

Donor recruitment research

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Since the provision of blood and blood products depends entirely on the willingness of donors to spend their blood for this purpose, we felt that an International Forum of *Vox Sanguinis* should be devoted to donor recruitment and in particular to 'donor loyalty' and to 'barriers to blood donation'. To obtain information on these subjects, the following questions were sent to experts in the field.

Donor loyalty:

Question 1. How important do you consider donor loyalty and for which reasons?

Question 2. Do you have a method to evaluate donor loyalty?

Question 3. Which factors do you believe to have a positive, and which factors a negative effect on donor loyalty?

Question 4. Have you been able to influence donor loyalty and, if so, how?

Barriers to blood donation:

Question 5. Have you been able to identify the key barriers that prevent eligible subjects to become blood donors?

Question 6. Which percentage of first-time donors do not return to donate for a second time and have you learned their reason(s) for not returning?

Question 7. How have you been able to persuade first time (and repeat) donors to continue to donate if they were not inclined to do so.

Unfortunately, we have been able to obtain only five contributions to this forum, which, however, seem of sufficient interest to warrant its publication.

Donor loyalty

All participants consider donor loyalty to be important, if not vital for a sustainable blood supply. Various advantages of loyal donors are brought forward, for example:

- loyal donors (i.e. repeat donors) are thought to be the safest donors with regard to the transmission of infections;
- loyal donors are interested in the management of the blood transfusion services and blood banks and are likely to motivate others to become donors;
- there is an important cost-benefit as compared to new or occasional donors;
- loyal donors can be asked to return for the next donation at a specific time, which allows a future forecast.

Clearly, donor loyalty is more complex to measure than biological parameters, such as infectious disease marker rates. However, various blood operators have developed measurable parameters, such as donor retention rate (i.e. the percentage of donors who return to donate within the next 12 months), donor satisfaction with the donation procedure, the increase of frequency of donation after recruitment appeals, and the follow-up of complaints. For details, see the individual answers.

The most important positive effects on donor loyalty are thought to be the performance of the staff of the blood transfusion services. The donor must feel appreciated and get the impression that the staffs are skilled professionals. The positive social aspects of being a blood donor are also considered to be important. For details, see the answers. Negative effects are long waiting times and a disinterested attitude of the staff. Various measures are taken to stimulate donor loyalty. In the USA, donors are rewarded in the way they choose, that is, they can select a gift of nominal value for meeting a specific donation goal in 12 months or can offer the value of the gift to the blood centre. In Australia, a Frequent Donor Club was introduced in 2004 and has proved to be highly successful. Again, measurement of the success of various initiatives may be difficult to quantify.

Barriers to blood donation

Important barriers are fear of the needle and 'the unknown', and lack of direct connection with the need of blood or blood products. It is important to make the general population realize that donor blood or blood products can become vital in anybody's life.

In four of the five countries about 50% of first-time donors do not donate again. In the USA, the percentage is even higher at 67%. The main known reasons for not donating again are an inefficient donation procedure, uninterested staff and health problems, although in Canada these aspects were not found to correlate closely with donor return.

The most important approach to persuade donors who are not inclined to donate again is direct personal contact with the donor to discuss the factors that were responsible for the unwillingness of the donor to donate again.

In conclusion, it is clear that donor loyalty is essential for a sustainable blood supply. For details concerning methods

to measure donor loyalty, to stimulate it and for overcoming barriers to donate or donate again, the reader is referred to the, often extensive, answers from the contributors to this forum.

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Question 1

The Australian Red Cross Blood Service (ARCBS) considers donor loyalty to be vital to a sustainable blood supply.

The significant benefits of donor loyalty include: more efficient operating costs, increased safety, sustainable business growth and improved flow and service.

More efficient operating costs are attained through a loyal donor base by reducing the expenses in many areas involved in the donations process such as donor recruitment costs, which are reduced with a regular donor pool, and lower laboratory costs, as new donors are more likely to require further testing and follow-up as well as blood typing.

ARCBS is afforded better blood management due to our loyal donors, allowing us to effectively recruit and position

donors into times that allow us to test, process and send out the safest possible blood product to our end users, while also allowing us to tailor products to meet the needs of changing blood requirements of hospitals.

