



Donor recruitment: motivate their hearts

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Abstract: Effective recruitment requires knowing donor motivations and how to appeal to them. Motivations differ dependent on donation history. They range from physical or social incentives to psychic altruism. Various modalities can be used to recruit but should be matched to specific donor populations. Deferrals and poor experiences will decrease future donations. Platelet apheresis recruitment and motivation while similar to whole blood has differences. In addition, frequency and multiple product collection are important. Understand the donor and their motivation to match the message and technology to effectively bring them in.

Keywords: Donor psychology; donor motivation; donor demographics; donor retention

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The focus of this article is donor recruitment. The essence of donor recruitment is the donor and their motivation not the technology. Understand the donor and their motivation and you can match the message and technology to effectively bring them in. Throughout this review paper, research on Western and Chinese donors will be presented to compare and contrast. The goal is to highlight best practices to provide possible solutions for issues faced by all blood centers.

Changes in Chinese donor regulation

In October 1998, China enacted the Blood Donation Law of the People's Republic of China which implemented the policy of voluntary non-remunerated blood donations. China has a mix of different types of donors, all with different motivations. There are voluntary non-paid donors, family replacement or mutual donors, donors who previously donated in employer organized drives, and autologous donors who donate for themselves. There is a variation of the credit system, mutual aid payments, whereby donors do not have to pay for blood but non-donors either have to replace what's used or pay a fee for blood transfused. Recently, a priority was established for previous blood donors who needed transfusion over those who never donated.

Current Chinese donation

The rate of donation in China is approximately 9.5 donors per 1,000 population as of 2014. As the population ages, blood usage has been rising at a rate of approximately 3% requiring an increase in donations (1). In Guangdong province for example there has been an increase in donations by over 38% from 2006 to 2014. The rate of increase was higher for whole blood donations versus platelet donations. Voluntary donations have been increasing and family or mutual donors have been decreasing (2). Similar increases are seen in other Chinese blood centers (3). By 2009 almost 100% of the blood was voluntary, but the rate of growth in the demand for blood is greater than 10% per year (4). The ideal goal would be to have voluntary donations cover all of the demand eliminating the family/mutual donor, and eliminating the need for preferentiality in transfusion and the credit system.

Donor demographics

Chinese donor characteristics

To understand the donor, you must know your typical donor. Surveys of blood donors in various Chinese blood centers indicate that almost 90% are younger than age 45 and over half were younger than 25 (3,5). In China, 60–

70% of donations are made by first time donors (6). This is quite different than US blood centers where up to 70% of donations are from repeat donors (7).

Western donor characteristics

A recent systematic literature review of blood donor characteristics indicates demographic characteristics are strongly related to donor status and behavior. However, there is no general profile of the characteristics of the donor as it varies dependent on the historical, national and cultural contexts (8). An example of western donor demographics is from Denmark. Denmark has the ability to identify donors through its SCANDAT database. The blood donor represents 5.4% of the population in both genders. Female donations peak by age 25 at 7.5%, decrease to 5.5% by age 30 and remain stable through age 50. Male donations are 5.5% from age 25 through 55. More men than women donate after age 55. There would appear to be a bimodal peak with one peak at 25–30 and a smaller one at 50 years. Donation likelihood increased with income. The lowest income level had the lowest donation 1.7% with the peak at 6.5% donation in the 70–90% income levels. Higher education levels also had higher donation rates. Urban dwellers donated at a higher percentage than rural dwellers (9).

Monitoring your donor base over time is essential. In the European countries, the population is aging which increases the number of patients requiring blood, reduces the donors available and substitutes the higher frequency of the older adult for the lower frequency of younger adults (10). In a German comparison study of 2010 to 2016 donors, the return rate of first time donors dropped significantly from 42.5% to 38.8%. The percentage of donors over 60 increased from 11.5% to 15.4% and the percentage of donors younger than 30 was unchanged at 23.2% and 24.3% respectively. The age group which dropped significantly was 30–59 from 65.3% to 61.5%. The frequency of donations dropped significantly from 1.86 to 1.81. This shows the importance of targeting the message toward specific age groups in order to increase donations (11).

