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WHY DO THEY STAY? DRIVERS OF BLOOD DONOR LOYALTY: A RELATIONSHIP AND SOCIAL MARKETING PERSPECTIVE

By

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Thesis

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DECLARATION

I Relebohiseng Matubatuba do hereby declare that this thesis, entitled **"Why do they stay? Drivers of blood donor loyalty: A relationship and social marketing perspective",** submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Marketing at the University of the Witwatersrand, Johannesburg, is my own work. This thesis has not been previously submitted for any degree or professional qualification in this or any other institution.

Signature:

Date:

ACKNOWLEDGEMENTS

As I close this chapter of my academic journey, I am reminded of a quote from Benjamin Franklin: “An investment in education pays the best interest”. This PhD has been more than just a pursuit of knowledge, it has been a transformative investment in growth, resilience, and discovery. May the returns on this investment not only be personal but ripple into the world, shaping a better future for all.

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PUBLICATIONS, CONFERENCES, SYMPOSIUMS, PRESENTATIONS AND AWARDS ARISING FROM THE STUDY

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- Presented the PhD proposal in May 2022 at the European Marketing Academy (EMAC) Doctoral Colloquium in Budapest, Hungary (certificate of attendance attached as Annexure 7).
- Presented and received the 2nd runner-up award at the PhD Writing and Methodology Workshop in August 2022, Centre on African Philanthropy and Social Investment, Wits University (certificate attached as Annexure 8).
- Presented a paper at the 2023 African Social Marketing Conference in Johannesburg, South Africa.
- Received the Best Paper award in July 2024 for a paper titled: "Commitment and Trust: Shaping GenZ's Loyalty in Non-Profit Blood Donation Organisations", at the Global Business and Technology Association (GBATA) conference in Lisbon, Portugal (certificate attached as Annexure 9).

ABSTRACT

The shortage of blood is a global phenomenon that affects a country's healthcare system. In the face of global blood shortage, challenges resulting from insufficient blood donations and the scarcity of loyal blood donors, social marketers must address this pertinent issue. Blood collection organisations in South Africa are struggling to meet the demand for blood products, which has an adverse effect on the healthcare system. The donation of blood is a form of prosocial behaviour, and blood collection organisations rely on the goodwill of a few individuals who voluntarily donate blood without remuneration to sustain their blood supply. Therefore, blood donors play a fundamental role in the blood collection process and are key contributors to the blood collection organisations' efforts to achieve a sustainable supply of blood to meet healthcare requirements.

Despite the limited number of existing blood donors, repeat blood donation is not always achieved. Blood collection organisations have cited this as an issue, as the average donation rate for active blood donors is one to two donations per year, which is less than the desired frequency of regular blood donation. This study aimed to gain insight into blood donor loyalty behaviour and propose a framework for social marketing practitioners and blood collection organisations to use in the promotion of a change among blood donors from single to repeat donation behaviour. The study emphasises the importance of relationship marketing in social marketing to foster donors' loyalty towards blood donation. By extension, this research seeks to understand blood donor loyalty behaviour and critically review the influence of socio-psychological and relationship marketing constructs on donors' loyalty behaviour. The integrated conceptual model proposed in this study provides a framework that will guide social marketing practitioners in implementing suitable social marketing strategies that focus on building sturdy and long-term relationships between loyal blood donors and blood collection organisations.

The pragmatist research philosophy guided the research, and a simple convergent triangulation mixed methods research design was used. Quantitative and qualitative data collection was conducted concurrently, with a separate analysis of results and a merging of the research findings to interpret and compare results. For the quantitative phase of the study, an online self-administered survey was used to collect data from blood donors who had donated blood in the past 5 years. A total of 658 valid responses were collected. The quantitative data analysis entailed descriptive statistics, which were used to describe frequencies, mean scores and standard deviation. This was followed by partial least square structural equation modelling, used to test the hypothesised relationships proposed in the conceptual model. The study used an integrated model; thus, a nested model approach was

used to test the model's predictive power with the addition of constructs. The results showed that the final model had greater predictive power. The results indicated that from the socio-psychological variables, guilt, pride, facilitating conditions and habit had a positive and significant influence on intention to continue behaviour. With regard to the relationship marketing constructs, customer satisfaction and service quality positively and significantly influenced the intention to continue the behaviour. Attitudinal loyalty had the greatest influence on behavioural loyalty, followed by the intention to continue behaviour. Customer satisfaction had the greatest influence on attitudinal loyalty, and behavioural loyalty had a greater influence on word of mouth.

For the qualitative phase of the study, semi-structured interviews were conducted online with active blood donors (who had donated in the past 5 years), using Microsoft Teams. A total of 18 participants were successfully interviewed. Qualitative data analysis was conducted using the qualitative data analysis software, ATLAS.ti. Thematic data analysis was performed and resulted in the emergence of six key themes for the study. The themes presented in the findings were (1) factors driving blood donation, (2) social influence on blood donation behaviour, (3) commitment and trust, (4) factors hindering blood donation, (5) donor experience with blood donation and (6) donor concerns and recommendations. In the interpretation of findings, there was corroboration of information, and the qualitative findings provided insight on some of the quantitative findings.

The study makes a significant scholarly contribution to blood donation literature, particularly in the area of blood donor loyalty behaviour. From a social marketing perspective, the study contributes aspects that can be used to influence the prosocial behaviour of blood donation and understand the drivers of blood donor loyalty. Recommendations from this study will assist practitioners in blood collection organisations to develop relationship marketing and donor-retention strategies that are informed by empirical research, which is needed in the field of social marketing practice. In this regard, recommendations have been provided based on the key findings of the study.

Keywords: social marketing, relationship marketing, loyalty, blood donation, theory of interpersonal behaviour, behavioural reasoning theory, commitment–trust theory

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LIST OF COMMONLY USED ABBREVIATIONS

AVE	average variance extracted
BRT	behavioural reasoning theory
CB-SEM	covariance-based structural equation modelling
CMV	common method variance
FTNC	focus theory of normative conduct
HBM	health belief model
HTMT	heterotrait–monotrait
KMO	Kaiser–Meyer–Olkin
KZN	KwaZulu-Natal
NAM	norm activation model
NDP	National Development Plan
PLS	partial least squares
PLS-SEM	partial least square structural equation modelling
SABC	South African Broadcasting Corporation
SADC	Southern African Development Community
SANBS	South African National Blood Service
SCT	social cognitive theory
SDG	Sustainable Development Goal
SEM	structural equation modelling
SPSS	Statistical Package for Social Sciences
TIB	theory of interpersonal behaviour
TPB	theory of planned behaviour
TRA	theory of reasoned action
VIF	variance of inflation factor
WCBS	Western Cape Blood Service
WHO	World Health Organization

CHAPTER 1: INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The persistent global shortage of blood necessitates that blood collection organisations find sustainable and efficient ways to recruit and retain blood donors, as they play an important role in the blood donation process (Chen et al., 2020). Loyal blood donors are important to blood collection services as they present several benefits for the organisation (Van Dongen, 2015). These benefits include saving on monetary costs, as it costs less to maintain an existing donor than to recruit a new one, as this requires more screening procedures (Chen et al., 2020). In addition, the screening process for an existing blood donor takes less time than that of a newly recruited donor, which means that blood collection organisations save time when collecting from existing donors (Van Dongen, 2015). Martín-Santana et al. (2021) assert that having regular (loyal) blood donors ensures greater blood safety for blood collection organisations. According to the South African National Blood Service (SANBS, n.d.-b), regular donation means that blood donors donate blood at least four times in a two-year period. The World Health Organization (WHO, 2024) highlights the notion that, besides regular blood donation, loyal blood donors should advocate for blood donation and contribute to driving new donor recruitment. Researchers Martín-Santana et al. (2021) suggest that active blood donors are more likely to be blood donation advocates who may influence their peers and family members to donate, through word-of-mouth, which would be a good strategy for recruiting new donors.

There is no doubt that donating blood is a behaviour carried out by individuals for the benefit of society and is therefore considered prosocial behaviour (Hong & Lee, 2021). Prosocial behaviour is described as individual behaviour carried out with an intention to benefit others by helping (e.g. donating time, money or blood; Studte et al., 2019). By extension, social marketing is an effective approach in encouraging behaviour change towards blood donation habits such as regular blood donation among South African donors. As a focus of this research, South Africa has a high demand for blood donation due to health disparities, the high rate of trauma incidents and the prevalence of diseases such as cancer, tuberculosis, HIV and AIDS (Rambiritch et al., 2021). However, low blood donation rates, make it challenging to meet the country's blood needs Duh & Dabula, 2021). Part of the reasons related to the blood donation challenges include cultural beliefs about giving of blood, misconceptions about blood donation and the donation process and negative attitudes towards blood donation (Ekşi et al., 2022). Owing to its socio-economic issues, high levels of poverty and health vulnerability, like most developing nations, South Africa has a need for social marketing initiatives (Schmidtke et al., 2021). However, the current initiatives have been

focused on public health issues related to reducing stigma towards HIV and TB and encouraging health behaviour in that regard (Sommerland et al., 2020). N. R. Lee and Kotler (2019) state that, for decades, social marketing has contributed to ideas of social progress in the field of marketing and remains essential to planned behaviour-change strategies. Wood (2016) adds that social marketing initiatives empower individuals to make better choices to improve the environment, health and social problems. This was evident during the COVID-19 pandemic, when blood stocks were critically low. Blood collection organisations in South Africa initiated marketing campaigns to appeal to consumers and encourage them to register as blood donors, and to existing donors to keep donating and adapt to the "new-normal" way of life (SANBS, 2023; WCBS, 2024). Behaviour change is more likely to occur when the environment supports beneficial choices, when there is strong social support for and social norms about the behaviour, and when individuals are motivated to make prosocial choices (Wood, 2016). Consequently, social marketing has the attributes to initiate behavioural changes for individual and societal well-being and has made a notable contribution in the context of public health (Rodrigues & Carlos, 2021).

Social marketing is therefore considered a viable approach to influencing behaviour change through recruitment and retention of blood donors to the benefit of individuals and the greater society (Romero-Domínguez et al., 2022). From a South African perspective, social marketing should be used as an approach to influence blood donation behaviour and beyond just the health and social issues that have been mentioned above. Social marketing recognises that working towards influencing behaviour change requires a nuanced understanding of the social and behavioural dynamics in the blood donation setting. Behaviour change is necessary to confront multifaceted social issues; therefore, encouraging blood donors to change their donation behaviour by donating more frequently is vital to the sustainability of blood collection and supply (Müller & Reuter-Oppermann, 2024). In influencing behaviour change and encouraging sustained behaviour, there is a need for social marketing research to incorporate a relationship approach in blood collection organisations to ensure donor retention and loyalty (Romero-Domínguez et al., 2019).

This study investigated the determinants of blood donor loyalty in South African blood collection organisations, as the need for sustained blood products is a major issue for the efficient operation of the country's healthcare system. This chapter introduces the study and provides a background to the study by focusing on the challenges that blood collection services experience both globally and in South Africa. The background is followed by a statement of the research problem and the gaps identified in the literature. The research objectives and research questions are presented, followed by a preliminary literature review. This is followed by the proposed integrated conceptual model developed for this study and an

overview of the research methodology guiding the study. Thereafter, the theoretical and managerial contributions of the study are presented, and the chapter concludes by providing an outline of the structure of the thesis.

1.2 BACKGROUND TO THE STUDY

Blood is essential for sustaining human life. Healthcare services continuously need a safe supply for people involved in accidents, trauma cases, major surgeries, complicated pregnancies and a range of chronic illnesses (Duh & Dabula, 2021). Recipients of blood transfusions, who depend on donated blood, benefit from increased life expectancy and improved quality of life. Therefore, blood collection organisations rely on the goodwill of a few individuals who voluntarily donate blood without remuneration to sustain their blood supply (Healy & Murphy, 2017). Globally, blood procurement mainly focuses on voluntary, non-remunerated donors to donate blood, plasma and cellular products of their own free will without expecting any form of remuneration, whether in cash or in-kind (Yunus et al., 2019). Consequently, blood donors play a fundamental role in the blood collection process, as there is no substitute for blood products that can be manufactured in any laboratory (Romero-Domínguez et al., 2022). Countries across the world urgently need a significant increase in the number of eligible and willing individuals to donate blood voluntarily to achieve a sustainable and safe supply of blood products to meet their healthcare requirements (Yunus et al., 2019).

The WHO recommends that at least 1% to 3% of a country's population should donate blood to sustain sufficient blood stock levels that meet the needs of the country's healthcare system (Chen et al., 2020). According to a report by WHO (2020), there is a significant difference in the level of accessibility of blood between low-income and high-income countries. The average blood donation rate in high-income countries is 3.15%, compared to 1.59% in upper-middle-income countries. The average donation rates in lower-middle-income countries (0.68%) and lower-income countries (0.5%) are far less than the recommended 1% donation rate (WHO, 2020), which necessitates urgent and concerted efforts to address the poor donation rates in these nations.

In South Africa, there are two blood collection organisations: The SANBS and the Western Cape Blood Service (WCBS). The SANBS is the most prominent blood collection organisation, servicing eight out of nine provinces in the country (SANBS, n.d.-a). The WCBS operates exclusively in the Western Cape, from Cape Town to George (WCBS, n.d.-a). The SANBS reported that less than 1% of the population donate blood (SANBS, n.d.-c). This shortfall is concerning, as it is below the 1% recommended by WHO and below the global average

donation rate for upper-middle-income countries (1.59%), under which South Africa falls (United Nations Population Fund, 2019).

South Africa has a high prevalence of trauma incidences and travel-related accidents, which place a demand on the already insufficient supply of blood (Malange & Atia, 2021). However, the country faces challenges that result in low donation rates. These challenges include the prevalence of HIV (Barro et al., 2018), cultural and religious beliefs against blood donation (Spratling & Lawrence, 2019) and other myths and misconceptions regarding blood donation (Zanin et al., 2016). The deficit in blood supplies has been further exacerbated by the COVID-19 pandemic, which has had far-reaching implications for health services and resulted in a global blood-shortage crisis, from which South Africa was not exempted (Malange & Atia, 2021). This health crisis highlights the urgent need for blood collection organisations to continuously and aggressively recruit new blood donors, which is a great focus of the organisations. However, an organisation such as the SANBS acknowledges the need to grow the pool of active blood donors, which is one of its immediate goals in order to meet the demand for blood in the country (SANBS, 2020, 2023). While blood collection organisations such as the SANBS have advocacy campaigns through school ambassadors, for example, the retention of blood donors remains a challenge that they seek to overcome (SANBS, 2023).

1.3 RESEARCH GAPS AND PROBLEM STATEMENT

A few research gaps have been identified in the study. These are outlined below, followed by a statement of the problem, which highlights the practical challenges faced by blood collection organisations.

1.3.1 Research gaps

The first identified gap in social marketing literature is that the retention of existing blood donors and their motivation to donate blood regularly remains a key challenge that has not been afforded the necessary attention (Godin et al., 2007). Kotler (2011) emphasised that scholars need to pay more attention to social marketing thinking to overcome current marketing challenges, such as the lack of blood donor loyalty and retention in blood donor organisations. Social marketing has been applied to a wide range of social problems, which include promoting good health (Ashton et al., 2017), substance abuse and treatment adherence (Zemore & Ajzen, 2014), consistent condom use (Nkwei, 2019), recycling (Issock et al., 2021) and energy-efficient consumption (Issock et al., 2020a). Romero-Domínguez et al. (2022) note that blood donation has been a relatively minor topic in social marketing literature and has primarily been approached from a health rather than a marketing perspective. Attracting and retaining blood donors is the only way in which the need for blood

products can be met, which highlights the relevance of marketing in blood donation (Behnampour et al., 2022).

Academic literature on the study of blood donor behaviour has not resulted in the optimal performance of blood collection organisations, and this necessitates applying new approaches in the context of social marketing (Romero-Domínguez et al., 2022). This was echoed by Martín-Santana et al. (2021), who suggest a shift in focus towards donor loyalty. In light of this, it is suggested that there is a direct relationship between relationship marketing and customer loyalty (Brown et al., 2019; K. Peattie & Peattie, 2011). This is reinforced by empirical studies in various fields of research (Kwiatek et al., 2020; van Tonder & Petzer, 2018), which have demonstrated the positive effect of relationship marketing on loyalty. The aim of relationship marketing is to establish, maintain and enhance customer and stakeholder interactions with blood collection organisations such as the SANBS (Capel & Ndubisi, 2011). Using relationship marketing theory, this study will contribute to a less-explored theory in social marketing literature related to blood donation, by investigating the effect of relationship marketing elements on blood donor loyalty.

A large number of existing studies (Al-Riyami et al., 2021; Charsetad, 2016; Duh & Dabula, 2021; Faqah et al., 2015; Holdershaw et al., 2011; Sümnig et al., 2018) have examined the issue of blood donor scarcity and recruitment challenges. The aforementioned research has mainly been concerned with predicting the determinants and deterrents of blood donation and the behaviour of donors. These researchers reported on the evaluation of the behavioural intention of donors through psychological models, with the theory of planned behaviour (TPB) being the most dominantly used theory (Charsetad, 2016; Duh & Dabula, 2021; Faqah et al., 2015; Holdershaw et al., 2011). These previous investigations revealed that various factors, such as attitude, norms and perceived behavioural control, can be used to predict an individual's intention to donate blood. However, Holdershaw et al. (2011) and Nkwei (2019) found that the TPB was less effective in predicting actual behaviour and suggested that researchers turn to alternative methods to predict blood donation behaviour. Other studies have investigated blood donation based on actual behaviour and the influencing factors such as demographic variables, which include age, gender, race and occupation (Kheiri & Alibeigi, 2015; Papagiannis et al., 2016). Papagiannis et al. (2016) highlighted the need for further understanding of why people do or do not donate blood. Overall, the aforementioned studies have mainly focused on blood donor intention and blood donation behaviour.

While extensive blood donation literature focuses on behaviour theories such as the TPB and other theories such as the health belief model (HBM), this study intends to broaden existing knowledge by using theories that have not received much attention in blood donation research.

These include behavioural reasoning theory (BRT), which was postulated by Westaby (2005). This theory is fairly new and seeks to overcome the shortcomings of the TPB and the theory of reasoned action (TRA), which have long been used to explain the fundamental basis of behaviour. BRT identifies the linkages underlying intentions and behaviour and, in this study, the theory is used to understand existing blood donors' reasons for and reasons against continued blood donation behaviour. In a systematic review conducted by Sahu et al. (2020), of the 23 BRT literature studies reviewed between 2005 and 2019, no studies in the field of social marketing and blood donation were found. This study sought to fill this gap in the literature by expanding the BRT into social marketing and blood donation research.

Lastly, previous studies have been limited to a single research design of quantitative methods, with questionnaires used as the main instrument for collecting primary data (Charsetad, 2016; Duh & Dabula, 2021; Faqah et al., 2015; Papagiannis et al., 2016). Similarly, there are relatively limited studies that focus on the loyalty of blood donors in the form of repeated blood donation and attachment to the concept of blood donation. No known comprehensive framework to retain and ensure loyal blood donors exists. To address this gap, this study used a mixed methods (qualitative and quantitative) approach to understand the issue of low donor retention and loyalty in blood donation. The objective of the qualitative research was to understand existing blood donors' loyalty behaviour and their reasons for and against continuing to donate blood. The objective of the quantitative research was to contribute to developing a novel and comprehensive relationship marketing framework to assist blood collection organisations to establish and maintain strong relationships with blood donors.

1.3.2 Problem statement

Blood donation has been consequential to human benefit because of its unique contribution to healthcare, especially in saving lives. Notwithstanding this, there have been challenges in the recruitment and retention of blood donors. The research gaps identified provide a prelude to the problems facing blood collection organisations. Out of a populace of over 63 million, only about 500 000 people make up the blood donor base in South Africa Potgieter & Rensleigh, 2022). That is less than 1% of the country's population and far less than the required global average blood donation rate of 1.59% required to maintain sustainable blood stock levels (United Nations Population Fund, 2019). Despite several awareness initiatives and studies aimed at blood donor behaviour, the problem of global blood shortage continues (Dabula, 2020). This problem can mainly be attributed to the low recruitment of new donors and the lack of retention and loyalty of existing donors (Dabula, 2020; Muthivhi et al., 2015). This statement is reinforced by researchers, who state that the number of blood donors is

gradually decreasing, and the recruited donors are not returning for second and subsequent donations (B. Song & Wen, 2019; Van Dongen, 2015).

Satyavarapu and Wagle (2020) highlight that this problem is not unique to lower-income economies, as countries such as the United States have a fragile blood supply on account of the effects of COVID-19 and an ongoing change in donor demographics and attitudinal trends. In Italy, blood shortages were reported in several regions, and in France, it was reported that blood reserves were below the required level (Cha, 2021). B. Song and Wen (2019) argue that, to realise future success in blood collection services, it is imperative to understand the cognitive and psychological aspects involved in making the decision to donate blood. It was therefore important in this study to investigate which factors drive loyalty towards blood donation and to understand why these recruited blood donors are not donating blood consistently. To remedy the blood shortage problem, the primary goal of blood collection organisations must be to implement strategies that seek to foster loyalty among existing blood donors so that they continue to donate regularly in the future, so that the organisations may maintain a sustainable supply of blood in the healthcare sector (Martín-Santana et al., 2021). In line with this, French and Russell-Bennett (2015) highlight the need to incorporate customer orientation to bring in the aspect of relationship marketing in social marketing practices. These organisations have not been effective in implementing such strategies (Akhtar et al., 2016).

The second problem is that researchers (Duh & Dabula, 2021; Godin et al., 2007) have noted that blood collection organisations have focused more on marketing efforts that seek to recruit new blood donors rather than retain the existing and experienced ones. These organisations have not demonstrated the incorporation of the key social marketing benchmarking criteria (Andreasen, 2002) in their marketing efforts, which would result in their implementing powerful interventions that do not have a single focus (Rundle-Thiele et al., 2021). For example, when referring to marketing campaigns in blood donation, G. M. Davison (2021) presented communication on a government website[1] that provides a range of information regarding blood donation, but that was not grounded on social marketing precepts. The deficiency of relationship marketing strategies that seek to establish lasting relationships with donors may be one of the reasons blood collection organisations are faced with the challenge of retaining blood donors. Studies in blood donation research (Akhtar et al., 2016; Duh & Dabula, 2021; Moussaoui et al., 2016; Zanin et al., 2016) found that the most common variation of marketing tactics used by blood collection organisations include mass media such as broadcast media and print media, community events, donation drives in various organisations and the use of

[1] https://www.westerncape.gov.za/general-publication/donating-blood-you-can-save-life

celebrities as ambassadors and influencers on social media. This, however, is costly. It was therefore suggested that blood collection organisations adopt an approach that enhances the retention and loyalty of new blood donors and regular donation among existing and experienced donors (Godin et al., 2007). This is a common principle that applies to other marketing products and services. It is usually cheaper to retain customers than to recruit new ones (Lamrhari et al., 2022).

In line with this suggestion, S. G. Saunders et al. (2015) make a case for social marketing by stating that it seeks to influence change and acceptability of prosocial behaviour by designing and implementing well-formulated marketing programmes. Social marketing is therefore considered a viable approach to influencing behaviour change through recruitment and retention of blood donors to the benefit of individuals and the greater society (Romero-Domínguez et al., 2022). Social marketing recognises that working towards influencing behaviour change requires a nuanced understanding of the social and behavioural dynamics in the blood donation setting. Behavioural change is necessary to tackle multifaceted social issues; therefore, encouraging blood donors to change their donation behaviour by donating more frequently is vital to the sustainability of blood collection and supply (Duane et al., 2016; Müller & Reuter-Oppermann, 2024). Levit and Cismaru (2020) confirm that the use of theories and models is important in developing successful social marketing; however, these theories are not being used by social marketing practitioners. This research therefore aims to recommend a theoretical framework that will inform and guide future social marketing strategies that focus on relationship marketing and fostering loyalty among existing blood donors in South Africa. To achieve this, the research posed the overarching question: *What factors influence blood donors' loyalty in a South African blood collection organisation?*

1.4 RESEARCH QUESTIONS

The main research question that this study aimed to address was: *What factors influence blood donors' loyalty in a South African blood collection organisation?*

This study was directed by the following secondary research questions (RQs):

RQ1: What influences blood donors' continued donation behaviour?

RQ2: How do blood donors' experiences influence their motivation to continue donating blood?

RQ3: What socio-psychological and relationship marketing factors influence donor intention to continue blood donation?

RQ4: What factors have a significant influence on donor loyalty behaviour in a blood collection organisation?

1.5 RESEARCH OBJECTIVES

1.5.1 Primary objective

The primary objective of this study was to understand the factors that influence blood donors' loyalty in a South African blood collection organisation. The secondary objectives presented in the next section were formulated to ensure that this overarching objective would be achieved.

1.5.2 Secondary objectives

The following secondary objectives have been determined to achieve the overarching objective:

1. to understand the socio-psychological and relationship marketing factors that influence continued blood donation among blood donors;
2. to understand blood donors' experience with blood collection organisations;
3. to discover the key determinants of blood donors' loyalty to blood collection services;
4. to test the moderation and mediation effects of relationship marketing variables on loyalty;
5. to propose and empirically test an integrated model that delineates the relationships between socio-psychological and relationship marketing factors on blood donation continuance intention and blood donor loyalty; and
6. to recommend tailored relationship and social marketing strategies designed to affect blood donor behaviour change towards being loyal donors.

1.6 PRELIMINARY LITERATURE REVIEW

This section presents a brief overview of the study's foundational literature and theories. Over time, several theories have been used in the study of human behaviour and, therefore, this study aims to investigate donor loyalty behaviour in blood donation using marketing theories and behavioural (psychological) theories. This literature section starts with a review of social marketing, followed by an overview of the key theories that will be used in the study to explain donor loyalty behaviour. These include the commitment–trust theory of relationship marketing, the theory of interpersonal behaviour (TIB), the focus theory of normative conduct (FTNC) and BRT.

1.6.1 Overview of social marketing

Social marketing seeks to influence behaviour change and foster behaviours that are beneficial to individuals and society, through the integration of marketing principles and behavioural approaches (N. R. Lee & Kotler, 2019; French & Gordon, 2019). Scholars acknowledge that the scope of social marketing globally is expanding as new issues that require new solutions emerge (Russell-Bennett et al., 2019; Veríssimo, 2019). In the past, social marketing issues focused on public health including reproductive health and family planning, road safety, pollution and food safety, which were more prominent in developing countries (Brennan et al., 2014; N. R. Lee & Kotler, 2019). As more nations become developed, social issues such as environmental sustainability – including issues of waste management, energy efficiency and water conservation – have gained attention in light of the threat posed by global warming (Veríssimo, 2019). Scholarly literature recognises social marketing as a proven and effective technique in driving behavioural change for social benefit in various fields such as public health (smoking, vaccination, hygiene) and environmental sustainability (recycling, waste reduction, energy consumption) (Alshaikh et al., 2021; Issock et al., 2020a). With the growth in the scope of social marketing, a recent study by Hübscher et al. (2021) suggests that social marketing is well suited to support the achievement of the UN's Sustainable Development Goals (SDGs), which have become a global imperative.

In the area of blood donation, which is in the health sector, the main interest of social marketing research has been limited to donation behaviour, with a focus on factors such as barriers to and motivations for donating, past experience, sociodemographic profiling and donation intention (Romero-Domínguez et al., 2022). Furthermore, Khomenko et al. (2020) found that marketing research related to blood services was predominantly published in medical journals. Most articles in this field of study were published by researchers from the US, Europe, Australia and South America, with limited studies by researchers in Africa (Khomenko et al., 2020). This indicates a need for social marketing research in the field of blood donation outside of the health sector, with a focus on marketing principles and from an emerging market perspective. Although social marketing is based on the principles of commercial marketing, it stands out for its focus on understanding the drivers of behaviour and emphasis on the use of behavioural theories to understand the target audience to deliver meaningful interventions (French & Gordon, 2019; Romero-Domínguez et al., 2022). This study therefore seeks to uncover and understand the factors driving blood donors' loyalty behaviour through the integration of behavioural theories. It addresses the concern of the underutilisation of theoretical frameworks to develop and inform social marketing strategies (N. R. Lee & Kotler, 2019; Rundle-Thiele et al., 2019).

1.6.2 Theoretical underpinning of the study

Social marketing research has relied on theories and models to ascertain the determinants of prosocial behaviour (Kashif et al., 2018; Nkwei, 2019; H. Pham et al., 2017). A range of psychosocial theories have been used to explain the behaviour of individuals in social marketing and other fields of study. Patel and Arya (2017) indicate that, within social marketing, the three most used behaviour change theories are the TPB, HBM and the social cognitive theory (SCT). As noted previously, the TPB has been a prominent theory in the study of blood donation behaviour, with studies dating back almost three decades (e.g. Giles & Cairns, 1995), and it continues to be applied in recent studies (Duh & Dabula, 2021). The lack of prominence of other theories demands the consideration of alternative and relevant behavioural-change and marketing theories to gain a different perspective in investigating blood donation behaviour, especially donor retention and loyalty. This study was therefore guided by the following behavioural theories; TIB, FTNC and BRT and the commitment–trust theory of relationship marketing. An overview of the theories is provided in the ensuing section.

1.6.2.1 Theory of interpersonal behaviour

Introduced by Triandis (1977b), the TIB postulates that an individual's behavioural intention is an outcome of affect towards the behaviour, social norms, personal norms and cognition of consequences of performing the behaviour (H. Amin et al., 2016). The TIB further suggests that individuals' likelihood of performing the desired behaviour is influenced by their habits, conditions facilitating the behaviour and their intention to carry out that behaviour (Sung et al., 2019).

Russell et al. (2017) state that behaviours are often guided by an individual's habits, repeated actions and emotions. Therefore, the TIB asserts that people generally make decisions by considering the cognitive facets of a given situation and by relying on their feelings in that situation (Russell et al., 2017). While the TPB has been a dominant theory in the study of blood donor behaviour (Charsetad, 2016; Duh & Dabula, 2021), it has its shortcomings, which this study seeks to overcome by using an alternative theory in the form of the TIB (Russell et al., 2017; Sung et al., 2019).

The TIB has been selected for this study not only because of the advantages it presents but also because of its ability to contribute to the promotion of prosocial behaviour such as regular blood donation by donors. The TIB has been applied in the literature to investigate the determinants of behaviour in various contexts, including pro-environmental behaviour (Ertz et al., 2016), the adoption of medical technology (Gagnon et al., 2003) and promoting behaviour such as good hygiene (Kupfer et al., 2019). Given its ability to determine the factors that

influence prosocial behaviour, there is an opportunity to extend the TIB by splitting social norms into descriptive and injunctive norms, in accordance with the FTNC (Cialdini et al., 1990).