To be able to position our donors into the most suitable times, ARCBS ensures that there is a focus on donor flow and service. ARCBS donors are encouraged to make their next appointment to donate at the time of their current donation, giving us a 12-week forecast of blood stocks. This prediction gives us the ability to plan and streamline our staffing cover for each period and allows us to implement measures when we foresee issues arising with low appointments.

This appointment system also encourages our regular donors to maintain a higher frequency level of donations, therefore maximizing products collected.

Question 2

ARCBS has implemented a number of methods to evaluate donor loyalty using qualitative and quantitative measures. These measures include assessing frequency, retention and attrition rates of donors as well as tracking on a month-by-month basis.

ARCBS has frequency rate objectives for 06/07 in whole blood, plasmapheresis and plateletpheresis, set in order to meet collection targets. This objective is measured each quarter at a national, state and local level and allows us to track how often our donors are returning each year and to implement suitable strategies to address any discrepancies.

Our attrition rate objective for 06/07 is set, with any variations over the set level indicating a decrease in donor loyalty.

One of the national marketing strategies implemented to support loyalty and frequency targets is the annual Frequent Donor Club (FDC), which encourages donors to make three whole blood donations in one calendar year.¹ As donor loyalty relates directly to frequency, we measure the number of donors who increase from making one or two donations per year to three, compared to previous years.

The ARCBS' focus is to ensure that it can meet the nation's blood and blood product supply requirements. To achieve this it must manage a relationship with a critical mass of available and suitable donors. Therefore, to ensure the service focus is maintained and to provide the management with an insight as to what is happening on the 'front line', a national donor survey system was instigated in 2004. This report is issued quarterly and includes international measures of donor commitment and satisfaction.

ARCBS also has a national donor communications system, which records and tracks all donor feedback received by the

¹The FDC was implemented in 2004 to focus on whole blood, but has evolved over the past 3 years to also include apheresis donors.

ARCBS. All feedback is followed up with a telephone call. We assess critical complaints, which are where donors have stated they will not donate again, each 6 months to see if the donor has made a subsequent donation.

Question 3

Key areas include overall donor experience (particularly on waiting times), eligibility criteria, lifestyle and demographics with brand, milestone recognition activity and target marketed programmes having positive effects.

Having a positive overall experience is important to donor retention, especially among first-time donors. Factors such as excellent staff treatment, short wait time and physical comfort during and after donation are likely to foster donor return [1]. But conversely a negative perceived experience in these areas is also most likely to negatively impact donor loyalty.

The implementation of the national donor satisfaction survey has allowed us to quarterly survey our donors and then measure the feedback on their experience in key areas: service overall, opening hours, venue convenience, overall reasonable time, customer service, satisfied with insertion of needle, sensitivity of health question, overall satisfaction.

Two years of tracking has revealed that a decrease in service or delivery in any of these areas directly relates to an increase in donor complaints and a decrease in donor loyalty, where they may not return to give blood.

There are other contributing factors that ARCBS believes have a negative effect on donor loyalty: the increasing restrictions on donor eligibility criteria impact long-term donors; busy lifestyles – more Australians are spending more time working therefore have less time to donate blood;² the most loyal and frequent Australian donors are currently those aged between 40–60, demonstrating a requirement to build loyalty among the younger demographic over the long term.

There are also a number of factors that we believe have a positive effect on donor loyalty.

In 2006, ARCBS ran an educational/informational brand advertising campaign over a period of 10 weeks. Based on the below research, this advertising had a positive effect on donor loyalty, particularly among infrequent donors.

Research was carried out among donors and non-donors ($n = 500$) both before and after the advertising campaign to identify its impact on a number of levels. The campaign's impact on 'willingness to donate' is summarized in the Fig. 1.

Figure 1 shows that significant numbers claimed to be influenced by this campaign to give or consider giving blood. The greatest impact is seen among donors who have given less than three times per annum (43%).

²ARCBS national marketing strategy 06/07.