Donor motivation—why people donate

Extrinsic motivation

There are two basic types of donor motivation, extrinsic and intrinsic (12). The extrinsic motivated donors are donors who respond to incentives. These incentives may

include physical items like t-shirts, cups, time off from work, replacement fees or may be psychological rewards like trying to impress others, or fulfilling a social obligation as a member of an organization, or linking the donation to an external event like donating at a soccer game or after a catastrophic event, or donating to help specific populations—family and friends (13,14). This type of donor donates less frequently, takes more effort to recruit with higher and higher rewards needed and is not likely to seek out opportunities to donate. First time donors who donate during a catastrophe are less likely to donate than other first-time donors (15,16).

Intrinsic motivation

The second type is the intrinsic motivated donors. These are the people most likely to become regular blood donors. They self-identify as a blood donor and feel confident in their ability to donate (17). They donate not because of a reward but because they want to help. These are frequent donors and respond to drives in their area. They develop their own goals and commitment to the blood center. With these donors, you must treat them well and make them feel appreciated. The intrinsically motivated person may donate due to a feeling of reciprocal fairness—“others donate so I should” or “its fair that everyone should donate” (14). Another motivation is reluctant altruism. “I donate because others do not”—96% of the population rely on others to donate. Reluctant altruism appears to be important early in the blood donor’s career for the first 3–4 donations (18). They also have high levels of positive and negative reciprocity and are more likely to incur personal cost to reject unfair offers maintaining their image as a morally good saintly person. This is unique to blood donors and not observed in organ donors or in nonhealthy volunteers (19).

The type of individual who self identifies as a blood donor is more than likely to be a volunteer within other types of organizations. Over two thirds of blood donors had multiple affiliations and volunteered, time, effort, and skills for other organizations. These are prosocial people motivated by values who put their values into action. This is altruism with regard to the well-being of others. These volunteers have a good life satisfaction with a positive correlation to well-being. It is important to make them feel part of the group to maintain their membership in the blood donor category (20).

Stages of donor motivation

There are three stages of development in donor motivation (12).

Step one is the personal ask by someone they know (21). If asked personally, they find it hard to say no. The most important reason why people don't donate is they have never been asked. Another major deterrent to the first donation is fear of needles or adverse reactions (13). Recruitment materials are important. The use of a "coping brochure" to explain the process, address concerns regarding fear, pain and reactions, and to provide a narrative from a first-time donor have been shown to be advantageous. It has resulted in a higher intention to donation with higher show rates and increased donation behavior (22).

The second stage of donor motivation is dependent upon the donor's experience during the first donation. If they have a good experience, they develop a good opinion of blood donation, believe it is something under their control, and feel more capable (13). Here extrinsic motivation with a small reward and praise helps to develop a good impression (13). The second stage is at the second donation. The donor tries to confirm the good impression formed the first time. If the good impression is confirmed, they will move up in motivation. Allaying donor fears through personal connection with the staff is important (13).

The third stage is where donors self-identify with donation. This occurs with the third and fourth donation. It is where intrinsic motivation takes over. These donors develop warm glow altruism, higher self-efficacy, and more donor self-identity. This results in higher show rates by these donors when asked to donate (23). This has been seen in multiple studies across different countries and cultures (8).

