blood donor retention. This study, however, extends these reports by identifying specific positive qualities of donor centre staff. In Participant 7's

comment below, the ability of staff to be both "professional" and "friendly" is a reference point for the next discussion.

> A good stand-out [is that] they [staff] found a way to be both professional as well as friendly... I think they've found the good balance.

The friendliness of staff referred to here was a sentiment that echoed across participants' narratives. The young men not only agreed that their friendly nature makes the blood donation process "satisfying" but also that "seemingly simple things" on the part of staff contribute to this (friendly) impression. These simple actions were those such as showing an interest in donors beyond their donations – for example, asking about their studies and plans for the day; and being happy to "share a story" and "a laugh" (Participant 9). Although it is not immediately clear how this friendliness ensures these men's satisfaction with their donations, one possibility can be inferred from Participant 5's statements below: It helps establish their trust in staff and, in turn, alleviates anxiety related to potential improper treatment.

> The [donation] experience is good. If you ever had someone who was a bit sour..., you don't want this person sticking a needle in your arm. You're going to be a bit scared of what they're going to do. So just being a bit more relaxed, a bit more trusting.

In participant 7's statements above, donor centre staff are also constructed as professional in their interactions with donors. Their professionalism likewise contributed to the satisfaction of these young men, their comments indicating that it makes blood donation a "positive experience". For all of the young men, this

professionalism of staff was reflected in their responsible handling of donation equipment, their checking of donors' identities upon arrival at the donor centre, and "getting a vein" without multiple attempts. Professionalism was also perceived by donors when staff attended to their level of comfort and monitored for side effects and dehydration; this was succinctly expressed by Participant 11, who said:

> They check up on you. Sometimes I notice they keep an eye out for me... That's good.... It gives you that extra sense of peace of mind, knowing that they're ready to deal with any sort of situation or reaction that may arise. And that just makes you feel more relaxed and makes the whole experience more enjoyable.

As well as providing insight into what actions enhance the perceived professionalism of staff, the above statement serves to indicate the ways in which professionalism ensures satisfaction among these young men. Specifically, participant 11 demonstrates that this quality creates an impression that staff are prepared to address potential complications, which allows the donors to feel 'psychologically comfortable' throughout the donation process. Another explanation may be that this professionalism minimises severe physiological side effects and pain – particularly since there is evidence (see Thompson et al., 1998) that the absence of adverse reactions positively affects donor satisfaction.

Post-donation refreshments. Apart from interactions with staff, satisfaction with post-donation refreshments was a theme that comprised participants' satisfaction with blood donations. In some cases, this satisfaction was related to the refreshments themselves, with the young men describing the mars bars and cheese and crackers as "awesome!!!" For other participants, the refreshments had symbolic

significance, which facilitated "good feelings" upon leaving the donor centre. As Participant 1 put it, they are "a nice symbol... I gave blood and they're acknowledging it, you know?" This statement illustrates that these young men perceive refreshments as a form of recognition for their donations. It also suggests, more broadly, a role for acknowledgement of young men's contribution in facilitating their satisfaction and, potentially, their return behaviour.

Self-identity

A helper identity. Having identified attitude, PBC, and satisfaction as overarching theoretical constructs for blood donor motivation, self-identity was identified as the final construct. This construct of self-identity was defined to comprise a single theme – a helper identity. The young men in this study spoke enthusiastically and at length about who they 'are' as people. In doing so, they consistently constructed themselves not as blood donors, as the extended TPB would predict (Chapter 1), but rather as 'helpers'. This construction is evident in Participant 8's comment below:

> I'm just a helper. I mean, yes, I am a blood donor, but it's not something that really defines me.

While it is not readily apparent what this donor meant by being "a helper," discussions with other young men offered clarification, indicating it reflects a view of oneself as a person who "donates generally" to improve the condition of others. Perhaps as a way to justify this self-description, the men subsequently noted their participation in other helping behaviours, such as fundraising.