1.6.2.2 Focus theory of normative conduct

The FTNC, developed by Cialdini et al. (1990), provides further insights into social norms by distinguishing between two different kinds of social norms: descriptive and injunctive norms. The FTNC postulates that the type of social norm will affect the individual's behaviour based on a given situation and source of motivation (Cialdini et al., 1990; Stok & de Ridder, 2019). *Descriptive norms* refer to the individual's perception of typical behaviour (what others do) in a certain social setting. *Injunctive norms*, in contrast, describe what others think ought to be done or not done (Stok & de Ridder, 2019). Bergquist et al. (2021) suggest that specific norms be stimulated in order to influence a given behaviour. Social norms have been successfully used in social marketing to promote desired behaviour in various settings, such as consumer behaviour (Berger & Hevenstone, 2016; Bohner & Schlüter, 2014) health behaviour (Slaunwhite et al., 2009) and sustainable behaviour (Bergquist et al. 2021), therefore making it suitable for understanding blood donor behaviour in the context of this study.

Chatzidakis et al. (2016) note that behaviour models such as the TPB, TRA and TIB have been widely used in consumer behaviour studies, including studies about volunteer and charitable behaviour. However, the literature is predominantly limited to predicting why individuals perform a given behaviour and does not consider why they do not perform the behaviour (Westaby, 2005). Chatzidakis et al. (2016) assert that it is important to understand why people do or do not perform behaviours that have either commercial implications or social and environmental implications. Taking this into consideration, the BRT was incorporated into the qualitative phase of the present research to gain a better understanding of the reasons for blood donors' continuance of donating blood regularly or not.

1.6.2.3 Behavioural reasoning theory

Westaby (2005) developed BRT, which postulates that an individual's beliefs and values influence their reasons for or against enacting certain behaviour. The theory furthermore suggests that reasons for behaviour also influence global motives (e.g. attitudes, subjective norms, perceived control) and behavioural intentions, which then influence actual behaviour (J.-C. Lee et al., 2023). The theory asserts that reasons assist individuals in defending or justifying their actions to perform or not perform a behaviour (Claudy et al., 2015). Therefore, in understanding the primary motivation of blood donors, it is important to understand their reasons, which justify or defend their actions. When people have strong reasons to justify their

behaviour, they are prone to develop positive attitudes towards performing the behaviour and will probably have the intention to perform that behaviour (Chatzidakis et al., 2016). BRT has been used in previous studies linked to prosocial behaviour, including charitable giving and volunteering (Miralles et al., 2017; Park et al., 2017), sustainable transport use (Sajid et al., 2023) and sustainability in fashion (Diddi et al., 2019). BRT has also been used in health behaviour (J.-C. Lee et al., 2023) and technology adoption studies in various business sectors (Gupta & Arora, 2017; Pillai et al., 2023).

1.6.2.4 Commitment–trust theory of relationship marketing

Relationship marketing gained the interest of researchers in services marketing, as they were concerned that the traditional marketing mix did not offer any methods to model and manage the service provider–customer relationship (Courchesne et al., 2019). The commitment–trust theory by Morgan and Hunt (1994) postulates that commitment and trust are the key variables required to realise success in relationship marketing. The theory further suggests that these two constructs significantly mediate behaviour in a relationship marketing context (Badrinarayanan & Ramachandran, 2024). To date, relationship marketing theory has been used in services-marketing research across various fields of study, such as tourism (Sousa & Alves, 2019), banking services (Garepasha et al., 2020a), retailing (Gilboa et al., 2019) and hospitality (Amoako et al., 2019). This study adopted a service perspective of relationship marketing, as blood collection organisations offer a service to donors (customers) who approach the organisation to donate blood.

Aldaihani and Ali (2019) recognised the importance of quality management to relationship marketing and customer retention. Martín-Santana et al. (2021) add that, to successfully retain donors, the blood collection organisation should ensure that donors are satisfied with the blood donation experience, as this leads to enhanced donor loyalty. Therefore, service quality and customer satisfaction have been incorporated into this study.

Based on the literature presented in this section, the proposed conceptual model and hypotheses of the study are presented in the next section.

1.7 PROPOSED CONCEPTUAL MODEL AND HYPOTHESES OF THE STUDY

The conceptual model proposed for this study integrates the socio-psychological variables of the TIB and FTNC, and the extended commitment–trust theory with service quality and customer satisfaction. The model proposes relationships between the constructs and their influence on the intention to continue behaviour and the outcome variables attitudinal loyalty, behavioural loyalty and word of mouth. Each of the components of the conceptual model is

discussed in Chapter 4, Section 4.4. The following sections discuss the hypotheses developed for the study. Figure 1.1 presents the integrative framework of the variables stemming from the theories underpinning the study. Following the model, the hypotheses developed for this study are presented. A detailed discussion of the conceptual model and the proposed hypotheses of the study is provided in Chapter 4.

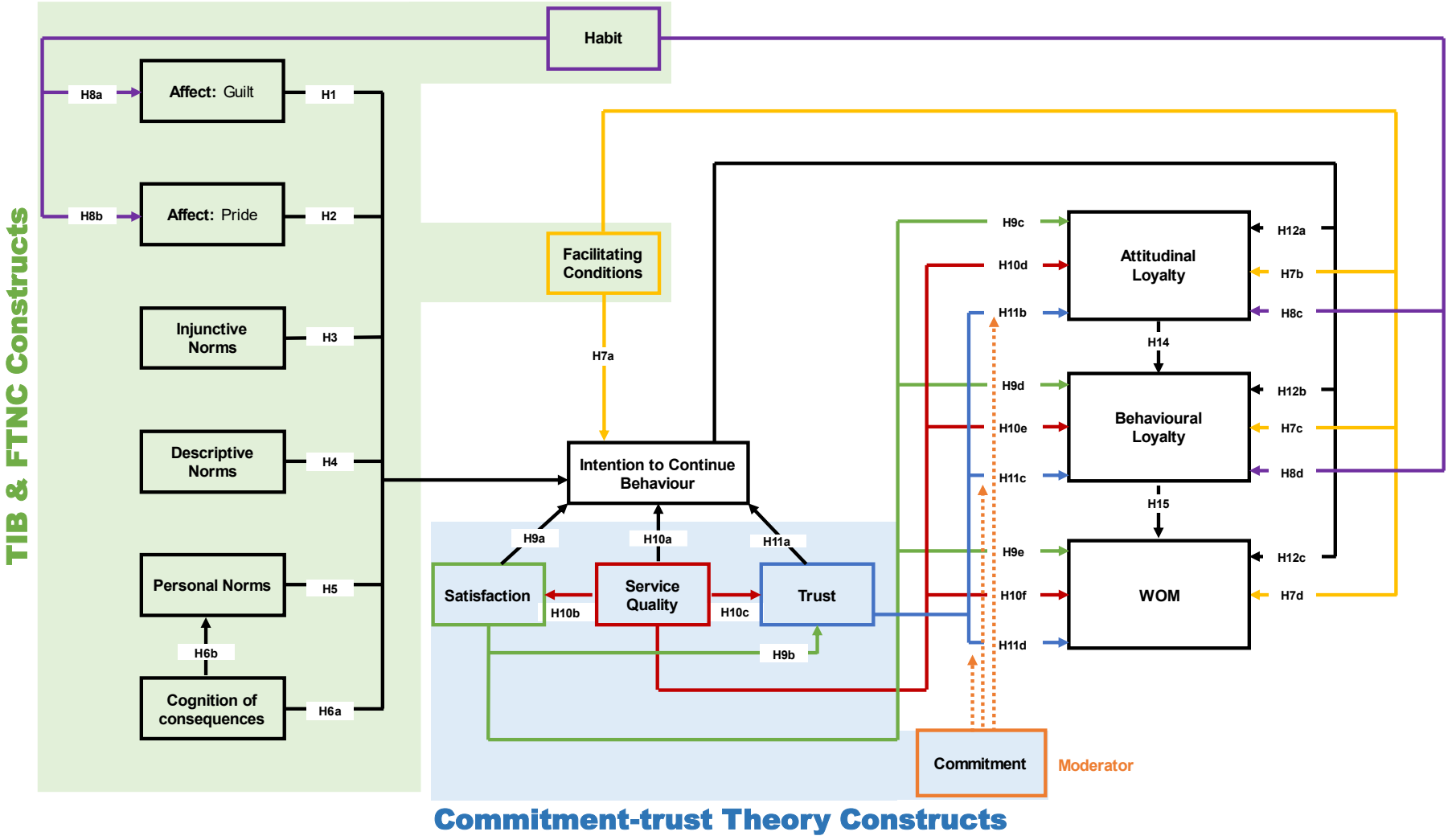

Figure 1.1: Conceptual model of the study

H1: Feelings of guilt have a positive and significant impact on the intention to continue blood donation behaviour.

H2: Feelings of pride have a positive and significant impact on the intention to continue blood donation behaviour.

H3: There is a positive and significant relationship between injunctive norms and intention to continue donating blood.

H4: There is a positive and significant relationship between descriptive norms and intention to continue donating blood.

H5: Personal norms positively and significantly influence intention to continue donating blood.

H6a: Cognition of consequences positively and significantly influences intention to continue donating blood.

H6b: There is a significant and positive relationship between cognition of consequences and personal norms.

H7a: Facilitating conditions significantly and positively influence the intention to continue donating blood.

H7b: There is a significant and positive relationship between facilitating conditions and attitudinal loyalty.

H7c: There is a significant and positive relationship between facilitating conditions and behavioural loyalty.

H7d: There is a significant and positive relationship between facilitating conditions and word of mouth.

H8a: Habit positively and significantly influences feelings of guilt when failing to engage in blood donation.

H8b: Habit positively and significantly influences feelings of pride when engaging in blood donation.

H8c: Habit significantly and positively influences attitudinal loyalty.

H8d: Habit significantly and positively influences behavioural loyalty.

H9d: Customer satisfaction has a positive and significant influence on the intention to continue donating blood.

H9b: Customer satisfaction positively and significantly influences trust in blood donation services.

H9c: Customer satisfaction has a positive and significant influence on attitudinal loyalty.

H9d: Customer satisfaction has a positive and significant influence on behavioural loyalty.

H9e: Customer satisfaction has a positive and significant influence on word of mouth.

H10a: There is a positive and significant relationship between service quality and the intention to continue donating blood.

H10b: There is a positive and significant relationship between service quality and customer satisfaction.

H10c: There is a positive and significant relationship between service quality and trust.

H10d: Service quality has a positive and significant influence on attitudinal loyalty.

H10e: Service quality has a positive and significant influence on behavioural loyalty.

H10f: Service quality has a positive and significant influence on word of mouth.

H11a: Trust has a positive and significant influence on the intention to continue donating blood.

H11b: Trust has a positive and significant influence on attitudinal loyalty.

H11c: Trust has a positive and significant influence on behavioural loyalty.

H11d: Trust has a positive and significant influence on word of mouth.

H11e: Trust has a mediating effect on the relationship between customer satisfaction and attitudinal loyalty.

H11f: Trust has a mediating effect on the relationship between customer satisfaction and behavioural loyalty.

H11g: Trust has a mediating effect on the relationship between customer satisfaction and word of mouth.

H12a: Intention to continue donating blood has a positive and significant impact on attitudinal loyalty.

H12b: Intention to continue donating blood has a positive and significant impact on behavioural loyalty.

H12c: Intention to continue donating blood has a positive and significant impact on word of mouth.

H13a: Commitment fully moderates the influence of trust on attitudinal loyalty.

H13b: Commitment fully moderates the influence of trust on behavioural loyalty.

H13c: Commitment fully moderates the influence of trust on word of mouth.

H14: Attitudinal loyalty positively and significantly influences behavioural loyalty.

H15: Behavioural loyalty positively and significantly influences word of mouth.

1.8 RESEARCH METHODOLOGY

The research methodology for this study was based on the research onion concept developed by M. Saunders et al. (2019). The research onion provides a comprehensive description of the steps to be followed in the formulation of an effective methodology (Melnikovas, 2018). Based on the layers (steps) of the research onion, the development of research methodology begins with selecting a research philosophy, followed by the approach to theory development, the

methodological choice, the strategy and defining a time horizon. The final step is deciding on the techniques and procedures to be followed for data collection and analysis (M. Saunders et al., 2023). The ensuing sections provide a brief description of each step.

The present study was conducted under the pragmatist philosophy as it is problem-centred, concerned with real-world practice, and aims to provide practical solutions that inform future practice (Creswell & Poth, 2017; M. Saunders et al., 2019). The abductive approach was adopted for this study, as it sought not only to describe and quantify behaviour but also to understand the factors that influence blood donation loyalty and determine the key drivers of loyalty behaviour in a blood collection organisation. M. Saunders et al. (2019) state that, owing to its flexibility, this approach lends itself to the pragmatist research philosophy. The research method warranted for this study was a mixed methods approach employing the concurrent triangulation design. This involves the collection and analysis of qualitative and quantitative data concurrently, to compare the datasets and evaluate how they support each other (M. Saunders et al., 2019). Keeping in mind the objectives of this study, the target population was individuals over 18 years of age, who had donated blood within a given period, that is, in the past 5 years. Considering that the research sought to understand donor loyalty and behaviour, active blood donors were required. The study used non-probability sampling, administering a judgemental sampling technique to select the sample. A sample size of 18 participants were interviewed for the qualitative phase of the study and 658 participants were surveyed though an online self-administered questionnaire for the quantitative phase. The qualitative data analysis was conducted using computer-aided qualitative data analysis software ATLAS.ti, while structural equation modelling (SEM) using SmartPLS was used to conduct the quantitative data analysis.

Ethical considerations are an important aspect of conducting research and collecting data and therefore guide the researcher in being responsible when conducting research (Blaikie & Priest, 2019). This research involved human participants, and it was therefore important that ethical protocols were followed during the research process to ensure that the rights of the participants were protected. The researcher ensured that participation was voluntary, and consent was obtained from those taking part in the research. Ethical clearance was granted by the Human Research Ethics Committee (Non-medical) of the University of the Witwatersrand (Protocol Number H23/05/16; clearance certificate attached as Annexure 6).

1.9 CONTRIBUTION OF THE STUDY

This study will make theoretical and practical contributions in the field of social marketing and in the blood donation services industry. The contributions of the study are highlighted below.

- This study contributes to social marketing, and relationship marketing literature by proposing a unique conceptual model that explains the factors influencing donor loyalty in blood donation by using psychological theories of behaviour integrated with marketing theory. This adds to the limited literature on the role of relationship marketing in social marketing initiatives and blood donation literature.
- In investigating donor loyalty, this study focuses on existing blood donors, whereas previous studies have focused on attaining new donors through recruitment. The study goes further by not only considering the outcome variable, loyalty, from a single perspective, but rather in the form of attitudinal loyalty, behavioural loyalty and word of mouth, as suggested by Martín-Santana et al. (2021) to investigate loyalty as a multidimensional construct.
- This study uses a mixed methods approach in its research design, through which the qualitative data provide a better understanding of blood donor loyalty behaviour and the reasons for the behaviour. This is a unique contribution to the literature and sets the study apart, as previous studies in blood donation research related to marketing have been either quantitative or qualitative. The mixed methods approach allows for rigorous research, as it combines elements of quantitative and qualitative research to broaden understanding of the topic and for corroboration.
- Good health and well-being is one of the UN's SDGs, which this study aimed to address. Greater numbers of consistent blood donors are vital to the optimal functioning and sustainability of a country's healthcare system, and therefore this study also considered one of the key imperatives of the National Development Plan (NDP) 2030. In the goal to promote good health, one of the key points in the NDP 2030 is to address the social determinants of good health, including the promotion of healthy behaviours and lifestyles (National Planning Commission, 2017).
- This study provides information and insights about the key factors that determine blood donors' loyalty. These insights can be used by blood collection organisations to develop campaigns that will stimulate the key factors and encourage donor loyalty. Practically, this would result in improved performance of the blood collection organisation and therefore have a positive impact on the struggling healthcare system.

The next section provides definitions of key terms that are used in this thesis.

1.10 DEFINITION OF KEY TERMS

A definition of the key terms used in this study is provided in this section. These terms have been contextualised in the blood donation setting.

- **Affect: Guilt:** a negative emotion experienced when an individual is cognisant that they have not met a societal expectation (Anand & Gaur, 2019).
- **Affect: Pride:** positive feelings (pride or happiness) that are associated with the individual's successful performance of desirable behaviour (Anand & Gaur, 2019).
- **Attitudinal loyalty:** an individual's state of mind associated with a product, organisation or service provider, based on prior experience (Fatima et al., 2018).
- **Behavioural intention:** the motivation and deliberation towards making a decision to perform a given behaviour. Behavioural intention is considered as a direct antecedent to actual behaviour (Rezaei et al., 2019).
- **Behavioural loyalty:** ongoing acquisition of products from an organisation or use of services from the same provider (Fatima et al., 2018).
- **Cognition of consequences:** The individual's awareness of the negative or positive consequences related to performing the behaviour; this could be consequences to themselves or others (Attiq, Chu, et al., 2021).
- **Commitment:** the ongoing desire of a customer to preserve a relationship with a service organisation (Shaalan et al., 2021).
- **Customer satisfaction:** the emotional response of an individual towards a service experience. It involves an evaluation of the service by the individual to determine the extent to which the service organisation met their needs (Kaur & Soch, 2018).
- **Descriptive norms:** the degree to which an individual perceives that others (friends, family and associates) carry out a behaviour (Schuster et al., 2016).
- **Facilitating conditions:** environmental factors that influence the judgement of the individual and affect their performance or non-performance of a behaviour (H. Amin et al., 2016).
- **Habits:** consistent behaviour patterns that have been historically maintained and carried out without extensive deliberation or consideration, and therefore become an automatic process (Russell et al., 2017).

- **Injunctive norms:** the extent to which an individual perceives that others (friends, family and associates) approve or disapprove of their behaviour (Schuster et al., 2016).
- **Personal norms:** an individual's consciousness of how to behave, in accordance with their values, which results in their feeling obligated to behave in a certain manner (Esfandiar et al., 2020).
- **Prosocial behaviour:** individual behaviour carried out with an intention to benefit others or society (Studte et al., 2019).
- **Regular donor:** an individual who donates blood at least twice in a year (SANBS, n.d.-b).
- **Service quality:** the extent to which the service provider has met or exceeded the expectations of the customers, measured using various service-quality dimensions (Al Chalabi & Turan, 2017).
- **Social marketing:** a process that entails the integration of marketing concepts and principles to influence behaviour or behaviour change for social well-being (N. R. Lee & Kotler, 2019).
- **Trust:** The customer's expectation of a positive effect from the experience of engaging with a service provider (Nyadzayo & Khajehzadeh, 2016).
- **Word of mouth:** willingness to recommend a product or service and it entails correspondence and communication from the recipient of the service with other individuals (Fatima et al., 2018).

The next section provides an outline of the organisation of the study.

1.11 ORGANISATION OF THE STUDY

This study is organised into nine chapters, which are outlined below in Table 1.1

Table 1.1: Organisation of the study

Chapters	Content Covered
Chapter 1: Introduction to the Study	The chapter introduces the research and provides an overview of the study. The background of the study, problem statement and research gaps are discussed in this chapter. A preliminary literature review and the proposed conceptual model are outlined. A synopsis of the research methodology that was employed, the contribution of the study and the key terms are discussed in the chapter.

Chapters	Content Covered
Chapter 2: The Blood Donation Service Industry	Chapter 2 provides the context of charitable giving and prosocial behaviour and gives an overview of blood donation, blood donors and blood collection organisations. The chapter provides a global and South African perspective, highlighting the trends and challenges experienced by blood collection organisations.
Chapter 3: A Review of Social Marketing, Relationship Marketing and Social Marketing Blood Donation Literature	The chapter discusses the origins and nature of social marketing delving into the role that social marketing plays in influencing behaviour change and how it has evolved. Chapter 3 furthermore discusses relationship marketing and its application in social marketing and the context of blood donation services.
Chapter 4: Theoretical Framework and Hypothesis Development	An extensive review of the theoretical literature underpinning the study is provided in this chapter. It is from this review of literature that an integrated conceptual model and the related hypotheses were developed. These are discussed in detail in the chapter.
Chapter 5: Research Methodology	The chapter presents the methodological process, as guided by research onion (M. Saunders et al., 2019), to achieve the objectives of the study. It covers the stages in the process, which include philosophy, approach to theory development, methodological choice, strategy, time horizon and lastly the techniques and procedures of data collection for the research.
Chapter 6: Presentation of Quantitative Results	This chapter presents the results derived from the statistical analysis of quantitative data collected in the study.
Chapter 7: Presentation of Qualitative Findings	A presentation of the findings from the qualitative data of the study that was analysed using thematic analysis.
Chapter 8: Discussion of Results	This chapter merges the quantitative and qualitative findings to interpret and discuss the findings using comparisons to determine whether there is corroboration.
Chapter 9: Recommendations, Contributions and Conclusion of the Study	Chapter 9 draws conclusions and provides recommendations founded on the key findings of the research. The chapter also details the contribution of the study and identified limitations that could be overcome in future research.

1.12 CHAPTER CONCLUSION

This chapter provided an introduction to the study and an overview of what the study is about. The chapter included a discussion on the background of the study, leading up to the problem statement and research gaps that were identified for the research. The research objectives and research questions were presented, followed by a preliminary literature review and development of the hypotheses. The methodology that was followed in the study was discussed, and the chapter concluded with an outline of the practical and theoretical contributions that the study offers, definitions of the key terms used in the study, and an overview of the chapters of the thesis.

CHAPTER 2: THE BLOOD DONATION SERVICE INDUSTRY

2.1 INTRODUCTION

Chapter 2 provides an overview of the blood service industry globally and in South Africa to gain a better understanding blood donation and blood donation behaviour. The industry overview commences with a discussion of the concepts of charitable giving, volunteerism and prosocial behaviour, which form the basis of blood donation. A section on blood donation includes a brief history of blood donation, a discussion of blood products, blood donors and the motivations and deterrents of blood donation and ends with a discussion of blood collection organisations. The section thereafter provides a global perspective on blood donation, followed by a discussion of blood donation in Africa, then focusing on South Africa. The impact of the COVID-19 pandemic on blood donation concludes the chapter.

2.2 THE CONCEPTS OF CHARITABLE GIVING, VOLUNTEERISM AND PROSOCIAL BEHAVIOUR

Central to the blood service industry are the concepts of charitable giving, volunteerism and prosocial behaviour, because blood donation is an act undertaken voluntarily by an individual and prosocial behaviour is based on the interest of the donor to contribute to societal welfare (Pentecost et al., 2017). These have been included as they are key concepts in blood donation, as blood collection organisations rely solely on the voluntary donation of individuals who donate blood without the expectation of remuneration (Yunus et al., 2019). Charitable giving is associated with the act of donating a variety of products, including blood, to help those in need and is therefore considered a key concept in the blood donation industry (Kashif et al., 2015). These concepts are critical to non-profit and third-sector organisations, including blood collection organisations, which play a pivotal role in the function of human society. Globally, non-profits and third-sector organisations are tasked with addressing some of society's most pressing issues through the assistance of civic individuals (Pentecost et al., 2017). To fulfil their essential work and meet various social objectives, many of these organisations are reliant on voluntary acts and various forms of donations from people. Consequently, marketers bear the responsibility of encouraging giving, volunteering and prosocial behaviour by individuals to secure donations and achieve set objectives (Chapman et al., 2022). Marketing scholars Kotler, Levy, Zaltman and Bagozzi have long advocated for marketing activities to form part of the non-profit and third-sector industry to help them raise awareness, secure more clients, and raise the necessary resources (Kotler, 2018). To effectively communicate with the target market and potential donors or volunteers, marketers need to understand the volunteers' behaviour so that they can develop relevant and appropriate marketing strategies for these

organisations. With regard to the current study, persuading more people to donate and increasing donations from registered blood donors is a top priority for blood collection organisations globally (Studte et al., 2019). This study therefore sought to understand the drivers of blood donor loyalty from a social marketing and relationship marketing perspective in order to develop marketing strategies that will contribute to promoting blood donor loyalty in a blood collection organisation. The following subsections contain a brief overview of the concepts of charitable giving, volunteerism and prosocial behaviour, and how each one relates to the blood donation sector.

2.2.1 Charitable giving

Charitable giving is a philanthropic act that forms a major part of global society and is dependent on the ability of individuals to make selfless decisions (Fede et al., 2021). Charitable giving entails the donation of money, time, blood or organs to help people who are underprivileged or in need. It comprises activities that range from raising money to reduce poverty and promoting initiatives that benefit society (Kashif et al., 2015). The largest portion of charity organisations, which are non-profit organisations, focus on human services such as homelessness and food provision, education, health and the environment (Fede et al., 2021). These organisations depend on the public, who make a substantial contribution in either time or money that contributes to their income stream and continued existence (Gugenishvili & Colliander, 2022). Considering the pivotal role played by individuals through their donations, Gugenishvili and Colliander (2022) highlight the importance of understanding such people's motivation to donate and their behaviour, in pursuit of encouraging and increasing charitable donations and behaviour.

2.2.2 Volunteerism

Volunteerism is described as partaking in non-compulsory organised activities for the benefit of other people (Sevelsted, 2020). Numerous people worldwide give their time and effort to organisations that assist the underprivileged and people in need. These are organisations that rely on volunteers to operate, without whom many essential services and activities would not take place (Stukas et al., 2016). Volunteering not only benefits society and the recipients of the giving, but it is an activity that builds self-confidence in an individual, enables the transfer of skills and develops a good outlook on responsible behaviour towards society; therefore, it is an activity worth promoting (Adha et al., 2019; Stukas et al., 2016). Volunteer-driven charity organisations span different sectors such as health, education, human welfare, animal welfare and environmentalism, to mention a few. These organisations coordinate a range of activities such as visiting or assisting in homes for the elderly, children and the disabled; distributing

resources; educating; and other activities that require one to give their time and effort (Mittermaier, 2014; Stukas et al., 2016).

Blood donation is a form of volunteerism, as it conjures feelings of civic unity, self-esteem and self-efficacy through the blood donors' literally giving a part of themselves and beyond, through additional actions such as new-donor recruitment and other blood donation advocacy efforts. These benefits can be likened to those of other types of volunteerism (Alfieri et al., 2017). In co-creation literature, Musso et al. (2019) suggest that volunteerism in public-service production can enhance service quality and efficiency. This is true for blood donation, as blood donors can be seen as co-creators in the system because their physical availability allows the provision of the service and "production" of blood products. This also supports the notion of the WHO, which advocates using voluntary blood donors to ensure and enhance the safety of blood products. Numerous countries are dependent on voluntary blood donors to increase and sustain their blood stock (Tey et al., 2020); therefore, blood collection organisations are tasked with attracting and retaining volunteer blood donors. Marketing plays a pivotal role in the promotion and recruitment of blood donors and encouraging existing blood donors to become loyal (Behnampour et al., 2022). This study aims to understand the factors that drive voluntary blood donors to become loyal blood donors.

2.2.3 Prosocial behaviour

Prosocial behaviour is described as action taken to improve societal welfare and includes volunteering of individuals, supportive interventions and monetary donations (Y. Song et al., 2021). Qin and Liang (2019) add that prosocial behaviour is also referred to as altruistic behaviour, which is a behaviour that conforms to societal expectations that do not benefit the giver but the recipient. Altruistic behaviour entails helping others for a purpose without expecting to be rewarded or remunerated (Qin & Liang, 2019). In contrast, R. Oliveira et al. (2021) argue that prosocial behaviour can also be motivated by selfishness in the form of gaining social status by conforming to social norms and expectations. Blood donation is considered philanthropic and prosocial behaviour, as the donors give blood and conduct their blood donation behaviour to benefit society (Hong & Lee, 2021). Titmuss (1998) assert that blood donation is a purely altruistic behaviour and argues against the monetary compensation for it. Therefore, the reasons that people perform prosocial behaviours remain an interest in behavioural studies, as people are motivated to behave in certain ways for various reasons under various circumstances (Johnson et al., 2018). Social marketing has been endorsed as an effective approach to influencing behavioural change among consumers (Kotler, 2018). Attracting and retaining volunteer blood donors is the only way for blood collection organisations to meet the high demand for blood. Therefore, from a marketing perspective,

Behnampour et al. (2022) note the importance of identifying the factors that affect the choice towards blood donation (to donate or not to donate) and developing specific marketing interventions to suit specific target groups in the target population. One of the objectives of this study was to understand blood donors' reasons for and against regularly donating blood, which may be instrumental in the development of a marketing strategy that can be adopted by blood collection organisations in their efforts to retain blood donors.

Owing to the far-reaching impact of charitable giving on societal well-being (Carroll & Kachersky, 2019), social marketing plays a key role in ensuring that initiatives and messaging are aligned with the target audience of interest (Bove et al., 2021). Consequently, extensive research has been conducted on understanding charitable giving and prosocial behaviour, with a focus on drivers and influencers of charitable giving (Carroll & Kachersky, 2019; Van Steenburg & Spears, 2021; Wei et al., 2021). Consumer behaviour in charitable giving (Lay et al., 2020; Wallace et al., 2017), awareness, experience and intention of giving (Choi et al., 2019; da Silva et al., 2020; Urbonavicius et al., 2019), donor motivations and appeals for giving (Chapman et al., 2020; Haruvy & Leszczyc, 2021) and the impact of marketing on prosocial behaviour in charitable giving (Kamatham et al., 2021; C. Pham & Septianto, 2019) are topics that have gained the interest and attention of scholars across various fields of research. Research has been conducted on monetary contributions and crowdfunding (L. Liu et al., 2018; van Teunenbroek et al., 2020), organ donation (Dahl et al., 2019; Terraneo & Caserini, 2022) and blood donation (Chen et al., 2020; Romero-Domínguez et al., 2022). The essence of these studies ranges from aiming to increase donor numbers by recruiting new donors, to retaining donors through understanding the barriers to donation and using new tools such as social media and big data. However, a deeper understanding as to the reasons consumers are not loyal donors and are not continuously donating is still required and therefore needs to be investigated.

The scope of this study covers blood donation with a focus on blood donor loyalty behaviour. The subsequent sections provide an overview of blood donation, blood donors and blood collection organisations.