To effectively move people along the three stages, it is important that the memories remain fresh to the donor. All three donations should take place within 18 months. Frequency is important because it helps the donor develop a sense of urgency around donation. The more they are asked, the more they feel blood is needed regardless of where they donate. Studies in American and Chinese donors showed that the higher the frequency within the first 12–18 months, the more likely the donor will remain a committed donor 6 years later. This relationship is in a linear association. In the group of donors who made 1 donation in the first year, 4% became regular donors in the subsequent years. In the group of donors who made 3 donations in the first year, 21% were regular donors in the 6 subsequent years and in donors who made 5+ donations in the first year, 42% were regular donors in the 6 subsequent years. The effect was seen more in older and more educated donors with no gender effect. The potential is higher in fixed sites where donation can be scheduled at regular intervals as opposed to

mobiles which are not as frequent (24,25).

Incentives—their role

The promise of incentives is that people are rationally motivated and are more likely to pursue an activity if it is rewarded (26). Exchange theory postulates that for an exchange to take place a person must perceive benefits equal to or greater than perceived costs (27,28) and expected utility theory suggests that such benefits should be egocentric as people are motivated by self-interest (26). Whether incentives work remains unclear. Research shows incentives can have a stimulating effect (29,30), no effect (31,32), or a detrimental effect (33) on the number of donations made. A recent review of over 70 papers on the topic of incentives concluded that there is no incentive which appeals to nondonors and donors and that has a positive impact on behavior with no negative impact on blood safety. Certain incentives like discounts, tickets, gifts, paid time off from work may help in retaining young, new and infrequent donors. They may work until the donor is intrinsically motivated as opposed to extrinsically motivated. Cash payments if introduced become a prime motivator. However, if they are eliminated, donors will stop donating. This can be a demotivator in volunteer systems (26).

Male gender motivation

Males under 40 are under-represented in the donor population in multiple countries. It is important to focus on male donors as they are less likely to be deferred and experience vasovagal reactions. They have better veins and are preferred for platelet or plasma apheresis as their higher weights and blood volumes may increase the percentage of split apheresis products collected. A recent review of published literature indicates four commonly identified motivators of male donors. One is subjective norms or perceived or actual pressure from family or friends. This fits into a "Bring a friend" campaign. Two is positive attitudes towards incentives—gifts, event tickets etc. Three is perceived health benefits including health checks and testing which must be tempered to discourage the blood center from becoming an HIV testing clinic. Four is impure altruism where the donor feels better about himself from doing something good for others or reluctant altruism where the donor donates because others have not fulfilled the obligation to do so (34).

Chinese donor motivation

Factors which positively correlate with donation in Chinese donors would include: positive attitude towards donating—it's the right thing to do, subjective norm—people important to me expect me to donate, and self-efficacy—control over when I donate (35). In multiple surveys, the top 4 reasons why donors donate were, helping patients, perceived benefits to the donor's health, free health check for the donor, and future availability of blood for self or family transfusion at no or low cost (36,37). All of these are similar to western donors except the last one. One other positive factor not seen in western donors is trust in third party health professionals—physicians or nurses not associated with the blood center but who advocate blood donation. Blood may also be seen as a highly symbolic gesture of loyalty, friendship, and fraternity. This is reinforced with slogans and branded souvenirs from the blood center (38). Another survey done with Chinese and Canadian donors revealed that social responsibility was a much bigger factor in donating for Chinese donors as opposed to Canadian donors (39). Use of pictures of role models, political leaders, celebrities donating blood reinforces the self-image of being a good citizen and creates a positive feeling of being drawn closer to the idol by following in their footsteps (38).

Two negative factors against donation involve traditional Chinese beliefs. Blood donation affects the flow of Qi and donating may be seen as disrespectful to one's parents as one inherits flesh and blood from the mother and bones from the father (40). There is also a mistrust in the blood center—making money off the donation, drawing too much blood, and making and covering up mistakes (35). These concerns are not seen in western donors but education may help to overcome them. In a survey of Chinese non-donors, the top 4 reasons for not giving were self-perception of poor health, failing to meet requirements, fear of donation, and feeling unsafe about donation (36). The negative attitudes and reasons for not donating are expressed more by donors in the employer organized drives as opposed to the volunteer blood donors. Donors in employer drives tend to face more external pressures to donate (41). When surveyed, non-donors indicate that the top three needs for conversion to become donors were: raising awareness of the need through TV and internet, more favorable policy of blood use and reimbursement, and better preferential use policy (36).