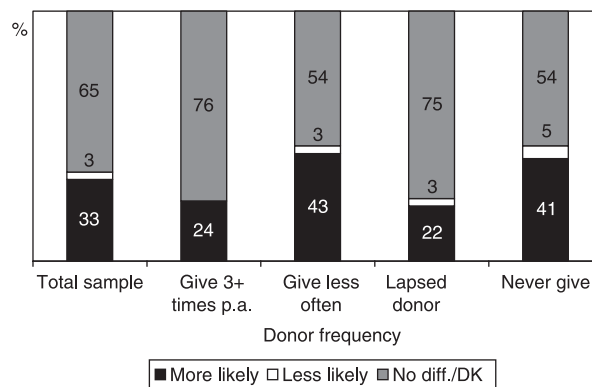


Fig. 1 Impact of campaign on my willingness to donate.

Actual frequency of donation will be tracked over the period of the ARCBS financial year; results on this data are not yet available. Follow-up research on brand advertising will be carried out in September 2007 following further brand advertising activity.

A survey³ conducted by ARCBS found the most commonly cited reasons for donating blood were peer pressure (46%) and social reasons (23%). This helped support development of a national corporate and youth programme. ARCBS developed corporate and youth programmes and tailored messages to those markets to encourage attendance. E-newsletters and updates are used to reinforce the positive feelings donors receive from their overall experience and being part of a 'club' [2].

ARCBS manages a national donor milestone recognition programme, which is an opportunity to officially recognize our donors, remind them of how special they are and encourage them to reach further milestones – thus encouraging the loyalty factor.

Question 4

ARCBS introduced the FDC in 2004 in response to an increase in the haemoglobin threshold, which could have potentially resulted in loss of many donors.

It was based on the premise that increasing loyalty, that is, donation frequency via a 'club' programme, would result in donors making more donations. The programme was successful with a significant number of donors joining the FDC programme in 2004, and with almost half giving three donations or more over the year.

The average donation frequency during the programme increased significantly per donor per year compared to the 12 months prior to programme. This difference in donations

³Survey of non-returning blood donors, Roy Morgan Research, 15 January 2003.

per donor per year is directly attributed to the FDC programme and corresponds to a significant number of incremental donations from FDC.

This was a very positive result in influencing donor loyalty and has been reintroduced as our donor loyalty programme each year since. This year we have adapted the programme to be a purely direct mail activity, and so far we have seen more registrations in the first week than were achieved over the entire year for previous programmes.

Question 5

The ARCBS donor research programme conducts a number of peer reviewed, academic collaborations looking at areas such as social capital, recruiting and retaining blood donors and broader psychosocial community research programmes. These programmes mix longitudinal research programmes measuring changes in the attitudes and behaviours donors and non-donors throughout the years.

In 2004, ARCBS undertook non-donor research [ARCBS, unpublished data] to explore the reasons why people do not give blood, and also gain an insight into and understanding of the attitudes and beliefs of those people who do not donate blood, to enable the development of compelling propositions to raise the blood donation participation rate among Australians.

In depth interviews with non-donors to explore the barriers associated with voluntary blood donation were conducted.

The following barriers and perceived positives of giving blood were drawn out through projective and specialized techniques designed to uncover intuitive behaviour and subconscious thought rather than identifying just excuses.

Barriers and perceived negatives:

- intuitive avoidance – I do not do it and I do not know why;
- not emotionally involved – have not felt the need yet;
- fear of unknown/do not know what to expect;
- concerns over the procedure – pain/discomfort during and afterwards;
- psychological barrier to all things medical;
- some genuine fears and phobias;
- they might find something wrong with me/my blood might not be good enough;
- I might contract a disease or infection;
- not top of mind – never see/hear/think much about it; and
- takes too long

Perceived positives:

- to do my bit for the community;
- personal involvement;
- feel good about myself;
- because I might need blood 1 day; and
- donating blood has stronger emotional connection than charity donations

Based on the above ARCBS are developing marketing strategies and programmes to address these changes.

Question 6

Statistics have shown that between 40–50% of new donors do not return to donate for a second time in Australia.

In December 2002 a sample of New South Wales residents who had at one time donated blood in the 99/00 financial year were surveyed,⁴ as to their motives for donating, their experiences of the procedure and their intentions to donate again in the future.

The purpose of this research was to determine the principal reasons why one-time donors do not return to donate, and to identify possible solutions to increase the number of returning donors.

Reasons for not having donated again showed some marked differences between those who do and those who do not intend to donate again. For those intending to donate again, convenience factors were most commonly mentioned as reasons for not yet having returned. For those not intending to return the single largest reason for not doing so was medical/health reasons. There was also a strong difference in the reporting of discomfort as a reason for not returning between the two groups (higher for those not intending to return).