As well as identifying strongly as generally helpful people, the young men discussed how this helper identity motivated their blood donation behaviour. All of

the men regarded this identity as a “big part” of their identity and hence accorded significant importance to “being true” to it. They also agreed that blood donation and other volunteering activities – including participating in this research – are ways to do this. These statements suggest that engaging in blood donation allows these men to more fully enact their helper identities (see Hitlin, 2007 on the enactment of 'core' identities).

The relationship between blood donation and the helper identity was described by other young men in a more complex manner – specifically, in a way that emphasised the emotional experiences associated with this identity. For example, Participant 4 recalled a time when he failed to meet his donation appointment. He reported that he experienced “guilt” as a result, for not living up to the “expectations of my own identity,” and reported that this guilt “weighed” on him until he could donate again. In this way, it appears that this helper identity serves as a standard of behaviour for these young men and negative affect arises if this personal standard is not met. Therefore, it could be inferred that some young men donate blood to avoid negative feelings associated with ‘identity-incongruent’ behaviour (Hitlin, 2007).

That these young men expressed a general helper identity is interesting on a theoretical level because it is inconsistent with the extended TPB perspective, which posits a motivational role for a specific blood donor identity in blood donation (see Chapter 1). Instead, this theme is more consistent with a general, moral identity found commonly in the helping behaviour literature (e.g., Perugini & Leone, 2009). This finding also suggests important implications for efforts geared towards retaining young male blood donors, because Blood Service marketing often appeals to donors’ self-identity as a blood donor. Thus, while this marketing approach has value for

other cohorts of donors, emphasising a general helping identity may prove beneficial in the retention of these young men.

Conclusion

This research explored motivations for regular blood donation, with the objective of informing efforts aimed at facilitating donor retention. Young male blood donors were chosen as the population through which to explore this phenomenon, primarily because older men are the biggest donor group in Australia. Understanding further young men's reasons for blood donation was regarded as having the potential to help capture this cohort earlier and hence maintain a stable blood supply for the future.

Overview of Findings

To summarise the findings of this research, nine themes emerged as representing the essence of motivation for repeated blood donation. The retention of the 11 young men was found to be motivated by blood donation-specific attitudes and general, non-specific attitudes – in particular, the belief that blood donation is an easy form of charity that benefits the donor, and a belief in a just world. In addition, logistical factors, marketing, and reputation emerged as external facilitators of their continued donation. These themes were themselves appropriately positioned as components of one of two TPB-based constructs (attitude and perceived behavioural control), suggesting that the blood donation behaviour of these men is motivated, to some extent, by a rational decision-making process (Piliavin & Callero, 1991).

Nevertheless, convergent with the perspectives of the *extended* TPB, the young men also indicated a motivational role for internal factors. For example, satisfaction with post-donation refreshments and interactions with staff were themes that formed the basis of an overarching satisfaction construct. The most pertinent

finding in this regard, however, related to the way in which the young men perceived themselves. They identified as generally helpful people and indicated that blood donation is one way in which they can enact their helper identities. The relevance of this identity to other young men warrants further research not only because it challenges the specific blood donor identity posited by the extended TPB, but also because it has implications for marketing efforts focused on their retention (discussed below).

Limitations

Having reviewed the findings, there are potential limitations of this study. The most important of these concerns the combining of the extended TPB with a methodological approach (descriptive phenomenology) that advocates against the use of a theoretical framework. As discussed by Lopez and Willis (2004), a limitation inherent in the use of theory in phenomenological research is the possibility of introducing bias into the participants' narratives and, ultimately, into the description of the phenomenon. In the context of this study, this possibility of bias was minimised by utilising the extended TPB only as an organisational framework once the analysis was complete. It is also noteworthy that this departure from the traditional approach – utilising a theory – afforded greater consistency in the blood donation literature than would otherwise be the case.

