**Blood donation: Comparing individual characteristics, attitudes and feelings of donors
and non-donors.**

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ABSTRACT

The shortage of blood donors and increased demand for blood is an important health issue. Finding ways to increase donor recruitment and retention is a priority and thus, an important area for research. This paper aims to better understand donors and non-donors on the basis of their social responsibility, susceptibility to interpersonal influence, involvement in and attitude towards the blood donation issue and their aroused feelings. The data from 345 completed surveys were collected via a web-based self-administered method. Mean differences were examined and the conceptual model was tested via structural equation modeling. The findings provide important clarification of donation and non-donation behaviour.

Keywords: blood donation, attitudes, feelings, involvement

INTRODUCTION

The shortage of blood donors and increased demand for blood is an important health issue which is providing a challenge for blood product organizations in countries such as United States, United Kingdom and Australia (Australian Red Cross, 2007; Ferguson, Farrell, & Lawrence, 2008; Sullivan, Cotton, Read, & Wallace, 2007). Thus, finding ways to increase donor recruitment and retention is a priority and is an important area for research. This is especially so given only a small proportion of the eligible population are donors. For example, in the United States around 8% of eligible people are blood donors and, yet 57% of males and 70% of females in the population are considered medically eligible to donate (Ferguson et al., 2008; Sullivan et al., 2007). Hence, challenges faced by organizations soliciting blood donations are (1) whether to focus on retention and getting existing donors to donate more or (2) focus on targeting eligible non-donors. Although it may seem a better option to focus on existing donors, the age group that accounts for the majority of repeat donations (20 to 49 years) has decreased in recent years and older donors (e.g., 50 and over) are increasingly comprising a larger proportion of the repeat donor pool (Zou, Musavi, Notari, & Fang, 2008). This situation would suggest the need to focus on the recruitment and retention of younger donors, however, this may not guarantee success as first time donors (e.g., 16 to 19 years) often do not come back and, therefore, may not translate into repeat donors (Zou et al., 2008).

Given this situation this study focuses on furthering our understanding of factors that distinguish blood donors from non-donors. Adopting this focus has significant potential to lead to a further understanding of effective marketing strategies to improve retention and recruitment of blood donors. To this end, the purpose of this study is twofold. Firstly, we identify key variables that differentially characterize donors and non-donors and, secondly,

we examine the relationships between these variables and make comparisons across donor and non-donor groups.

THEORETICAL FRAMEWORK

We take the view here that addressing blood donation from a social marketing perspective highlights the importance of identifying the benefit for a consumer to engage in a behavior. With product/brand purchasing (the behavior), the benefits are easily understood with consumers exchanging money to essentially seek out functional, experiential and/or symbolic benefits through brand usage (Keller, 1993). However, with blood donation, the consumer donates blood (behavior) and, it could be argued that, the subsequent benefits may be manifested in the feelings that are aroused by the act of donating. Thus, we argue here that just as consumer marketers tailor and promote their offerings in line with their understanding of the associated consumer benefits, so too must social marketers. Therefore, for the purposes of this study, our central tenet is focused on the actual emotional outcomes, that is, *aroused feelings* blood donors may experience as a result of their behavior. Therefore, to pursue this investigation, we draw on two key theories i.e. the theory of reasoned action (TRA) and social judgment/involvement theory.

Theory of Reasoned Action:

The theory of reasoned action (TRA) has provided a valuable theoretical foundation to examine blood donation (Charng, Pilliavin, & Callero, 1988). Essentially the TRA is based on the premise that, firstly, behavioral intentions are good predictors of actual behaviour and, secondly, that behavioral intentions are a consequence of *attitudes* and *subjective norms*.

Attitude is defined as a global and relatively enduring evaluation of an object (Smith, Haugtvedt & Petty, 1994). Thus, while the attitude construct has taken a central position in blood donation research, in this study, the attitude object is the blood donation *issue*. We base

this on the argument that, just as individuals may differ in their attitude, that is, their positive or negative evaluation of the act of donating blood (Bagozzi, 1981) they may also differ in their evaluation of the issue that frames the behavior. Moreover, as blood donors engage in the positive behaviour (promoted in the community), we infer that they are likely to hold more positive attitudes towards the blood donation issue than non-donors. Thus,

H1 (a) Blood donors will have a more positive attitude towards the blood donation issue than non-donors.