2.3 UNDERSTANDING BLOOD DONATION

2.3.1 Blood donation

Blood donation is the act of individuals giving blood, of their free will, and predominantly with no expectations of monetary or non-monetary remuneration in return (Parash et al., 2020). It is a process that enables the medical intervention of the transfusion of blood from an eligible donor to blood donation recipients in medical institutions (Myers & Collins, 2021). Blood

transfusion entails the transferring of blood from the bloodstream of one individual to that of another (Myers & Collins, 2021). The importance of blood donation cannot be overemphasised, as it plays a pivotal role in improving healthcare, reducing premature deaths and sustaining life (Beyene, 2020). Parash et al. (2020) therefore stress the primacy of blood donation as an effective process of ensuring the provision of safe blood that meets the required health standards and is readily available and easily accessible in a healthcare system.

2.3.2 A brief history of blood donation

Blood donation has been practised since the beginning of the 20th century, when blood was transfused directly from the donor to the recipient in the same place at the same time, owing to a lack of storage capabilities (Myers & Collins, 2021). Donors were few in number and registered donors consisted of locally available individuals who would be on 24-hour call and able to travel to the hospital to give blood when necessary (Community Blood Center, 2022). The First World War resulted in a high demand for blood, which accelerated progress in blood transfusion research and led to the first instance of banking blood for storage and use at a later stage (J. C. Wang, 2018). In 1940, the first nationwide blood collection programme was established by the US government, and a year later a civilian blood donor service was established to collect blood for war efforts (Community Blood Center, 2022). At the end of the war, national blood programmes were halted and later re-established to serve civilians, with civilian services first launched in Britain and the US in the form of blood collection centres (J. C. Wang, 2018). In 1975, the World Health Assembly called for its member countries to establish national blood collection services based on voluntary donations of blood. This was in a bid to ensure sustainable and safe blood supplies. The establishment of such a system has been successful in developed countries; however, developing countries experience challenges on account of a lack of infrastructure, financial and human resources (Abdelgader & Al Ghumlas, 2020). Post-war, the motivation to donate blood was no longer centred on wartime demands, but around minimising blood shortages in medical procedures such as childbirth, trauma-related injuries, and other medical needs. This required a shift in campaign appeals to evoke empathy and goodwill from prospective donors and led to the dawn of a new era of recruitment campaigns for blood collection programmes (J. C. Wang, 2018). These campaign appeals are still used to date with little focus on understanding the retention of blood donors and what drives their continued blood donation, which the study aims to uncover.

2.3.3 Blood viewed as a product

Whole blood is made up of various components, which have different functions. It consists of four main transfusable blood components, namely, red blood cells, white blood cells, platelets

and plasma (American Red Cross, 2022; Community Blood Center, 2022). These can be stored (banked) for later use, for a varying number of days, under specified temperature conditions for each component (SANBS, n.d.-d). Figure 2.1 presents the main components that make up blood and their volume.

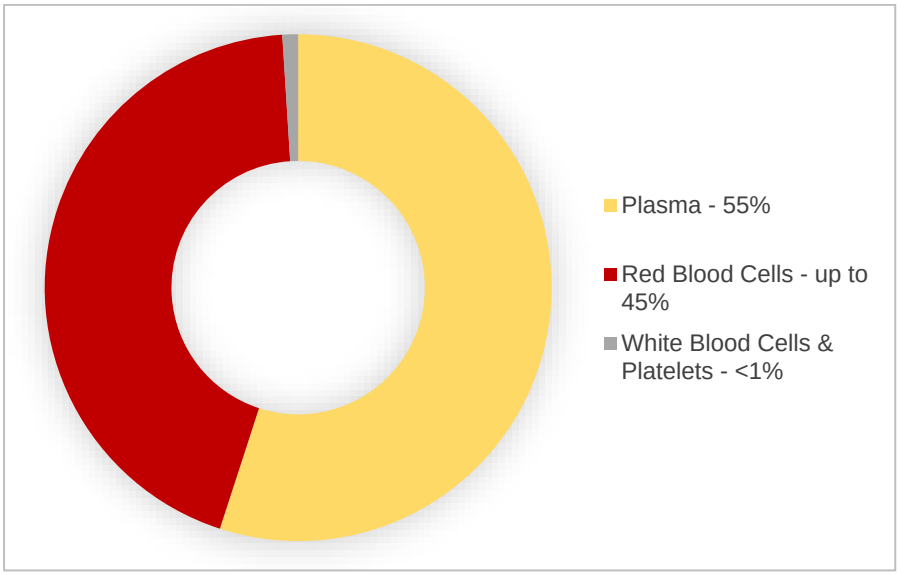

Figure 2.1: Components of blood

Source: Canadian Blood Services (2022)

Whole blood is transfused in its original form, from which the abovementioned blood components can be extracted and separated, enabling it to help multiple patients with varying blood needs. Whole blood is used in neonatal exchange transfusion, trauma patients and surgeries (American Red Cross, 2022; SANBS, n.d.-b). Whole blood can be donated every 56 days, is stored generally up to 21 days, takes up to 60 minutes to donate, and is the most flexible type of blood donation, as it can be carried out in a transfusion centre or at a blood drive initiative (SANBS, n.d.-b).

Plasma is a liquid that makes up more than 50% of the blood volume. Its function is to circulate nutrients throughout the body, and it supplies vital proteins that aid blood clotting and immunity (American Red Cross, 2022). It is mainly used in extensive surgeries, to treat trauma patients and for bleeding disorders (Canadian Blood Services, 2022). Plasma can be frozen and stored for up to one year, takes up to 90 minutes to donate, and can be donated only at selected blood donation centres. During the transfusion process, the plasma is separated from the other blood components, through a cell-separating machine which filters out the plasma and safely returns the other components to the donor's bloodstream (American Red Cross, 2022).

Red blood cells make up between 40% and 45% of the blood volume and are responsible for transporting oxygen to all parts of the body and removing carbon dioxide from the tissues (Community Blood Center, 2022). They are most needed for cancer patients, patients who have experienced severe blood loss as a result of trauma or surgery, and patients with anaemia and other blood disorders. Red blood cells have a shelf life of up to 42 days, the donation process takes up to 90 minutes, and donors may donate every 112 days or up to three times a year. Similar to plasma donation, red blood cells can be donated at selected blood donation centres, through a cell-separating machine that filters the red blood cells and returns the other blood components back to the donor's blood system (American Red Cross, 2022).

Platelets are small cells in the blood that are responsible for blood clotting, which stops bleeding. These cells are used to help patients with leukaemia (blood cancer), patients undergoing chemo- or radiation therapy for cancer, patients with blood disorders, recipients of organ transplants and trauma patients (Community Blood Center, 2022). Platelets can be donated every 7 days and up to 24 times in one year. They have a short shelf life of up to 5 days, which creates a constant demand for platelet donors. The platelet donation process takes up to 90 minutes and is limited to selected blood donation centres, as it is done through a cell-separating machine, as is done with plasma and red blood cells (American Red Cross, 2022; SANBS, n.d.-b).

Blood donation and transfusion is a multifaceted process that serves varying medical needs. For the purposes of this research, the focus of this study will be whole-blood donation and donors of whole-blood products, which may be done at flexible collection sites, such as blood donation drives, and donation at blood donation centres.

2.3.4 The service process of blood donation

Blood donation is considered a service because blood collection organisations provide safe blood products to healthcare facilities for clinical use to achieve patient and health-related outcomes (Waller et al., 2017). Russell-Bennett et al. (2019) furthermore state that these services seek to affect improvement in the well-being of a population through their provision. Waller et al. (2017) state that blood collection organisations engage with donors and consumers through the service experience of donating blood at the blood donation locations. In services marketing, loyalty is considered a crucial element for the success of an organisation in a competitive environment (Saini & Singh, 2020). Consequently, it is important for blood collection organisations, who provide a service, to gain better understanding of the factors that influence donor loyalty blood donation. Service organisations prioritise delivering a positive customer experience, in for-profit and non-profit organisations, a deeper understand

of the drivers of consumer behaviour (Romero-Domínguez et al., 2019). Other service-marketing elements include service quality, which is greatly emphasised in healthcare to deliver quality care to patients (Fatima et al., 2018). In the blood donation context, service quality mainly translates into the blood donation process that donors go through as part of the donation experience (Melián-Alzola & Martín-Santana, 2020). The service quality of the process influences the retention of donors and is therefore a crucial element of the marketing of blood donation (Melián-Alzola & Martín-Santana, 2020).

The process of donating blood begins with a donor visiting a blood donation centre or mobile blood drive. New donors are required to register using their identity document at their first donation because there is a minimum age requirement for donating, which is generally 16 years. New and returning donors complete a donor questionnaire to assess their health and determine donor eligibility. The completion of the questionnaire is followed by a private and confidential one-on-one interview with a nurse, who obtains information regarding any medication that the donor may be on and asks relevant questions pertaining to the donor's health. The donor's blood pressure and pulse are then checked, followed by a finger-prick test to measure their iron levels. If the donor does not meet the donation criteria, they are deferred; meaning they are not allowed to donate blood for a specified period because of any health-related problems established in the interview. If the donor meets the donation criteria, they may continue with the donation process, during which their blood is drawn for a period of about 10 to 15 minutes, while they are seated comfortably. During this time, 450 ml of blood is collected (which can ultimately save up to three lives). Once the donation is completed, the donor is offered light refreshments, usually consisting of juice and a sweet snack. To aid recovery, donors are advised to increase their fluid intake after donation and to rest before resuming their normal activities (American Red Cross, 2022; SANBS, n.d.-b; WCBS, n.d.-c). Figure 2.2 provides the blood donation process, as outlined by the WCBS. This is the typical process followed by blood collection centres globally.

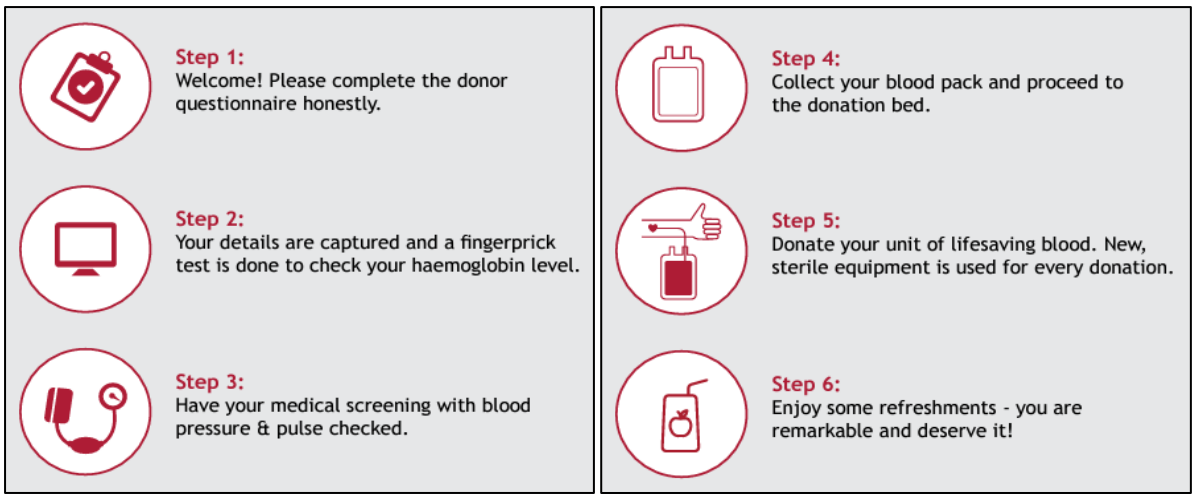

Figure 2.2: The blood donation process

Source: WCBS (2024)

Throughout the blood donation process, the responsibility of the blood collection services is to provide a safe, clean and suitable environment for donors and staff (WHO, 2010). It is in the interests of blood collection organisations to ensure a pleasant donation experience through the services provided at the donation site (Martín-Santana et al., 2021). Gilchrist, Schnall et al. (2021) add that the blood donation environment and experience influence attitudes towards blood donation among existing and prospective donors.

2.3.5 Blood donors

Blood donors are the lifeblood of the blood donation system because, without a sustainable supply of blood, the healthcare systems of countries worldwide would collapse, as various surgical and medical procedures would not be possible without blood transfusions (Gilchrist, Schnall, et al., 2021). To meet the ever-increasing demand for blood, a regular base of blood donors is required. Individuals wishing to donate blood are required to meet set criteria, which vary slightly from country to country. The minimum requirements that determine donor eligibility are based on age, usually between 16 and 75 years, a weight of at least 50 kg, an acceptable blood pressure level, a pulse between 60 to 100 beats per minute, the stipulated haemoglobin (iron) level and overall good health. Donors must lead a low-risk lifestyle and must not have donated blood in the preceding 56 days (SANBS, n.d.-b). Donors are classified into three categories, namely, (1) family replacement donors, (2) paid donors and (3) voluntary non-remunerated donors, which are each described in the ensuing section.

Family replacement donors are donors who are recruited by relatives or friends of patients who require blood for immediate use in time of need in hospital (Koster & Hassall, 2011). The term is derived from the fact that the donors comprise family, friends, acquaintances and

colleagues who are known to the recipient, and the conditions under which the blood is transfused is for replacement. Replacement of blood is required when the blood is collected out of absolute necessity for the recipient to be treated or when there is a pressing shortage of blood, compromising blood supply (Allain & Sibinga, 2016). Family replacement donors existed prior to the establishment of blood collection services, as hospitals were responsible for their blood collections and donors who were known to the recipient, especially family, were considered suitable to donate. With the emergence of blood collection services, especially in developed nations, family replacement donors have gradually been taken out of the blood collection system. However, in developing countries where there is a constant, dire need for blood products and where blood collection services are not available, there remains a high prevalence of family replacement donors (Elsafi, 2020; Koster & Hassall, 2011).

Paid donors are individuals who are financially remunerated by blood collection organisations for their single donation of blood. This practice stemmed from the pressure placed on blood collection organisations to meet the increasing demand for blood products and maintain an adequate blood supply (Abdelgader & Al Ghumlas, 2020). France, France and Himawan (2022) assert that there are growing discussions regarding the payment of donors in the United States, owing to continuing blood shortages that have been exacerbated by the recent COVID-19 pandemic. The issue of paid donors has been a long-standing debate among scholars, as the term “paid donor” is an oxymoron, because once an individual receives payment after providing blood, it can be considered a sale and not a donation, which has ethical implications (Becker et al., 2019; Petrini, 2014; Sayers, 2020). Paid donors are also considered more risky than unpaid donors because they may not divulge accurate information at the time of screening and may not declare their true health condition to ensure they can provide blood and receive remuneration (Chell et al., 2018).

Voluntary non-remunerated blood donors give blood of their own volition without coercion and with no expectations of monetary or non-monetary remuneration of any kind (WHO, 2010). The WHO promotes and calls for voluntary non-remunerated blood donations as they believe volunteer donors are the safest blood donors (Becker et al., 2019). The principle regarding voluntary blood donation led to the act being defined as altruistic (philanthropic in nature) and should therefore warrant no remuneration. This has also led to the call from the WHO to use exclusively non-remunerated blood donors, considering them the most acceptable, if not the only acceptable, sources of blood, as they pose less risk of transmission of infectious agents in blood transfusion (Allain & Sibinga, 2016). In June 2009 the WHO mandated that, by 2020, governments of countries worldwide should support the goal to acquire blood products from voluntary non-remunerated donors exclusively (Beyene, 2020; WHO, 2010). However, this target has not been reached and the WHO has extended the implementation of non-

remunerated blood donations to 2025 (Haddad et al., 2020). The debate regarding this notion is ongoing, particularly because funds and resources vary between developing and developed nations. Therefore, authors Allain (2019) and Allain and Sibinga (2016) argue about the suitability and societal misfit of this generalised approach towards recruiting voluntary non-remunerated blood donors. However, member countries on the WHO global database continue to be encouraged to strive to use 100% voluntary non-remunerated blood donors (WHO, 2010).

2.3.6 Blood collection organisations

Blood and its various components are generally prepared by blood collection organisations and sent to hospitals and other medical facilities, or they are prepared in hospital blood banks. This decentralisation of preparing and distributing blood products raises concerns about the regulatory oversight that is conducted in these facilities and has prompted the application of regulatory systems across these facilities (WHO, 2017). To ensure the high quality and safety of blood products, the WHO (2017) recommends that blood collection organisations comply with international and local blood regulations and policies. The WHO has long advocated the establishment of national blood transfusion services and assists countries in their establishment (WHO, 2010). The WHO developed a “universal safe blood transfusion” strategy which has five key focus areas: “1) development of nationally coordinated blood transfusion services, 2) exclusive collection from voluntary nonremunerated blood donors (VNRBDs), 3) quality-assured donation testing, 4) reduction of inappropriate clinical use of blood, and 5) implementation of quality systems and standards” (Weimer et al., 2019).

A national blood transfusion service is one of the key elements essential to assuring a safe and sustainable blood supply in a country. This system is responsible for ensuring blood availability, storage, testing, the appropriate use of blood products, and the recruitment and management of blood donors (Mammen et al., 2021). According to the WHO (2010) guidelines for designing blood collection organisations, the choice of the appropriate blood service model is influenced by the respective country and its existing infrastructure. It is recommended that blood collection centres be located separately from hospitals, as donors may be reluctant to donate at a centre located in a hospital because they may feel as though they are patients too. Therefore, separate and branded blood collection facilities must be established. Physical spaces must adequately house equipment and be kept in optimal working condition. Blood collection services must be located in easily accessible locations, close to transport routes and activity centres, and must be accessible to donors and personnel with disabilities. Operation hours should be set in a way that maximises donor access but also ensures the safety of the facility. Measures to ensure biosafety must be in place; these include the use of

protective equipment to safeguard any infections from the unverified blood at the point of transfusion. Blood collection organisations are tasked to ensure occupational health and safety standards related to the classification of the service. They are also responsible for training and educating their staff, stakeholders and the community at large (WHO, 2010).

As part of donor management, blood collection organisations are tasked with encouraging and ensuring voluntary non-remunerated blood donation, which is foundational to a safe and adequate supply of blood. Consequently, they are responsible for safeguarding donors during the donation process, informing donors about risks related to blood donation and about the donors' responsibility regarding their health and disclosing the possibility of infected blood. Among their other responsibilities, blood collection organisations are tasked with recruiting voluntary blood donors, who are their primary source of blood products (WHO, 2017).

Historically, the recruitment of blood donors has been carried out through traditional media such as radio, outdoor advertising, television and personal contact, for example, telephonic recruitment via a call or text message (Lawrence, 2021). However, these strategies have not led to a significant increase in the number of blood donors (Duh & Dabula, 2021). Objective 6 of this study aims to address this by suggesting tailored relationship and social marketing strategies that can be considered by blood collection organisations. Lawrence (2021) suggests that, rather than abandoning these traditional recruitment strategies, blood collection organisations should exploit omnichannel marketing and integrate traditional marketing tools with new platforms like social media. Lawrence furthermore states that, in light of the COVID-19 pandemic and the shift to increased consumer online presence and social influence, online meeting places must be used for blood donor recruitment. Of the new recruitment strategies that have been implemented, as noted by Lawrence, most focus on the acquisition of first-time blood donors, while only a few are aimed at existing donor retention. Looking to the future of blood donor recruitment, it is predicted that technology such as geographic information systems (GIS) and other intelligence will play a key role in recruitment and retention, and it will be used in a more targeted and focused manner (Lawrence, 2021).

2.4 GLOBAL PERSPECTIVE OF BLOOD DONATION

The WHO (2017) global database on blood safety has 171 reporting member countries, which have been grouped into six regions: Africa, the Americas, Eastern Mediterranean, Europe, Southeast Asia and Western Pacific. Countries within each of these regions are further classified as high-income countries (which includes developed nations like the United States and some European countries), upper middle-income countries (including Brazil, Argentina, South Africa, Malaysia, China, Botswana), lower middle-income countries (including,

Indonesia, Bolivia, Philippines, India, Pakistan, Samoa, Nigeria, Ghana, Kenya, Namibia and Zimbabwe) and lastly lower-income countries (mostly includes African countries like Burundi, Zambia, Malawi, Mali, Somalia, Sudan and other countries include Afghanistan, Syrian Arab Republic and Yemen) (WHO, 2023; World Bank, 2022). Out of the 171 reporting countries, only 79 collect the majority (90%) of their blood from voluntary non-remunerated blood donors, while 54 countries obtain over 50% of their blood from family replacement or paid donors, which is not in line with WHO's mandate of using 100% voluntary donors. Of great concern is that 40% of global blood donations are contributed by high-income countries, which are home to only 16% of the global population (WHO, 2023), further highlighting the state of blood collection inadequacies across the world. Figure 2.3 presents the donation rate per 1 000 people, according to the WHO country classifications, indicating donation ratio disparities between the higher- and lower-income countries.

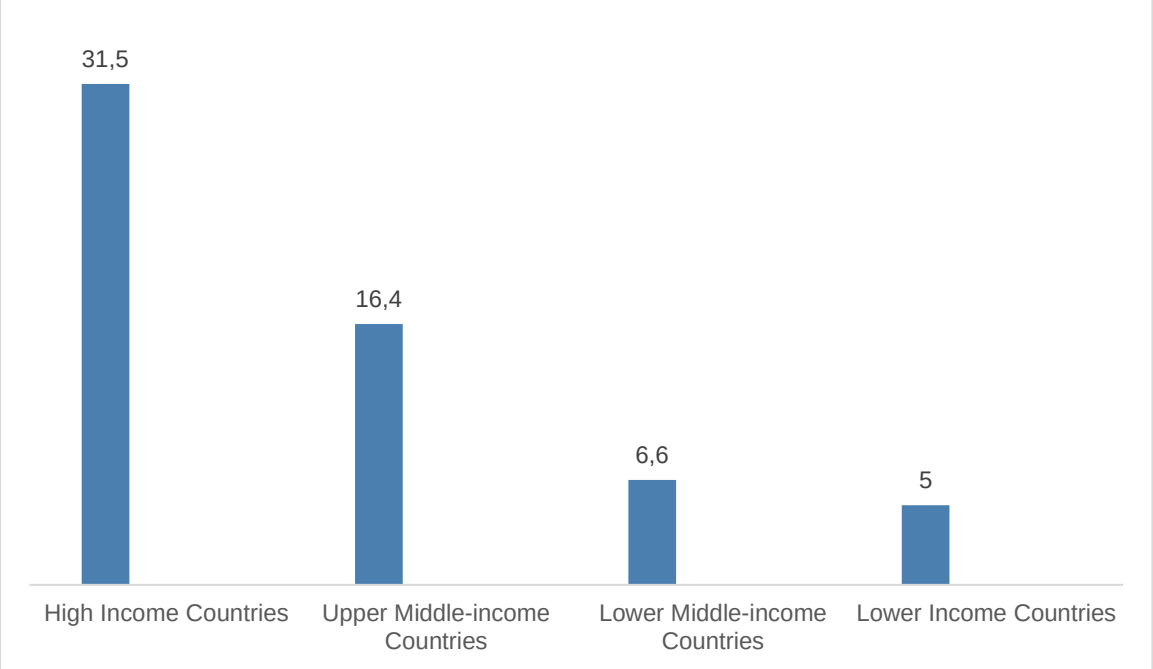

Figure 2.3: Global blood donation rates per 1 000 people

Source: WHO (2023)

Although blood shortage remains a universal crisis, the challenges faced by developed countries are different from those in developing countries (Sachdev et al., 2021). Developed nations have historically maintained adequate blood stock levels to sustain their healthcare system as a result of the longstanding blood donation culture that they have developed over the past hundred years (Allain, 2019). Some of these countries are currently experiencing declining blood donation trends and a declining blood donor population as they face the challenges of recruiting younger donors to replace the ageing donor population. Countries

such as the United States and Japan are experiencing fragility in their blood supply on account of changing donor demographics, which puts them at risk of a decreasing donor population (Odajima et al., 2021; Sachdev et al., 2021). Blood shortages and low blood reserves were reported in some regions of France and Italy (Cha, 2021; Satyavarapu & Wagle, 2020). In Australia, the prevalence of immigrant populations, who are less active in blood donation, has placed pressure on the blood collection organisations, which cannot ensure the availability of blood types that are rare among the Australian population. Consequently, Australia is faced with the challenge of recruiting blood donors from ethnic minority groups and maintaining diversity in their blood donors (Gahan et al., 2022).

In contrast to developed nations, developing nations have never managed to meet the required blood supply demands, and they are not reaching the donation rate targets set out by the WHO (Sachdev et al., 2021). Developing countries are not only struggling with inadequate blood supplies but also have the challenge of ensuring the supply of safe blood timeously (Beyene, 2020). Developing nations are faced with several challenges of donor scarcity as a result of the limited number of well-established blood collection service organisations, inadequate infrastructure and logistics for effective recruitment and retention of donors, and dispersed populations that are spread mainly in rural communities with limited accessibility and limited access to blood donation services. These countries are also plagued by a high prevalence of transfusion-transmittable infections and misinformation regarding blood donation owing to cultural beliefs and influences, and people's inadequate knowledge of blood donation matters and facts. Such factors are evident in the disparity of blood donation ratios between developed and developing countries (Allain, 2019; Asamoah-Akuoko et al., 2017; Beyene, 2020). China, for instance, is faced with challenges of sustaining blood donor numbers, the cost and recovery of blood services and blood safety on account of the prevalence of transfusion-transmitted viral infections among its population (Zhu et al., 2017). The national blood collection service in Trinidad and Tobago is plagued with severe blood shortages, transfusion-transmitted infections and system inefficiencies, which all contribute to reduced public confidence in the organisation. Moreover, public pushback and a drop in blood donations was experienced when the national blood collection organisation restructured its services in accordance with the WHO resolution of voluntary non-remunerated blood donors and discontinued incentivising donors for blood (Charles et al., 2019). Middle Eastern countries such as Egypt, Jordan, Palestine, Saudi Arabia and Lebanon have struggled to sustain blood supplies and reach the 100% voluntary non-remunerated blood donation target as a result of their blood collection services being decentralised and fragmented. These member countries do not have established national blood collection systems and still operate mainly in hospital-based blood banks or a combination of a national blood service and hospital-based blood

banking system. This has created difficulties in implementing coordinated blood donation activities to improve donor rates and enhance the safety and supply of blood products (Haddad, 2020).

The following section discusses blood donation in the WHO-classified African region, which is comprised of countries in sub-Saharan Africa. It is worth noting for clarification that North African countries report under the WHO Eastern Mediterranean region. For purposes of this study, “Africa” entails the sub-Saharan African countries that report to WHO under the African region.

2.5 BLOOD DONATION IN AFRICA

The WHO African region comprises 47 countries which are also collectively referred to as sub-Saharan Africa and regionalised by WHO into three categories: (1) Central Africa, (2) Eastern and Southern Africa and (3) West Africa, as reflected in Table 2.1. According to the income categorisation, the majority (26) of these African countries fall in the low-income category, 13 in the low middle-income, seven in the upper middle-income, and one (Seychelles) in the high-income category (Weimer et al., 2019).

Table 2.1: Countries of the WHO African regions

Central Africa (10 Countries)	Eastern and Southern Africa (20 Countries)	West Africa (17 Countries)
• Angola • Burundi • Cameroon • Central African Republic • Chad • Republic of Congo • Democratic Republic of the Congo • Equatorial Guinea • Gabon • Sao Tome and Principe	• Botswana • Comoros • Eritrea • Ethiopia • Kenya • Lesotho • Madagascar • Malawi • Mauritius • Mozambique • Namibia • Rwanda • South Africa • Seychelles • South Sudan • Swaziland • Tanzania • Uganda • Zambia • Zimbabwe	• Algeria • Benin • Burkina Faso • Cape Verde • Cote d’Ivoire • Gambia • Ghana • Guinea • Guinea Bissau • Liberia • Mali • Mauritania • Niger • Nigeria • Senegal • Sierra Leone • Togo

Source: WHO Africa (2022)
Note: This table is not based on geographic classification, but on the organisational structure provided by and used by WHO to cluster the countries into reporting regions.

2.5.1 The state of blood donation in Africa

Approximately 85% of the countries in sub-Saharan Africa have an established blood collection system in accordance with the WHO guidelines. Blood transfusions in African hospitals are generally administered in emergency cases and the treatment of young patients, unlike in developed countries where blood transfusions are mainly used for elective surgeries and the treatment of diseases among older patients (Barro et al., 2018). Despite a 19% growth in blood donation from 12 countries in Africa, over 40 countries in the African region are still failing to reach the donation goal ratio of one donor for every 100 people in their populations (Weimer et al., 2019).

Blood collection services in the African region are constantly troubled by the insufficient pool of recruited blood donors and the lack of retention of existing donors (Dei-Adomakoh et al., 2021). Decades after the call for the universal establishment of centralised blood collection systems and facilities by nations, several African countries still lag behind and remain reliant on the practice of hospital-based blood collection services. Some African countries maintain the use of paid blood donors and family replacement donors, despite the WHO's declaration of the promotion of voluntary non-remunerated blood donors (Dei-Adomakoh et al., 2021; Ugwu et al., 2021). The blood donation systems in sub-Saharan Africa rely heavily on family replacement donors, which are inadequate in meeting blood demands and blood safety in the region. Over 80% of the blood supply in countries such as Mauritania, Madagascar, Cameroon, Algeria, Gabon and Ghana is contributed by family replacement donors, while 50% to 60% of these donors contribute to the blood supply of countries such as Tunisia, Burkina Faso, Mozambique, Algeria and Guinea. Less than 10% of Benin and Senegal's blood donations are provided by family replacement donors. Botswana, South Africa, Zimbabwe, Central African Republic, Cote d'Ivoire, Rwanda, Namibia and Burundi do not have family replacement donors in their blood collection systems, which depend solely on voluntary non-remunerated blood donors (Ugwu et al., 2021).

The debate around abolishing family replacement donors in favour of volunteer non-remunerated blood donors in Africa has spanned over 10 years in scholarly work by various authors (including Allain, 2011; Allain et al., 2010; Allain & Sibinga, 2016; Bates & Hassall, 2010; S. P. Field & Allain, 2007; Gallaher et al., 2017) some of whom argue that, with better coordination and prioritisation of blood safety, there is the possibility and necessity for both types of blood donors to exist, as they serve to fulfil a common need, the supply of blood.

Common reasons contributing to the dominance of family replacement donors in Africa include societal beliefs that blood is sacred and should be shared among family members. Moreover, there exists a belief that behavioural traits of the donor can be passed through the blood to the recipient, which explains the preference for blood to be received from family members, friends or colleagues (Asamoah-Akuoko et al., 2017; Mohammed & Essel, 2018). However, Shittu et al. (2019) maintain that the family replacement donor system has inherent blood safety issues and that these donors are a necessity mainly because of the inability of blood collection organisations to recruit enough voluntary donors to meet the demand for blood.