Because this study employed a West Australian-based sample of 11 young male donors, the extent to which the findings can be generalised might also be considered a limitation. Indeed, the findings only offer insight into the motivational factors that are relevant to this specific group of blood donors. It must be appreciated, however, that generalisability is an objective of quantitative, not qualitative, research (Sherry, 1991). The focus of descriptive phenomenology – as a

form of qualitative inquiry – is instead on uncovering detailed descriptive information about phenomena, an objective that was successfully achieved by using a small purposive sample for this study (see Connelly, 2010 on sample size in phenomenological research). Furthermore, it is recognised that the findings may be used as a basis for developing quantitative designs aimed at drawing more generalisable conclusions about young men's motives for regular blood donation.

Future Research Directions

The findings of this study point to avenues for future research. As discussed earlier, further research is warranted to clarify the role of a helper identity in blood donation, and researchers could focus on the development of quantitative studies as a means to achieve generalisability. The postulated high threshold for the negative impact of side effects on attitude towards blood donation might also be examined, along with what motivates workplaces to support the blood donation behaviour of employees. Further to these research directions, subsequent studies might employ experimental manipulations to examine causal relationships between the motivational factors identified here and actual donation by young men. This would provide insight into the potential impact of retention efforts designed to address these factors.

Implications for Theory and Practice

While further research is indicated, the findings of this study have preliminary implications for both Blood Service practice and psychological theory. Considering first Blood Service practice, implications centre on its organisation and its interaction and communication with young male donors. In particular, and with regard to organisational issues, the findings suggest that the Blood Service would benefit from maintaining extended opening hours, accessible locations, and a flexible

booking system. They also suggest the value of continued efforts by staff to be professional and friendly in their interactions with donors, and to acknowledge (symbolically or otherwise) young men for their contribution.

That Blood Service marketing emerged as a facilitator of regular donation is reassuring, because it indicates that it is an effective means through which to communicate with young male donors. Given the young men's emphasis on email and mobile SMS, it potentially would be beneficial for the Blood Service to reinforce, via new media marketing, the ease and personal benefits of donating. Moreover, a specific new media recommendation – that was offered by participants themselves – is that donors have a profile on the Blood Service website through which they can access their own health statistics. This strategy may reinforce the belief that blood donation provides a health benefit and, in turn, facilitate the retention of these young men. Finally, if further evidence supports a motivational role for a general helper identity, marketing targeting young men might appeal to this identity. For example, marketing text could be rephrased from "Australian blood donor. I do something special" to "Australian helper. I donate blood".

This study also has implications with respect to psychological theory. Primarily, the findings verify that the extended TPB identifies key elements of blood donor motivation, but suggest that the theory (at least as it applies to these young men) currently underestimates the role of global beliefs and overestimates that of a blood donor identity in motivating regular blood donation. Hence, a particular strength of this study was that the phenomenological methodology allowed new insights to emerge, which may inform refinement or extension of the extended TPB. Such updating of psychological theory will likely guide the design of increasingly effective blood donor retention efforts, and thereby help ensure the availability of

sufficient blood products to meet demand into the future.

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Appendix A

Participant Characteristics[a] (adapted from Smith, 2011b)

	Age	Donation count	First donation date
Participant 1	24	5	8/4/10
Participant 2	23	8	25/8/09
Participant 3	23	21	7/4/04
Participant 4	24	22	5/4/05
Participant 5	24	15	8/11/06
Participant 6	24	16	24/2/05
Participant 7	19	6	3/9/09
Participant 8	23	18	12/7/04
Participant 9	22	20	4/7/05
Participant 10	25	24	28/1/09
Participant 11	25	8	13/6/08

[a] Participants' preferred collection sites and postcodes have been removed for confidentiality reasons.

Appendix B

Journal Excerpt

Although I had hoped that the broad question would get him [the donor] to talk at length about his reasons for donation, it didn't achieve this - there were many silences and many umms and ahhs! [This] Might have had something to do with what we [supervisor and the researcher] discussed: 'Why' questions can get participants stuck because people don't always know why they behave the way they do! .... I didn't use the interview plan as a guide for discussion; I used it like a checklist. Essentially, I was theory-testing [rather than 'doing' phenomenology] and this had the effect of structuring his experience. There was little flow to the conversation, and it was over within 20 minutes.