Social pressure or influence (e.g., friends and family) has been shown to impact on blood donation intention and behavior (Charng et al., 1988) thus, supporting the tenets of TRA. However, such influence may be contingent upon two issues, (1) the individual's susceptibility to interpersonal influence (SII) and (2) whether the individual has previously donated or not (i.e. prior experience). SSI is an individual trait characteristic derived from one's need to conform to the expectations of others (i.e. social pressure) in formulating opinions and attitudes (Bearden, Netemeyer, & Teel, 1989). However, given the strong link between "experience" and attitude formation (Yeo & Grace, 2004), it would be expected that having prior blood donation experience would override the need for social acceptance as the behaviour would be internally driven (Masser, White, Hyde, Terry, & Robinson, 2009). Therefore, we argue that blood donors are less likely to be susceptible to interpersonal influence, whereas, individuals who have no prior blood donation experience are more likely to be highly susceptible to social norm influence (Giles, McClenahan, Cairns, & Mallet, 2004; Sojka & Sojka, 2008). Thus,

H1 (b): Blood donors are likely to be low SII individuals as opposed to non-donors.

Social Involvement Theory:

In our examination of attitude towards the blood donation issue, we also draw on social involvement theory (SIT) which holds that attitudes are strongly influenced by the level of importance of the topic (i.e. issue). However, according to SIT (refer to Eagly & Tetaak, 1972; Eagly & Chaiken, 1993), the way in which individuals respond to, and attribute importance to stimuli depends on their anchor position (or standard) in relation to that topic. Extrapolating this argument to the blood donation issue, we argue that an individual's level of social responsibility provides the "anchor" in relation to their issue involvement. This is because socially responsible individuals are oriented to behave in a manner that benefits others and society, even when there is little gain for themselves (Berkowitz & Lutterman, 1968). Therefore, we suggest here that individuals who possess higher social responsibility will be more likely to show interest, or direct attention to an issue of social importance such as blood donation (as opposed to less socially responsibility individuals) and, consequently, develop a higher level of involvement with the issue. Thus,

H1 (c): Blood donors will be more socially responsible than non-donors.

H1 (d): Blood donors will have a higher level of involvement in the blood donation issue than non-donors.

Conceptual Model

The preceding discussion provides us with four key variables (i.e., *social responsibility*, *susceptibility to interpersonal influence*, *issue involvement* and *attitude towards the issue*), which serve as a basis upon which donors and non-donors can be differentiated. Having established these variables as points of differentiation, we now put forward our theoretical contentions regarding the relationships between these variables and our outcome variable of interest i.e. aroused feelings. Given that we are interested in feelings aroused from two diametrically opposed behaviors - the act of donating and not donating blood, the ensuing discussion results in the development of two hypothesized models (see Figure 1). While

structurally the same, our model depict different relationships when viewed from the perspective of individuals who donate blood as opposed to those who do not.

Aroused feelings

The role of the affect is acknowledged as an important area of consumer behavior research. Affect is defined as “a general descriptor of a valanced feeling state” (Cohen & Areni, 1991, p.191). Accordingly, feelings are the affective responses that are aroused in individuals as a result of a specific referent, for example, a stimulus, an encounter or a consumption experience (Bagozzi, Gopinath, & Nyer, 1999; Burke & Edell, 1989). We suggest here that the act of donating blood (or not) can be likened to a consumption experience for the individual and, this in turn may elicit aroused feelings.