2.5.2 Challenges of blood donation in Africa

High death rates in Africa are due to childbirth complications, including severe bleeding, anaemia, malaria, road vehicle accidents and militant conflicts, which heightens the demand for transfused blood in the region. Countries in Africa find themselves under immense pressure to supply blood, but they are unfortunately not able to collect even half of the blood needed to meet the needs of their populations (Dei-Adomakoh et al., 2021). Africa shares the challenges of other developing nations, which have been alluded to in Section 2.4, and further challenges will be discussed in the ensuing sections.

2.5.2.1 High prevalence of transfusion-transmittable infections

Blood safety is also a great concern in the African region as there is a prevalence of infectious diseases such as HIV, malaria, syphilis and hepatitis. In Africa the challenge of the high prevalence of transfusion-transmittable infections is two-fold: (1) it poses challenges of exposing blood donation recipients to infections through blood transfusion, and (2) it results in the high deferral of blood donors who may be willing to donate blood (Barro et al., 2018; Dei-Adomakoh et al., 2021). There is a high prevalence of transfusion-transmittable infections owing to the high rates of these infections and diseases across African countries (Dei-Adomakoh et al., 2021). The results from a study involving blood donors in two hospitals in Malawi showed that about 20% of the donors tested positive for HIV, hepatitis B and C and syphilis, while malaria was detected in about 72% of the blood donors (Dei-Adomakoh et al., 2021). These infectious diseases are the foremost concerns in blood transfusion, as they heighten the risk of transfusion-transmitted infections through the practice of unsafe blood transfusions, which provide an opportunity for these infectious diseases to be passed through blood, putting the lives of healthy donation recipients at risk (Birhaneselassie, 2016). Birhaneselassie (2016) furthermore states that in sub-Saharan Africa most of the blood donated is not extensively tested for infections because of the insufficient supply of testing resources, which is a major issue in financially constrained underdeveloped countries. Therefore, the WHO advises that only healthy voluntary donors be recruited and that the

donated blood be tested for the major aforementioned infections. However, even with the testing measures implemented, the risk of transmission of infection is still high in most parts of the African region as a result of non-adherence to the testing regulations, poor testing facilities and scarce resources to conduct tests (Dei-Adomakoh et al., 2021).

2.5.2.2 Limited resources and financial constraints

The majority of the countries in Africa did not have the required infrastructure for blood collection because this function has primarily been the responsibility of hospitals, meaning that the blood collection system was decentralised. The aim of establishing national blood collection services was to centralise the services, ensure the testing of donated blood and coordinate the recruitment and exclusive use and retention of voluntary non-remunerated blood donors (Barro et al., 2018; Gallaher et al., 2017). Gallaher et al. (2017) point out that establishing and maintaining such centralised blood donation systems has significant cost implications, which are more expensive than managing hospital-based blood collection services. These costs are incurred through the implementation of extensive quality assurance programmes, logistics involved in the transporting of blood products and donor recruitment initiatives. (Gallaher et al., 2017; Ugwu et al., 2021). The financial resources required to build human and infrastructural capacity for providing blood collection services are often regrettably not sufficient to provide safe and sufficient blood products. Therefore, to overcome these challenges, organisations such as WHO, the European Union (EU) and Lux-Development have provided international technical and financial support to capacitate countries through the development of suitable infrastructure, facilities and policy that will ensure that blood collection services meet international standards and adhere to the WHO guidelines (Barro et al., 2018; Dei-Adomakoh et al., 2021). Dei-Adomakoh et al. (2021) raise the concern that, owing to scarce and at times non-existent national funding in these countries, the dependence on foreign funding creates uncertainty about the future of blood collection services, as they may be adversely affected by cuts in international funds. The authors subsequently suggest that African states should establish sustainable systems to fund blood collection services and partner with the private sector to support such services in the interest of safeguarding a country's blood supply.

2.5.2.3 Sociocultural factors

Cultural and religious beliefs affect blood donation, as individuals look to these social structures, which include family and community for approval, and cite cultural and/or religious beliefs as reasons for not donating blood (Spratling & Lawrence, 2019). People of African descent are reported to have cultural and religious reasons for not taking part in blood donation (Polonsky et al., 2018). Studies have found that reasons related to culture and reluctance of

African people towards donating blood include fear of witchcraft owing to beliefs that donated blood will be sold for malicious purposes unrelated to those which the blood was donated for. In some African cultures and even religions, blood is considered to be sacred, as it symbolises a sacrifice of life. Therefore, donating blood is viewed as the “spilling of blood”, which is not to be taken lightly as it is viewed as some form of sacrilege. There is also a misconception that the donation of blood will lead to the transfer of the donor’s behavioural traits onto the blood donation recipient once the blood transfusion has occurred (Spratling & Lawrence, 2019; Zanin et al., 2016). This reluctance, influenced by culture among the African population, is not unique to blood donation, but greatly affects the donation of body parts and organs. As De Gama et al. (2020) note, African cultural practices have a negative impact on such donations, as they are viewed as unacceptable.

African people’s reluctance to donate blood is not a challenge that is unique to Africa. Extensive research has been conducted into deterrents of and barriers to blood donation among African migrants in Australia (Polonsky et al., 2018, 2022), increasing African American blood donation (Singleton & Spratling, 2019), and blood donation barriers and facilitators among sub-Saharan African migrants in Western countries (Klinkenberg et al., 2019), to name a few topics. These studies, however, investigate Africans who are a minority population in these and other countries, whereas in Africa, Africans are the majority population, yet their contribution to their troubled national blood supply is low, which poses a great concern. This makes a strong case for growing the pool of blood donors in the African region. Moreover, it reflects the opportunity and need to retain the existing blood donors to become loyal donors as they have previously donated blood and overcame various sociocultural barriers that exist in their society.

Women constitute a slight majority (50.1%) of the sub-Saharan African adult population; however, they are underrepresented with regard to blood donation. This is partially due to a wide range of factors: (1) sociocultural factors such as gender inequality in some countries that require women to obtain permission to donate blood from their spouse; (2) the notion that females are weaker than their male counterparts, making them vulnerable to perceived “blood donation-related” health issues; (3) the belief that women should not donate blood because it will affect their ability to have children; and (4) biological factors which include pregnancy, breastfeeding and menstruation, which are conditions that exclude women from donating during those periods (Dei-Adomakoh et al., 2021; Weimer et al., 2019). For men, it is reported that there is a misconception that donating blood will result in sexual failure, that is impotence, or becoming sterile, which are believed to have implications on reproductive capability (Zanin et al., 2016). Studies have shown that there is limited knowledge about the importance of donating blood, and misinformation and misconceptions about blood donation exist. There is

limited knowledge and blood donation-related information, such as how many times one can donate, the minimum donation age and so forth, which calls for extensive educational campaigns to empower the public and prospective blood donors about the importance of blood donation (Mohammed & Essel, 2018).

2.5.2.4 Other challenges

A significant portion of voluntary non-remunerated blood donors in Africa are secondary school pupils and university students (Allain & Sibinga, 2016; Gallaher et al., 2017; Weimer, 2019). This indicates that national blood collection services in Africa are reliant on this donor populace as the main source of blood donation. Consequently, the reliance on this population as the primary source of blood donation results in seasonal and recurring blood shortages owing to the unavailability of donors to donate when institutions of learning are in recess (Weimer, 2019). Beyene (2020) suggests that individuals from the 18-to-25-years age group are highly associated with blood donation behaviour. This presents an opportunity to develop a relationship with these donors to build donor loyalty with the aim of securing a pool of regular donors. Moreover, loyalty in the form of word of mouth can be exploited by having these donors advocate for blood donation and create further awareness among their peers and community about blood donation (Beyene, 2020).

2.5.3 Developments and future opportunities for blood donation in Africa

From the early 2000s, progress in blood donation and the safety of blood transfusion was realised through the concerted efforts and interventions of the WHO, foreign governmental organisations and various forms of funding. These interventions led to increased donor recruitment initiatives, the implementation of blood donation education and training programmes and extended testing for transfusion-transmitted infections during the blood donation process (Ugwu et al., 2021; Weimer, 2019). However, as funding declined, the rate of transfusion-transmitted infections increased and the capability to maintain or enhance blood collection services was adversely affected (Weimer, 2019). Shittu et al. (2019) state that, in the quest to achieve 100% voluntary non-remunerated blood donations in Africa, the acquisition of safe and adequate blood supplies in Africa is possible without the family replacement donor system. Countries such as Zimbabwe, Botswana, Uganda, Rwanda and South Africa have made great strides in fully transitioning to the use of voluntary non-remunerated blood donors. This was made possible through nationally coordinated blood collection systems that were well-funded and legally supported by national legislation (Shittu et al., 2019). Barro et al. (2018) add that the relatively young African population provides great opportunities for developing this key source of blood donors, which is an advantage that blood donation services exploit in

their education and recruitment programmes for growing the numbers of voluntary non-remunerated blood donors.

2.6 BLOOD DONATION IN SOUTH AFRICA

South Africa is one of the countries in Africa that has successfully achieved 100% voluntary non-remunerated blood donation, which is a legal requirement (Shittu et al., 2019). This means that blood donors do not expect any remuneration for their blood donation (Shittu et al., 2019). In line with the first research question of this study, it is therefore important to understand what influences such donors to continue doating blood. There are two blood collection organisations in South Africa – the WCBS and the SANBS – which are guided by international best practices and operate under global blood transfusion regulations. The WCBS operates exclusively in the Western Cape province of South Africa (Malange & Atia, 2021). The WCBS has been operating in the Western Cape for 85 years, with regional branches in Paarl, Worcester and George. The organisation operates five permanent donor clinics and 551 mobile clinics, with a total staff complement of 513 people (WCBS, 2024). The WCBS has approximately 71 564 active blood donors, who are voluntary non-remunerated blood donors (WCBS, 2024). To meet the province's demand for blood products, the organisation is required to collect about 700 units daily, which translates to 700 blood donors. Figure 2.4 presents the racial profile of blood donors on the WCBS database. The majority of the active blood donors are White donors (57%), followed by Coloured donors (34%), with Black donors contributing 8%. With regard to gender, the WCBS donor panel is made up of 56% female donors and 44% male donors.

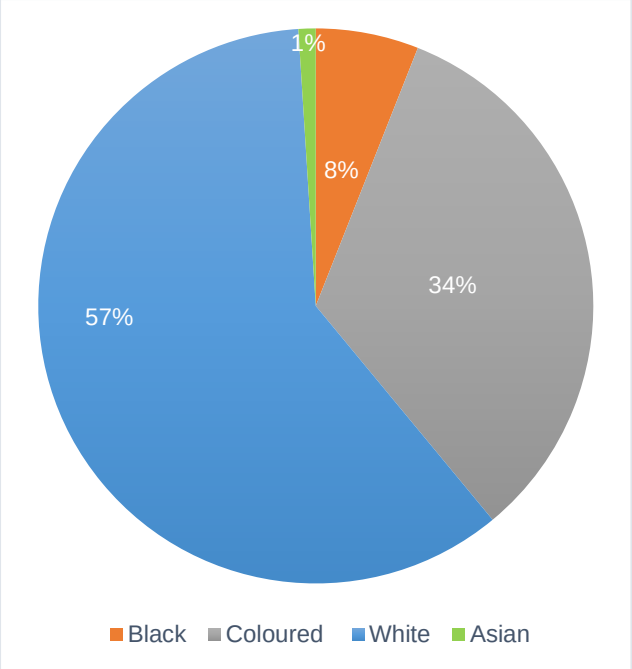

Figure 2.4: WCBS active donor contribution by race

Source: WCBS (2024)

The other blood collection organisation in South Africa is the SANBS, which is the major and national service provider, operating in eight out of the country's nine provinces (all but the Western Cape). The SANBS operates at a bigger scale than the WCBS, employing 2 776 people across 185 sites in the provinces in which it operates (SANBS, 2023). In 2017 SANBS reported that it had 484 581 blood donors in its database, of which 394 637 (81%) were active donors (SANBS, 2017). To date, the author has found no record stipulating updated donor numbers for the SANBS as the most recent 2023 annual report does not include donor figures. To ensure adequate blood supply, the SANBS aims to collect at least 3 000 to 3 300 units of blood daily (one donor contributes one unit of blood) (SANBS, n.d.-c). Figure 2.5 presents the racial profile of blood donors on the SANBS database. The most active blood donors are White donors (46%), followed by Black donors (38%).

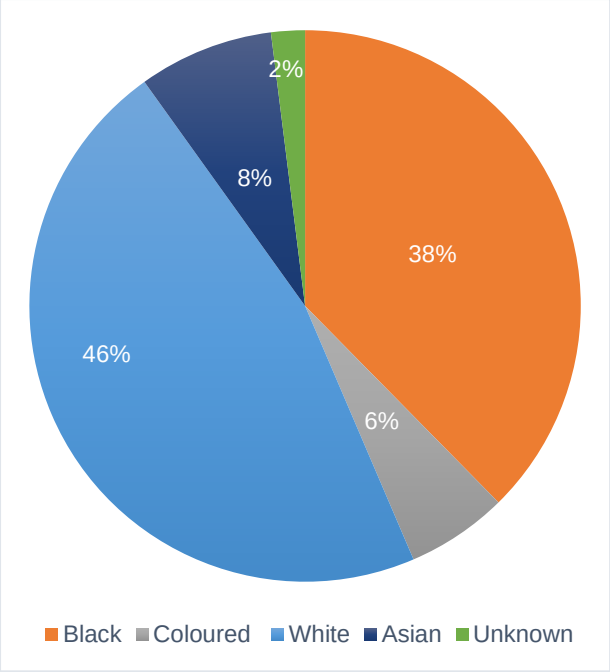

Figure 2.5: SANBS active donor contribution by race

Source: SANBS (2017)

Based on the racial distribution of blood donors presented in Figure 2.4 and Figure 2.5, the Black donor contribution at SANBS (38%) is proportionally far greater than the Black donors' contribution to the WCBS (5%). The statistics highlight the overall low donation rates from the Black South African population. South Africa has a population of over 63 million, and Black people make up the majority of the population (81.4%) followed by Coloured people (8.2%), then White people (7.3%) and Indian/Asian people (2.7%) (South African Government, 2024). Considering these figures, the South African blood donor contribution is not representative of the racial distribution of the country, and Black people are highly underrepresented. Low Black donor contribution in blood donation is not unique to South Africa, as studies in countries such as Australia and other Western countries (Klinkenberg et al., 2021; Polonsky et al., 2022) have highlighted the underrepresentation of blood donors of African descent in high-income countries. The difference in these studies is that the Black populous is the minority, whereas in South Africa they are the majority, which raises great concern for the South African blood collection organisations and healthcare system. These disparities can lead to the shortage of specific blood types required by blood collection organisations to meet blood donation needs (Klinkenberg et al., 2019).

Similar to the WCBS, the SANBS is South Africa's licensed essential services provider and a non-profit organisation that is globally ranked among the best providers of blood and blood components, research output and training provision (SANBS, n.d.-a). The organisation is self-

funded and receives no subsidies from the South African government. SANBS charges fees for their services, which cover the costs of blood collection, transportation, testing, processing, stock management, storage, distribution, staff, facilities management and other operational costs (van der Merwe, 2022). Blood donation systems have existed for over 80 years in South Africa. The SANBS was established in April 2001 from a merger of other blood collection centres in the country. The organisation has progressed to be considered a major player, as it provides support to other African countries in the Southern African Development Community (SADC) (SANBS, n.d.-a).

South Africa has a population of over 63 million people, of which roughly 500 000 comprise the blood donor base, which is less than 1% of the country's population (Potgieter & Rensleigh, 2022). The 1% donation rate is below the global average donation rate of 1.59% for upper-middle-income countries, under which South Africa falls (United Nations Population Fund, 2019). Both the SANBS and WCBS have reported blood shortages and depleted reserves owing to the blood-product demands placed on the healthcare system (Malange & Atia, 2021). There are continuous pleas to the public to visit their nearest blood collection organisations or mobile blood collection sites to donate blood: moreover, the public is also encouraged to organise and host blood drives in their communities in an attempt to boost blood stocks (Malange & Atia, 2021).

2.6.1 Blood collection challenges in South Africa

The prevalence of HIV in South Africa adversely affects the safe, efficient and sufficient supply of blood in the country. About 7.97 million South Africans are reported to be living with HIV, and they are aged between 15 to 49 years old, which is the main target population for blood donation candidates (Rapodile et al., 2021). Owing to the prevalence of HIV among the Black population, in 1999, a risk-management structure was put in place by blood collection organisations. This entailed the use of race as a risk marker, among other indicators, leading to the unethical practice discarding of blood from Black donors. The introduction of nucleic acid testing was aimed at reducing transfusion-transmitted HIV infections and implemented to improve the risk-management programme by removing race-based blood discarding, with the hope that it would increase donations from the country's majority population, Black people (Vermeulen et al., 2019).

Although this practice was discontinued, and race was no longer used as a risk marker in blood collection, the Black population was sceptical about how South African blood collection organisations treat and manage blood from Black donors (Muthivhi et al., 2015). Consequently, one of the strategic priorities of SANBS is to focus on new donors, youth and Black donors (SANBS, 2020). Another hindrance to donation from the Black population is related to cultural

misconceptions that suggest that donating blood can lead to loss of virality in men, adverse health effects, weight loss, contracting infectious diseases and risk of high blood pressure (Muthivhi et al., 2015). To overcome this challenge, the SANBS implemented campaigns such as the Gaz'lam ("brotherhood") campaign specifically targeted at Black donors in strategically selected media platforms. To attract young donors, the organisation promoted the "Be the 1" international campaign with a famous international soccer star, which aimed to inspire young people to be lifelong blood donors. (SANBS, 2017).

Along with an insufficient pool of donors, donor retention is another major challenge faced by the SANBS, which is a recurring issue in the organisation's annual reports. The WBCS, in comparison, has a higher contribution from repeat rather than new donors. The repeat donor contribution increased from 73% in 2018 to 84% in 2021, while the new donors' contribution declined from 27% in 2018 to 16% in 2021 (WCBS, 2019, 2021). To overcome this challenge, the SANBS has indicated that it will seek opportunities to encourage frequent blood donations from its active donors, increase awareness and put in place donor rewards programmes (SANBS, 2020). The low retention of blood donors is a challenge that is not unique to South African blood collection organisations. France, France, Ysidron. et al. (2022) emphasise that the retention of new donors is a major problem because registered donors tend not to return for subsequent and regular donations. This is a major challenge, as the supply of blood is reliant on these donors. France, France, Ysidron et al. (2022) opine that, although motivators and deterrents of blood donation have been investigated, the continuous failure to retain blood donors may be attributed to a lack of knowledge about possibly unique factors that encourage or discourage registered donors to continue donating blood. Through a qualitative study, this research aimed to investigate the reasons for and against continued blood donation by existing blood donors, which may reveal unique factors that drive blood donor loyalty and retention, adding to the body of knowledge regarding blood donor loyalty.

In the midst of the COVID-19 pandemic, in July 2021, South Africa experienced civil unrest, which led to the destruction of public and private properties and looting of retail spaces, manufacturing and distribution organisations. These violent acts took place in the provinces of KwaZulu-Natal (KZN) and Gauteng and resulted in job losses, costly damages and deaths (Karrim, 2022). The SANBS was also negatively affected by political instability in the form of the July 2021 looting and protests. The SANBS was mostly affected in KZN, as four of their collection branches were raided and vandalised (one of them in Durban's Queensmead Mall). These violent incidents forced the SANBS in these geographic regions to shut down for four days in the interest of protecting donors, personnel and valuable property. This instability not only affected blood collection but the transporting of blood throughout the supply chain, which compromised the safety and supply of blood (SANBS, 2021). The KZN region had existing

blood supply challenges, which were worsened by unfortunate events that took place in KZN. The SANBS hopes to raise awareness of blood collection services in KZN and grow the donor pool so that eventually KZN can supply enough blood to meet its own needs (SANBS, 2020).

Amid the challenges, blood collection organisations are continuously seeking innovative and effective ways to increase the supply of blood through the recruitment and retention of blood donors. The addition of knowledge in this field of study will be highly beneficial to practice and make a significant contribution to the existing body of research in blood donation.

2.7 CHAPTER CONCLUSION

This chapter presented an overview of the blood donation industry to provide an understanding of blood donation and what it entails. Various aspects of blood donation, including challenges, were discussed to provide insight into the industry and a backdrop against which the study is set.

Chapter 3 presents the marketing-related literature on social marketing, relationship marketing and service quality, from which grounding constructs of the study are drawn.

CHAPTER 3: A REVIEW OF SOCIAL MARKETING, RELATIONSHIP MARKETING AND SOCIAL MARKETING BLOOD DONATION LITERATURE

3.1 INTRODUCTION

This chapter provides an overview of social marketing, its origins, definitions and nature of the discipline, which focuses on the key concepts and the theories that are generally used in social marketing literature. The global use of social marketing to affect behaviour change is discussed in this chapter, and a South African outlook on social marketing is provided. The rationale for dedicating much of the chapter to social marketing is based on the fact that social marketing has played a significant role in effecting behavioural change in many sectors and continues to be relied on in the healthcare sector, under which this study is located. Therefore, it is important to gain a clear understanding of the discipline and its tenets, particularly in the context of this study. It is argued that social marketers need to foster engagement and relationships to achieve the objective of behavioural change for social good (Brennan et al., 2016). Hence, an overview of relationship marketing is provided in this chapter. The chapter concludes with a review of the application of relationship marketing in social marketing and blood donation literature.

3.2 OVERVIEW OF SOCIAL MARKETING

3.2.1 Understanding social marketing and its origins

The term social marketing was pioneered over 50 years ago, in 1971, by Kotler and Zaltman (Salgado Sequeiros et al., 2022). The scholars sought to determine whether marketing efforts could be applied to convince people to adopt behaviours that are beneficial to their well-being, that of their friends and families and the well-being of society (N. R. Lee & Kotler, 2019). Social marketing is described as the use of traditional marketing techniques to influence social change for social good (Gordon, Russel-Bennet, & Lefebvre, 2016). However, social marketing as a practice was not a new phenomenon, as the first noted attempt is considered to have originated in India in 1967 (Lefebvre, 2011). Marketing practices were incorporated into a project in India to create awareness about condoms and to increase the demand for and use of contraceptives and related services (Lefebvre, 2011; Pang et al., 2021). The success of this project led to family-planning programmes and initiatives in developing nations emulating it. In the emergence of the HIV pandemic, social marketing became the main tool for creating awareness, distributing behavioural-change communication and creating demand for prevention commodities such as condoms (Meadley et al., 2003). In considering the origins of

social marketing, other efforts such as abolishing child labour, influencing women's rights to vote and the recruitment of women to join the workforce have been noted (N. R. Lee & Kotler, 2019). Initially, social marketing issues focused on public health, including reproductive health, family planning and malaria prevention, then road safety, pollution and food safety, which were more prominent in developing countries (Brennan et al., 2014; Veríssimo, 2019). As more nations became developed, social issues such as environmental sustainability, including issues like waste management, energy efficiency and water conservation, have gained attention in light of the threat posed by global warming (Veríssimo, 2019). Over time, the scope of social marketing continues to expand globally, as new issues that require new solutions emerge (Veríssimo, 2019; Brennan et al., 2014). French and Gordon (2019) concur by noting that, since its emergence, social marketing has gained prominence in academia and policymaking, propelled by the increased evidence that proves social marketing to be effective in effecting social change. By virtue of this, it is opportune to situate this research on blood donor behaviour in the context of social marketing, as it aims to investigate the factors influencing donor behaviour with the end goal of recommending suitable strategies to influence blood donor behaviour.

3.2.2 Definition of social marketing

In the seminal paper by Kotler and Zaltman (1971), the authors note that not-for-profit organisations were beginning to consider marketing reasoning in their efforts to further organisational goals and objectives. They state that marketing professionals were advising religious institutions regarding increasing membership numbers and other organisations on attracting patronage (Kotler & Zaltman, 1971). These authors defined social marketing and, over the 50 years that have followed, the definition has evolved as other marketing scholars have proposed other definitions, as summarised in Table 3.1.

Table 3.1: Definitions of social marketing by social marketing experts

Author and year	Definition
Kotler and Zaltman (1971, p. 5)	"Social marketing is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research."
French (2014, as cited in N. R. Lee & Kotler, 2019, p. 8)	"Social marketing is a set of evidence- and experience-based concepts and principles that provide a systematic approach to understanding behaviour and influencing it for social good."
Andreasen (2014, as cited in N. R. Lee & Kotler, 2019, p. 8)	"Social marketing is the application of commercial marketing concepts and tools to influence the voluntary behaviour of target audience to improve their lives or the society of which they are part."
McKenzie-Mohr (2014, as cited in N. R. Lee & Kotler, 2019, p. 8)	"Social marketing is a process that involves (a) carefully selecting which behaviours and segments to target, (b) identifying the barriers and benefits of these behaviours, (c) developing and pilot testing strategies to address these barriers and benefits, and, finally, (d) broad scale implementation of successful programmes."
International Social Marketing Association (iSMA), 2024	"Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good. It seeks to integrate research, best practice, theory, audience and partnership insight to inform the delivery of competition sensitive and segmented change programmes that are effective, efficient, equitable and sustainable".

Source: Researcher's own construction

Russell-Bennett et al. (2019) state that contemporary social marketing entails the integration of strategic considerations and interventions that take into account individuals, communities, services and policy to achieve well-being in the greater society. Although the definitions that have been proposed may vary, there is consensus among them and common elements that emerge: social marketing involves (1) the application of marketing principles used in a systematic process, (2) influencing a change of behaviour, (3) focusing on primary segments of a population, and lastly, (4) a resulting positive outcome to the benefit of individuals and society (N. R. Lee et al., 2023). These elements are briefly discussed in the following section.

3.2.3 The nature of social marketing

3.2.3.1 Social marketing involves the application of marketing principles

Social marketing was born from the notion proposed in the 1970s that marketing tools and techniques can be applied in the promotion of social good and aid in addressing social issues. In support of this idea, seminal studies claimed that when an organisation seeks to target a

specific customer group, the use of marketing is relevant (Wood, 2008). It is important to note that social marketing is not considered a theory, but rather incorporates theories from different disciplines, such as psychology, to develop behavioural-change approaches (Donovan & Henley, 2010; Luca & Suggs, 2013). In defining social marketing, Kotler and Zaltman (1971) outline that social marketing involves consideration and planning with regard to the product, pricing, communication and distribution. These are the four Ps (*product*, *price*, *place* and *promotion*) of the traditional marketing mix, which was introduced by McCarthy in 1960 and incorporated into social marketing (French & Russell-Bennett, 2015).

However, S. Peattie and Peattie (2003) caution against assuming that commercial marketing concepts can be seamlessly transferred to social marketing and suggest modifications of the four Ps used in commercial marketing to be considered in social marketing (Wood, 2008). From a social marketing perspective, the four "social" Ps are proposed as *social products*, *social price*, *social place* and *social promotion* (S. Peattie & Peattie, 2003). This proposal marked the development of the social marketing mix, an alternative to the traditional marketing mix (Lahtinen et al., 2020). One of the developments of the marketing mix was its expansion of the four Ps, which were increased to eight. The additions were: *publics*, which are made up of the target audience, policymakers and citizens; *partnerships*, which involve stakeholders such as businesses, governments and various institutions that participate; *policy*, in the form of legislation and structures that provide funding and access to information; and lastly, *purse strings*, which refers to donors from whom funds and subsidies are obtained (Menegaki, 2012; Weinreich, 2011).

3.2.3.2 Social marketing influences behavioural change

Unlike commercial marketing, which aims to sell products and services to the target market, the objective of social marketing is to effectively influence a change in the behaviour of the target audience (N. R. Lee & Kotler, 2019). Social marketing generally seeks to influence the target audience to do one of the following: (1) *adopt a new behaviour* (e.g. recycling); (2) *reject an unsuitable behaviour* (e.g. smoking among teenagers); (3) *modify an existing behaviour* (e.g. reducing one's consumption of sugar); or (4) *stop an existing undesirable behaviour* (e.g. using a mobile phone while driving). Two more aspects have recently been recommended: (5) *continue a desired behaviour* (e.g. regular blood donation) and lastly, (6) *switch to a more desirable behaviour* (e.g. using public transport instead of driving a private vehicle) (N. R. Lee & Kotler, 2019; Rundle-Thiele et al., 2019). All the aforementioned aspects are ways in which social marketing seeks to influence behaviour change for the better, to the benefit of individuals and society (Rundle-Thiele et al., 2019). This change may require altering

existing attitudes, beliefs and feelings through informing, educating and upskilling the target audience (N. R. Lee & Kotler, 2019).

A key challenge of social marketing that has been noted with regard to behavioural change is the reliance on rewarding good behaviour, because social marketers cannot guarantee or demonstrate immediate benefit to the target audience in exchange for carrying out the desired behaviour (N. R. Lee & Kotler, 2019). This challenge may be a contributing factor to the concern raised by Issock et al. (2020a) and Brennan et al. (2016) that, while social marketing has successfully influenced a change in countless behaviours, the change is often not maintained in the long term. Considering that behaviour change in social marketing is not a short-term transaction, this calls for a more relational approach that recognises that profit or reward is not the motivation. Decisions require high involvement, trust is key, and behaviour change may take a long time. Therefore, fostering relationships and engagement between various actors provides opportunities for social marketers and organisations to influence change and maintain the desired situation or behaviour (Brennan et al., 2016).

3.2.3.3 Social marketing focuses on primary segments of a population

The practice of market segmentation developed from the realisation that consumers differ in their needs and wants, which meant that they could not all be satisfied with a single market offering (Kubacki, Dietrich, & Rundle-Thiele, 2017). Following this realisation, the process of segmentation was undertaken to distinguish groups with heterogeneous needs and provide products and services that are of value to the different groups (Lotenberg et al., 2011). In traditional marketing, the selection of a segment is on its potential to contribute to the organisation's overall revenue, while segmentation in social marketing seeks to identify groups with similar characteristics, who can be targeted with customised programmes to solicit the desired behaviour (Kubacki, Dietrich, & Rundle-Thiele, 2017).