Appendix C

Interview Schedule

Opening questions

What can you tell me about your experience of donating blood?

What can you tell me about your reasons for regularly donating blood?

Attitude

1. For you, what are the personal benefits associated with regularly donating blood?

2. What benefits does your continued donation provide to the community?

3. What do you believe are the disadvantages of regularly donating blood?

Subjective Norm

4. What do you believe significant others (e.g., friends, family) think about you regularly donating blood?

How do their opinions affect your repeat donation behaviour, if at all?

5. How do the opinions of other people and groups (e.g., colleagues, employers) influence your donation behaviour?

Perceived Control

6. What external factors or circumstances motivate or encourage you to regularly donate blood?

7. Is there anything that would make you change your mind about donating blood?

Moral Norm

8. Do you feel a sense of personal responsibility to donate blood?

(If yes) What makes you feel that?

How does this influence your blood donation behaviour, if at all?

Personal Identity

9. How does your view of yourself as a person who donates blood influence your

repeat donation behaviour, if at all?

Anticipated Regret

10. If you forgot or were unable to make your appointment, how would you feel?

    What effect do these anticipated feelings have on your decision to return to donate blood?

Previous donation experiences

11. How has your level of satisfaction with previous donation experiences impacted on your donation behaviour?

12. Have you ever had any bad physical reactions to donating?

    (If yes) What has been the impact of these negative physical reactions on your willingness to redonate?

Donation anxiety

13. Do you ever feel anxious before you donate?

    What impact does this anxiety/lack of anxiety have on your willingness to redonate?

Descriptive norm

14. Do you have any friends, family, or colleagues around you who also donate blood?

    What has been the influence of their blood donation behaviour on your decision to donate?

Appendix D

Research Invitation

Dear__Donor_____,

If every blood donation saves three lives, imagine how many lives you'll impact by helping the Blood Service reach more donors like you.

We would like to invite you to take part in an interview study about your reasons for giving blood. We are contacting you because you are a current blood donor and your views and opinion are valuable to us.

This study is being conducted by Edith Cowan University, as a 4th year Honours Psychology Study, in collaboration with The Australian Red Cross Blood Service. The purpose of this study is to identify the reasons younger men donate blood.

Participation in this study involves taking part in an interview discussion about donating blood and your reasons for doing so. The interview will be held at a time and place convenient for you.

If you would like to participate, please contact Aleeza Morris (Ph: 0413 477 837, Email: aleezam@our.ecu.edu.au). Please also read the attached documents, which provide more information about the project.

Thank you for being a blood donor and saving lives.

The Australian Red Cross Blood Service and Edith Cowan University

For more information, please don't hesitate to contact the following Research Team members:

The ECU Research Team is:
Aleeza Morris (Researcher)
Deirdre (Research Supervisor)
Leesa Costello (Research Supervisor)

Appendix E

Participant Information Letter

Motivational Experiences of Young Male Whole-blood Donors in Western Australia

You are invited to participate in a research project which aims to identify what factors motivate young Western Australian men to regularly give blood.

My name is Aleeza Morris and I am a fourth year Psychology student at Edith Cowan University (ECU). This research is being undertaken as part of the requirements of a Psychology Honours degree and has been approved by the Human Research Ethics Committee at ECU and the Australian Red Cross Blood Service Human Research Ethics Committee. It is hoped that this research will provide descriptive information about the factors that motivate repeat donation, which can be used by future researchers who wish to develop donor retention campaigns.

Your contact details have been provided to me by the Blood Service and these will be maintained in strict confidence. You have been invited to participate in this study because you are between 18 and 25 years of age, and a male resident of the Perth metropolitan area who has been a blood donor for at least two years (and given a minimum of four whole-blood donations in this time).

Participation in this study is voluntary. You are free to refuse participation and to withdraw from the study at any time. Please note that your decision will not impact on your current or future relationship with the Blood Service.