Attitude towards the blood donation issue

Attitude and affect have been linked within the context of blood donation (Allen et al., 1992, p.497) and indeed it is asserted that “blood donation is a domain in which diverse and conflicting emotions are common”. However, despite the view that blood donation may alleviate negative feelings (Allen et al., 1992), according to Farley & Stasson (2003) blood donors experience significantly more positive feelings than non-donors. Moreover, following Fazio & Zanna’s (1981) contention that direct experience (which here is donating blood) increases attitude-behavior consistency, we suggest that blood donors are likely to hold more positive attitudes towards the issue than non-donors and, correspondingly, more positive aroused feelings. In contrast, for non-donors, the relationship between attitudes towards the blood donation issue and aroused feelings associated with their behaviour (i.e., not donating) may well be the reverse. For example, if an eligible non-donor has positive attitude towards the blood donation issue, but for some reason (i.e. health issues, too busy, inconvenient etc.) does not donate, the feelings associated with their behaviour (non-donation) may well be negative, arousing from guilt or frustration. Thus,

H2 (a): Attitude towards the blood donation issue has a significant positive influence on aroused feelings for blood donors.

H2 (b): Attitude towards the blood donation issue has a significant negative influence of aroused feelings for non-donors.

Involvement with the blood donation issue

Within the context of social behaviors involvement has been found to be instrumental for voting in elections (O'Cass & Pecotich, 2005) and charity giving (Bennett, 2009). Drawing on Mittal's (1995) definition of involvement as a person's perceived importance of the object, it is suggested here that the 'object', (i.e., social issue) is deemed to be of concern, important or matters to the individual – it is involving. Moreover, issue involvement should equate with engaging in the positive behavior framed by the issue (Griffin & O'Cass, 2004) for example, donating blood.

Within blood donation research, feelings are generally viewed as an antecedent of blood donation attitudes and intentions (Allen et al., 2003; Farley & Stasson, 2003) in that individuals may anticipate negative feelings (e.g. regret) at the thought of not donating blood which in turn may influence their intention to donate blood (Godin et al., 2005). However, feelings may also be an outcome of engaging in an activity (Bagozzi et al., 1998) where an individual's response to stimuli can evoke positive or negative feelings (Burke & Edell, 1989). Furthermore, based on Mano & Oliver's (1993) premise that involvement can enhance the affective experience, higher issue involved individuals may experience more positive feelings as a result of their donation behavior. On the other hand, as with attitude for non-donors, we may expect the reverse (i.e., negative) relationship to occur between involvement and aroused feelings associated with not donating. For example, given that blood donation is an issue of importance within society, a non-donor may have some degree of involvement in

the issue, but chooses not donate blood. This may in turn lead to negative feelings because they feel ‘bad’ about not donating blood. Thus,

H3 (a): Involvement with the blood donation issue has a significant positive influence on aroused feelings for donors.

H3 (b): Involvement with the blood donation issue has a significant negative influence on aroused feelings for non-donors.

Involvement and Attitude

The relationship between involvement and attitude is of interest here because higher issue involved individuals tend to process issue relevant information in more detail (Petty & Cacioppo, 1979), which may in turn be integrated into an overall attitude towards the issue (Maheswaran & Meyers-Levy, 1990). For instance, involvement in anti-drinking and anti-smoking issues was related to a more positive attitude towards those particular issues (Griffin & O’Cass, 2004). Similarly, for the blood donation issue, higher involvement may lead to more deliberate evaluation (Mano & Oliver, 1993) of the issue which in turn may lead to a more positive attitude towards the issue. Conversely, lower involvement is expected to attract lesser evaluation, or attention, to the issue, thus, resulting in a diminished effect on attitudes towards the blood donation social issue. Thus,

H4 (a): Involvement with the blood donation issue has a significant positive influence on attitude towards the blood donation issue, for donors.

H4 (b): Involvement with the blood donation issue has a significant positive influence on attitude towards the blood donation issue, for non-donors.