Segmentation is a crucial aspect of social marketing because, at its core, social marketing aims to reach the individuals or groups whose behaviour they seek to change and differentiate them from other groups of people (Lotenberg et al., 2011). This view is supported by Kubacki et al. (2017), who highlight that social marketing programmes and organisations are usually plagued with financial constraints. Therefore, the segmentation process becomes crucial in ensuring that social marketers optimise limited resources by directing them to the segment with the greatest potential for success in order to increase the efficacy of their interventions (Kubacki, Rundle-Thiele et al., 2017).

The traditional segmentation variables used in commercial marketing are demographic variables, geographic variables, psychographic variables and behavioural variables, which are

applicable to social marketing (French, 2017; N. R. Lee & Kotler, 2019). Dietrich (2017) advocates the incorporation of segmentation in the development of social marketing programmes because it aids in developing appropriate messages and designing the programmes. In its development, before the emergence of psychographic and behavioural variables, social marketing focused on demographic and geographic segmentation (Dietrich, 2017). Scholars have warned against the use of a single segmentation variable, as it has a low likelihood of accurately identifying market segments and allowing social marketers to gain a deeper understanding of the segment (Dietrich, 2017). Marketers therefore seldom limit their segmentation to a single variable. It is important that these segmentation variables are used in combination to provide a detailed and well-defined profile of the segment and sub-segments of interest (N. R. Lee & Kotler, 2019).

3.2.3.4 Social marketing focuses on the benefit of society

Social good is a fundamental feature identified in many definitions of social marketing (Gordon, Russell-Bennett, & Lefebvre, 2016). The key premise of social marketing is that it is primarily intended to benefit society, whereas in commercial marketing the primary beneficiaries are the organisation's shareholders by means of financial gain (N. R. Lee & Kotler, 2019; Szablewska & Kubacki, 2019).

There has been debate on what "social good" entails and who decides what is beneficial to society in various contexts (Gordon, Russell-Bennett, & Lefebvre, 2016; N. R. Lee & Kotler, 2019). This has generated comments from social marketing experts who are of the opinion that good is relative; what one person may consider to be good, another may consider it not to be (N. R. Lee & Kotler, 2019). Gordon, Russell-Bennett, and Lefebvre (2016) contribute to the debate by stating that the evaluation of socially good behaviour is underpinned by ethical judgement. As such, the judgement of whether behaviour is socially good is based on whether the behaviour is morally acceptable and ultimately leads to more good than harm for society. This judgement based on ethics also calls for people to make their own choices regarding behaviour (Gordon et al., 2016). To overcome the dilemma of evaluation and judgement of social good, Szablewska and Kubacki (2019) suggest that a human-rights-based approach be used to guide social marketers. This approach includes consideration of "transparency and accountability, equality and non-discrimination, participation and inclusion" (Szablewska & Kubacki, 2019, p. 871).

3.2.4 The evolution of social marketing

French and Russell-Bennett (2015) assert that social marketing is an evolving field, in theory and in practice, and therefore subject to contrasting perspectives and critique. This is evident

in the change of the definitions over time, as presented in Table 3.1. An ongoing debate among scholars relates to the adoption of traditional marketing concepts by social marketing. Some scholars use the traditional marketing mix, with the four Ps, in their portrayal of social marketing, while others argue for a different and more up-to-date approach that focuses on exchange, mutually beneficial relationships and co-creation of value for all parties (French and Russell-Bennett, 2015; Gordon, 2012).

To distinguish social marketing theory and interventions from commercial marketing, social marketing scholars and practitioners have been in pursuit of establishing an identity for social marketing and broadening its scope (Andreasen, 2002). Truong et al. (2018) affirm this by stating that the academic stature of social marketing has grown, and its application has progressed from its dominance in health to issues such as the alleviation of poverty, environmental conservation, tourism, sustainable consumption and other fields in which influencing behaviour for societal good is considered to be important.

To position social marketing in the social-change landscape, Andreasen (2002) proposed a concept and tool that seeks to advance the discipline and is unique to social marketing. Andreasen (2002) developed the six benchmarks for identifying authentic social marketing approaches that focus on upholding behavioural change, are customer-driven, and create value exchange that influences behaviour and social marketing from the health marketing approaches (Rundle-Thiele et al., 2021). The six benchmarks are as follows: (1) *Behavioural change* is sought from the intervention; (2) *audience research* is conducted to understand consumers and their contexts; (3) through *segmentation*, effective and efficient interventions are achieved; (4) *exchanges* will be attractive to and motivate the target audience to act; (5) the *marketing mix* to develop a strategy incorporates all the four Ps instead of just some of them; and (6) *competition* that opposes the desired behaviour must be considered (Andreasen, 2002; French & Russell-Bennett, 2015; Rundle-Thiele et al., 2021; Ryan et al., 2022). Andreasen (2002) does, however concede that social marketing programmes need not have all the six criteria in equal measure to qualify, but the power of the approach is realised when interventions move past a single focus.

French and Blair-Stevens (2005, cited in French & Russell-Bennett, 2015) extended the social marketing benchmarking criteria by adding two criteria: *theory* to be incorporated in the examination and implementation of social marketing interventions, and *customer orientation* to reflect the concept of relationship marketing and place importance on placing the target audience at the centre of social marketing practices (French & Russell-Bennett, 2015). Other models have been proposed, such as the marketing mix by Gordon (2012), which seeks to go beyond the traditional four Ps, suggesting that it encompasses features of contemporary social

marketing. The six elements are: circumstances, organisation and competition, cost, consumer, processes and channels/strategies (Gordon, 2012). In this alternative social marketing model, Gordon suggests the incorporation of other strategies that are focused on customers and building relationships as a holistic approach to behaviour change. However, this model lacks iteration and is open to discussion in the continuing debate in pursuit of broadening the scope of social marketing (Gordon, 2012).

It is evident from the above discussion that, in the establishment, growth and development of social marketing, there are ongoing efforts to advance social marketing and legitimise it from its founding discipline of marketing (French & Russell-Bennett, 2015). Although social marketing scholars have criticised the marketing mix and have developed alternative models, these models have not been empirically tested and comparatively assessed for their effectiveness over time (Lahtinen et al., 2020). There is scarcity of replication in research, which results in a lack of reliability, validity and generalisability of research findings, therefore affecting assurance in the veracity of the discipline (Rundle-Thiele et al., 2019). Consequentially, French and Russell-Bennett (2015) state that traditional marketing concepts are central to social marketing and will continue to be merged with other approaches to achieve social change and societal well-being. The authors conclude that, from the definitions, though not confined by marketing concepts, social marketing has its foundation in the application of marketing concepts (French & Russell-Bennett, 2015).

3.2.5 The application of social marketing in developed and developing countries

Since its inception as a discipline, social marketing was mainly linked to the promotion of health and family-planning programmes, which led to focus in this practice-led field being placed on public health and related matters (Veríssimo, 2019). Over time, social marketing has grown and shifted its main focus beyond the public health sector to addressing issues that include prosocial behaviour related to sustainability and climate change (Calvo-Porral, 2019; Gutierrez Tano et al., 2022), energy efficiency (Gordon, Waitt, Cooper, & Butler, 2018; Issock et al., 2020a); conservation of wildlife (Greenfield & Veríssimo, 2019), water safety and sanitation (Evans et al., 2014), citizen participation (Al Zaidi et al., 2023; Baghi & Antonetti, 2021), charitable giving (Kandaurova & Lee, 2019), gender-based violence (Manikam & Russell-Bennett, 2016) and blood donation (Harrell et al., 2022). A difference in the approach and application of social marketing has been noted, based on what is essentially being marketed or promoted. Social marketing practice in developed nations has focused on promoting behaviour, while developing countries have focused on the traditional marketing principles of creating efficient promotions and distribution programmes for augmented

products and services that are beneficial to society (Gordon, Russell-Bennett, & Lefebvre, 2016).

Salgado Sequeiros et al. (2022) examined research in the field of social marketing in the past 50 years, using a bibliometric analysis and science mapping analysis. The study analysed 1 492 social marketing research articles published between 1971 and 2020. Of the documents analysed, the findings indicated that developed countries accounted for the highest research productivity. These countries in order of research output are the United States (573), Australia (314), England (194), Canada (99) and New Zealand (69). Most of the papers were published in the *Social Marketing Quarterly* and the *Journal of Social Marketing* (Salgado Sequeiros et al., 2022). These statistics reveal that, over 50 years later, the field of social marketing is still dominated by a few developed countries.

In response, Cateriano-Arévalo et al. (2022) posit that there are epistemological disparities in social marketing between the Global North and Global South (these terms are used to refer to the grouping of countries based on socio-economic status: Global South refers to countries classified as low-income or middle-income countries and are underdeveloped). Cateriano-Arévalo et al. argue that there is a lack of diversity in social marketing from an epistemological point of view. The authors go on to state that this may be due to limited opportunities for conferences, research and publication, education and training and a limited number of social marketing practitioners concentrated in the Global South (Cateriano-Arévalo et al., 2022).

In developed countries, social marketing initiatives initially focused on preventing and minimising behaviour that places one's life and health at risk, that is, the prevention of chronic illness and the use of substances such as alcohol, illegal drugs and tobacco products (Lefebvre, 2011). In examining social marketing over the past 50 years Salgado Sequeiros et al. (2022), through extensive content and science mapping analysis, have uncovered common themes in social marketing. The themes covered include social marketing related to children with regard to physical activity, nutrition, parenting and school; corporate social responsibility; the marketing mix in social marketing; behaviour change in health (which is still a prominent theme) focusing on commitment, care and physical activity; and community-centred social marketing. The authors reveal that, as consumers become more aware of environmental challenges, organisations, in their attempt to influence behaviour, are attempting to encourage sustainable living and responsible choices by consumers. Hence, current and future research in social marketing is expected to incorporate the UN SDGs 2030 agenda, as the discipline has been proven to be effective in promoting desired behaviour and changes in behaviour (Salgado Sequeiros et al., 2022).

Public health and social issues are more prevalent in developing countries, in Africa in particular, owing to economic and political volatility. Therefore, while social marketing in developed countries focuses on behavioural change as the main outcome of interest, in developing countries the focus is on the development and provision of products and services that serve public health needs (Lefebvre, 2011). These products include HIV/AIDS prevention and family-planning products such as condoms and other contraceptives, bed nets to prevent malaria and products to alleviate diarrheal diseases (S. Singh & Dhir, 2019). Lefebvre (2011) notes that these products are distributed freely by social organisations, or they are significantly funded by donors or sponsors to make them more accessible. Consequently, social marketing in developing nations focuses on using a combination of the product, price and promotion elements of the marketing mix to increase the availability, achieve maximum use of their products and promote behavioural change in the target audience (S. Singh & Dhir, 2019). Product availability and promotion increase awareness of, knowledge of and access to products; however, price is an important element in developing countries, which are characterised by their financial challenges. Price could be a barrier to the adoption of social marketing products, which results in low usage and subsequently a lack of behavioural change (S. Singh & Dhir, 2019).

3.2.6 Application of theories in social marketing

Social marketing literature emphasises the crucial role of using theory as an underpinning in the development of successful campaigns and communication initiatives (Levit & Cismaru, 2020). Behavioural theories and models in particular have been helpful in explaining how and why a behaviour occurs. This allows social marketing practitioners and researchers to posit relationships between key constructs provided in the theory, to predict consumer behaviours (Kubacki et al., 2015; Truong & Hall, 2013). The application of theory allows social marketing researchers and practitioners to gather information and proof of behaviour and indications on how to alter it, which can subsequently inform social marketing practice (Levit & Cismaru, 2020). Considering that theory plays an important role in meeting social marketing objectives, the percentage of social marketing campaigns that use existing research models and theories to promote behaviours geared towards societal well-being is disappointingly low (Levit & Cismaru, 2020). It has been observed that the majority of social marketing campaigns do not give an account of using a theoretical basis as part of their development (Truong & Dang 2017). Although the social marketing campaigns may be informed by research, a study discovered that, of 143 social marketing interventions that were observed, 77% failed to report the use of theories in their research, and those who indicated that they used theories and models relied on the popular theories (Lahtinen et al., 2020; Truong & Dang 2017). Most social marketing interventions generally pay attention to campaign outcomes, without providing

details on the framework that was used to lead to those outcomes (Kubacki et al., 2015; Luca & Suggs, 2013). By developing an integrated theoretical model based on objective 5, this study hopes to provide a framework that can be used to develop recommend tailored strategies which can be implemented to influence behaviour change towards blood donation loyalty.

In the evaluation of social marketing literature, authors (Rundle-Thiele et al., 2019) found that the literature revolved around theories that predicted and explained behaviour and mainly used a cross-sectional research design. Rundle-Thiele et al. (2019) state that these theories and models are predominantly used in social marketing research. They include: the HBM (Sundstrom et al., 2015), the TRA (Ajzen, 1991), the TPB (Ajzen, 1991), the integrative model of behavioural prediction change (Fishbein & Cappella, 2006) and SCT (Bandura, 1986). Table 3.2, adapted from Rundle-Thiele et al. (2019), provides a summary of the predictive theories that have been established and applied to investigate and understand future behaviour and the intention thereof. It may be noted that the TPB is the theory that has received the most attention in social marketing research.

Table 3.2: Illustration of commonly applied social marketing theories

Author(s) and year	Behavioural outcome sought	Theory/theories selected
Ashton et al. (2017)	Promoting healthy lifestyle	Social cognitive theory, self-determination theory
Cameron et al. (2015)	Promoting healthy lifestyle	Theory of planned behaviour, social cognitive theory
Carins et al. (2017)	Increase in healthy eating selections	Dual processing theory
Casado and Rundle-Thiele (2015)	Healthier lunchboxes	Exchange theory
Gaston and Prapavessis (2014)	Increase physical activity	Protection motivation theory, health action process approach
Gholamnia-Shirvani et al. (2018)	Promoting physical activity	Theory of planned behaviour
Hassani et al. (2017)	Promoting correct nutritional behaviours	Theory of planned behaviour
Kassavou et al. (2014)	Maintenance of attendance at walking groups	Health action process approach, Rothman's theory of maintenance, Verplanken's approach
Pang et al. (2017)	Active school travel	Pang
Pang et al. (2018)	Active school travel	Theory of planned behaviour
Parkinson et al. (2017)	Increase in physical activity and healthy eating	Theory of planned behaviour

Author(s) and year	Behavioural outcome sought	Theory/theories selected
Schuster et al. (2016)	Increase in walking to and from school	No theory reported; social norms focus
Weman-Josefsson et al. (2017)	Physical activity maintenance	Self-determination theory
Zemore and Ajzen (2014)	Substance abuse treatment Completion	Theory of planned behaviour

Source: Adapted from Rundle-Thiele et al. (2019)

Having provided a glimpse into the theories that have received attention in social marketing literature, Rundle-Thiele et al. (2019) highlight that the theories focus on behavioural intention and do not explore and explain why the behaviour of some individuals remains unchanged. They note this as a major knowledge gap. These authors highlight an issue that was raised by Papagiannis et al. (2016) emphasising the need for better understanding of why individuals do not carry out behaviour. While TPB has been widely applied to predict donation behaviour, it has limitations in its accounting for emotional drivers of loyalty behaviour. The literature provided highlights the importance of social marketing and the use of theory by social marketers. Levit and Cismaru (2020) and Rundle-Thiele et al. (2019) advocate collaboration and extensive sharing of knowledge among social marketing scholars and practitioners, and the provision of guidance to practitioners on the application of research theories and models in their social marketing strategies.

3.2.7 Application of social marketing in South Africa

South Africa is no different from most developing countries in that it faces socio-economic issues, poor infrastructure and problems of inequality that are reflected in the high levels of poverty, poor nourishment, vulnerability, low levels of education and limited economic opportunities, which speak to its need for social marketing initiatives (Schmidtke et al., 2021).

A systematic review by Truong (2014) found that South Africa's contribution to social marketing research was 1.1%, with North America leading the output in the field. A scan of the literature available on social marketing practices in South Africa reveals that social marketing efforts have mainly been focused on the public health sector. This mirrors the general dominance of public health as a topic of research interest in social marketing, accounting for the majority of research in the discipline. In response, Truong (2014) suggests the need for the expansion of social marketing beyond issues of public health to embrace other sectors and fields of study. In South Africa, campaigns promoting health-related behaviour include the promotion of voluntary HIV testing and counselling in Black townships (Kalichman & Simbayi, 2003), reducing HIV and TB stigma (Sommerland et al., 2020), the use of condoms and condom branding (Beksinska et al., 2011; Evans et al., 2019; Nkwei et al., 2022) and the promotion of

male circumcision to reduce the risk of HIV acquisition (Bridges et al., 2010). Other topics focused on social issues include the engagement of men in initiatives to combat violence against women (Flood, 2011), a career-guidance helpline to bridge the gap of inequality and provide access and information to the previously disadvantaged South African population (Flederman, 2011) and using social marketing to overcome gender disparities for women entrepreneurs (Amine & Staub, 2009). More recent studies have expanded the research topics of social marketing literature in South Africa, which include the analysis of social marketing strategies in sports management (Moyo et al., 2022); the demarketing of plastic bags by retailers, which contributes to environmental social marketing (Muposhi & Shamhuyenhanzva, 2021); co-designing social marketing programmes with “bottom of the pyramid” citizens (Schmidtke et al., 2021); and the effect of social marketing initiatives in motivating adults to participate in skills-training programmes (Mayombe, 2022).

From the observed literature on the application of social marketing in South Africa, numerous studies have been conducted on interventions that are based on social marketing principles, in various disciplines, but they do not acknowledge or use the term social marketing. Although this may be the case, it does not take away from the outcome of behavioural change for social good. The present author has found no evidence of theory underpinning social marketing initiatives and the development thereof, which echoes the observation by Truong and Dang (2017) that a theoretical foundation in social marketing campaigns was generally lacking. These studies mainly focused on the use and effectiveness of the strategies used in social marketing across various fields, which still lean more towards public health and related topics. Schmidtke et al. (2021) criticise the implementation of social marketing in low and middle-income countries such as South Africa, citing their heavy reliance on philosophies supported and validated in high-income countries as problematic. In the same vein, Gordon, Russell-Bennett, and Lefebvre (2016) contribute to the argument on the lack of representation of voices from the South, which must be acknowledged and incorporated into social marketing literature and practice. In the context of social marketing in blood donation in South Africa, there is limited research available, as the current research on blood donation is focused on its clinical aspects. In marketing-related studies, the focus has been on the motivators and deterrents of blood donation (Muthivhi et al., 2015; Swanevelder et al., 2019) or the attitude and knowledge of blood donors (Mamabolo, 2012). These are topics that have received attention in blood donation research globally; however, not in social marketing publications, but mainly in medical journals. This study therefore sought to use behaviour theories to investigate factors that determine blood donor loyalty behaviour and recommend strategies that can be employed by social marketing practitioners and in their strategies and social marketing programmes.

The ensuing section discusses and assesses the topic of social marketing in existing blood donation literature.

3.2.8 Social marketing in blood donation literature

In light of the persistent global health issues present in society, social marketing has increasingly been used to promote behavioural change in the health sector (Rodrigues & Carlos, 2021). These issues brought attention to and heightened the importance of efforts geared towards social change, meaning that social marketing the use of social marketing to influence behavioural change has increased (Rodrigues & Carlos, 2021). The topic of blood donation has received little attention in social marketing research and has mainly been approached from a health perspective rather than a relationship marketing perspective in the management of blood collection services (Romero-Domínguez et al., 2019). The increased demand for blood products and the incessant shortages in the supply thereof have, however, drawn the attention of researchers in social marketing to this topic, as social marketing strategies have proven to make a significant contribution to solving health-related issues (Rodrigues & Carlos, 2021). Social marketing in blood donation has gained increased relevance because the recruitment and retention of voluntary donors is the only option available to blood collection organisations to ensure a safe and sustainable supply of blood products (Beerli-Palacio & Martín-Santana, 2015). Therefore, blood collection organisations should optimise their limited resources through the implementation of social marketing strategies to ensure that their recruitment and retention interventions are effective.

A review of existing literature on blood donor behaviour in the context of social marketing by Romero-Domínguez et al. (2019) presents the areas of investigation in blood donor behaviour between 1957 and 2017. Of the 207 articles selected for the review by Romero-Domínguez et al., the following areas of research emerged:

- donation systems (72 articles)
- barriers and motivations (53 articles)
- vasovagal reactions (35 articles)
- repeat behaviour (28 articles)
- TPB-based predictive models (14 articles)
- safety (5 articles).

Khomenko et al. (2020) conducted a bibliometric analysis for the period of 2000 to 2019 by analysing published research on marketing in blood services over the 20 years. They identified 262 articles, from which they extracted 20 key articles with an in-depth review of literature, from which the following research categories in blood donation services emerged:

- donor behaviour and motivation (12 articles)
- marketing tools and strategies used by blood collection services to recruit and retain blood donors (6 articles)
- segmentation in blood collection (2 articles).

Of the journals consulted, the most prominent research field in the research of blood collection services was haematology, which accounted for 76% of the articles extracted, followed by psychology (24%) and marketing (5%) (Romero-Domínguez et al., 2019). The leading journals in blood donation research are *Transfusion* (63 articles), followed by *Transfusion and Apheresis Science* (36 articles) (Khomenko et al., 2020; Romero-Domínguez et al., 2019). Other prominent journals include *Vox Sanguinis* (22 articles), *Transfusion Medicine* (20 articles) and *Health Psychology* (16 articles), while in the field of marketing, the following journals emerged; *International Journal of Non-profit and Voluntary Sector Marketing* (5 articles), *International Review on Public and Non-profit Marketing* (3 articles), *Journal of Social Marketing* (2 articles), *Journal of Non-profit and Public Sector Marketing* (2 articles) and *Health Marketing Quarterly* (1 article) (Romero-Domínguez et al., 2019). Khomenko et al. (2020) noted the number of publications by country and found that majority of the articles were published by authors from the United States, Australia, England and Canada.

The data provided highlights that the research focus of social marketing in blood donation has been on donation systems, which incorporates the blood donation experience (Hollingsworth & Wildman, 2004), blood donation knowledge (Baig et al., 2013; Batiha & AlBashtawy, 2013) and other topics related to incentives, ethics, remuneration, access transmission and hepatitis in blood donation. Blood donor behaviour, motivations and deterrents are areas of research that have also received the attention of scholars in blood donation research in social marketing. In an attempt to predict the likelihood of the adoption of blood donation behaviour, researchers and blood collection organisations recognised the need to understand donor behaviour and elements that inspire them to donate or deter them from donating blood (Rodrigues & Carlos, 2021). It is worth noting that repeat blood donation behaviour is a research area that has enjoyed less attention from scholars.

However, Khomenko et al. (2020) observed a shift in focus towards donor retention since 2014. This interest in repeat blood donation behaviour stems from the notion of evidence that existing blood donors make a significant contribution in lifetime donations, as they display fewer negative effects and increased blood safety (Gemelli et al., 2017; Guo et al., 2013). Although newly recruited first-time donors play an important role in increasing the number of registered donors, Romero-Domínguez et al. (2019) argue that their contribution is far less than that of repeat donors because many first-time donors do not return for subsequent

donations. With regard to blood donation research in the field of social marketing, it is recommended that future studies need to be longitudinal to track repeat behaviour, and they should use social marketing principles to achieve blood donor retention (Gemelli et al., 2017).

With regard to the journals in which social marketing research in the field of blood donation has been published, it is not surprising that those that account for the majority of the research are located in the field of health and medicine, with *Transfusion* being the leading journal. It has previously been mentioned (see Section 3.2.1) that, in its inception, social marketing focused on public health issues. With blood donation being a topic situated in the health sector, it has received attention from journals in the field of health (Romero-Domínguez et al., 2019). The field of marketing accounted for only 5% of the extracted articles, which highlights the gap in the literature on blood donation from a social marketing perspective, using commercial marketing principles. In the earlier discussion, it has been indicated that social marketing studies have mainly relied on the theory of planned behaviour to predict behaviour (see Section 3.2.7 and Table 3.2). Consequentially, the theory of planned behaviour has been predominantly used to predict blood donation behaviour (Romero-Domínguez et al., 2019). This further justifies the need for the current research, which sought to explore other theories that have recently been used in social marketing research, to explore blood donor loyalty behaviour.

Having noted the shift towards the retention of blood donors, this study took a relationship marketing perspective on blood donation within the field of social marketing. The next section provides a brief overview of relationship marketing and relationship marketing principles to position the concept of relationship marketing in this study.

3.3 RELATIONSHIP MARKETING

Based on the discussion of the application of marketing principles in social marketing, the recurrence of the importance of relationship-building in social marketing is noted. The nature of social marketing is such that the end goal is to influence behavioural change and the maintenance of the desired behaviour. Through their communication, social marketers should use tools available to them to foster two-way communication between them and the target audience for ongoing engagement. In this regard, commercial marketing has long since shifted towards relationship marketing in addition to the four Ps approach, and there has been a call for social marketing to make that shift to relational thinking (Wood, 2012). Issock et al. (2020a) state that social marketing has taken a long time to make this shift in focus from transactional thinking to relational thinking. In defence of social marketing's being slow to adopt relationship marketing principles, Donovan (2011) highlights that social marketing programmes are

generally dependent on public funding on a short-term or indefinite basis. This hinders the development of long-term relationships with the target audience. However, given that social marketers work with limited resources, which they must optimise to increase the efficacy of their programmes, the call to focus on and prioritise key target audience groups with the potential to deliver success is supported (Donovan, 2011). Social marketers need to foster loyalty through relationship building, where applicable, to realise success and sustainability of their programmes.

3.3.1 A brief overview of relationship marketing and relationship marketing principles

The concept of relationship marketing gained popularity in the 1980s as a result of the shift in focus from acquiring more customers to retaining existing customers (Sheth, 2002). Seminal contributors such as Berry (1983), Gronroos (1994), Rapp and Collins (1990) regard relationship marketing as an approach used to attract, maintain and enhance relationships between an organisation and its customers, with the aim of ensuring that both parties' objectives are met (Capel & Ndubisi, 2011). The aim of relationship marketing is to foster good relations between organisations and their customers to secure loyalty from the customers (Petzer & Roberts-Lombard, 2021). Ball and Barnes (2017) argue that long-term relationships are developed through ongoing engagement and experiences that result in customer loyalty. Relationship marketing gained the interest of practitioners and researchers in services marketing, as they were concerned that the traditional marketing mix did not offer any methods to model and manage the service provider–customer relationship (Courchesne et al., 2019). To date, relationship marketing has been used in services-marketing research across various fields of study, such as tourism (Sousa & Alves, 2019), banking services (Garepasha et al., 2020b), retailing (Gilboa et al., 2019) and hospitality (Amoako et al., 2019). By virtue of blood collection organisations being service providers, this study focused on relationship marketing in the services sector.

Traditionally, relationship marketing contributes significantly to the financial success and sustainability of organisations that build long-term relationships with their clientele (Salem, 2021). Retaining customers guarantees future purchases and interaction with them, which increases the profitability of the organisation. Moreover, establishing strong relationships between the customer and the organisation generates positive word-of-mouth behaviour by the customers (Ward & Dagger, 2007). Customer loyalty is the key outcome of establishing and maintaining a relationship, and it gives the organisation a competitive edge in the market (Boateng, 2019). In the context of a service provider, the establishment of a customer relationship is likely to occur in instances where the customer and service provider are engaging frequently, and the customer finds value in the relationship to the extent that the

service continues to be provided over a long time (Ward & Dagger, 2007). In line with achieving the outcomes of continued service, relationship marketing research has been established on key principles, which are also the most investigated and fundamental variables to emerge as predictors of customer loyalty: trust, commitment and satisfaction (Barra et al., 2018; Ndubisi, 2007; Shaalan et al., 2021; Van Tonder & Petzer, 2018; Van Vuuren et al., 2012). In relation to this study, maintaining a relationship implies that blood donors will continue to donate blood to the blood collection organisation (the service provider).

For a long time, relationship marketing has been an area of interest from a commercial perspective and a topic that researchers continue to investigate. Years after its emergence, the topic is still relevant, as more complex and multifaceted relationships have emerged in various fields, such as blood donation services, and new research continues to be published by scholars (Payne & Frow, 2017). As previously mentioned, there is a relationship marketing gap in research related to blood donation loyalty in the area of blood collection services. Therefore, this study adopted a service perspective of relationship marketing, as blood collection organisations offer blood collection services to donors (customers) who approach the organisation to donate blood.

3.3.2 The application of relationship marketing in social marketing

There have been calls for social marketing to integrate relationship marketing, as commercial marketing has successfully done (Wood, 2012). Owing to the limitations and financial constraints that characterise social marketing initiatives and related organisations (mostly non-profit organisations), relationship marketing contributes significantly to the success of social marketing efforts. Relationship marketing demands of social marketing practitioners to shift their thinking from being driven by transactions to being driven by relations. Although outcomes are influenced by financial gains, much emphasis should be placed on the provision of service-quality outcomes in social marketing (Hastings, 2003). Considering that the key outcome of social marketing is behavioural change through the promotion of healthy living (exercise, sexual health, disease management and smoking cessation), for example, it is noted that such behaviour does not occur immediately (Hastings, 2003). Issock et al. (2020a), in agreement with this notion, state that behavioural change happens over time, and social marketing initiatives should not be a short-term endeavour. It is essential for social marketers to have a long-term focus on the maintenance of behavioural change through the understanding of and continuously interacting with their targeted segments (Issock et al., 2020a).

It has been noted, in relation to relationship marketing, that social marketing research often refers to terms such as retention, repeat donation and loyalty, which are the outcomes of a

sustained relationship. Some of the studies (mentioned below) include relationship marketing constructs such as trust, commitment satisfaction and service quality. These studies have investigated the importance of customer trust in social marketing interventions in relation to energy-efficiency consumption (Issock et al., 2020a); the role of relationship marketing in behavioural intentions of medical tourism services and guest experiences (Sousa & Alves, 2019); trust and commitment in the formation of donor loyalty (Barra et al., 2018); and hospital healthcare service quality, patient satisfaction and loyalty (Fatima et al., 2018). These studies have been published in various journals including the *Services Industry Journal*, the *Journal of Hospitality and Tourism Insights*, the *Journal of Social Marketing* and the *International Journal of Quality and Reliability Management*. This demonstrates the wide range of industries in which social marketing has been used and, more so, the importance of relationship marketing in these fields of study. These studies confirm that loyalty is the key success factor of an organisation and can be developed mainly through the influence of relationship marketing principles and enhanced service quality (Fatima et al., 2018).