Collection environment

When a donor donates, they want a pleasant experience,

familiarity and comfort with the process, appreciation for the time and effort made by them in donating. These are collection site characteristics which can affect donor response to recruitment efforts. Strategic location, convenient hours of operation and friendliness of professional staff affect donor response (14,23). In a survey of Chinese donors, factors which are important during the donation process include: accurate and prompt responses to questions, caring attitude by staff, and good venipuncture technique (36). Making changes and improvements in these areas in Chinese blood centers has resulted in better donor retention (3).

A Chinese blood center survey showed that the return rate for a fixed site was 65% *vs.* that for a mobile was 40%. In addition, the reaction rate at the fixed site was 3.5% *vs.* 13.8% on a mobile (5). In a study looking at returns by Chinese donors for a 2.5-year period, the factors which affected returns were, female sex, older than 35, larger donation volume, number of previous donations—3 or more, and donation at a satellite facility. Return rates for first time donors was 21% and for repeat donors 54% over the period of the study (42).

Negative motivation factors

Across multiple countries and cultures, deterrents to subsequent donations include a negative donor experience, adverse reactions or future physical consequences, temporary deferral and a perception of lack of time related to family or work commitments (8,13,14). Donors with good positive experiences prior to a deferral can be actively re-recruited with good results (17). A negative experience may be overcome by offering the donor a different type of donation, for example apheresis. The negative donation experience did not have a negative impact on converting the whole blood donor to plasmapheresis (43).

Why do donors stop donating? The most frequent responses are time—length of donation and/or other responsibilities related to work or families, medical reasons—women related to childbirth, location—blood drive time or location not convenient or donor moved. Men need a reminder to donate (44,45).

Collection staff role

Once the recruiter has brought the donor in, the collection staff must keep them and retain them for future donations (46). They are the face of the blood center to the donor. They

play the strategic role in moving donors through the stages of motivation. They must provide different messages to different donors. For the new donor, they must focus on reassurance and explanation of the process. This is true for the first-time whole blood donor and the first time apheresis donor. For the second or third time donor who is extrinsically motivated, they should focus on the message of how much help their donation will be to the patient and not the gift they are going to get. The collections staff needs to develop a rapport with the donor and must always say thank you and show appreciation for the donation. After the donor has donated a few times, the collection staff can then channel the donor to a preferred type of donation, automated red cell, plasma or platelet apheresis or move the donor from a 200 to a 400 mL donation.

How do you develop this in your collection staff? (46). The blood center must develop a donor-centric philosophy putting the donor in the center of all of your activities. The collections team needs training in the areas of customer service, sales, and building relationships (47). The essence of good customer service is to provide the donor with a positive and memorable donation experience to create trust and loyalty. Exceeding donor expectations is essential to building a positive experience.

Recruitment methods

Direct marketing is cited most often as a trigger for donation behavior in repeat donors (14). To efficiently communicate with donors, ask the method best for them. As part of the registration process, ask for their home phone, cell phone, business phone, email addresses etc. Then ask how they want to be contacted. Telephone, email, regular mail, twitter etc. If by phone, then what time of day. This basic information will prevent you from wasting money.

Telemarketing

Telerecruiting is another face of the blood center to the donor. This phone call allows a dialogue between donor and blood center. The telerecruiter can educate the donor, motivate the donor, and get the donor to tell you the good things about the center. The caller should elicit complaints for areas of improvement and guide them to a solution by telling them exactly what will be done to address their problem and how it will be handled by others. At the end of any call, the donor will have formed an opinion about the blood center, the staff and the telerecruiter and will decide

whether to donate in the future (48).