Social responsibility

Social responsibility is particularly pertinent in the context of blood donation because the donor’s actions are, largely, directed towards the well-being of others through benefiting society, rather than themselves. In this sense, the ‘act of donating blood’ signifies the donor

(as opposed to the non-donor) is exhibiting social responsibility, which can be likened to social motivation based on internalized standards of conduct without expectation of reciprocation (Green & Webb, 1997). Thus, social responsibility may be a motivating factor for blood donors which may result in them placing greater importance on blood donation as an issue, and therefore, be more issue involved (as shown in Figure 1) than less socially responsible individuals. Thus,

H5 (a): Social responsibility has a significant positive influence on involvement with the blood donation issue for donors.

H5 (b): Social responsibility has a significant positive influence on involvement with the blood donation issue for non-donors.

Susceptibility to interpersonal influence:

The influence of significant others (termed as subjective norms) has been found to be instrumental for an individual's intention to donate blood and actual donation behaviour (Lemmens et al., 2005; Sojka & Sojka, 2008). However, social influence can also be explained by personality characteristics in that some people are susceptible to interpersonal influence because of a willingness to conform to the expectation of others (Bearden et al., 1989). Although susceptibility to interpersonal influence has generally been examined within the context of consumer behavior, more recently there has been an interest in health behaviors. For example, Kropp, Lavack, Silvera, & Gabler (2004) found that those college students more susceptible to interpersonal influence were more likely to increase their frequency and amount of alcohol consumption. As previously discussed, we postulated that blood donors are less likely to be susceptible to interpersonal influence (SII) as opposed to non-donors. Therefore, in looking at the relationship between SII and attitude we would expect that for those individuals who are blood donors (i.e. positive attitude/involvement) the degree to which they are SII would be less, thus, exemplifying a negative influence on

attitudes. Alternatively, we would expect that those individuals who are non-donors (low attitude/involvement) would be highly SII, thus, also representing a negative influence. On this basis, we hypothesize:

H6 (a): Susceptibility to interpersonal influence has a significant negative influence on attitude toward blood donation for blood donors.

H6 (b): Susceptibility to interpersonal influence has a significant negative influence on attitude toward blood donation for non-donors.

METHOD

This study used an online survey for data collection along with a purposeful convenience sampling method recruited from a university database of both staff and students, which is a commonly used approach adopted in social science research (i.e., Kypri, Gallagher, & Cashell-Smith, 2004).

Survey Development

All measurement items (i.e. scales) for the initial item pool were sourced from the literature and only minor wording changes were made to reflect the context of blood donation behaviour. *Social responsibility* was measured via seven items based on the Berkowitz & Lutterman's (1968) Social Responsibility Scale. *Involvement* in the blood donation issue was measured by five items adapted from Mittal's (1995) involvement scale. *Susceptibility to interpersonal influence* (SII) was measured by eight items sourced from the normative component of the consumer susceptibility to interpersonal scale (CSII) (Bearden et al., 1989). *Attitude* towards the blood donation social issue was measured by six items generated via a deductive process based on the theoretical conceptualization of attitude in the extant literature (Smith et al., 1994; Petty et al., 1991). *Aroused feelings* were measured by eight items (four negative and four positive) sourced and adapted from Burke and Edell's (1989) 52-item

feeling scale. Blood donation behavior was a dichotomous variable (I do donate blood/I do not donate blood).

ANALYSIS

Data were initially examined via measures of central tendency and dispersion and for evidence of skewness and kurtosis. At this point, non-normality did not appear to be problematic and, thus, preliminary analysis included CFA factor to establish the dimensionality of the data and associated composite reliabilities. *Social responsibility (SOC)*: The seven items used to measure SOC were subject to confirmatory factor analysis with maximum likelihood estimation. The initial analysis revealed that three items (SOC4, SOC6, SOC8) had insufficient factor loadings ($<.50$) and these were deleted from further analysis. The remaining four items were factor analyzed again and a good fit for the measurement model was achieved i.e. X^2 of 7.5 on 2 df , $p = .00$, NFI .97, CFI .98 and RMSEA .08. Factor loadings ranged from .55 to .78, construct reliability was .77 and the AVE was .57. *Susceptibility to interpersonal influence (SII)*: The eight items measuring SII were subject to CFA which resulted in three items (SII61, SII67, SII68) exhibiting significant cross-loadings greater than .40 (O'Cass, 2002), and these were, therefore, eliminated from further analysis. The CFA on the remaining five items revealed a good fit for the measurement model with X^2 of 14.8 on 5 df , $p = .00$, NFI .99, CFI .99 and RMSEA .07. Factor loadings ranged from .76 to .94. Construct reliability was good at .93 and the AVE was .73. *Involvement in the blood donation issue (INV)*: CFA was conducted on the five items measuring INV. Inspection revealed one item (INV60) had a poor factor loading ($<.50$) and it was, therefore, removed from further analysis. The remaining four items were factor analysed again and a good measurement model resulted (i.e. X^2 of 5.5 on 2 df , $p = .00$, NFI .99, CFI .99 and RMSEA .07). Factor loadings ranged from .80 to .95 and the construct