Scholars argue that there is a deficiency in empirical research linking relationship marketing principles with social marketing strategies (Almosa et al., 2017; Issock et al., 2020a; Truong & Dietrich, 2018). The findings from a study by Ward and Dagger (2007) indicate that the strength of the relationship between a customer and a service provider is determined by the nature of the service being provided. Ward and Dagger warn against oversimplifying relationship marketing and using it as a marketing tool for organisations, without thorough research and taking the complexity of the relationship into account. In response to the need of advancing the social marketing focus towards relationship marketing, this study contributes to the progress of social marketing practice and literature in this context. Considering that the process of blood donation requires an individual to give of themselves, the relationship between the blood collection organisation and the blood donor is considered complex and warrants thorough research to understand the drivers of blood donor loyalty.

3.3.3 The application of relationship marketing in the context of blood donation

Ongoing donor recruitment is an essential part of blood collection services, as it is considered to be the main solution to increasing the supply of blood products. However, there is an opportunity for blood collection organisations to improve with respect to encouraging registered donors with low donation frequency to donate more frequently (Southcott et al., 2022). It has been reported that fewer than 60% of first-time donors return for subsequent donations, meaning that existing repeat donors should be sought-after donors, as they are reliable, have higher donation eligibility and lower recruitment costs (Chen et al., 2020; Thorpe et al., 2020). De Kort (2010) asserts that recruitment appeals should be multifaceted and

appeal to various types of donors. In line with customising appeals to donors, Southcott et al. (2022) argue that loyalty research is predominantly located in the United States and Europe, making it a challenge for social marketing practitioners to implement standardised loyalty initiatives that will be effective. Cultural and societal nuances necessitate thorough understanding and research before appeals to retain blood donors are designed (Southcott et al., 2022).

In reviewing relationship marketing in blood donation literature, it was noted that the term relationship marketing was not explicitly used in the keywords and titles of the studies. Some relationship marketing principles were used to develop hypotheses and examine relationships between these relationship marketing constructs and the loyalty or retention of blood donors. Over the past decade, blood donor loyalty and retention studies have been conducted. Of the studies reviewed for this paper, the researchers have used varying approaches regarding the topic. Scholars have studied the use of incentives in the recruitment and retention of blood donors (Chell et al., 2022; Leipnitz et al., 2018). Other studies focused on experiments to determine blood donor return, not considering antecedents of loyalty and relationships between various constructs. These studies include “How to increase first-time donors’ returns? The post-donation letter’s content can make a difference” (Moussaoui et al., 2022) and “Impact of predictive scoring model and e-mail messages on African American blood donors” (Bachegowda et al., 2017). Some studies were systematic literature reviews and evaluations of blood donor loyalty and retention strategies (Bagot et al., 2016; Masser et al., 2017), while other studies considered various communication methods as a means of increasing donor-return rates (Moussaoui et al., 2019). Unsurprisingly, the majority of the reviewed studies were published in medical journals, viewed from a health perspective rather than a marketing (commercial) perspective, and they used mainly quantitative research designs which include surveys and experiments. Table 3.3 presents a selection of blood donor loyalty studies over this period that specifically contain variables that lead to donor loyalty and retention.

Table 3.3: A sample of blood donor loyalty and retention studies

Author/s	Constructs	Journal	Research design
Shehu et al. (2023)	Past donation use, perceived relationship investment, relationship quality, donor experience, early timing of appeals retention, reactivation	*Journal of Services Research*	Quantitative
Martín-Santana and Melián-Alzola (2022)	Service quality, positive anticipated emotions, negative anticipated emotions, loyalty	*Healthcare Management Science*	Quantitative
Pan et al. (2022)	Attitude, external motivation, advice-taking, perceived behavioural control, behaviour intention	*Indian Journal of Hematology and Blood Transfusion*	Quantitative
Martín-Santana et al. (2021)	Social capital, donor orientation, service quality, satisfaction, donation intention, recommendation	*PLOS ONE*	Quantitative
Z. Li et al. (2021)	Fear, rewards, self-efficacy, intention to return	*Frontiers in Psychology*	Quantitative
Chen et al. (2020)	Service value, blood donation value, personal value, image value, time cost, energy and physical cost, satisfaction, intention to donate repeatedly (Delivered value theory)	*Industrial Management and Data Systems*	Quantitative
Sundermann (2018)	Received word of mouth, social reference group, incentive ethics, commitment, trust, satisfaction, identification, intention to donate again, intention for word of mouth	*Journal of Services Marketing*	Quantitative
Chell and Mortimer (2014)	Altruistic value, emotional value, social value, self-orientated conspicuous donation behaviour (CDB), other-orientated CDB, intentions to donate blood (if given recognition), intention to donate blood (experiential donor value approach)	*International Journal of Non-profit and Voluntary Sector Marketing*	Quantitative
Leipnitz (2014)	Service quality, donor satisfaction, organisational identity, donor loyalty	*Non-profit Management and Leadership*	Quantitative
Wevers et al. (2014)	Self-efficacy, affective attitude, cognitive attitude, subjective norm, moral norm, self-identity, perceived satisfaction, pressure to donate (TPB, self-identity theory, organisational variables)	*Transfusion*	Quantitative

Author/s	Constructs	Journal	Research design
Boenigk and Helmig (2013)	Donor orientation, donor–NPO identification, donor satisfaction, donor identity salience, donor loyalty, donation (theory of organisational identification, identity salience)	*Journal of Services Research*	Quantitative
Masser et al. (2012)	Attitude, subjective norm, perceived behavioural control, self-identity, intention, behaviour (extended TPB)	*Transfusion*	Quantitative
Martín-Santana and Beerli-Palacio (2012)	Quality, satisfaction, internal inhibitors, external inhibitors, intention to return to donate, recommendation of donating blood	*Transfusion and Apheresis Science*	Quantitative

Source: Researcher's own construction, from the sources cited

The summary of articles presented in Table 3.3 shows that various approaches have been used in investigating blood donor loyalty and the drivers thereof. Although common constructs may emerge, it is not clear which of them are prominent, as they are diverse. The TPB, once again, is a theory that has emerged repeatedly, confirming its dominance in social marketing research. Moreover, although limited, constructs from relationship marketing have emerged in the studies, indicating its importance in the study of blood donor loyalty. The dominance of medically geared publications is a recurring one, as marketing journals are under-represented, more so social marketing journals. This is concerning, as it indicates the limited focus on blood donor loyalty from a relationship marketing perspective in social marketing literature. However, it confirms the arguments by scholars Almosa et al. (2017), Issock et al. (2020a) and Truong and Dietrich (2018) that there is limited empirical research that links relationship marketing principles with social marketing strategies. This study presents a unique conceptual model that empirically combines relationship marketing-theory variables with theories that have been used in social marketing. These theories have not before been used to examine their impact on the desired loyalty outcomes in a single study.

3.4 CHAPTER CONCLUSION

This chapter provided a review of social marketing, its origins and its application with reference to blood donation. Since the research is approaching social marketing from a relationship marketing perspective, a discussion of relationship marketing was presented, including its application in social marketing. A review of the literature on social marketing in blood donation and relationship marketing in blood donation demonstrated the imbalance in the available

literature, bringing to the fore the need for further research in the field and from different spheres of the world. The next chapter provides a review of the theories underpinning this research that have guided the development of the conceptual model and the hypotheses.

CHAPTER 4: THEORETICAL FRAMEWORK AND HYPOTHESIS DEVELOPMENT

4.1 INTRODUCTION

Chapter 4 discusses concepts and theories that underpin this study, including consumer behaviour, consumer decision-making and behavioural theories that influence behaviour and decision-making towards loyalty behaviour. The chapter commences with a brief explanation of consumer behaviour and marketing models used to understand how a consumer reaches the decision to acquire a product or service. The links to blood donation are drawn. A discussion on the theories that have been used to investigate and predict behaviour highlights key theories that have been used in conceptualising the behaviour under investigation. This discussion provides details of the prevailing theories that have been used and ends with the suggestion that alternative theories should be consulted in the investigation of blood donor loyalty behaviour. For the selection of alternative theories, criteria are set and discussed, and the theoretical models underpinning this study are provided, based on the discussion of the criteria. These are the TIB, the FTNC, the commitment–trust theory and the BRT. An overview of each theory is discussed, together with its application and the advantages and disadvantages that are inherent in each one. A comparison of the theories is provided and justification for the inclusion of each theory in the study is discussed. Based on the discussion of the selected theories, the conceptual model delineating the proposed relationships between selected constructs of this study is presented. The conceptual model is followed by a discussion of the influence of each construct in the model and the presentation of the proposed hypotheses.

4.2 UNDERSTANDING THE BEHAVIOUR OF THE TARGET AUDIENCE

In N. R. Lee and Kotler's (2019) 10-step social marketing planning model, the authors outline steps that are important in developing a strategic social marketing plan. Similarly, the Scope, Test, Enact, Learn and act (STELa) social marketing planning model by French and Gordon (2019) outlines the key steps and tasks that must be considered when planning a social marketing intervention. Both these models underscore the importance of understanding the target audience and how they behave in order to influence behaviour and achieve the desired behavioural outcomes. Consumer behaviour is described as the study of individuals' psychological and physical processes engaged, and the steps they go through in the selection, acquisition and consumption of products and services to satisfy their needs (Botha et al., 2019; Hawkins & Mothersbaugh, 2010). This is applicable to social marketing, as the acquisition of products or use of services are some of the ways that social marketing interventions deliver

value to the target audience to facilitate behaviour or prompt action (N. R. Lee & Miller, 2012; Russell-Bennett et al., 2019).

Research is a key component of getting to know one's target audience, and organisations consult the behavioural and social sciences when they need to investigate and understand how consumers make decisions (Foxall et al., 2008; N. R. Lee & Kotler, 2019). These differences and characteristics of individuals are generally accounted for through psychological perspectives (Botha et al., 2019). Therefore, understanding the reasons for consumer choices in the use of products and services or engaging with an organisation, and where and when they do it, plays a pivotal role in the development of marketing strategies and initiatives (Schiffman & Kanuk, 2007; Stankevich, 2017). This gathering of consumer intelligence on their behaviours, perceptions, knowledge and attitudes helps to develop a value proposition for the target audience that seeks to maximise what they value to influence their behaviour (French & Gordon, 2019).

Consumer behaviour theory therefore contributes to understanding consumer reasons and how they make decisions to carry out behaviour. Consequently, the decision-making process becomes an integral part of consumer behaviour because it looks at consumer approaches to making decisions (Solomon et al., 2016). Various models of decision-making have been developed, and the "five-stage" model, also called the marketing funnel, outlining the consumer buying process is the most established (Stankevich, 2017). N. R. Lee and Kotler (2019) present the hierarchy of effects model, which is similar and has six steps from awareness to the decision to purchase by consumers, moving towards the adoption of a behaviour. That model, however, does not consider loyalty or repetition of the behaviour. The marketing funnel is therefore better suited to this purpose. It involves five stages that a consumer moves through when acquiring a product or service, and social marketers need to be strategic in their efforts and communication throughout this process (Stankevich, 2017). The first step is when the consumer realises that they have an unmet need or when they are faced with a problem. The second step entails looking for and obtaining information that will solve the problem and provide alternative options to solving the problem. The next step is to evaluate and compare the alternatives in order to reach a decision, which is then followed by the selection of the best alternative – the purchase decision. Once the purchase has been made, the consumer evaluates the performance of the product or service to gauge whether it has met their expectations and, if they are satisfied with the performance, they are likely to continue using the product or service (Schiffman & Kanuk, 2007; Solomon et al., 2016; Stankevich, 2017).

Santos and Gonçalves (2021, p. 2) assert that “consumer decision-making is the consumer’s behavioural pattern that precedes, determines, and follows a decision process comprising multiple stages to satisfy a product need or reach a choice”. Similarly, in social marketing, individuals must undertake decision-making in response to social marketing initiatives that require action, such as behavioural change (Evans & McCormack, 2008). Taking this into consideration, the present researcher feels that the marketing funnel is better suited to understanding the decision-making process of a consumer in a social marketing context, in which knowledge of the target audience is key. One of the goals of marketing is to influence consumer decisions at moments when they are susceptible to being influenced, and so these moments have been understood through the marketing funnel (Stankevich, 2017), which is presented in Figure 4.1

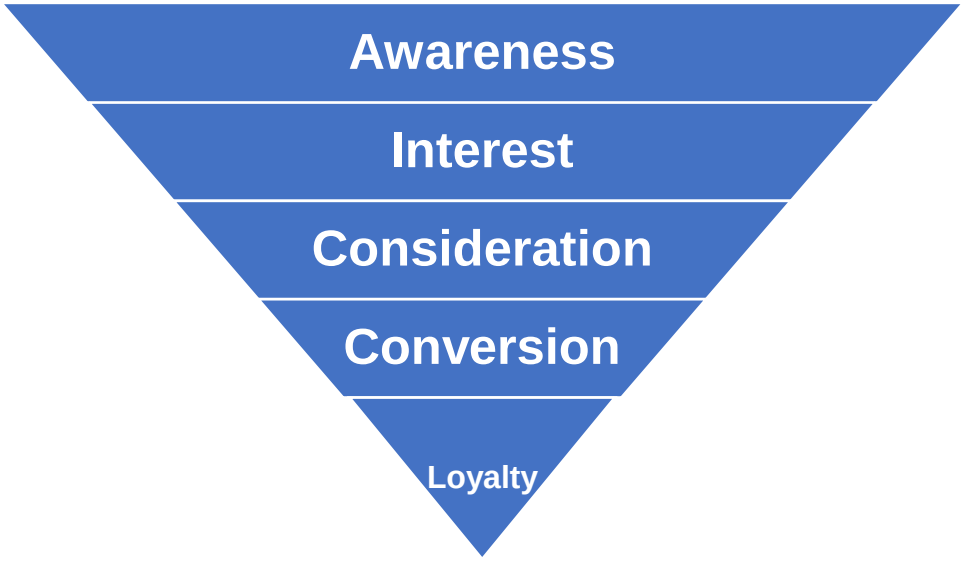

Figure 4.1: The marketing funnel

Source: Stankevich (2017)

The marketing funnel, also referred to as the customer journey, starts with awareness followed by interest, then consideration, which leads to purchase and ultimately, loyalty. These progressive stages are important for acquiring and retaining customers (Stankevich, 2017). In the context of this study, blood donors must make decisions, not about purchase or the use of a service, but rather about continued blood donation, which requires the initial act of donating blood and ultimately repeated blood donation over time. In the literature search, the researcher did not find a social marketing-related depiction or elaboration of a customer’s journey and, therefore, the marketing funnel can be adapted for blood donation services. From the perspective of the marketing funnel, an individual becomes *aware* of the need for blood and blood donation through marketing campaigns in the media. They may gain *interest* and acquire

information to familiarise themselves with blood donation information. This may lead to them *considering* donating blood and therefore being *converted* into a blood donor through their initial donation. Once they have donated and are satisfied with the process they may return for subsequent donations, making them a *loyal* blood donor. Therefore, it is important for blood collection organisations to be aware of and thoroughly understand how and why blood donors continue to donate blood in order to incorporate them into their planning and develop sound donor-retention strategies guided by established marketing principles.

The following section discusses the theoretical frameworks that have been developed and used in the investigation of human (consumer) behaviour and prediction of behaviour. These have also been mentioned by N. R. Lee and Kotler (2019) as being instrumental in the strategic planning of social marketing initiatives.

4.3 THEORETICAL FRAMEWORKS TO INVESTIGATE AND PREDICT BEHAVIOUR

The complexity of human behaviour makes it challenging for scholars to make accurate predictions about it (Attiq, Habib, et al., 2021). The field of psychology has contributed greatly to investigating human behaviour by developing and testing models and theories to predict behaviour (Klöckner, 2013; N. R. Lee & Kotler, 2019). There are numerous models and theories that have been established to examine the behaviour of humans. Consumer behaviour literature has relied on behavioural theories and models for many years to understand and determine the factors that influence consumer decisions about intention towards behaviour, actual behaviour and behavioural change (Sahu et al., 2020). By extension, social marketing uses behavioural insights to understand the target audience's behaviour, effectively influence behaviour and inform policy (Dessart & van Bavel, 2017). The discipline of social marketing uses theories to develop models in an effort to understand what influences humans, their behaviour and responses in a social-change setting. N. R. Lee and Kotler (2019) identify 19 key theories, models and frameworks that are used to guide the development of social marketing campaigns. Extensively tested theories, which have been proven to be true, are also used to develop strategies (Brennan et al., 2014; N. R. Lee & Kotler, 2019). Brennan et al. (2014) furthermore state that theories can describe a phenomenon and possibly make pronouncements on a behaviour being performed in future. In an overview of behavioural change models, Darnton (2008) identified over 60 models from social psychology, a majority (57%) of which are related to an extensive range of behaviours at an individual level and include the theories identified by N. R. Lee and Kotler (2019) for social marketing. Jackson (2005) asserts that, with the abundance of models available to use, the key role of theories and models is, first, to investigate and conceptualise the behaviour of interest. Second, theories and models

are used to empirically test the strength of proposed relationships between the determinants of behaviour (Jackson, 2005). Consequentially one of the objectives of this study seeks to propose a model using theories identified by scholars to investigate behaviour and test the strength of the proposed relationships for the research.

The recruitment and retention of blood donors persists as a challenge for blood collection organisations globally (Studte et al., 2019). This necessitates a thorough understanding of the factors that drive individuals to donate blood and become loyal donors (Rodrigues & Carlos, 2021). To address the challenges faced by these organisations, a range of sociodemographic and psychological factors that influence behaviour towards blood donation have been identified (Masser et al., 2008). Some studies (Duh & Dabula, 2021; Masser et al., 2008; Rodrigues & Carlos, 2021) have investigated psychological factors that influence donor behaviour. The theories and models used in these studies include the TPB, the HBM, self-efficacy theory and social cognition theory, with the TPB commonly featuring in all of the above-mentioned studies. This highlights the dominance and extensive use of the TPB in research related to the psychology of blood donation, as was the case reported in Chapter 3, which highlighted the dominance and widespread use of the theory in social marketing research. However, scholars have indicated that the original TPB has shortcomings, one of them being its inability to define behavioural change (Rodrigues & Carlos, 2021). In addition, the sufficiency of TPB has been questioned, suggesting that the model does not satisfactorily account for moral beliefs and feelings related to the performance of the behaviour, and does not consider repeated behaviour through habit or past performance (Masser et al., 2008; Rodrigues & Carlos, 2021). To compensate for the insufficiency, blood donation studies (Masser et al., 2008, 2012; Rodrigues & Carlos, 2021) have sought to augment the TPB by adding other constructs to improve its ability to predict donor behaviour. This research suggests that the integration of cognitive theories and relationship marketing theory will provide deeper insights into donor retention by capturing rational, emotional and relational aspects of blood donor loyalty behaviour. For this reason, the current study sought to investigate blood donor loyalty using suitable alternative theories and models that incorporate constructs that account for those missing from the theories that have predominantly been used to investigate blood donation behaviour. The criteria for selecting a suitable theory are discussed in the next section.

4.3.1 Criteria for theory selection

The focus of this study is repeat blood donation, and it is therefore important to use theories that consider the determinants of the behaviour of interest. Guided by Jackson (2005) and Masser et al. (2008), criteria were used to select the theories to develop a conceptual

framework to investigate, explain and predict repeat blood donation behaviour (donor loyalty). First was the suitability of the theory to meet the research objectives. The framework had to consider the key determinants of donor loyalty, which is characterised by repeat behaviour. Second, it was necessary for the model to have robust predictive and explanatory capability. The strength of the relationships between the factors must be empirically tested and the theory must have been previously applied in other studies to verify its predictive capability. Lastly, a key criterion was the model's ease of being able to operationalise. The selected theories and models ought to allow for practicality in collecting, analysing and interpreting the data within the timeframe of the research. Authors Brennan et al. (2014) and Donovan and Henley (2010) have reviewed models of attitude and behavioural change used in social marketing, and these include theories covered by Darnton (2008) in his review of behavioural change models and their uses. Drawing from these authors, this study selected theories and models from the social psychology domain that have been used in social marketing which would help in achieving the first objective of the study. This objective seeks to understand the socio-psychological and relationship marketing factors that influence blood donation behaviour.

Based on the above discussion and criteria set out for this study, two socio-psychological theories were considered for the development of the conceptual model of this study: the TIB and the FTNC. In addition, this study sought to investigate the drivers of blood donor loyalty from a relationship marketing perspective; therefore, the commitment–trust theory of relationship marketing was selected for inclusion in the research. The selection of the mentioned theories aligns with the objectives that this study aims to achieve. The TIB incorporates constructs that will help to understand the socio-psychological factors that influence loyalty behaviour, which were not considered in other models Salonen & Haavisto, 2019). While the TIB incorporates social norms, the FTNC proposes that individuals are driven by different sources of social norms (Cialdini et al., 1991), which were included in the study. The commitment–trust theory was included to determine the relationship marketing factors that influence loyalty to address the first research objective. The BRT, linked to the qualitative phase of the study, has been incorporated into the study to answer the research questions regarding the influencers of continued blood donation behaviour and donor loyalty towards the blood collection organisation. Although the theory is not incorporated into the conceptual model, it is discussed in this chapter, as it is the guiding theory for the qualitative phase of the study. The ensuing section provides an overview of each theory, discusses its application in research and provides its advantages and disadvantages.

4.3.2 Review of the selected theories

4.3.2.1 Theory of interpersonal behaviour

Overview

The TIB proposes that an individual makes decisions that are not only rational but are influenced by multiple factors that result in the intention to carry out a behaviour (Salonen & Haavisto, 2019). The TIB incorporates concepts that were not included or given much weighting in previous models: the influence of emotions, social normative beliefs, situational conditions and habits on behavioural intention and behaviour (Donovan & Henley, 2010; Salonen & Haavisto, 2019). Triandis (1977a) concedes that people are not entirely autonomous, nor solely affected by personal factors or social factors, and they are not exclusively affected by their context, but rather all these factors in combination (Salonen & Haavisto, 2019). In agreement, Attiq, Hanin, et al. (2021) add that human behaviour is complex and requires comprehensive and versatile approaches as it is difficult to predict. Therefore, the TIB is considered an ideal model in the inquiry of behavioural change, as it takes account of the various aforementioned factors.

In the presentation of the TIB, Triandis (1977b) postulates that behaviour is influenced by three factors; habit, conditions that facilitate or hinder the behaviour and the intention to perform the behaviour (Donovan & Henley, 2010; Sung et al., 2019). Triandis (1977a) goes further to propose factors that influence behaviour intention, which are: affect towards performing the behaviour, social norms, personal norms and cognition of the consequences of performing or not performing the behaviour (H. Amin et al., 2016; Donovan & Henley, 2010; Sung et al., 2019). Figure 4.2 presents the TIB.

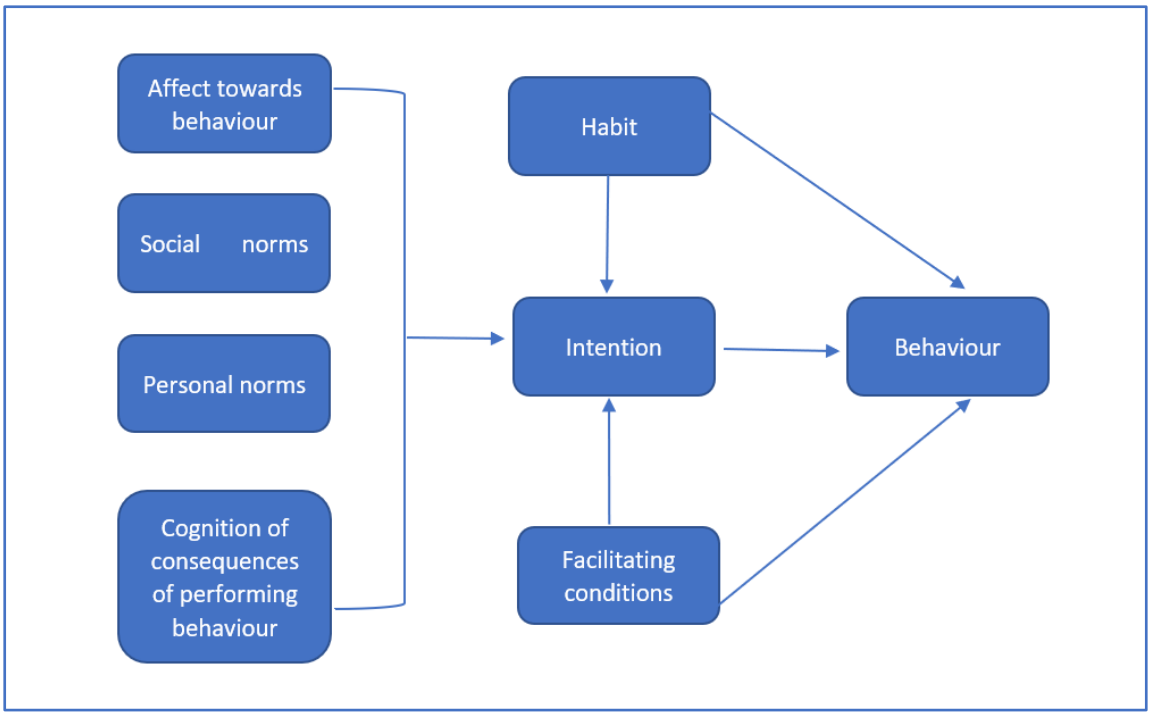

Figure 4.2: Theory of interpersonal behaviour

Sources: Donovan and Henley (2010)

Advantages of TIB

- The TIB is an integrative behaviour theory that offers versatility and provides a thorough explanation for understanding behavioural change. Therefore, TIB is considered to be a better-suited theory to explain and accurately predict complex human behaviour (Attiq Habib, et al., 2021).
- Owing to its broader range of variables, the TIB has better predictive power than the TPB (Abdulrahman et al., 2018; Jackson, 2005).
- TIB has strong predictive ability (Abdulrahman et al., 2018; Costa et al., 2020).
- TIB overcomes the limitations of other theories by accounting for habits in behaviour (Kostadinova, 2016).

Disadvantages of TIB

- TIB is more complex than the traditional behaviour theories and its lack of parsimony leads to limited use of the theory (Abdulrahman et al., 2018; Loo et al., 2013).
- Owing to its complexity, researchers seldom use the complete TIB but rather integrate key constructs into other behavioural models.

Application of TIB

Over time, the TIB has been used in research covering an expansive range of topics such as technology adoption and use (Abdulrahman et al., 2018), organisational behaviour (T. Kim & Lee, 2012) and consumer adoption (H. Amin et al., 2016; Shaikh & Amin, 2023). The application of TIB has recently been dominant in pro-environmental research and research regarding environmental and sustainability-driven prosocial behaviour and behavioural change. The research ranges from topics related to food waste (Attiq, Chu, et al., 2021; Jabeen et al., 2023; Matharu et al., 2022; Mumtaz et al., 2022; Russell et al., 2017), waste separation and recycling (Issock et al., 2020b; Z. Liu & Yang, 2022; Sung et al., 2019), sustainable consumer behaviour and consumption (Hassan et al., 2022; Khalek & Chakraborty, 2023), consumer behaviour in transportation (Chng et al., 2018; Nguyen & Schumann, 2020; Salonen & Haavisto, 2019), blood donation factors among young adults (Costa et al., 2020), conservation behaviour (Dang Vu & Nielsen, 2022; Ibrahim et al., 2018; Issock et al., 2017) and health behaviour (Kupfer et al., 2019). From the researcher's review of the TIB literature, it is noted that TIB is often used as an extension to the TPB. This is confirmed by Costa et al. (2020), who state that other explanatory factors have recently been included in the TPB. This is partly because the TIB offers enhanced predictive power (Abdulrahman et al., 2018; Jackson, 2005). In a comparative study by Bamberg and Schmidt (2003), the authors found that the predictive power of TIB was 8% higher than that of TPB. In addition, the TIB constructs explained 68% of the variance in intention and 51% of the variance in actual usage, while TBP constructs explained 60% and 45% of the variance in intention and usage, respectively. This is confirmed in a more recent study by Costa et al. (2020), which found that the inclusion of TIB constructs into a model increases its explanatory power. Owing to the dominance of TPB in blood donation research, the TIB has received minimal attention, compared to other fields of research. Abdulrahman et al. (2018) account this to the preference of scholars to use more parsimonious models, which are less complex than TIB. While it possesses some advantages, the TIB also has its drawbacks, which have been provided below.

The TIB was therefore considered to be suitable for this study, as it is an ideal model in the inquiry of behavioural change, which is a key premise of social marketing. In the context of blood donation, this theory incorporates the influence of emotions, social normative beliefs, situational conditions and habits on behaviour, which the research considered to be under-represented in literature but add to a more comprehensive understanding of the behaviour.

4.3.2.2 Focus theory of normative conduct

Overview

Humans are social beings who are constantly influenced by other human beings. As such, the behaviours, attitudes and emotions of individuals cannot be viewed from only a personal perspective, but must also be viewed from a social perspective (Stok & de Ridder, 2019). Stok and de Ridder (2019) go on to state that every person belongs to some form of social group, be it a family, a nation or a religious group, that conforms to a certain level of unwritten standards, rules and expectations that are deemed to be normal and acceptable. Cialdini et al. (1991) posed that, despite various social norms sharing a common label, there is evidence that humans are motivated by separate sources of social norms, "what others commonly do" and "what others commonly approve" (Cialdini et al., 1991, p. 203). Figure 4.3 presents a graphical representation (Stok & de Ridder, 2019) of the FTNC proposed by Cialdini et al. (1991).

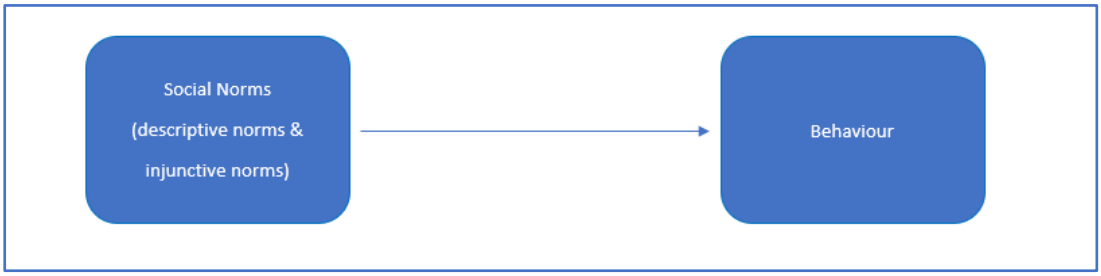

Figure 4.3: Focus theory of normative conduct

Source: Cialdini et al. (1991)

The FTNC was introduced by Cialdini et al. (1991). The theory proposes that social norms significantly affect human behaviour and suggests that researchers need to recognise two types of norms: descriptive norms and injunctive norms. These norms are viewed as key motivators of the way in which individuals conduct themselves in a social setting (Leoniak & Cwalina, 2019). Descriptive norms are referred to as the perception of how most people ought to behave in a given setting and therefore prescribe the appropriate behaviour for an individual (the usual thing to do) in a similar situation (Cialdini et al., 1991; Leoniak & Cwalina, 2019). Injunctive norms are the perception of behaviours that most people commonly approve or disapprove of in a certain social grouping (what the social group believes ought to be done), thereby determining how an individual should behave irrespective of the situation or social setting (Cialdini et al., 1991; Leoniak & Cwalina, 2019). Essentially, because injunctive norms specify what an individual ought to do, they motivate the performance of behaviour through the promise of a social reward (approval) or punishment (disapproval; Cialdini et al., 1991).

