

Blood Donor Retention: Role of a Donor Satisfaction Survey

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ABSTRACT

Introduction: Efforts are needed to strengthen blood donor management at all levels, including educating and motivating more individuals to be involved in voluntary blood donation and converting them to retention donors. Donor retention is influenced by many factors, including the quality of blood donation experience, environment, services, wait time, and the type of interactions with the staff. It is important to develop donor feedback and a follow-up mechanism to encourage more future donations assessing the current donor management strategy.

Materials and methods: This study was planned to observe the current blood donation practice at the blood bank of a tertiary-care teaching hospital in order to assess the blood donation experience and reasons and barriers for blood donation. A trained counselor interviewed a total of two hundred consecutive donors and the responses were noted on a predesigned and validated questionnaire form after taking informed consent.

Results: Altruism was the most common reason for donating blood $n = 107$ (53.5%), while other reasons included helping a known person or an interest in gifts provided by the blood bank after blood donation (e.g., mugs, bags, stationery). The donors reported news, college motivation programs, and family discussions as the most common areas where they had heard first about blood donation, with others being workplace, camp, or public discourses. The common reasons for not donating till now were “fear of needles” $n = 58$ (29%), “not demanded or unrequested for” $n = 40$ (20%) and “fear of weakness post-donation” or asthenophobia $n = 30$ (15%).

Conclusion: Donor satisfaction surveys and analysis helps in increased donor retention, self-confidence, and feedback for suggesting an improvement.

Keywords: Blood donor retention, Feedback from blood donors, Motivation for blood donation.

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INTRODUCTION

Blood transfusion is an indispensable component of healthcare. It contributes to saving millions of lives each year in both routine and emergency situations, permits increasingly complex medical and surgical interventions, and markedly improves the life expectancy and quality-of-life of patients with a variety of acute and chronic conditions.¹

The rise in human life-expectancy and improvements in medical technology have led to a constant increase in the demand for blood transfusions. However, the aging of the donor population resulting in higher morbidity and new donor screening deferral criteria to increase safety against transfusion-transmitted diseases have decreased the availability of eligible blood donors. Worldwide, the current challenge that blood banks are facing is to recruit and retain qualified blood donors to fulfill the rising transfusion needs.² A well-functioning blood transfusion service is dependent on forthcoming blood donors who are willing to donate voluntarily without being mandated.³

Even well-established donor programs have to work constantly to bring in new donors while maintaining contact with existing donors and encouraging them to donate again. As in any organization, an effective blood donor program requires effective management in a way that it ensures both blood safety and donor retention.¹ Retention of blood donors, preventing donors from lapsing and eventually becoming inactive, has benefits over the recruitment of new blood donors.⁴

Motivation to donate blood can vary broadly from altruistic reasons to strictly personal reasons, such as getting a day off work or having blood tested for transmitted diseases. The decision to donate blood and return for further donations also depends on social responsibility, personal credit, social pressure, satisfaction and, mainly, a positive donation experience. Therefore, blood

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banks must develop strategies and incentives to retain donors and special attention must be paid to the impact of donor deferral on donor availability.²

Protecting the health and safety of donors and staff and the efficacy of donated units of blood is a central responsibility of the blood donor program. This requires the provision of a suitable, clean, safe environment for each stage of the blood donation process.¹

Volunteers can play a variety of roles in the blood donor program, either in community-based activities organized by organizations to which they belong, or by working directly with the blood service in donor recruitment or blood donor sessions. Volunteers are usually enthusiastic and may be highly effective in motivating others to donate blood.¹

Well-defined quality systems should be in place for all activities and procedures to ensure the safety and efficacy of the blood supply

and to contribute to the sustainability and cost-effectiveness of the program.¹ The blood donation experience, therefore, needs to be carefully planned and evaluated periodically in all centers. This effort should include ensuring eligibility through rational and evidence-based donor selection criteria and at the same time educating and motivating the donors to stay involved in blood donation. It is therefore important to develop donor feedback and a follow-up mechanism to encourage more future donations assessing the current donor management strategy.

This study was planned to observe the current blood donation practice at the blood bank of a tertiary-care teaching hospital in order to assess the blood donation experience and reasons and barriers for blood donation.

MATERIALS AND METHODS

An observational, descriptive cross-sectional study was carried out among blood donors visiting the blood bank of a tertiary-care teaching hospital. Those donors who fulfilled the criteria for blood donation were included in the study. A trained counselor interviewed a total of two hundred consecutive donors and the responses were noted on a predesigned and validated questionnaire form after taking informed consent. The questionnaire included their views on reasons for motivation to donate blood and also those factors that contributed to satisfaction during a blood donation experience. The factors that would influence their decision to donate again were also enquired. The demographical details were recorded. The responses were later analyzed and presented using tables in the form of numbers and percentages using a microsoft excel sheet.

OBSERVATION

A total of 200 donors were included in this study. Of the donors included in the study, maximum numbers ($n = 144$ (72%)) belonged to 21- to 40-year age group. Males were more than females; male:female ratio was 7.3:1. Only 4 (2%) donors were illiterate. Among the educated donors, 90 (45%) were graduates and 34 (17.5%) were postgraduates.

A total of 107 (53.5%) donors were married. The number of donors who smoked was 56 (28%). Those who consumed alcohol were 70 (35%).