It is important to know who is most likely to respond to telemarketing. In a Swiss paper, they were able to determine which donors would respond to telemarketing. Type 1 donors made up 27% of the population. These are frequent donors with a donation rate of 59.4%. The phone call increased their likelihood of donating at the requested drive by 10%. This however, was at the expense of a 2% decline in donating at future drives. It's thought that the phone call diminishes their intrinsic motivation so it's better not to call type 1 donors. Type 2 donors were the rest of the population. These are people with a low baseline donation rate of 5.8%. The phone call doubles their response rate to the requested drive and has a positive effect on subsequent efforts to recruit. It increases their response rate in future drives by 2%. Male donors and older donors respond better to this phone call. Here, the phone call will become habit forming for the type 2 donors. To distinguish between types 1 and 2, the type 2 donors can be identified as people who did not respond to 2 previous recruitment calls (49).

Internet, Email, & social media

Today there are various ways to communicate with people through electronic means and social media. The most important thing to remember is that it's all about content and not about the tool you use. People will respond to content if it is fresh and interactive. Stale content will kill a communications tool fast. Focus on staffing the program with creative people designing creative content.

Telerecruitment these days may be on the decline given the aging of the donor base. It appeals to an older population. Nowadays, email recruitment is increasing (50). There are donors who don't want to be bothered by phone calls but would rather open emails at their leisure. It's important to set up the infrastructure to support emails from hardware to software that will allow for sorting, filtering and matching donors to the appropriate message, campaign, or location. Regardless of the campaign, it's important to put in a link so that the donor can immediately schedule an appointment. It's also important to use emails to remind people about upcoming appointments as well as to thank donors who have just donated. To judge the effectiveness of any campaign, monitor the open rate for the email. Then measure the click-through rate to see if the link to donate was used. The show rate for those donors who scheduled on-line should be monitored. It is vital to measure the bounce-back rate for the percentage of emails

that did not reach the donors as there must be a process to ensure the capture of the donor's updated email addresses when they come in to donate.

What information do donors want from a website? Information regarding common fears and concerns about the donation process enhance donation intentions and encourage donation behavior. Non-donors may experience greater benefits than regular donors from the website (51). In addition, donors want organizational details about donating such as when and where to donate, eligibility criteria, donation process, types of donation, use of the blood products and how their blood is tested. Websites should be fast loading and should have pictures of staff and buildings to guide donors and make them feel more comfortable (52).

An evaluation of available websites sponsored by the 350 provincial and regional Chinese blood center websites was recently done. It focused on four themes: technical aspects, information quality, information comprehensiveness, and interactive services. There were 42 items of evaluation. Of the 350 centers only 72% or 253 had websites. Mean score was 24 out of 42 points. 79% of the websites were judged fair—having at least 50% of the 42 items. By category, most websites were judged fair to good for technical aspects and information comprehensiveness and poor in terms of information quality and interactive services (53). Growing use of interactive services can reduce waiting times and improve the blood donation experience and donor satisfaction (54).

Apps

Apps are currently one of the newest ways to reach donors. One hospital-based blood center surveyed its donors and found over 87% had smart phones. Their preferred method of contact was email 62% followed by texting 10%. Donors wanted the following features from an app: ability to make or change appointments and to get their confirmations quickly. These were requested by over 75% of the respondents. Two thirds or more of the donors also wanted the app to indicate nearby drives, shortage periods, and specific needs by blood type. Concerns were: too many alerts or insufficient protection for personal information less than 65% each. Two thirds indicated they would use the app with younger, moderate frequency donors showing a higher likelihood of using the app (55).

Recruiters and the message

Today's new media outlets can offer ways to attract new

donors which is a harder task than trying to keep old donors. The rules of new donor recruitment are the same regardless of the tools that you use. The key to this is making the message personal and slant it towards helping patients. Keep it positive and stay away from making people feel guilty about not donating. Direct mail, cold calling, email, text messages all work toward recruiting new donors. For all of these you must first analyze your current donor demographics and look for people with the same demographics (56). Then match the appropriate tool to the demographics.