Should you choose to participate in this project, you will be asked to take part in one 60 to 90 min interview, which will be conducted at ECU, Joondalup campus or at a location convenient for you. During the interview, you will be asked a series of questions relating to your reasons for regularly giving blood. Your interview will be audio-recorded and transcribed into a typed format to aid analysis. My interpretation of your responses will be made available to you nearing completion of the analysis, should you wish to review and/or modify it.

Any information you provide will be accessible only to myself and my supervisor; it may also be included in my Honours thesis, and a possible Blood

Service report and/or journal article. However, all identifying information will be removed from these written documents to protect your privacy.

Every effort will be made to minimise any risks associated with this study. In the unlikely event that you do experience some emotional distress or discomfort, you may reschedule your interview or withdraw from the study. You can also contact Lifeline if you would like to discuss any issues further. Should you have any complaints about the conduct of the research, you can contact the Secretary of the Blood Service HREC (contact details below). Alternatively, if you wish to speak to a representative of ECU who is independent of this research, you can contact Andrew Guilfoyle (details below).

If you would like to participate, please sign the attached consent form and contact me by phone or email (provided below) at any time. Please also feel free to contact me if you require further information about this project.

Thank you for taking the time to consider helping with this research.

Sincerely,

Aleeza Morris

Aleeza Morris
Ph: 0413 477 837 or 6364 0740
Email: aleezam@our.ecu.edu.au

Dr Deirdre Drake (supervisor)
Ph: 6304 5020
Email: d.drake@ecu.edu.au

Dr Brie Turner (Secretary of the Blood Service HREC)
Ph: +61 2 9234 2368

Dr Andrew Guilfoyle
(Independent representative for ECU)
Ph: 6304 5192
Email: a.guilfoyle@ecu.edu.au

Lifeline
13 11 14

Appendix F

Consent Form

Motivational Experiences of Young Male Whole-blood Donors in Western Australia

Aleeza Morris
Ph: 0413 477 837 or 6364 0740
Email: aleezam@our.ecu.edu.au

Dr Brie Turner (Secretary of the Blood Service HREC)
Ph: +61 2 9234 2368

Dr Deirdre Drake (supervisor)
Ph: 6304 5020
Email: d.drake@ecu.edu.au

Dr Andrew Guilfoyle
(Independent representative for ECU)
Ph: 6304 5192
Email: a.guilfoyle@ecu.edu.au

Lifeline
13 11 14

- I have been provided with an Information Letter, explaining the nature of this project
- I have read and understood the information provided
- I understand that this project aims to explore my motives for donating blood
- I understand that participation requires that I take part in a 60 to 90 min interview, and that this interview will be audio recorded and transcribed into a written format
- I understand that any information I provide will remain confidential
- I understand that any information I provide may be included in the researcher's Honours thesis, and a possible Blood Service report and/or journal article
- I understand that I will be invited to review the results before the analysis is completed
- I have been given the opportunity to ask questions relating to this research and any questions have been answered to my satisfaction
- I understand that I am able to contact the researcher, Aleeza Morris, if I have additional questions relating to this research
- I understand that I may pause or reschedule my interview if I experience any distress or discomfort during the interview, and that Lifeline can offer further support
- I understand that I can contact the Secretary of the Blood Service HREC, should I wish to make a complaint about the conduct of the research

- I understand that my participation is voluntary and that I am free to withdraw from the research at any time
- I agree to participate in this research

Name (please print): .....

Signature: ..... Date.....

Appendix G

Introduction to the Research

Introduction

- Thank you for taking the time to participate in the interview
- Introduce self, affiliation, donor status
- Today we will be talking about the factors that influence you to regularly donate blood
- A series of questions will guide our discussion
- Interview will last for approximately 60 to 90 mins

Purpose of the interview

- Your participation will provide valuable insights into the reasons why young men regularly donate blood. Your responses may inform strategies to improve donor retention.
- So thank you for agreeing to take part. Feel free to be as open and honest as you can

Permission to record interview and to take notes

- Interview will be recorded so that I will be able to recall your responses accurately
- Notes will help me when I review your responses
- Do I have your permission to audio-record your interview and take notes?