Altruism was the most common reason for donating blood ($n = 107$ (53.5%)), while other reasons included helping a known person or an interest in gifts provided (e.g., mugs, bags, and stationery). The donors reported news, college motivation programs, and family discussions as the most common areas where they had heard first about blood donation, with others being workplace, camp, or public discourses. The common reasons for not donating till now were "fear of needles" $n = 58$ (29%), "not asked by anyone to donate/ not demanded or unrequested for" $n = 40$ (20%) and "fear of weakness post-donation," also known as asthenophobia $n = 30$ (15%).

Among these 200 donors, 119 (59.5%) were repeat donors and among these 117 (58.5%) reported a good past blood-donation experience. They ranked the importance of various factors that contribute to a good donation experience. The attitude of staff at reception and phlebotomy was perceived as good in 96 (48%) and 84 (42%) cases, respectively. They reported that 117 (58.5%) were appreciated for blood donation by the staff. The refreshment area was reported as clean and inviting in 126 (63%) cases. When asked to rate their experience at our blood bank 196 (98%) donors reported a good overall experience.

When asked about their intentions to donate in future, 173 (86.5%) donors wanted to donate again and 99% were ready to donate when asked in case of an emergency. However, only 169 (84.5%) wanted to be informed about upcoming camps. They wanted to be informed for subsequent camps through e-Mail $n = 14$ (7%), SMS $n = 76$ (38%), and phone calls $n = 110$ (55%). The suggestion for promoting voluntary blood donation included road shows, media, pamphlets, camps, and motivational talks.

DISCUSSION

Donor characteristics have been studied previously and found to result in the improvement of services and a high level of satisfaction among blood donors who are a precious commodity to maintain the supply of this life-saving resource. In this study, we analyzed donor's views and their satisfaction levels in an attempt to provide an insight into the reasons for inadequate donor retention in current donor management strategy. Blood donation is a noble and altruistic act. It is thought that altruistic behavior increases as age progress, with older donors having higher scores. But our study is an exception to this fact since there is evidence that altruism is established early on in life. Social responsibility appears to be another important motivation for donation.

The most active participation (72%) by the young age group (21–40 years) among blood donors should be noted, which was similar to the findings of the studies done by Allain et al.⁴ and Hinrich et al.⁵ A major chunk of these donors are educated (98%), which reflects the fact that it is illiteracy that contributes to ignorance. It indicates the importance of voluntary blood donation awareness among college students so that it becomes a part of their regular habits and values.

The under-presentation of females, which was similar to the findings of a study done by Van Dongen⁶ (M:F = 7.3:1), maybe explained by the temporary cause of deferral (e.g., menstruation, lactation, pregnancy, low-weight) and a high prevalence of anemia among females in India. In a study done by Hollingsworth, female donors constituted only 1% of the donor population.⁷ More than half (59.9%) of the donors were repeated donors. A donor may stop donating because of practical reasons such as lack of a comfortable environment to donate or because of a bad experience when donating last. However, this does not hold true in our study, as 98% of donors perceived a good past experience at our center, including friendly attitude of staff at the reception, the phlebotomists with interactive skills which is supposed to be a major factor to allay the fear and anxiety, particularly amongst the first-time donors, that may precipitate vasovagal attacks.

The importance of social networks as a recruitment channel for blood donation is noteworthy. Among our subjects, 55% of the donors wished to be informed via phone calls regarding upcoming subsequent blood donation camps. 86.5% of the donors enthusiastically expressed their willingness to keep up their participation in this endeavor. This indicates that the commitment to donate blood is high among donors.

In our study, 40% were first-time donors. This was similar to the findings of the study, which was done by Olaiya et al.,⁸ whereas the study by Zaller et al.⁹ showed that only 17.5% of the donors were first-time donors. The predominant reason among the first-time donors for not presenting before was fear of needles, which were similar to the findings of a study done by Olaiya et al.,⁸ followed by a lack of motivation and, to some extent, a prevalence of the notion of post-donation weakness. The increasing demand for blood

donation has encouraged health authorities to convert first-time blood donors to become regular blood donors. The satisfaction of donors with the current donation experience influences their intent to donate blood in the future.

Regular feedback regarding our services helps the Blood transfusion services in many ways. If the results indicate a satisfactory service and donor satisfaction, it increases self-confidence and motivates to perform better. However, adverse reporting and relatively negative feedback indicate which area needs improvement and thus also enable the blood transfusion services to perform better in the future.

As an example, the satisfactory donor experience with regard to the behavior of staff and infrastructure calls for the appreciation of concerned personnel. However, the fact that only 58.5% of donors were thanked for the noble act shows a need to train the staff regarding their role towards converting a first-time donor to a retention donor. Hence, to understand better about what motivates donors to give blood, we need to explore their behavior at intervals and get their constant feedback.

A major shortcoming of the study was that it had a very small sample size. More such studies need to be carried out to improve the standard of blood donor services. Similar feedback sessions should be conducted at campsites also so as to make camp services better. It was also found to be a time-intensive activity that demands logistics in terms of stationary and staff. However, it must be planned and executed, as it is an important measure to improve donor safety and retention.

CONCLUSION

Donor satisfaction surveys and analysis results in increased donor retention, self-confidence, and feedback for suggesting an improvement. Without a coordinated and adequately resourced

voluntary blood donor program, achieving safe and sufficient blood supply will remain an aspiration rather than a realistic goal.

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