Behavioral Interventions to Reducing the Negative Consequences of Deferrals on Subsequent Blood Donation

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A large number of willing blood donors sometimes get deferred and then never return. Three studies find that handing out new appointment cards and providing an option for an alternative good deed significantly increase individuals' reported and actual likelihood to return for blood donation in comparison to current strategies.

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EXTENDED ABSTRACT

The American Red Cross (2014) argues that the number one reason donors give blood is because they "want to help others". However, not everybody willing to donate blood is allowed to. The blood donation process requires individuals to register and to provide information about their health history and the places visited in a certain period. Only if all health conditions are fulfilled, a willing blood donor may give blood. However, too often not all conditions are fulfilled and individuals are either deferred forever (e.g., due to incurable disease) or deferred for a temporary period such as two months (e.g., due to low hemoglobin levels; one of the main reasons).

The number of temporary deferrals is substantial. Data provided by the German Red Cross (GRC) blood donation service shows that on average 11.1% of individuals showing up on any given day to donate blood are temporarily deferred. The likelihood of being deferred is especially high at a very early stage of a blood donor-life cycle, as inexperienced blood donors often do not know all health requirements. Medical research indicates that temporal deferrals reduce individuals’ likelihood to return at a later opportunity to donate blood, and do so significantly for first-time donors (Custer et al., 2007; Halperin, Baetens, and Newman, 1998). In one study, for example, only 21% of first-time donors returned within three years after being temporarily deferred for low haemoglobin levels compared to a 64% return rate among repeat donors (Hillgrove et al., 2011). Thus, the current research studies the life-saving question of how to better manage such temporary deferrals in order to increase individuals’ likelihood to return for blood donation at the next blood drive. Blood donation services worldwide struggle to solve this problem.

The current best practice approach of the GRC and blood services in many other countries is to give to deferred individuals the same thank-you-gift (e.g., a thank you-button or coffee mug with the GRC logo) that they give to individuals that donated their blood. Yet, the deferred individuals’ return rate is lower. Unlike individuals that donate their blood, deferred individuals have invested their time and effort to come to a blood drive and have expected to contribute to the greater good, potentially even feel a warm glow (Andreoni, 1990; Ferguson et al., 2012) without achieving these goals (Laran et al., 2007; Halperin, Baetens, and Newman, 1998).

Blood donation services need to address these negative effects of deferrals in order to increase individuals’ return rate. The current research tests in an online (study 1) and in a field experiment (study 2) the impact of four different strategies that examine the effectiveness of (1) appreciation, (2) reciprocity, (3) commitment, and (4) warm glow on the intention to return for blood donation and individuals’ actual return rate.

In study 1, we confronted 1,641 participants with a scenario in which a friend wants to donate blood and is deferred by the doctor after 30 minutes wait time due to a low hemoglobin level-test result. We tested between participants potential new deferral strategies of the GRC. We examined the four types of strategies (appreciation, reciprocity, commitment, and warm glow) across 12 conditions. For example, appreciation was tested in form of the current best practice of handing out a thank you-button (control) versus a verbal “Thank you” from the medical doctor. Reciprocity was tested among others in the form of providing the friend with medicine that will increase the iron level in the blood versus a leaflet containing information about iron deficiency. Commitment was tested in the form of handing out a new appointment card. Finally, for the warm glow strategy, we tested the effectiveness of various alternative good deeds offered to the friend, such as a monetary donation or painting a part of a picture for children in a cancer hospital.

Focusing on participants with blood donation experience (N = 1,002), regression results indicated that at least one instantiation of each of the four strategies was expected to significantly increase the likelihood of the deferred friend to return for blood donation (in comparison to one of the current best practice approaches of the GRC).

In study 2 we were able to test three strategies in the field. Based on the results from study 1 and practical limitations (the GRC does not plan to hand out donor cards to first-time visitors that got deferred), we decided on observing actual donation behavior of deferred individuals across the following two strategies in addition to control-appreciation (a coffee mug gift; one of the current best practice approaches of the GRC): commitment (new appointment card) and warm glow (offering to paint a small square within a big picture for a children’s hospital). The GRC provided the data about returned and non-returned donors after a period of four months when another donation was theoretically possible. The final sample consisted of 85 deferred donors who received either an appointment card or could paint a picture, and 865 deferred donors who received a coffee mug. We ran logistic regressions to estimate the propensity scores for our subsequent matching procedures. Our findings consistently indicate that providing the donor with a new appointment or an opportunity to do an alternative good deed results in significantly higher rates of return (71% and 73%, respectively) after a deferral compared to the current practice of handing out a thank you gift (52% and 53%, respectively).

The current research addresses a major social problem in blood donations and tests strategies to re-motivate deferred individuals to return. Together, in two studies we find that recognizing the effort of the deferred individual by handing the individual a thank you gift leads to inferior results compared to simply setting a new appointment or offering to spend some more time to paint a picture for a children’s hospital. Our results provided clear managerial guidelines that are now being executed by the GRC blood donation service.

REFERENCES


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