Rights of participants regarding participation

- Participation is voluntary, and you are free to withdraw at any time. All identifying information will be removed
- All data, including audio and transcripts, will be securely stored; accessible only to myself and my supervisor

Any questions before we begin?

Appendix H

Position Statement

My interest in the topic of this research – blood donor motivation – essentially stems from my involvement in health promotion units as an undergraduate student. Within the context of these units, I was encouraged to undertake research into health-related issues such as blood donation. This research alerted me not only to the critical functions of blood but also to the difficulties in recruiting and retaining blood donors in Australia. As a result of this new-found awareness, I felt a responsibility to register as a blood donor and I made a personal commitment to provide whole blood donations whenever my health permitted.

Based on my early observations at the blood collection centres, I came to the understanding that young people were an under-represented cohort among donors. Recently, this understanding was validated by various Blood Service reports (Smith, 2011a). In light of this, and my want to assist the Blood Service beyond donation, I sought to facilitate in some small way the recruitment and retention of young donors. Hence, I embraced the opportunity to conduct this research, focusing specifically on young males' motives for continued blood donation. My interest in blood donor retention likely came from my pessimistic view on the potential to recruit blood donors, and my interest in young male donors was related to their general ability to donate more frequently than women (due to physiological factors) and their potential to have long-term 'donor careers'.

Being a blood donor, I have my own personal motivations for donation. Perhaps the most salient driver of my continued donation is my knowing that not all people experience good health. It is my view that other people are just as deserving of a happy, healthy life and that it would be selfish not to share my 'good fortune'

with them. As a related point, my dad often voices his disapproval about my donation – he cannot understand why I continue donating when after each donation I experience extreme tiredness and feel physically unwell. These 'adverse' reactions, in fact, reinforce my donation because they function as a reminder of importance of blood to the human body, and they instill in me a sense of empathy for those who need blood: If my body struggles to cope with a 10% reduction in blood volume, just how much must other people suffer when an illness or an injury severely depletes their blood volume?

Another motivation for my donation is to maintain a consistent self-concept. I view myself as a person who 'gives back' and who tries to contribute positively to the world. From my perspective, donating blood is one action – like child sponsorship or organ donation – that affirms I am not an entirely selfish person and that I value the welfare of others. Of course, this has important implications for my self-esteem. In this way, my continued donation is also motivated to a large extent by the impact that it has on me psychologically.

My perceived health plays a crucial role in my continued donation. Around the examination period each semester, I temporarily defer my blood donation for fear of low iron. Outside these examination periods, however, I perceive myself to be in good health. As such, I feel confident that I will not be turned away by the Blood Service when I arrive on donation day. I am also of the opinion that I have no reason not to donate if my health permits it – I do not have a fear of blood or needles (in fact, I experience the donation process as fascinating). Similarly, I do not have to travel far to access a blood collection centre, and I require only half a day to rest after my donation. From my perspective, then, the time and effort required for blood donation is minimal and it is time that is well spent.

This perception – that my time is well spent – is reinforced by the letters that the Blood Service mails out following my donation. These personalised letters provide testimonies from people who have received blood products and they state that my donation has helped up to 3 lives. Statements and testimonies like these remind me that a small amount of time has potentially had a significant impact on other people's lives, which makes donating seem all the more worthwhile. These letters also remind me that only 1 in 30 people donate blood. Although I derive a sense of satisfaction from this acknowledgement, more important to me is the reminder that few people donate blood. This plays a major role in my continued donation because it influences me to feel that the Blood Service is relying on me – I would not want to let the Blood Service down (or people who need blood products) by not making further donations. Knowing that so few people regularly donate blood also makes me feel that have a responsibility to provide as many donations as I can. I feel that people need to 'make up' for other people's non-donation, and I might as well be one of those people!