All respondents were asked why they had not yet returned to give blood with the responses summarized below with convenience and health reasons as the dominating factors:

- total convenience;
- total medical/health;
- other;
- have not got around to it yet;
- total discomfort;
- total location;
- no one asked me to, no follow-up; and
- total service.

Question 7

The ARCBS constantly researches why our donors do not return to make a repeat donation, with recent research being undertaken on our lapsed apheresis donors. This information is used to develop systems like our national donor communications system and to help inform our strategies to retain these donors.

ARCBS has a national donor communications system to manage and monitor all feedback received from donors.

This system helps us to track the number of communications received and effectively report back to teams on positive, negative, informational and critical points that are raised by our donors via any method of communication.

To maintain a high level of service, each communication is responded to via a telephone call within five working days. As outlined by Homburg and Fürst, poor recovery of a complaint can magnify negative customer evaluations; an excellent recovery can increase customer satisfaction and

⁴Roy Morgan Research 2004.

loyalty to levels higher than before the problem occurred. The relevance of complaint management is also emphasized by studies indicating that its return on investment can be very high, sometimes exceeding 100% [3].

Based on donors who donated in 2005–2006 with a critical communication and were followed up to discuss their issue, 70·8% subsequently returned to make a donation within 12 months of their complaint.

Recently, it was identified that approximately 14% of the apheresis donor panel had not donated in the last 12 months. In order to meet organizational targets and maintain the donor pool Stancombe research, an independent research organization was employed to determine the reasons for donors becoming lapsed and the associated barriers for donors returning.

The information procured through this research is currently being used to generate a reactivation strategy to win back these donors.

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Question 1

Donor loyalty is critical to building a robust base of committed donors and has a direct impact on cost-effectiveness. While there is always a need to recruit new donors, it can be a very costly endeavour. Retaining and growing the donation frequency of active donors is significantly less expensive. Internal analyses suggest the costs per new donor acquisition can be in the order of five times that of generating incremental donations from our existing donor base. Thus, the more you can rely on your existing base of donors, the lower the overall cost of donor recruitment. Experience suggests that loyal donors rebook more frequently, show up for appointments more reliably, are more likely to return from temporary deferrals

and are more responsive to targeted campaigns for donations. Repeat donors are also seen as lower safety risk donors than new donors. Longer-term, strong donor loyalty gives blood system operators greater opportunities to yield superior life-time values from their donors in terms of total units and types of donation. Peppers and Rogers depict this approach, in the traditional for profit sector, as focussing on increasing the return on customer [1].

Question 2

Donor loyalty is gauged indirectly through several metrics at Canadian Blood Services. For example, the donor's satisfaction with the donation experience is considered as a key driver of donor loyalty. This is measured through Top Box donor satisfaction scores, that is, by the percent of donors rating the overall donation experience ten out of ten, on postdonation satisfaction surveys. Canadian Blood Services has established an online panel of 10 000 donors to gather regular feedback. Approximately 1400 donors complete a surveyed each quarter, to track and measure our performance on overall donor satisfaction and a variety of issues related to the in-clinic experience and interactions with Canadian Blood Services. The results are used to plan and evaluate projects to increase donor satisfaction.

Retention rates, that is, the percentage of donors returning to give within 12 months of their donation, and annual frequency are also indicative of strong loyalty. Complaints can also provide insights into opportunity to improve loyalty. Most recently, Canadian Blood Services has started to measure the 'likelihood of recommending Canadian Blood Services'. According to Frederick Reicheld, the likelihood of recommending a company is the single greatest predictor of customer loyalty [2].

Question 3

There are a number of elements of the in-clinic experience that can positively impact donor satisfaction, and hence donor loyalty. Providing convenient schedules and clinic locations, respecting the donor's time, positive interactions with staff throughout the donation, and strong trust and confidence in the blood service can all have a positive influence on donor loyalty. Donor loyalty can be undermined by using guilt messages to recruit donors and poorly executed aspects of the donation experience such as excessive wait times, poor needle insertion, insufficient communication and lack of appreciation throughout the donation experience.