Using others to recruit is an important tool. Over half the donors asked would be willing to help with recruitment by encouraging friends and family to donate. This is an example of reluctant altruism where the donors want to inspire others to donate so as to lower the percentage of non-donors who rely on others to donate (18). It's important to tell people they have the ability to recruit and how important it is to recruit. Using this argument works better with younger donors and rather than older ones. Most of these potential donor/recruiters do not wish to be rewarded for every donor recruited. Although, they did want some guidance on how to recruit a donor (57).

If you use this approach or make group presentations to potential volunteer recruiters, there should be three points to your presentation (58). One is educational. This point should emphasize local statistics for blood use and interesting facts about blood. The process of the donation itself should be covered so that donors know what to expect. Talk about common fears, being scared of needles, getting HIV, being inconvenient or requiring a lot of time etc. The second point is motivational. Be their coach. Emphasize how to overcome common obstacles. The third point is to tell the personal story. The personal story is what gets people emotionally involved. Why do you have passion in doing this? Was a friend or family member ill and required blood. Over 40% of blood centers in China use this method. There are Blood Donor Volunteer Teams that act as recruiters or volunteers on a blood drive (2,3,5).

Children and teenage recruitment—Western

One group of motivated volunteer recruiters are elementary school kids (59). Many successful drives are run at schools where the kids cannot donate but will bring their parents in. To do this successfully, you need a few dedicated adults who will lead and guide the children who will do the bulk of the work to recruit parents and friends.

When collecting blood from adolescents, 16–18 years old, the recruitment message is different than using children to recruit their parents. Students should be prepared to donate when they are teenagers as in most areas 17 is the minimum age. The key issue is information. They want to know and understand the donation process. They feel there is not enough discussion about donation by the family or in the media. Lack of information leads to fear and false beliefs. Information and understanding motivate females more than males. For males, maintaining or enlarging their social circle through donation is a prime motivator (60). Other motivators may be humanitarian reasons, peer pressure, and convenience (61).

Children and teenage recruitment—Chinese

Young people 18–25 make up more than 20% of the blood donors in Hong Kong. A study looking at donors versus non-donors in this age group showed that non-donors were twice as likely to be underweight with lower body mass index (BMI) than donors. Donors were more educated about the use of blood than non-donors. They felt donation was rewarding as people would reciprocate for them when they needed blood. Half of the students admitted they used donation as a means of blood testing and a free physical but they felt they had better health. Like adult donors, poor service and long lines are negative effects. Donors felt a social responsibility and moral obligation to donate as opposed to non-donors. The authors suggested more education is needed to increase the awareness for the need for blood and to alleviate misconceptions about blood donation. In particular, temporary deferral for hemoglobin, weight, or illness should not be an excuse for not donating in the future (1).

China has a special method to foster blood donation among adolescents. There are “Adult Oath” ceremonies which promote social responsibility, and adolescents pledge to be honest, enthusiastic and conscientious social beings. Blood donation is a symbol of maturity and most donate during the event. It is hoped that the experience will lead to college donations and they will become regular donors in the future (2).

Deferred and inactive donor recruitment

Another group to consider when recruiting are previously deferred donors. It is important to consider the psychological impact of a temporary deferral. It may

dampen the enthusiasm of a donor and create psychological stress, confusion, and anger. Chinese studies on return rates in temporarily deferred donors show that only about 25–30% of these donors will return in contrast to donors who are deferred due to overstocking of their blood type where 75% or more return. Donor education is important about why they were deferred. This provides the opportunity to ask questions and get answers (5).

A recent pilot study looked at inactive donors, defined as no donation within 2 years, to determine how to get them back. The top reasons for becoming inactive donors were medical—most of which were self-perception of poor health after donating, lack of time and moving out of the area. Phone calls seemed to be most effective rather than text messages though texting did improve return rates over the control. The return rate was better in older donors and those with a higher previous donation frequency (62).