Stok and de Ridder (2019) mention that descriptive and injunctive norms align in many instances because what society thinks ought to be done is also what is being done by the members of that society.

The concept of normative focus refers to the notion that social norms will affect an individual's behaviour only when a decision is required, meaning that a particular norm is focused on in the moment of choosing the course of action (Stok & de Ridder, 2019). When activated or focused on, these norms guide behaviour. Therefore, when an individual is dispositioned to focus on normative considerations, they are likely to behave in ways that are consistent with the norms (Cialdini et al., 1991). Cialdini et al. (1991) emphasise that, although norms that are dominant in a social grouping may be in place, they do not always predict behaviour; these norms must first be activated to trigger the desired behaviour. Norms in blood donation research have mainly been addressed using the norm activation model (NAM), which is predominantly used in the study of prosocial behaviours. However, the NAM considers personal norms and not social norms; hence, FTNC was considered for this study.

Advantages of FTNC

- FTNC has few variables and can be applied effectively in various contexts across a range of domains (Jacobson et al., 2011).
- The theory considers the various moral orientations of individuals, influenced by different aspects, including culture (Bergquist et al., 2021).

Disadvantages of FTNC

- FTNC does not consider other determinants that could hinder or encourage behaviour, rather focusing on internal variables, with less focus on external containing factors (Hamann et al., 2015).
- Owing to its simplicity, FTNC is often integrated into other behavioural theories.

Application of FTNC

Cialdini et al. (1991) applied the FTNC in a recycling context, by introducing the concept of two separate norms in the reduction of litter in public areas. This study was later replicated by Bergquist et al. (2021) and further studies applied FTNC in the investigation of pro-environmental behaviour, which is broad in scope. Studies include topics such as reducing pollution (Chaudhary et al., 2023; Issock et al., 2020b) and the promotion of conservation among guests in hospitality establishments (Schultz et al., 2008; Shin & Kang, 2021). FTNC has been applied to conservation behaviour such as climate-change-related behaviours

(Cialdini & Jacobson, 2021) and the promotion of energy conservation (Leoniak & Cwalina, 2019). FTNC has also been applied in the investigation and promotion of health-related behaviour such as compliance with no-smoking laws (Byron et al., 2016), sun-protection behaviour (Reid & Aiken, 2013), the development of health communication (Carlini et al., 2022; Slaunwhite et al., 2009) and the role of norms in mask-wearing during the COVID-19 pandemic (Heiman et al., 2023). The results of a study by Issock et al. (2020b) demonstrated that normative variables explain 33% of the variance in behavioural intention. It has been observed that studies cover vast areas of research with contributions published in journals from various fields including social marketing, health marketing, travel and tourism marketing, environmental psychology, health education and social psychology. It is worth noting that, among these fields, FTNC-related work features most prominently in environmental psychology and social psychology.

The FTNC has been selected for inclusion in this study to cater for the separate sources of social norms (descriptive and injunctive), adding rigour to the social norms construct offered by the TIB. The theory has been successfully used in social marketing and prosocial behaviour studies. It therefore offers a key contribution to the context of this study which seeks to understand the drivers of a prosocial behaviour; blood donation loyalty.

4.3.2.3 Commitment-trust theory of relationship marketing

Overview

The concept of relationship marketing gained popularity in the 1980s as a result of the shift in focus from acquiring more customers to retaining existing customers (Sheth, 2002). Seminal contributors such as Berry (1983), Gronroos (1994) and Rapp and Collins (1990) regard relationship marketing as an approach used to attract, maintain and enhance relationships between an organisation and its customers, with the aim of ensuring that both parties' objectives are met (Capel & Ndubisi, 2011). Morgan and Hunt (1994) proposed the commitment–trust theory, as they sought to examine the nature of relationship marketing and the two prominent constructs that were theorised to be strongly linked with cooperation or action required to realise success in relationship marketing. The tenet of this theory is that relationship commitment and trust are the cornerstone of relationship marketing and can also function as key mediating variables (Morgan & Hunt, 1994). Morgan and Hunt extended the scope of relationship marketing beyond consumers, to suppliers, buyers and internal partners in the organisation. They acknowledged the importance of commitment and trust, and suggested the antecedents and outcomes of these two key variables (Badrinarayanan & Ramachandran, 2024). The theory suggests that trust leads to commitment, and this results in various relationship outcomes such as performance, cooperation and loyalty (Brown et al.,

2019). It states that, in a relationship, if one party has trust in another, they will put more effort into maintaining the relationship (Brown et al., 2019). Figure 4.4 depicts the commitment–trust theory.

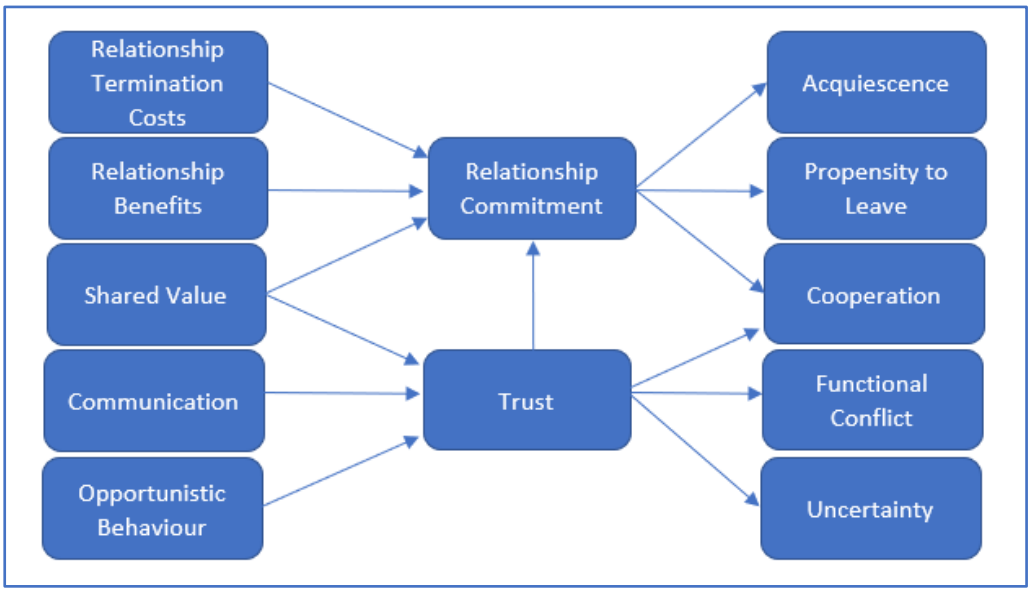

Figure 4.4: Commitment-trust theory

Source: Morgan and Hunt (1994, p. 22)

Advantages of commitment–trust theory

- The theory is well-established and used across various contexts (Badrinarayanan & Ramachandran, 2024).
- There is extensive empirical research with findings that support the fundamental tenets of the theory (Brown et al., 2019).

Disadvantage of commitment–trust theory

- The theory is limited in its focus on the two key constructs, therefore requiring modification through the integration of additional constructs (Boateng & Narteh, 2016).

Application of commitment–trust theory

In the 30 years since the theory was established, over 30 000 studies have been grounded in the theory and its central tenets across a range of research fields (Badrinarayanan & Ramachandran, 2024). The commitment–trust theory has been used in studies that seek to examine and understand relationship quality through different means, which include loyalty (Nadeem et al., 2020). The roles of commitment and trust have been investigated in business-to-business relationships between corporations and suppliers (Brown et al., 2019; Jeong & Oh,

2017; Morgan & Hunt, 1994). More recently, with the evolution of technology and online shopping, trust and commitment have become pivotal in studying consumer behaviour. Researchers Cui et al. (2020) have applied the commitment–trust theory in mobile commerce (m-commerce) to understand consumer behaviour and acceptance of cross-border m-commerce owing to low acceptance. Other scholars (Nadeem et al., 2020; X. Wang et al., 2020) highlight concerns about fostering quality customer relationships in online social commerce and have used the theory to examine customer commitment and loyalty. Studies in banking services (Nora, 2019; Roberts-Lombard, 2020), transport services (Abid et al., 2023) and telecommunication services (Izogo, 2017; Kaur & Soch, 2018) also highlight the importance of trust and commitment in maintaining relationships with one's customers in the face of increased competitiveness and consumer expectations.

In the non-profit sector, trust and commitment are key to establishing enduring relationships (C.-J. Liu, 2019). It is suggested that organisations and fundraisers can procure more donations of money and resources by increasing donor trust and commitment (Shang et al., 2019). Studies on building loyalty in this sector have been conducted since the early 2000s (MacMillan et al., 2005; Sargeant & Woodliffe, 2007; Waters, 2008), borrowing from commercial marketing, and to date, the topic is still being perused with greater focus on retaining donors (Shang et al., 2019). The commitment–trust theory has been used in the formation of donor loyalty in the organisation–donor relationship (Barra et al., 2018). The theory has also been incorporated in studies investigating the financial-giving intentions of alumni by building long-term relationships with them (Francioni et al., 2021).

It is worth noting that studies underpinned by the commitment–trust theory integrate other theories such as the social exchange theory and various constructs, as they seek to go beyond just trust and commitment in their evaluation of relationship marketing (Jeong & Oh, 2017). Brown et al. (2019) even go as far as questioning the extensiveness of the theory and add that satisfaction is also central to relationship marketing. In blood donation research, a qualitative study by Wiggill (2017) conducted in South Africa found that the SANBS does not use trust and commitment to evaluate the quality of its relationship with donors, but rather uses satisfaction surveys, which incorporate the measurement of service quality. The case is similar in studies conducted in Spanish blood collection organisations, where trust, service quality and satisfaction were among the variables used to evaluate donor loyalty (Martín-Santana et al., 2021; Melián-Alzola & Martín-Santana, 2020). Moreover, in relationship marketing research, the most commonly investigated and fundamental variables to emerge as predictors of customer loyalty are trust, commitment, service quality and satisfaction (Barra et al., 2018; Shaalan et al., 2021; van Tonder & Petzer, 2018). Based on this, the current study incorporated service quality and satisfaction as additional constructs to evaluate relationship marketing in

the context of blood donation. This approach is supported by Kwiatek et al. (2020), who, from their review of relationship marketing literature, state that over 50% (122) of the articles surveyed posited that trust, satisfaction and commitment are essential constructs in building relationships, which justifies their inclusion in the current study.

In the context of blood donation, commitment and trust are pivotal to the relationship between blood donors and blood collection organisations. The incorporation of this theory helps to understand these factors in a blood donation context, as they are better understood and relied on in various other contexts. As mentioned in previous sections, relationship marketing is the cornerstone of organisational success and gaining better understanding is key for blood donation organisations.

4.3.2.4 Behavioural reasoning theory

Overview

The BRT is a social psychology framework developed by Westaby (2005) and later revised by Claudy et al. (2015). Based on its more recent development, BRT is a comparatively newer theory than seminal behaviour theories (dating as far back as 1975). The BRT is viewed as an advancement of seminal behaviour theories such as the TRA (Fishbein & Ajzen, 1975) and the TPB (Ajzen, 1991). Sajid et al. (2023) opine that the theory is an improvement on the traditional behavioural frameworks, as they have been criticised for their lack of consideration regarding the role of context-specific reasons when predicting behaviour. Amid debates about the limitations of existing theories in their capability to predict consumer behaviour, the introduction of the BRT presents additional advantages in comparison (Sahu et al., 2020). A. Kumar et al. (2023) emphasise that reasons significantly influence behaviour, as they allow individuals to justify their behaviour, making them part of the fundamental factors considered in understanding behaviour (A. Kumar et al., 2023). The BRT postulates that reasons function as key linkages in the relationship between an individual's beliefs, global motives, behavioural intention and actual behaviour (Claudy et al., 2015). The BRT proposes that a person's beliefs and values inform their reasons for carrying out a behaviour, their reasons against carrying out a given behaviour, and their global motives (J.-C. Lee et al., 2023). Figure 4.5 gives a visual representation of the proposed relationships between factors influencing behaviour, under the BRT.

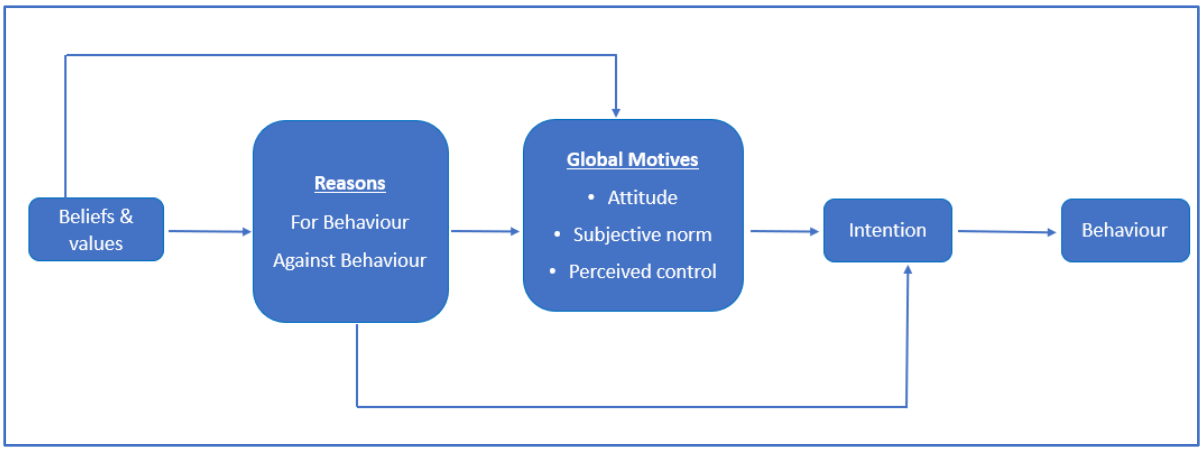

Figure 4.5: Behavioural reasoning theory

Source: Westaby (2005)

Advantages of BRT

- The BRT has demonstrated notable advantages over the traditional theories such as TRA and TPB. It has the ability to explain context-specific variables that affect behaviour, which are often overlooked. By taking these variables into account, the theory can provide a clearer understanding of why individuals behave as they do (Sahu et al., 2020; Tandon et al., 2020)
- BRT considers that individuals have several goals that range in importance, depending on a given situation. Consequentially, BRT allows for better understanding and prediction of behaviour in instances where individuals must choose between conflicting goals (Westaby, 2005).
- The “reasons” dimensions of the BRT assist researchers and practitioners to understand the influence of reasons for and reasons against a behaviour and to use them effectively in developing programmes and strategies (Sajid et al., 2023; Westaby, 2005).

Disadvantages of BRT

- BRT is still fairly new and still requires further research to test the theory across various behavioural domains (Westaby, 2005).
- BRT has been approached using quantitative research methods. There is a need for researchers to use qualitative research methods to better understand consumer behaviour (Sahu et al., 2020). This sentiment was previously expressed by Westaby (2005), when he noted that future research needs to evaluate content and face validity of the belief and

reasons measurements using qualitative research methods. However, researchers have not yet heeded the call.

Application of BRT

Developed in 2005, BRT is gradually growing and gaining momentum (Sahu et al., 2020). Owing to its newness, the application of BRT has been limited in terms of scope and geographic reach (Sahu et al., 2020). A literature review of BRT conducted by Sahu et al. (2020) reviewed 23 BRT-related articles and revealed that since its inception in 2005, up to 2020, most of the BRT research (75%) was produced in the United States, India, Ireland, the United Kingdom and Australia, with no noted literature contribution from Africa. In reviewing literature for the current study, the researcher notes that there has been further BRT-related research published beyond the year 2020. Since its inception, BRT has been applied in various contexts, which the theory allows, as it supports context-specific variables (Sahu et al., 2020). BRT has been used in the context of employee turnover and relocation in a company (Westaby, 2005). Research in the context of charitable giving and volunteering has applied the BRT to understand reasons for volunteering or giving (Arli & Lasmono, 2015; Briggs et al., 2010; Miralles et al., 2017; Park et al., 2017). Scholars have used the BRT in the context of behaviour and sustainability in transportation (Claudy & Peterson, 2014; Peterson & Simkins, 2019; Sajid et al., 2023); sustainability in fashion (Diddi et al., 2019); technology adoption in banking, education, shopping and health (Gupta & Arora, 2017; Pillai & Sivathanu, 2018, 2020; Pillai et al., 2023; Sivathanu, 2018); and health behaviour (J.-C. Lee et al., 2023; Norman et al., 2012). Of the studies reviewed by Sahu et al. (2020), 95.65% are reported to have tested a “reasons for” behaviour variable and 86.96% have tested the “reasons against” behaviour variable. To measure the “reasons for” construct, the variables used in the reviewed studies (Claudy et al., 2015; Gupta & Arora, 2017; Pillai & Sivathanu, 2018; Sivathanu, 2018) include: cost savings or price, financial benefits, convenience, flexibility, independence benefits, benefits to the environment, time-saving, variety, well-being, self-efficacy and hedonic motivation (Sahu et al., 2020). To measure the “reasons against” construct, the studies used anxiety, self-efficacy, danger barriers, risk barriers, self-oriented reasons, inconvenience and usage barriers (Sahu et al., 2020). From what has been reported and reviewed, there is no doubt that BRT is gaining prominence in understanding consumer decision-making behaviour; however, the research is still limited in its scope and reach. Therefore, more studies (such as the current study) in different contexts and from different geographic locations offer a valuable contribution to theory. Through a qualitative research method, this study focuses on the “reasons for” and “reasons against” constructs to understand reasons for blood donor loyalty behaviour.

The BRT has been selected for this study due to its focus on the individual's beliefs and values that inform their reasons for carrying out a behaviour. The nature of this research warrants that deeper understanding into blood donor loyalty and behaviour, which addressed the research questions posed in the study. Given that the BRT is ideal for explaining context specific variables, that are not accounted for by the theories used in the quantitative part of the research, the selection of the theory makes a valuable contribution to the study.

4.3.3 Summary of the considered theories

The preceding discussion provided an overview of the theories considered for this study and their benefits and drawbacks, which contributed to their being considered optimal in some instances and lacking in others. The objectives of this study include the evaluation of socio-psychological and relationship marketing factors that influence blood donor loyalty, and to understand blood donor reasons for continued blood donation. Based on the review of the theories, they were considered suitable for this study, as they met the criteria for theory selection discussed in Section 4.3.1. The theories take into account the determinants of various forms of loyalty. The models discussed offered predictive and explanatory capability, and the factors have been empirically tested and applied to other studies. On account of the applicability of the theories in various contexts, they can be operationalised easily, and they do not require much effort to collect data, as there are pre-existing and empirically tested constructs in the case of TIB, FTNC and the commitment–trust theory, in particular.

After review, the appropriateness of the theories for this research was determined by the following:

- The TIB is a comprehensive theory that provides a thorough explanation of behaviour. It overcomes the limitations of other theories by accounting for habits, which are particularly important in this study. The wide range of variables from the TIB make it a strong predictive model. For this study all the TIB constructs were selected for inclusion in the conceptual model, meaning that the complete TIB has been used, unlike in other studies which extend the TPB with a few TIB constructs. It was believed that this would allow for better testing of the TIB.
- Although the FTNC is a simple theory that has fewer variables, its applicability across a range of domains and contexts justifies its inclusion. The focus on and consideration of different types of social norms add to the benefits that the theory presents for this study. Understanding of the influence of injunctive and descriptive norms is not considered in other theories but it is important for this study to understand the motivation of donation behaviour of blood donors in the given social setting. Owing to its key contribution, the

FTNC has generally been integrated into other models, which was also the case in this study.

- The commitment–trust theory is a well-established and extensively used theory in relationship marketing literature. The theory has been successfully tested in research focused on the non-profit sector. It provides a relationship marketing perspective to the study with the addition of other key constructs suitable to the context of blood collection services. The simplicity of the theory allows integration with other theories assessing consumer behaviour, thereby potentially strengthening the power of a model.
- The BRT places emphasis on reasons' having a significant influence on behaviour, which is not considered in the other mentioned theories. Although the BRT may have notable advantages over traditional theories such as the TRA and TPB in its ability to explain the influence of context-specific variables, it is fairly new in comparison to the other theories considered and requires further testing across various contexts and domains. Consequentially the BRT is not included in the empirical model of this study, but has rather been used in the qualitative phase of the research, heeding the call for a better understanding of consumer behaviour in relation to the theory.

Each theory presents advantages and disadvantages. Therefore, the integration of the theories helps to overcome each one's limitations and exploit its advantages, thereby achieving robustness in the model and enhanced predictive power. In addition, loyalty (repeat) behaviour is an outcome of sustained relationships, and this study has taken a relationship marketing approach to investigating blood donor loyalty behaviour. For this reason, the commitment–trust theory has been incorporated into the conceptual model.

Based on the discussion of the theories in previous sections, this study has employed the integration of theory to better understand and predict blood donor loyalty behaviour as set out by the objectives of the research. Figure 4.6 presents the proposed theoretical model for the study, which integrated constructs from TIB, FTNC and the commitment–trust theory.

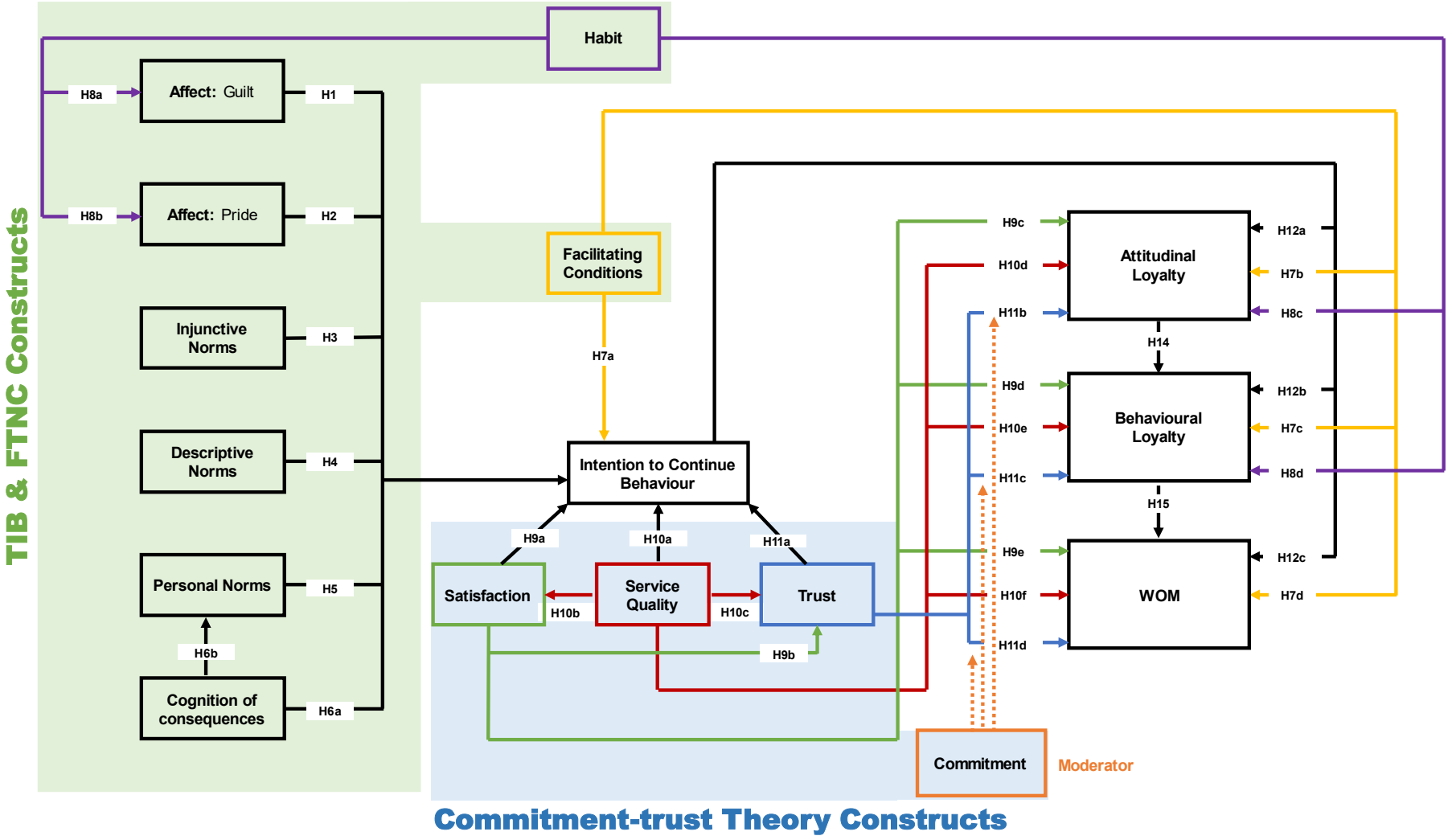

Figure 4.6 Conceptual research model

Source: Researcher's own construction

4.4 HYPOTHESIS DEVELOPMENT

This section presents the hypothesised relationships between the variables in the proposed conceptual model. These hypotheses have been developed to address the objectives set for the study, which include examining the socio-psychological and relationship marketing factors that influence blood donor loyalty, and to empirically test the proposed integrated model developed for the study. As mentioned previously, blood donation behaviour has been investigated using psychological theories, predominantly the TPB. However, this study applies the socio-psychological variables that stem from the TIB and FTNC and, additionally, the commitment–trust theory of relationship marketing. These variables have been integrated into the conceptual model in Figure 4.6.

The conceptual model depicts the proposed relationships between the constructs integrated from the theories underpinning the study. The variables in the model are demarcated into three groupings: the socio-psychological variables from TIB and FTNC, the relationship marketing variables, and the outcome variables. The proposed hypotheses of the model test the causal relationships between TIB constructs affect, personal norms, cognition of consequences, habit, facilitating conditions and intention to continue donation behaviour. Basically, it was proposed that guilt, pride, injunctive norms, descriptive norms, personal norms, cognition of consequences, habit and facilitating conditions positively and significantly influence intention to continue blood donation behaviour. In addition, personal norms are positively and significantly influenced by cognition of consequences. It was also suggested that trust, service quality and satisfaction have a significant and positive relationship with intention to continue blood donation behaviour. Intention to continue blood donation behaviour, in turn, is an antecedent to loyalty behaviour, therefore positively and significantly influencing attitudinal loyalty, behavioural loyalty and word of mouth. Trust, service quality and satisfaction have also been proposed as influencers of loyalty behaviour, with commitment moderating the relationship between trust and all three loyalty behaviours. Moreover, it was also proposed that attitudinal loyalty positively and significantly influences behavioural loyalty, while behavioural loyalty influences word of mouth. Each variable included in the model, and the proposed hypotheses, are discussed in the sections that follow. The definitions and operationalisation of these variables is provided in Chapter 5, Section 5.3.6.3.

4.4.1 Affect: guilt and pride

Stemming from the TIB, affect represents an individual's positive or negative feelings that may be evoked by a given behaviour, such as donating blood, in the case of this study (Lwin & Phau, 2014). Affect towards a behaviour refers to the emotional response regarding the

performance of a behaviour (Donovan & Henley, 2010). Ibrahim et al. (2018) elaborate that the emotion associated with the decision to perform a behaviour depends on the evaluation of the degree to which the resulting emotions will be negative or positive. Negative emotions could be guilt or regret and are evoked when an individual fails to perform or participate in a given behaviour. Positive emotions could include pride or happiness, which are evoked when an individual performs or participates in a given behaviour (Anand & Gaur, 2019; Ibrahim et al., 2018).

The TIB proposes that an individual's emotions influence their decision to take up a certain behaviour (Issock et al., 2020c). In agreement, Anand and Gaur (2019) found that pride was an important emotion that evoked favourable responses towards prosocial initiatives. The authors further state that pride experienced from carrying out prosocial behaviour goes beyond just performing the behaviour and also leads to positive word of mouth (Anand & Gaur, 2019). An emotion such as guilt, on the contrary, might be an individual's reaction or how they feel when they have failed to respond to prosocial initiatives such as blood donation drives (Antonetti & Maklan, 2014). Empirical research has confirmed that affect (guilt and pride) has an impact on behavioural intention and subsequently actual behaviour (H. Amin et al., 2016; Chatelain et al., 2018). In a study about food waste behaviour, Jabeen et al. (2023) found that guilt was a key influencer of the intention to reduce waste, while pride was found to have no association with waste-reduction behaviour. In their study on using guilt and pride appeals in the preference for eco-friendly packaging, Shimul and Cheah (2023) found that message appeal, eliciting guilt and pride, did not have a significant effect on purchase intentions geared towards environmentally responsible behaviour. Once again, empirical findings underscore the importance of context and the behaviour of interest. This is demonstrated by the findings from a study on the effect of guilt and pride appeals used in cause-related marketing, in which consumers were more receptive to pride appeals than guilt appeals in relation to intention behaviour (Coleman et al., 2020). Coleman et al. (2020) further state that findings on appeals remain mixed, based on the context and other variables that may be present during the decision-making. In relation to this study, it was proposed that emotions like guilt and pride influence the intention of donors to continue donating blood. The following hypotheses were therefore proposed:

H1: Feelings of guilt have a positive and significant impact on the intention to continue blood donation behaviour.

H2: Feelings of pride have a positive and significant impact on the intention to continue blood donation behaviour.

4.4.2 Social norms: injunctive and descriptive norms

According to the FTNC, social norms comprise descriptive and injunctive norms (Stok & de Ridder, 2019). Injunctive norms refer to a person's perception of behaviour that others approve or disapprove of (Habib et al., 2021). They are believed to motivate behaviour through the promise of social reward (acceptance) or punishment (rejection) (Sharps et al., 2021). Descriptive norms are described as the perception of how other people behave, and these norms are considered to influence behaviour by guiding how people should act in a given situation (Sharps et al., 2021). Social norms are considered a key determinant of targeted behaviour in social marketing and have been used to address various behavioural issues and behavioural change (Jones et al., 2017; Schuster et al., 2016). In the context of this study, injunctive norms indicate the extent to which the blood donor perceives that others (blood collection organisations, other donors, friends and family) approve of regular blood donation behaviour. Descriptive norms refer to the extent which an individual believes that other blood donors are donating blood, as required by the blood collection organisation.