Question 4

Measuring donor satisfaction has been an important first step. It has allowed us to track progress over time and provide regular feedback to regional collections teams. Moreover, establishing donor satisfaction as a key metric on the corporate and divisional balanced scorecards has given it equivalent

status to financial measures, which in turn has driven actions to improve the results. Regular input from donors, through ongoing polling, can be used to improve the donation process, for example, a simple initiative known internally as 'Thank, Inform & Invite' reminded clinic staff to thank all donors, inform them of waiting times and invite them to rebook for their next appointment and has led to positive improvement in donor satisfaction.

Various recognition items such as the donor card, donor pins and awards, milestone cards and certificates build pride and loyalty for many of our donors. Also, recognition programmes such as Donors for Life, a donor frequency programme, Partners for Life, a group frequency programme, and regional celebrations and challenges, such as Sirens for Life, are other successful loyalty builders.

This focus on increasing donor loyalty has helped to grow and sustain annual whole blood donation rates to 2-16 times per year, over the past several years. In addition, targeted efforts towards O-negative donors have achieved annual donation frequencies in this group of 2-30 times per year, on average.

Question 5

Research with our blood donor base and the Canadian population at large continues to suggest that one key barrier to blood donation is lack of a connection to the cause. For instance, many donors list 'having a friend or family member needing blood' as an important motivation behind their first donation. This is also cited among non-donors as something that would compel them to donate blood for the first time. Exposure via friends, family, workplace programmes Canadian Blood Services community outreach efforts and mobile clinics are the main entry points to first donations. The challenge for blood services is to demonstrate how closely, in fact, all individuals are to blood recipients. In 2005, just over half (52%) of the Canadians we surveyed told us that a friend or family member had required blood products at some point in their life.

A second barrier is awareness of the need. Leibrecht *et al.* suggest that a failure to confront the issue of blood donation in terms of the need for blood and the logistics of donating exceed fear in importance [4,5]. Our own research confirms that there is a general lack of understanding of the ongoing need for blood. Very few members of the public at large understand the perishable nature of blood, the scope and size of the blood system, the types of treatments requiring blood and blood products and the number of recipients impacted.

More recently, however, we have also begun to understand that a perceived inconvenience of giving blood also serves as a third significant barrier. Most donors and non-donors believe strongly in the efficacy and importance of donating blood. However, non-donors are more likely to find donating blood to be inconvenient, to have limited access to donation

facilities, and to cite discomfort of the donation process as reasons to avoid giving blood [3].

We have observed that opportunity and convenience are paramount to first-time donors. Even the most committed donors say that their first donation was just as much an act of convenience as it was an act of conscience. Despite our efforts, however, in December 2006 only 42% of Canadians agree that they know where and when blood donor clinics are being held in their community. Better schedule/locations is second only to family need when non-donors are asked what would convince them to donate. In fact, most members of the general public say that it would be important that the clinic be conveniently located to get them to donate.

Question 6

In 2006, about half (48%) of first-time donors do not return to donate a second time within 12 months of their initial donation. In 2004, a survey of lapsed first-time donors found 24% citing scheduling problems, 20% location problems, 16% personal health problems (self-deferral) and 12% adverse reactions to their donation, as the main reason they failed to return to donate.

Studies with lapsed repeat donors also suggest that a lapse in giving blood is rarely caused by a bad experience with Canadian Blood Services or a failure to recognize the importance of giving (this last is particularly the case for O-negative donors who were very aware of the need for their blood). Nor is it due to a lack of personal connection to donating blood, or a desire for increased recognition or excessive communication from Canadian Blood Services. Instead, many donors experience some change in life circumstances that either temporarily makes them unable to donate blood (illness, pregnancy, a trip to an at-risk location or some similar disqualification), or makes the process inconvenient in some way (moving away from the usual clinic, changing jobs, going to school, increasing demands of family life).

Question 7

Building strong relationships with new and repeat donors is key to keeping them engaged and donating on a regular basis. It starts with delivering an excellent donation experience. A pilot project in which a donor ambassador accompanied first-time donors through the donation process, answering questions and explaining each of the steps, yielded significantly higher second donation rates.

Regular communications are also critical to keeping them engaged between donations. For example, radio advertising has proven highly effective at keeping our donors active and serves as valuable 'air cover' to keep us top of mind and support telerecruitment and local recruitment initiatives throughout the year.