Platelet donor recruitment and motivation

Interviews with platelet donors indicated the following practices led to their conversion from whole blood to platelet apheresis: being directly asked by staff, seeing equipment in donor room leading to asking for information, speaking to blood center employee or volunteer recruiter, and being asked by family member or friend (63).

Donor motivation may be different for platelet donors *vs.* whole blood donors. While both have a primary motivator of saving lives, the secondary motivators may be different with whole blood donors feeling “it’s a positive thing and easy to do” and they do it for “a family’s potential need”. Apheresis donors identify with “helping is in their nature” and “apheresis gives a sense of pride”. This may indicate whole blood donors may be driven by altruism, while apheresis donors may be driven more by benevolence. Men are more goal centric and need corresponding recognition more so than women (64).

Platelet donor motivation as surveyed in Chinese donors indicated 44% were motivated by altruism and/or social responsibility by helping others, 23% by reciprocity—a family member or friend needed platelets in the past, 23% for self-approval or respect—feeling proud about themselves and 7% through peer influence of family or friends (5).

Surveys of blood centers in China indicate the average age of platelet donors is around 27 with 60–75% younger than 30, 15–20% between 30 and 40 and 10–14% over 40. Male donors account for 69–74% of platelet donors in China. The ages are quite different than US donors where

the average donor is in the 40–60 age group at most blood centers though there is a similar male predominance. The proportion of repeat platelet donors in China has been climbing steadily from 45% in 2007 to 67% in 2010 (5,65).

Donor education and motivation

To effectively recruit, the whole collection staff must be educated to talk about apheresis and the collection process. They will be the first people to introduce the concept. Because of the time issues with apheresis and the fact that most programs are on schedules, donors will not be converted on the first introduction to apheresis. The collection staff introduces it as a possible consideration for their next donation. To initiate conversation and questions, the technology should be front and center in the donor room not hidden in a corner. Educational material should be developed for the canteen. The material should be designed to contain three points. One is educational. This should talk about blood, its various components, what they are used for and why giving via automation is important. The process of apheresis should be covered so the donor does not feel intimidated by the machine. The second point is motivational. Be their coach. Emphasize how important they have been to the blood center as whole blood donor but then ask them to raise their commitment to the next level by doing apheresis. They can do more good for more people by giving apheresis and can donate more frequently. The third point is to tell the personal story which gets people emotionally involved. Get an actual patient story with a picture of the patient telling how much apheresis saved their lives from a patient perspective and how they have gone on with their lives and families. Put a face in need to the request for a donation. You can also do this via video but a good three panel brochure can work (66).

The personal ask by the collections staff is one of the most important motivators. The staff should schedule the new donor when they are interested. After the first donation, call the donor and ask about the experience and answer any new questions. Schedule the donor's second and third apheresis donations. It takes three donations for a donor to feel comfortable and self-identify as an apheresis donor.

The key to donor retention in platelet apheresis is good customer service. The most frequent reasons for not doing additional platelet donations is long wait or collection time, donor reactions, poor service by staff with little interaction (5). Donors are willing to be flexible and vary their donation

types. To do this, they want better logistics i.e., less waiting, more machines, more information regarding inventories and specific needs. People were willing to change if given some notice regarding the change usually 1 day in advance, particularly if that donation is expected to be longer (67).