reliability and AVE were both high (.95 and .83 respectively). *Attitude towards the blood donation issue(ATT)*: Six items used to measure ATT were subject to confirmatory factor analysis with maximum likelihood estimation. The initial analysis revealed that two items (ATT38, ATT39) had insufficient factor loadings (<.50) and these were deleted from further analysis. The remaining four items were factor analysed again and a good fit for the measurement model was achieved i.e. χ^2 of 0.50 on 2 *df*, $p = .78$, NFI 1.0, CFI 1.0 and RMSEA .00. Factor loadings ranged from .87 to .98, construct reliability was .95 and the AVE was .89. *Aroused Feelings aroused (FEEL)*: As the overall valence of feelings was of interest here (and not direction of feelings), the negative feelings items were reversed scored (four in all). Thus, eight items measuring FEEL were subject to CFA, which resulted in a two factor model (positive feelings one factor and negative feelings on another). One item on each factor (i.e. FEEL42, FEEL46) exhibited poor factor loadings and was removed from further analysis. The CFA on the remaining six items revealed a good fit for the measurement model with χ^2 of 7.1 on 8 *df*, $p = .52$, NFI 1.0, CFI 1.0 and RMSEA .00. Factor loadings ranged from .78 to .97. Construct reliability was good at .94 and the AVE was .88.

Hypotheses Testing

In order to test the hypotheses of this study, we conducted mean structure analysis on the latent variables (addressing H1a to H1d) and then structural equation modelling (via AMOS 17.0) to test the proposed structural relationships (H2 to H6) and make comparisons between donor and non-donor groups (H7).

Mean Structure Analysis

In order to address H1 (a) to H1 (d), the latent mean structures of the variables (SOC, SII, INV, ATT and FEEL) were analysed in AMOS 17.0. This analysis followed a two-step process, whereby the data were, firstly, examined for factor invariance and, secondly for latent mean differences across groups (donors and non-donors). *Factor Invariance*: To begin

the procedure to test for factor invariance, baseline models were firstly established (Byrne, 2001). This involved a series of three CFAs i.e. one CFA on each of the groups (donors, non-donors) and a multi-group CFA (Model 1) which provides the baseline for further comparisons. Testing for factor invariance involves a number of steps which involves the constraint of parameters in a series of models whereby a further constraint is made on each successive model (Marsh, 1994). The first model to be constrained is Model 2 which specifies factor loadings as equal. Models 1 and 2 are then compared on the basis of a chi-square difference test to determine their equality of factor loadings. Model 3 is then computed and this involves the further constraint on factor variances and the resulting model is compared to Model 2 to determine equality of factor variance. The final, and most restrictive, model to test for factor invariance is Model 4, which, when compared to Model 3, tests the equality of error variances associated with each item. In evaluating the models, Model 2 is considered to provide minimal evidence of factor invariance, while Models 3 and 4 provide additional evidence of invariance (Bollen, 1989). Each of the four latent variables of interest in this study (SOC, SII, INV and ATT), underwent this process of analysis as previously described. For all constructs, evidence of factor invariance was established and, as a result, it was appropriate to proceed with the examination of latent mean structures.