Targeted relevant communications related to key moments in the lifecycle of the donor are also important in developing

the relationship with the donor. For example, our process for new donors sends a donor card 2 weeks following their first donation, a more detailed welcome package 2 weeks later, and recruitment calls begin 2 weeks after that as they become eligible to donate a second time. Regular newsletters have been shown to strengthen donation rates among even our most frequent donors. Similarly, other programmes with specific messaging targeted at major donor segments such as lapsed, infrequent, or O-negative donors all have a role in keeping donors active. In all instances, we are careful to emphasize the recipient as the ultimate beneficiary of the blood donors their gift.

We have learned that our most frequent and committed donors describe blood donation as both 'easy' and 'important'. Most have internalized the act of donating, making it a habit that has become a rewarding part of their life and routine. The challenge is to develop and foster this type of relationship with our entire donor base over time.

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Question 1

Donor loyalty is one of the key elements for operational success. Loyal donors understand operational and safety aspects integral to blood collection and blood components. They are willing to share their private health and lifestyle information with blood service for the donor eligibility assessment. Loyal

donors also recognize the necessity of operational efficiency and that the balance between blood component demand and supply has to be continuously maintained. Also the feedback given by loyal donors takes account of the operational realities.

Loyal donors are interested in the information and messages given by blood service and communicate them further. This is increasingly seen, for example, in the Internet discussion forums, which occasionally may be challenging forums for the organizations. Furthermore, new donors repeatedly tell that the most important single trigger for blood donation has been another, experienced donor. It would therefore be very valuable also to maintain the loyalty of donors who are no longer eligible.

It is always more economical to keep existing donors than to find new ones.

Question 2

Not a direct one. In different kinds of donor satisfaction surveys we have had questions that may be considered to evaluate aspects related to donor loyalty (e.g. the importance of blood donation, intention to continue regular donations). We are not able to follow up systematically, for example, donors who have given feedback or who have been temporarily deferred.

Question 3

Positive effects: a well-known, reliable and an attractive brand; all different aspects of the donation venue and staff that create the impression of an appreciating, professional and focused operation; personal, smooth service (face-to-face, phone or written), fast answering to donor feedback and clear public messages about the need of blood donors (it is all about feeling appreciated, necessary and special); regular contacting with the donor, if she/he desires.

Negative effects: waiting and queuing, hurrying, wasted blood bags and other signs of suboptimal operational performance and neglect; any communication that handles blood donors as 'source of blood' and not as persons; donor complications.

Blood donation is still a bit worrying to most blood donors and therefore the feeling of familiar, professional and safe procedures is important. All changes in operational donor-related processes should be communicated well.

Question 4

We do not have data on that because we do not have yet any direct method to evaluate donor loyalty. More and more efforts are needed for donor recruitment even if donor satisfaction surveys give excellent results. For example, in our March 2007 survey, 79% of donors gave score 5/5 on overall satisfaction and 99% intended to make their next donation within the next 12 months. On the other hand, in 2006 about 50% of new donors who had been contacted after their first donation made a second donation in 6 months. Normally, the come back rate of new donors has been about 20%.

Question 5

Not systematically.

Question 6

In 2005 and 2006 only about 20% of new donors gave their second donation within the next 12 months. After 24 months the percentage is about 45. After 36 months about 54% of new donors have returned and the rest seem to be lost donors.

One reason may be that there are not frequent enough donation sessions available in places where we meet new donors (military service, universities, etc.), that is, donors forget blood donation. We have not been able to analyse this in detail, but a more systematic way of contacting donors between donations probably would help here.

Question 7

We do not try to persuade donors to continue to donate if they are not inclined to do so.

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Question 1

In the National Blood Service (NBS) we believe that excellence in customer loyalty management is a business imperative. In fact NBS business plans are focused on securing a loyal donor base.

We believe a loyal donor base delivers the following benefits:

- a lower operating cost;
- increased safety;
- improved, sustainable business growth; and
- improved session flow and service.

It also makes good economic sense. Bain & Co. have calculated that a 5% improvement in customer retention improves profitability by 25 to 100%. Harvard Business Review reports that cutting customer defections by 5% has the effect of boosting profits between 25 and 95%.