Recruitment for the mature program

When you have a more mature program, the same whole blood donors have been recruited a number of times. Now it's time to change the strategy because most donors have already been exposed to the concept of apheresis donation. You must recruit specific donors with specific characteristics. Look for donors who have the platelet count and body size to do split donations. First do a platelet count on all whole blood donors looking specifically for people with a platelet count of 240,000. Once identified, communicate with them via letter or email specifically inviting them to try out apheresis. Make them feel special about their high platelet count and emphasize the good they can do to help patients. Then follow-up in about a week and begin the sales pitch over the phone to talk about the benefits of apheresis, answer all questions, and book the first appointment. The key is to make the donor feel special. A high platelet count, the right ABO group, a negative CMV status are some of the things which can be used to elevate the donor's importance to the blood center and to themselves. The conversion rate with this approach is about 10% of all donors who get letters. It works particularly well with donors who have given whole blood a few times and are further up the scale of donor motivation.

Frequency, split products and retention

There are two other more specialized areas of recruitment. One is getting donors to do the split and the other is increasing frequency. Speak to your apheresis donors and be goal-centric. Set expectations of two products per collection either 2 platelets or a platelet and concurrent plasma or red blood cells (RBC) as the expected donation. The staff should automatically program the machine for the maximum products to be collected.

Talk to the donors about time. Given the slowness of the Haemonetics, they may be able to donate a split product on the Amicus in less time than doing a single on the Haemonetics. At worst, they may spend an extra 10–15 minutes on the Amicus for a split. Reward them with a token of appreciation for the first time they try a split

donation. As an example, a free Starbucks coffee coupon in a letter thanking them for doing the split and setting up the expectation to continue doing split products.

With the apheresis donor, the key is frequency and retention (68). Recognition programs for frequency and for multiple products are important. Quarterly contests with raffles for prizes for donors who donate at least three times per calendar quarter motivates them. Meeting the patients who are the recipients of their donations is a motivating driver for donors. It also allows the patients to say thank you since in most cases it is unlikely that the patient can be a future blood donor for the donor (18).

For those donors who do at least six donations in a year and prefer to schedule their own appointments rather than be called, set up an internet based schedule. This can move them from doing their six annual donations to at least 12 through reminders and emails. The web site is a computerized schedule of our apheresis appointments. Invitations were sent to apheresis donors and they were given an ID and password for access to the site where they can schedule or delete appointments. This is followed with confirmatory emails. If they don't schedule, automatic weekly emails are sent until they schedule. After 4 email reminders, they are put on the telemarketing list. The marketing pitch to the donor was that we promised no more phone calls if the donor booked via computer. All communication would be via e-mail.

After 8 years of experience with this program, it represented 20% of all donations made, similar to other centers using website recruitment and scheduling (55). The show rate is 92% *vs.* telemarketer rate of 80%. Cost savings is 0.66 to 0.75 telemarketing hours per donation. Surveys of the program participants indicate they love it and 13% of them access the site each week. The biggest hurdle to overcome was the perceived loss of control via the telephone.

Public relations and reputation

Education and information are important to maintaining donor confidence. Public relations are important to set up the proper environment for getting the donors' attention. It is not a substitute for donor recruitment but gets them to listen to you. Reputation is mentioned by donors, particularly first time donors, as a significant motivator to donation. It is used to form expectations of quality and safety in donation (14). The keys to effective communications are: commitment to open communications,

resources allocated to public relations, a plan to work with the media, and relationships with people who work in the media (69). Open communications are important. They must be unfiltered, transparent, open and honest both good and bad stories. A spokesperson dedicated to the media who reports to the executive director of the blood center is needed. Someone who can fluently speak about the blood center operations to portray accurate and timely information on issues and to promote values, mission, and achievements of the organization. A media plan needs to include issues with their backgrounds and implications, goal of the communication, messages to be delivered, targeted audience, media targets to be used to get the message out. Building relationships with the media goes beyond a press release and includes the sales group, the public services group, the promotions director of that media outlet. It is important to get them to buy into the important mission of the blood center.

Conclusions

As you can see from this presentation, recruitment is not about hard science, computers, numbers and tools. It's about the psychology of giving, marketing, selling, and customer service. The message is the most important thing. It must be on a personal level. Donors give from the heart. Motivate their hearts. Numbers only tell you how well you are doing.

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Footnote

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