Latent mean structure: The testing of latent mean structural differences across donors and non-donors involved the comparison of two further models. One model tested for invariance of item intercepts across groups, and the other model tested for invariance of latent means to identify differences across groups (Byrne, 2001). In relation to SOC and SII, there was no evidence of latent mean differences ($p > .05$). In relation to INV and ATT significant differences were found between donors and non-donors ($p < .01$). This being the case, H1 (a), and H1 (d) were supported in that there were significant differences between the means of

INV and ATT. H1 (b) and H1 (s) were rejected indicating there is no significant difference between SOC and SII across donors and non-donors.

Structural Model: AMOS 17.0 was used to estimate the structural models in Figure 1 (incorporating H2 to H6). The data were split across donors (n=222) and non-donors (n=123). AMOS 17.0 was used to run separate models and this resulted in the Donor Group exhibiting acceptable fit for the model i.e. $X^2 = 353.7$, $df = 222$, $p = .000$, NFI .92, TLI .96, CFI .97, and RMSEA .05. Similarly, so did the Non-Donor Group i.e. $X^2 = 374.1$, $df = 222$, $p = .000$, NFI .88, TLI .95, CFI .95, and RMSEA .07. In relation to the structural paths, differences between groups were found. For example, all paths were significant for the donor groups thus supporting H2 (a), H3 (a), H4 (a), H5 (a) and H6 (a). However, in relation to non-donors the paths from SII to ATT was not significant and the paths from INV to FEEL was also not significant, thus rejecting H3 (b) and H 6 (b). The AVAs for the two groups were quite different (.30 donors and .24 non-donors) Although the R^2 values were quite similar for INV and ATT (INV was .17 for donors and .21 for non-donors; ATT was .23 for donors and .21 for non-donors) the R^2 value for FEEL was .20 for donors and .06 (not significant) for non-donors, which demonstrates a significant difference between groups (refer Figure 1 for these results).

---- Insert Figure 1 Here ----

DISCUSSION

Within the health domain, a better understanding of blood donation is critical given the challenge of recruiting and retaining blood donors. However, despite extensive research over the years, McVittie, Harris & Tiliopoulos (2006, p. 1) suggest ‘... reasons for low donation rates remain poorly understood’. Therefore, this study has attempted to provide further insights into the characteristics of donors and non-donors. Firstly, the findings indicated that donors are more issue involved and hold more positive attitudes towards the issue than non-

donors. In addition, because donors' behavior is largely directed towards benefiting society, rather than themselves, they were expected to exhibit significantly greater social responsibility than non-donors, however, this was not the case. Furthermore, even though donors have been found to be less susceptible to the influence of others (Sojka & Sojka, 2008) the findings here indicated there is no significant difference in susceptibility to interpersonal influence between the groups.

Greater insight may be provided by the results of the model comparison across donors and non-donors. For example, both donors and non-donors can be characterized as socially responsible which in turn equates with being more issue involved. However, only for donors is this reflected in positive behavior – donating blood. The findings also demonstrate that the relationship between susceptibility to interpersonal influence (SII) and attitude towards the issue is significant only for donors. Furthermore, the relationship is negative which supports the view that donors are less likely to be influenced by social pressure (Sojka & Sojka, 2008). However, for non-donors in contrast to predictions, susceptibility to interpersonal influence is not a determining factor in their attitude formation. Thus, individuals may be socially responsible, may find the blood donation issue important, may evaluate the issue positively, and yet, be non-donors.

The importance of the involvement - attitude relationship (Griffin & O'Cass, 2004; Maheswaran & Meyer-Levy, 1990) is further emphasised here as the findings indicate that issue involvement has a significant positive relationship with attitude towards the blood donation issue across both groups. Thus, for donors and non-donors the extent to which they are involved in the blood donation issue has a positive influence on their attitude towards the blood donation issue. However, as suggested by Zaichkowsky (1986: 12) "when we are involved, we pay more attention, perceive more importance and behave in a different manner than when we are not involved." This point seems to more pertinent for donors as the

relationship between their higher issue involvement and their more positive attitudes is manifested in their donation behavior, whereas, for non-donors it is not. Thus, there appears to be an attitude-behavior gap as holding a positive attitude towards blood donation may not necessarily translate into becoming a regular blood donor (Hupfer, Taylor, & Letwin, 2005).