Question 2

Yes, the NBS has developed a statistically derived donor loyalty index. The index predicts the percentage likelihood of a donor returning to donate within the next 12 months. When averaged across a group of donors the measure indicates the number likely to return over the next 12-month period.

Question 3

Our research has identified a number of key motivators. Although these motivators are diverse we believe it is possible

to create a reinforcement and promotion strategy that is effective across the range. Six specific driving forces have been identified:

- a feeling of love, power and giving derived from the belief that giving blood saves lives;
- gaining social currency through the act of giving blood;
- reinforcing a sense of personal integrity;
- a sense that being a blood donor confers status as a member of an exclusive club;
- attraction to medical situations and environment; and
- magical (irrational) thinking about the effects of giving blood.

Question 4

Our donor loyalty index has increased from 59 to over 62% since September 2001. This has occurred against a background of decreasing demand for blood (and hence donors) when it is difficult to keep donors motivated.

We believe loyalty arises when donors are both committed to donating and satisfied with the experience. Since 2002/2003 we have increased donor satisfaction from 36-95 to 45-35%. By increasingly tuning our marketing activity to deliver messages in line with the donor motivators we have seen an increasing trend in donor commitment (measured through a combination of three attitudinal questions), albeit on a relatively small scale.

Question 5

Six major barriers to blood donation have been identified. We believe these barriers can be removed through service design and communications.

Question 6

Forty-eight per cent of new donors do not return within the year. We believe there is a need to reinforce the emotional drivers (*Question 3*) and deliver a totally satisfactory experience, that is, donor scoring 10/10 for satisfaction. However, for many donors the first donation can be considered as a preliminary trial and the decision whether to continue is addressed after the first visit. For some the experience is sufficiently off-putting that no amount of intervention can recover their loyalty.

Question 7

We have found that donors who have not donated for even lengthy periods of time usually still intend to donate. Changes in lifestyle and factors of general convenience are frequently cited as reasons for stopping donating. These can be overcome by reinforcing the original motivations for donating (which can become lost after repeated visits) and removing the practical barriers that may have arisen (e.g. offering different times and locations for donors whose circumstances have changed). However, donors who stop donating once

have about a 50% chance of stopping after being reactivated – there is limited benefit in pursuing repeat lapsed donors who probably have a poor disposition to donate.

Complainant donors are one category that can be defined as likely to lapse. NBS targets to retain their loyalty by actively investigating and addressing the causes of complaints. Currently, 73% of complaining donors return to donate within the target timeframe.

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Question 1

Donor loyalty, broadly defined as loyalty to the act of blood donation and the willingness to donate again (as opposed to loyalty to any individual organization) is critical for the obvious reasons that (i) the ready availability of blood and components supports our ability to provide much of modern medical care [1], and (ii) we believe that repeat donors are likely to be the safest donors from the standpoint of transfusion-transmitted infections and their tolerance of the donation process. In addition, it is more efficient and economical to reschedule and draw repeat donors than to recruit, educate and orient first-time donors. We also believe that 'loyal' donors are likely to effectively recruit their families, friends and acquaintances into the donor pool.

Question 2

We evaluate donor loyalty using several metrics. These include donor frequency per year, the percentage of donors who reschedule at the completion of an appointment, the committed donor ratio (defined as the total number of donors who first donated during the 24-month period before today and then donate at least two more times within 24 months divided by the total number of donors in the 24-month period), and the percentage of new high school donors able to give a gallon prior to high school graduation.

Question 3

Experience and substantial survey data from a number of sources tell us that donor loyalty is promoted by a positive relationship with the collection organization and a positive donation experience. The dimensions of the organizational relationship are largely interpersonal relationships established at every point of contact of the donor with the organization beginning with the recruitment staff, to the clerical staff and the screening/phlebotomy staff. Issues like waiting times, the

perceived quality of the phlebotomy needle stick and an acceptable physical plant dominate the actual donation experience. Additional important contributors include convenient hours of operation and easy accessibility of donation sites. Based on recent surveys by America's Blood Centers, most donors are motivated by public recognition and appreciation for what they have done.