Emotional outcomes (i.e., aroused feelings) are a central tenet of this research, and rather than treating feelings as an antecedent of intention and donation behaviour (Allen et al., 1992; Farley & Stasson, 2003), feelings here are treated as an outcome of donation and non-donation behaviour. As indicated by the findings, for donors the act of donating blood evokes positive feelings, thus, providing some support for the view that donors experience significantly more positive feelings than non-donors (Farley & Stasson, 2003). In addition, for donors, their issue involvement as well as their attitude towards the issue contributes significantly to their positive feelings. This may occur because involvement can enhance the affective experience (Mano & Oliver, 1993) which for blood donors may result in more positive aroused feelings. For non-donors, attitude towards the blood donation issue has a significant negative effect on aroused feelings which suggests that negative feelings are present for non-donors. Thus, their (somewhat) positive evaluation of the blood donation issue may result in feeling bad about not donating.

Nonetheless, this point of difference between donors and non-donors may add to our understanding of the power of feelings in the context of blood donation. Consumers seek tangible and intangible benefits in a commercial marketing context (Keller, 1993) as well as a social marketing context (Rothschild, 1999). However, for blood donation the tangible benefits primarily accrue to others and society, rather than the individual donor. Moreover, these tangible benefits are considerable as they (1) increase existing blood levels and (2) have the potential to increase the donor pool. Nevertheless, blood donors (who are highly issue involved and have a positive attitude towards the issue) may also derive considerable

(although intangible) benefits from their actions, through the positive aroused feelings experienced as an outcome of their behaviour.

While the findings provide some insights into self-reported donation and non-donation behavior the study has limitations including the average age and education level of the sample, the overrepresentation of donors and, the sample was heavily biased towards females. Also, being identified as a donor did not take into account frequency of donation and non-donors could not identify why they did not donate blood. Notwithstanding these limitations, the findings do offer some insights into individuals' self-reported blood donation (and non-donation) behavior, rather than intention to donate blood.

MARKETING IMPLICATIONS AND FUTURE RESEARCH

Although the consequences (positive or negative) of the blood donation issue accrue primarily to society, the solution to the issue primarily resides within the realm of the individual through their behavioral actions, which is donating blood. Therefore, perhaps one way to influence more people to become donors is to place greater focus on the 'donor experience' and intangible personal benefit of 'feeling good' they derive from the act of donating blood. In addition, positive rather than negative framing of health messages has been shown to be effective for low-involved individuals (Donovan & Jalleh, 2000). If this is so, blood donation campaigns should focus more on highlighting (framing) the positive feelings derived from donating blood (Hupfer et al., 2005; Sojka & Sojka, 2008) rather than focusing on the anticipated negative feelings associated with not donating (Godin et al., 2005; Robinson et al., 2008). For non-donors, these positive feelings could serve as an approach motivation (Martin, O'Neil, Hubbard & Palmer, 2008) and, therefore, marketing campaigns could emphasise that donating blood can result in feeling good about one's actions and, this in turn, may enhance donor recruitment and retention.

For future research, greater focus on aroused feelings resulting from the 'donor experience' is warranted to see whether they have an influence on repeat donation behavior. Furthermore, the influence of word of mouth by blood donors warrants examination, as for blood organizations, donors could be likened to loyal customers and according to Reichheld (2003) the best thing a customer can do for a firm is to recommend the service to a friend. However, blood organizations also have to address the issue of the aging donor pool and, therefore, there needs to be a focus on recruitment and retention in younger age groups (Zou et al., 2008). In particular, this point highlights the importance of building relationships with eligible non-donors and sustaining long-term relationships with existing donors.

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Figure 2: Group Comparisons – Donors vs Non-Donors