Question 4

In late 2006, we implemented a new donor loyalty and donor relationship management tool designed to meet the needs of a wide variety of donors. Donors not only are rewarded in the way that they choose (they can select a gift of nominal value for meeting a specific donation goal in 12 months or can relinquish the value of the gift to the blood centre), and choose the route of communication between themselves and the blood centre among six different modes. Scheduling tools available through our website (www.bloodcenter.org) and at fixed sites and mobile blood drives have increased donor frequency and loyalty.

Question 5

Barriers to donation are varied, but we believe the most important to be the failure to ask effectively that a potential donor give blood. As the demographics of potential donors changes with time, the approach to the 'ask' must also change. For example, we have identified in our historically very effective telephone recruitment activities the decreasing ability to reach donors personally as answering machines proliferate. Certainly, that loss of direct contact makes our message less vital. A fix for this issue is not immediately clear; however, the preference of the future donor for other forms of electronic communication is leading to analysis of techniques like e-mail and other electronic means to attract and retain donors [2]. Enhancement of a personal stake in the act of blood donation is also being used by many collection organizations to convince donors of its importance. Establishing a relationship to a specific relevant disease process or blood recipient is a common approach [3]. A positive impact of paid advertising and other mass media initiatives for donor recruitment is widely assumed but unquantified and any impact on loyalty is speculative.

Discomfort and outright fear of the needle stick required for phlebotomy, and adverse reactions to donation remain important disincentives to donation [4]. Their remediation is primarily a function of staff training and experience and, to a lesser extent, improved technology.

The more prosaic barriers to donation, like inconvenient hours of operation at donor sites, operational inefficiencies that degrade the donor experience and poor customer service by front-line collections staff are repeatedly cited in the donor surveys performed by virtually all US blood collection facilities. These are dealt with by accommodating the needs

of donors, as opposed to those of the collection organization, by initiatives to make procedures at donation sites 'lean' and by selection, training and retention of staff who adopt a mission of customer service.

Regulatory barriers to repeat blood donation are the donor deferral requirements that offer dubious protection for donors and recipients, like permanent deferral for a history of hepatitis without recourse despite absence of transfusion-transmissible disease markers and travel deferrals to prevent transfusion-induced malaria for visits to areas with *de minimis* risk for donors [5]. The evidentiary barrier to relaxation of some of these criteria is set high, but the blood community should be assembling the evidence and advocating for reconsideration.

Question 6

For 2006, 67.6% of our first-time donors did not return. We only have anecdotal data on why they choose not to come back, but many may be due to the donation experience itself. Whether the physical aspects (reaction, did not feel well after giving, etc.) or the personal aspects (did not feel appreciated, did not feel they staff paid attention to me, etc.), many of our donors are not returning after their first experience.

Recent analysis of data on 180 type O-negative donors who gave in 2005 but did not return in 2006 showed that 17% did not return due to previous experience and 16% do not return due to a deferral. An additional 46% we were unable to contact by telephone (out of area, busy/no answer/answering machine and no response) to determine why they have not returned.

Question 7

In most cases, the only way we are able to persuade an individual to return if they were not inclined to donate again is by direct contact with the donor, determining their concerns and issues with donation, and trying to remove barriers identified. Generally, these donors feel that the donation experience was unpleasant due either to poor customer service or a difficult physical experience, or they did not feel that we were appreciative of them and their gift. Some of these donors will return during a local or national disaster (11 September, Oklahoma City bombing, etc.), but they then tend to revert to their previous pattern of non-donation.

The use of various incentives to overcome barriers blood donation is common but constantly debated in the USA [6] where voluntary and altruistic donation has been an ideal [7] thought to reduce the risk from donors with transfusion-transmissible infections. The US Food and Drug Administration standard is that these must not be readily convertible to cash if the blood and components are to be labelled from volunteer donors.

Few programmes remain in the USA that guarantee blood availability for regular donors and their families, although

this was historically a powerful positive incentive. Medical testing (e.g. cholesterol) has been used and has been found to be somewhat effective. At our blood centre, cholesterol testing was discontinued as we were specifically encouraging blood donors to eat before presentation, and the non-fasting test results were often inconsistent with values from more medically appropriate testing. Programmes that provide vouchers for medically correct testing are being used with some success and will likely expand. Given current donor selection criteria, testing and process controls, it is likely that some incentives, like tee shirts and other similar promotional items, can be used safely in donor recruitment and retention.

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