The influence of descriptive and injunctive norms on prosocial behaviour is supported by past literature which suggests that individuals engage in prosocial behaviour when they see or know of other people doing it and when they think that others approve of the behaviour (Leoniak & Cwalina, 2019; C. Thomas & Sharp, 2013). Previous studies (Carlini et al., 2022; Schuster et al., 2016), however, indicate that, in comparison to injunctive norms, descriptive norms have a more significant influence on behaviour. This means that people are more likely to perform a behaviour when they see others around them doing so rather than when they believe that others would approve of the behaviour (Carlini et al., 2022). This argument was supported by a study on mask-wearing behaviour during COVID-19, which reported that descriptive norms were positively related to the wearing of masks, as opposed to injunctive norms, which had no significant influence (Heiman et al., 2023). In contrast, Leoniak and Cwalina (2019) found that injunctive norms influenced compliance with light-switching behaviour to conserve energy. The authors state that different situations lead to differences in the influence of injunctive and descriptive norms, depending on the conflicting or congruent cues experienced by the individuals (Leoniak & Cwalina, 2019). This indicated that the behaviour in question and the context of the behaviour play an important role in the salience of each type of norm (Heiman et al., 2023). Regarding blood donation behaviour, Russell-Bennett (2014) suggests that descriptive and injunctive norms motivate individuals to donate blood. This was confirmed by Kai-Jie et al. (2019), who found that descriptive norms increased people's intention to donate blood, but not their actual behaviour. In their study on organ donation, Habib et al. (2021) found that the combination of injunctive and descriptive norms increases the likelihood of organ donation registration intention and behaviour.

The following hypotheses were therefore proposed for this study:

H3: There is a positive and significant relationship between injunctive norms and intention to continue donating blood.

H4: There is a positive and significant relationship between descriptive norms and intention to continue donating blood.

4.4.3 Personal norms

Personal norms reflect an individual's consciousness of how to behave, in accordance with their values, which results in the individual's feeling obligated to behave in a certain manner (Esfandiar et al., 2020). Personal norms are closely linked to moral obligation because a person's behaviour, such as doing good, is derived from their moral obligation to perform that behaviour (Hassan et al., 2022). A person's prosocial behaviour is derived from a moral obligation, which activates their desire to act in a prosocial manner (Hassan et al., 2022). In the context of this study, personal norms are regarded as feelings of moral obligation to regularly donate blood because of the need for blood and its ability to save lives. Research shows that personal norms influence behaviour and are stronger when individuals are aware of the consequences of their behaviour (van der Werff & Steg, 2015; Y. Zhang et al., 2013). Personal norms are found to play an important role in prosocial behaviour, and it has been established that they are strong determinants of prosocial behaviour (Z. Liu & Yang, 2022). This is supported by research indicating a significant relationship between personal norms and the behaviour of using bins in national parks (Esfandiar et al., 2020). Personal norms were the most influential variable in determining the binning behaviour of park visitors (Esfandiar et al., 2020). This is similar to the finding by Han et al. (2018) that the greatest influencer of environmental responsibility intention was personal norms. These findings highlight the importance of personal norms in making decisions about prosocial behaviour. In blood donation, the reliance on the TPB has led to a greater focus on subjective norms than individual norms. However, empirical studies that consider moral norms as part of norms overall date back to 2005 (Godin et al., 2005). The authors found that moral norms significantly influence blood donation, to a greater degree among donors than among non-donors. For this study, it was therefore suggested that blood donors' personal norms influence their intention to continue donating blood. The following hypothesis was therefore proposed for this study:

H5: Personal norms positively and significantly influence intention to continue donating blood.

4.4.4 Cognition of consequences

Cognition of consequences is the awareness that an individual has about the resultant consequences of their performance or non-performance of a behaviour (Attiq, Chu, et al.,

2021). Donovan and Henley (2010) state that it is essentially the cognitive consideration of the favourable or unfavourable consequences of performing a behaviour that influences an individual's behaviour intention. The performance of prosocial behaviour such as regular blood donation has a cognitive dimension, which refers to the blood donor's awareness of the positive and negative consequences that result from donating blood regularly or failure to donate blood regularly. The TIB suggests that when an individual has a high awareness of the positive outcomes of performing a given behaviour, their intention to perform that behaviour increases (Ibrahim et al., 2018). Previous studies (Han et al., 2018; Ibrahim et al., 2018; Sorkun, 2018) found that when people are aware of the negative consequences of their behaviour on the environment, there is a higher likelihood of adopting prosocial behaviour. Moreover, empirical research has found that cognition of consequences has a positive influence on personal norms. Being aware of the consequences of carrying out environmentally harmful behaviour in environmental conservation, for instance, prompts an individual's moral obligation to cause minimal damage and to preserve the environment (Khalek & Chakraborty, 2023). This notion is supported by other empirical studies which have proven that personal norms are positively and significantly influenced by cognition of consequences (Koklic et al., 2019; J. Song et al., 2023). J. Song et al. (2023) went further to show that awareness of consequences had a significant influence on the personal norms of consumers with regard to using reusable packaging, whereas social norms had no significant influence. The aforementioned studies are mainly based on environmentally prosocial behaviour.

With respect to blood donation, Tey et al. (2020) investigated the motivation structures of blood donation and found that the consequences of blood donation were linked to personal norms, particularly among first-time blood donors. In blood donation, the focus has been mainly on the influence of the aforementioned variables on intention to donate blood (M'Sallem, 2022; Tey et al., 2020). Therefore, the current study proposed that there is a link between cognition of the consequences of blood donors and continued blood donation behaviour. Stemming from the discussion on personal norms, it is evident that cognition of consequences influences the intention to continue blood donation behaviour and personal norms. Therefore, the following hypotheses were put forward for this study:

H6a: Cognition of consequences positively and significantly influences intention to continue donating blood.

H6b: There is a significant and positive relationship between cognition of consequences and personal norms.

4.4.5 Facilitating conditions

Facilitating conditions refer to situational and environmental opportunities that allow the performance of behaviour or constraints that prevent an individual from performing a given behaviour (Ibrahim et al., 2018; Moody & Siponen, 2013). H. Amin et al. (2016) describe facilitating conditions as external factors that influence the judgement of the individual and therefore affect their performance or non-performance of a behaviour. Regarding facilitating conditions, Moody and Siponen (2013) state that, although an individual may regularly perform and have the intention to carry out the behaviour, there is a possibility that they may not perform the behaviour on account of prevailing circumstances or conditions. Hassan et al. (2022) posit that, though a person may intend to perform a behaviour, they may be prevented from doing so by environmental factors. In contrast, favourable environmental factors can enable an individual to perform a behaviour (Hassan et al., 2022).

In instances where facilitating conditions do not influence behaviour (Issock et al., 2020c), Stoeva and Alriksson (2017) acknowledge that these alone may not be sufficient to influence behaviour, necessitating the presence of other variables. In the context of this study, facilitating conditions relate to access to blood donation services, operating times, the blood donation process and the physical environment of the blood collection sites (Melián-Alzola & Martín-Santana, 2020). The influence of facilitating conditions on intention has been established by previous TIB-related studies (H. Amin et al., 2016; Bernstad, 2014). Studies using the TIB (Bernstad, 2014; Stoeva & Alriksson, 2017) have found that facilitating conditions influence behaviour and intention. Facilitating conditions have been explored in studies that focus on adoption behaviour or the acceptance of technology. Patil et al. (2020) found that facilitating conditions make it easier for customers to adopt mobile payment, thereby being strong predictors of behavioural intention and actual behaviour. This is supported by a study by Shaikh and Amin (2023), who found facilitating conditions to be the second largest predictor of consumer willingness to adopt a financial product. Facilitating conditions have also been found to have a significant influence on recycling and conservation behaviour (Ibrahim et al., 2018; Sung et al., 2019).

Studies in blood donation have focused on an individual's ability to donate (France et al., 2017) and the drivers of blood donation (Melián-Alzola & Martín-Santana, 2020), but not so much on the facilitating conditions construct. Therefore, in relation to this research, it can be suggested that facilitating conditions influence the blood donor's intention to continue donating blood and

blood donation behaviour (loyalty). The following hypotheses were therefore formulated for this study:

H7a: Facilitating conditions significantly and positively influence the intention to continue donating blood.

H7b: There is a significant and positive relationship between facilitating conditions and attitudinal loyalty.

H7c: There is a significant and positive relationship between facilitating conditions and behavioural loyalty.

H7d: There is a significant and positive relationship between facilitating conditions and word of mouth.

4.4.6 Habit

Habit is described as a consistent behaviour pattern that has been reinforced by repetitive past behaviour, leading to a person performing it without much deliberation. Essentially it is a behaviour that has become automatic, requiring no prompting and little cognitive effort (Russell et al., 2017). Habit is developed through the frequency of performing a behaviour, and it is therefore suggested that frequently performed behaviour leads to habitual patterns that trigger automatic response in future behaviour (Russell et al., 2017). By virtue of this, individuals are naturally inclined to act in accordance with their past behaviour (Z. Liu & Yang, 2022). Regular blood donation plays a pivotal role in the sustainability of blood stock levels in healthcare services (Chen et al., 2020). Therefore, donating blood should not be a once-off action, it should ideally be a behaviour that is repeated by donors over time. Empirical research findings show that habit directly influences actual behaviour (Ibrahim et al., 2018; Z. Liu & Yang, 2022; Russell et al., 2017); in the context of this study, the outcome behaviour is loyalty (repeat donation). Habit plays a key role in behavioural change research and prosocial behaviour research, as past behaviour creates an opportunity for the desired behaviour to be repeated (Koklic et al., 2019). Accordingly, empirical studies have found that habits play a significant role in determining behaviour in food waste (Russell et al., 2017) and cell-phone usage while driving (Demir et al., 2023). Habit has also been found to be an influential variable in donation behaviour in the non-profit sector (Meer, 2013; Mrkva, 2017).

Furthermore, the TIB also proposes that habits influence emotions such as pride and guilt, in that when the individual does not perform the behaviour (such as donating blood), they may feel guilty, and when they have performed the behaviour, they may feel proud (Antonetti & Maklan, 2014; Lwin & Phau, 2014). This is supported by the findings of Weidman et al.'s (2016) study, which indicates that good performance that evokes feelings of pride is influenced by habits, to an extent that the individual may change their habits for the better, to achieve the

desired performance. From a behavioural change perspective, poor feeding habits among parents were found to induce feelings of guilt among them, which subsequently led to intentions to engage in healthier feeding habits (Hagerman et al., 2020).

In this study, habit is conceived as the frequency of past blood donation behaviour. If the blood donor donates blood regularly, they are likely to form the habit, which will become an automatic behaviour in future. Based on the theory, the following hypotheses were therefore developed for this study:

H8a: Habit significantly and positively influences the intention to continue donating blood.

H8b: Habit positively and significantly influences feelings of guilt when failing to engage in blood donation.

H8c: Habit positively and significantly influences feelings of pride when engaging in blood donation.

4.4.7 Customer satisfaction

Customer satisfaction is the desired outcome of the service interaction, which involves the customer's evaluation of the extent to which their needs were met by the service organisation (Kaur & Soch, 2018; Nyadzayo & Khajehzadeh, 2016). Customer satisfaction is considered one of the key reasons that customers return to an organisation or continue using a product (Meleddu et al., 2015). Supriyanto et al. (2021) state that, in an environment which is highly competitive, meeting the needs of the customer directly influences their level of satisfaction and that the quality of an organisation is determined by how satisfied its customers are. When they are dissatisfied, customers tend to switch to the competitors and are even willing to spend more money with the hope of experiencing satisfaction with the acquired product or service (Fatima et al., 2018). Customer satisfaction is therefore deemed as the central tool of any organisation's strategy and the key determinant of customer loyalty (Dandis & Wright, 2020).

Since the 1980s, when marketing shifted towards relationship marketing, the aim of business moved towards gaining customer loyalty through retention, which was built on various aspects including customer satisfaction (Petzer & Roberts-Lombard, 2021; Sheth, 2002). Studies across various fields (e.g. tourism, retail, marketing, hospitality, healthcare services and banking services) have investigated customer satisfaction as an antecedent of customer loyalty. In healthcare services, patient satisfaction was found to have a direct and positive relationship with loyalty, showing that satisfaction contributes to developing patient loyalty to the service provider (Fatima et al., 2018). This finding was supported by findings in banking services which proved that customer satisfaction directly influences customer loyalty and suggested that loyal customers are highly likely to be satisfied with the service provided

(Supriyanto et al., 2021). Other empirical studies have provided evidence that loyalty is positively influenced by customer satisfaction (Boonlertvanich, 2019; Kaur & Soch, 2018).

Customer satisfaction has also been found to have a direct influence on trust, particularly in the service industry (Assaker et al., 2020). In the context of blood donation services, Melián-Alzola and Martín-Santana (2020) demonstrated that customer satisfaction significantly influences trust in the organisation. Likewise, Boonlertvanich (2019) established that satisfaction has a significant influence on trust in banking services. Satisfaction is established through the experience of the services provided and through this process trust is established (Boonlertvanich, 2019). Melián-Alzola and Martín-Santana (2020) add that, even though customer satisfaction can positively influence loyalty, a lack of trust will have a negative impact on donor perceptions of the organisation and affect its performance.

From a social marketing perspective, Issock et al. (2020a) state that satisfaction is an important element in maintaining positive perceptions of the benefits that individuals receive from endorsing social marketing initiatives, such as blood donation drives, in the context of this study. For example, with regard to prosocial behaviour such as volunteering in the non-profit sector, it has been reported that volunteers remain with the organisation when they are satisfied with the organisation and the work that it does (Romaioli et al., 2016). In a blood donation study, Melián-Alzola and Martín-Santana (2020) found that donor satisfaction has a significant and positive influence on loyalty and suggested that the quality of the donation process is influential in achieving satisfaction and fostering loyalty. Therefore, if a blood donor is satisfied with their donation experience, they are likely to return and remain loyal to the organisation. In relation to the present study, the following hypotheses were proposed:

H9a: Customer satisfaction has a positive and significant influence on the intention to continue donating blood.

H9b: Customer satisfaction positively and significantly influences trust in blood donation services.

H9c: Customer satisfaction has a positive and significant influence on attitudinal loyalty.

H9d: Customer satisfaction has a positive and significant influence on behavioural loyalty.

H9e: Customer satisfaction has a positive and significant influence on word of mouth.

4.4.8 Service quality

Service quality is defined as “the difference between perceived service and customer expectations of the service” (Al Chalabi & Turan, 2017, p. 40) and measures the extent to which the service provided has met or exceeded the customer’s expectations (Martín-Santana et al., 2021). Service quality plays a vital role in service providers’ achieving competitive

advantage and has a positive impact on business performance (Al Chalabi & Turan, 2017; Fatima et al., 2018). The quality of the service provided generally leads to the needs of the customer being met, resulting in the customer's being satisfied (Y. Wang et al., 2020). In a market that is becoming more heterogeneous, it is increasingly important that organisations differentiate themselves, and service quality is one of the key tools of differentiation across industries (Widmer et al., 2021). Sargeant and Woodliffe (2007) state that, in the non-profit sector, in which organisations seek to retain their donors, the higher levels of perceived service quality lead to a greater level of donor loyalty and that service quality issues may result in donors' reviewing their donation behaviour. In blood donation literature, great emphasis is placed on service quality (Guglielmetti Mugion et al., 2021; Melián-Alzola & Martín-Santana, 2020; Sargeant & Woodliffe, 2007). The study by Guglielmetti Mugion et al. (2021) confirms that service quality is pivotal in promoting blood donation and repeat donation.

Service quality is made up of various service-quality dimensions (tangibility, reliability, responsiveness, assurance and empathy; Melián-Alzola & Martín-Santana, 2020), which can be linked directly to other variables (Boonlertvanich, 2019). The service-quality dimensions can also be combined into a latent service quality construct, which can be linked to other constructs (Boonlertvanich, 2019). This study adopted the latter approach. The service-quality dimensions are operationalised differently in different contexts. In health services, for instance, emphasis is placed on the physical environment, safety, privacy, staff friendliness and responsiveness (Fatima et al., 2018), while in banking services, emphasis is placed on staff responsiveness, the appearance of the staff and the environment, the accuracy of the service provided and security for the customer in the form of compliance (Dandis & Wright, 2020; Supriyanto et al., 2021). In transport services, service quality considers aspects such as safety, comfort, cleanliness, efficiency, accuracy of information and appearance of personnel (Y. Wang et al., 2020).

Service quality is considered a key determinant of customer satisfaction, and it influences an individual's loyalty (Boonlertvanich, 2019). Service quality was also found to influence word of mouth, as having a good service experience increases the donor's propensity to talk about it, generating positive word of mouth (Guglielmetti Mugion et al., 2021). In the context of this study, the blood collection organisation is seen as the service provider, and the blood donors are the customers. Studies have found that service quality positively affects customer satisfaction and customer loyalty behaviour (Martín-Santana et al., 2021; Melián-Alzola & Martín-Santana, 2020; Fatima et al., 2018). This means that if blood donors are pleased with the service quality, they are likely to continue donating blood and talk about it. Service quality has also been found to have a positive influence on customer trust in the organisation (Melián-Alzola & Martín-Santana, 2020). This finding is supported by the results of Thaichon and

Quach (2015), which indicated that service quality was a significant and strong predictor of trust. These results from the various studies highlight that, while service quality is an important variable in the formation of loyalty, researchers and practitioners cannot focus solely on service quality but must also pay attention to other variables that positively interact with service quality, such as customer satisfaction and trust (Boonlertvanich, 2019). Therefore, the following hypotheses were proposed for the current study:

H10a: There is a positive and significant relationship between service quality and intention to continue donating blood.

H10b: There is a positive and significant relationship between service quality and customer satisfaction.

H10c: There is a positive and significant relationship between service quality and trust.

H10d: Service quality has a positive and significant influence on attitudinal loyalty.

H10e: Service quality has a positive and significant influence on behavioural loyalty.

H10f: Service quality has a positive and significant influence on word of mouth.

4.4.9 Trust

Trust is defined as customer expectancy of favourable outcomes from their interaction with the service provider (Nyadzayo & Khajehzadeh, 2016). Van Vuuren et al. (2012) add that trust plays a pivotal role in reducing customer uncertainty in an environment where they feel vulnerable, as they have confidence in the trusted service provider. Trust helps the organisation to create a bond with the customer and, once this is achieved, repurchase or revisit to an establishment is likely to occur (Nora, 2019). Nora (2019) furthermore states that trust is key in relational exchanges and building strategic relationships with customers. In support of this, Roberts-Lombard (2020) refers to trust as the cornerstone of building relationships, and in banking services, trust is linked to the assurance felt by one party about how the other party is reliable and has integrity. Trust is developed over time, and therefore the influence of trust on behaviour varies based on whether an individual is a new or existing customer (Boonlertvanich, 2019). The establishment of trust in a relationship helps to mitigate uncertainty and lessen perceived risk from a consumer perspective (Barra et al., 2018). Trust has been an important part of relationship marketing literature, which gained prominence in the 1980s and it continues to play an integral part in research across various fields, including transport services (Abid et al., 2023), financial services (Boonlertvanich, 2019), tourism and hospitality (Lam & Wong, 2020), non-profit research (Francioni et al., 2021), social marketing research and transformative consumer research (Assaker et al., 2020; Issock et al., 2020a; Yazdanian et al., 2019). Trust has been investigated in blood donation research, in which it is

proposed as a key factor influencing donor loyalty (Martín-Santana et al., 2021; Melián-Alzola & Martín-Santana, 2020).

Several studies have revealed that trust has a positive influence on behavioural intention and customer loyalty at a multidimensional and one-dimensional level (Barra et al., 2018; Kaur & Soch, 2018; Leninkumar, 2017). From a behavioural intention perspective, Hashim and Tan (2015) found that trust was the strongest predictor of intention to continue knowledge-sharing behaviour. This is supported by the findings of Shang et al. (2019), which indicated that trust had a direct and significant effect on the intention to continue giving behaviour. However, a non-significant effect was found with regard to continued giving behaviour, which can be referred to as loyalty (Shang et al., 2019). Other empirical research has demonstrated the strong impact of trust on retention in the form of repurchase behaviour in airline services (Saleem et al., 2017). This is supported by other studies which concluded that trust was an influential variable in loyalty towards banking services (van Esterik-Plasmeijer & van Raaij, 2017). The effect of trust has also been explored in social media marketing research (D. Y. Kim & Kim, 2021), in which trust positively and significantly influenced loyalty to an influencer but had no significant influence on purchase intention. Other studies have viewed loyalty as a multidimensional outcome and found that, while trust had a significant direct effect on the attitudinal loyalty of high-net-worth bank customers, it did not significantly influence their behavioural loyalty (Boonlertvanich, 2019). This finding is a confirmation of a study by Thaichon and Quach (2015) which concluded that trust did not directly and significantly influence behavioural loyalty to an internet service provider; however, trust significantly influenced attitudinal loyalty. Similarly in the blood donation context, Barra et al. (2018) provided empirical evidence of the significant influence of trust on cognitive loyalty, although it did not affect behavioural and affective loyalty. This asserts that trust has a varying effect on loyalty behaviour for different customer segments, as demonstrated by the aforementioned empirical studies.

While a significant direct relationship has been demonstrated between trust and loyalty, Morgan and Hunt (1994) positioned trust as a mediating variable between other constructs. Several studies have demonstrated how trust mediates loyalty behaviour through satisfaction, service quality and commitment. These are the most common relationship marketing variables that have been established as determinants of loyalty behaviour (Barra et al., 2018; Shaalan et al., 2021). This indicates that trust indirectly influences the relationships between the variables mentioned and loyalty, and underscores the importance of trust in developing a strong relationship with customers (Hashim & Tan, 2015). Therefore, based on the above discussion, in this study, it is suggested that trust influences the blood donors' behaviour of continued donation and loyalty. It is also suggested that trust indirectly influences the

relationship between satisfaction and the loyalty variables. Carranza et al. (2018) confirm that trust mediates the relationship between customer satisfaction and loyalty in the hospitality industry. The following hypotheses were therefore proposed, based on the above discussion:

H11a: Trust has a positive and significant influence on the intention to continue donating blood.

H11b: Trust has a positive and significant influence on attitudinal loyalty.

H11c: Trust has a positive and significant influence on behavioural loyalty.

H11d: Trust has a positive and significant influence on word of mouth.

H11e: Trust has a mediating effect on the relationship between satisfaction and attitudinal loyalty.

H11f: Trust has a mediating effect on the relationship between satisfaction and behavioural loyalty.

H11g: Trust has a mediating effect on the relationship between satisfaction and word of mouth.

4.4.10 Intention to continue behaviour

Behavioural intention is described as an individual's willingness to perform a certain behaviour (Appiah et al., 2017). Continuance intention, in contrast, gives an indication of the consumer's continuation of the desired behaviour, which is likely to ultimately lead to ongoing behaviour, which is loyalty (Y. Li & Shang, 2020). Continuance intention is a fundamental construct in the study of post-performance behaviour, as it represents sustained behaviour (Y. Li & Shang, 2020). In studies that investigate consumer behaviour, behavioural intention is considered both as an outcome variable and a direct antecedent to actual behaviour. Therefore, while a wide range of studies consider the construct to be an antecedent (Appiah et al., 2017; Guglielmetti Mugion et al., 2021; Russell et al., 2017; Sung et al., 2019), other studies have posited behavioural intention as an outcome variable (Liobikienė & Bernatonienė, 2017; Russell-Bennett et al., 2017; L. Zhang et al., 2018). In prosocial studies, as an antecedent, intention has been proven to have a significant effect on reduced food waste behaviour (Russell et al., 2017) and condom-use behaviour (Appiah et al., 2017). In studies underpinned by the TIB and FTNC, intention has been used as both an outcome variable (Coleman et al., 2020; Issock et al., 2020c) and an antecedent to actual behaviour (Appiah et al., 2017; Guglielmetti Mugion et al., 2021). In the latter case, Appiah et al. (2017) and Melián-Alzola and Martín-Santana (2020) have proved that intention is a strong predictor of actual behaviour. Therefore, in this study, continuance intention is posited as an outcome variable for all of the above-mentioned constructs of the study. Continuance intention is therefore also proposed as an antecedent to loyalty. In relation to this study, donor intention to continue donating blood

indicates the extent to which a donor is willing to continue donating blood and ultimately being loyal through regular donation and encouraging others to donate. The following hypotheses were therefore proposed for this study:

H12a: Intention to continue donating blood has a positive and significant impact on attitudinal loyalty.

H12b: Intention to continue donating blood has a positive and significant impact on behavioural loyalty.

H12c: Intention to continue donating blood has a positive and significant impact on word of mouth.

4.4.11 The moderating role of commitment

Commitment is the ongoing desire of a customer to preserve a relationship with a service organisation because they feel it is worthwhile to do so (Shaalan et al., 2021; Wiggill, 2017). When a customer has a high level of commitment towards the service organisation, they are more likely to maintain the relationship (Nyadzayo & Khajehzadeh, 2016). In social marketing, particularly when the desired outcome is behavioural change or behaviour for societal good, commitment refers to sustained behaviour over time and is therefore a key component of building relationships in the discipline (Haghighatjoo et al., 2020). In the non-profit sector, which relies on donors and volunteers, commitment is highly desirable as it leads to volunteers' continued involvement with the organisation (Ilyas et al., 2020). This notion is supported by Ko et al. (2020), who assert that committed donors behave in a manner (giving of monetary or non-monetary resources) that seeks to ensure the future success of the organisation. The direct relationship between commitment and behaviour has been investigated extensively and is well documented (Ko et al., 2020), which suggests its importance in relationship marketing.

As with trust, commitment is another construct that Morgan and Hunt (1994) put forward as a key mediator between other relationship marketing constructs. The role of commitment as a mediator has been emphasised in relationship marketing studies (Abid et al., 2023; Roberts-Lombard, 2020; Thaichon & Quach, 2015), including social marketing and blood donation literature (Barra et al., 2018; Shang et al., 2019), which is limited. Empirical studies have focused on the direct effects and the mediating effects of commitment, with the moderating effect of commitment receiving little attention (Agarwal & Narayana, 2020; Jain et al., 2014). The moderating effect of commitment has been extensively explored in the context of organisational performance by various studies (Ahmed et al., 2023; Allozi et al., 2022; King & Sethi, 1997).

Considering the importance of commitment and its influence on behaviour, exploring its moderating effect on other relational variables makes a valuable contribution to literature (Jain et al., 2014). The relational variable used in this regard is trust. Ledikwe (2020) states that commitment to the service organisation improves the effect of trust on customer loyalty by creating a bond with the customer. In the context of this study, if the blood donor is committed to donating blood with the blood collection organisation, it is likely that they will maintain the relationship and speak well thereof. Research by Ledikwe has demonstrated that commitment significantly moderates the effect of trust on loyalty and suggests that commitment is essential in amplifying the influence of trust on loyalty among consumers. Therefore, the following hypotheses were proposed for this study:

H13a: Commitment fully moderates the influence of trust on attitudinal loyalty.

H13b: Commitment fully moderates the influence of trust on behavioural loyalty.

H13c: Commitment fully moderates the influence of trust on word of mouth.

4.4.12 Loyalty

In marketing research, loyalty is described as an individual's deep-rooted commitment to continuously buying the same product, brand or service, despite the influence of environmental conditions or situations (Barra et al., 2018). According to Abid et al. (2023), loyalty refers to favourable feelings shown by customers, together with their attachment to the brand. Essentially, this attachment or deep-rooted commitment leads to the repeat purchasing of a product or re-patronising of a service with little consideration of switching brands or service providers, despite outside influences and marketing efforts (Boonlertvanich, 2019). The concept of loyalty has received much attention from researchers and marketing practitioners for many years. However, this has mainly been explained through behavioural aspects such as repeat buying or repeat use of a product or service (Melián-Alzola & Martín-Santana, 2020; Thaichon & Quach, 2015). The study of loyalty has evolved over time, building on the proposition by Oliver (1980) that positioned loyalty on a continuum that begins with cognition (cognitive loyalty) and ends with performance of behaviour (behavioural loyalty) (Barra et al., 2018).

Scholars propose that loyalty has two dimensions: attitudinal loyalty and behavioural loyalty (Barra et al., 2018; Boonlertvanich, 2019; Melián-Alzola & Martín-Santana, 2020). Attitudinal loyalty refers to a person's negative or positive evaluation and opinion of a product or service (Barra et al., 2018; Melián-Alzola & Martín-Santana, 2020). Behavioural loyalty refers to the frequency of repeated acquisition of a product or service and maintaining the same preference in the long term (Barra et al., 2018). Scholars such as Guglielmetti Mugion et al. (2021), Melián-Alzola and Martín-Santana (2020) and Nyadzayo and Khajehzadeh (2016) have developed

research on loyalty behaviour further by incorporating word of mouth. Word of mouth is commonly defined as communication by customers to other people, conveying their experiences with an organisation or their products and services, essentially recommending them to others (Melián-Alzola & Martín-Santana, 2020; Nyadzayo & Khajehzadeh, 2016). In prosocial behaviour, word of mouth goes as far as advocacy – sharing information and creating further awareness of issues (L. Zhang et al., 2018). Empirical studies have reported extensively on attitudinal loyalty, behavioural loyalty and word of mouth in developing lasting relationships (Barra et al., 2018; Boonlertvanich, 2019; Issock et al., 2020a; Meleddu et al., 2015; Melián-Alzola & Martín-Santana, 2020; Middleton & Lee, 2020; Thaichon & Quach, 2015).

In the context of this study, blood collection organisations offer a blood collection service to their clients, the blood donors. Loyal donors are considered to be those who play a key role in maintaining balance in the donation system. Therefore, the ultimate goal of the organisation should be to attain donor loyalty (Melián-Alzola & Martín-Santana, 2020). Besides donation behaviour, it is also important that blood donors become advocates for blood donation and assist in recruiting other donors (WHO, 2024). In a service environment, such as blood donation, loyalty is established from an individual's favourable attitude and behaviour towards the service provider, which encourages the person to continue using the service and engaging with the service provider (Boonlertvanich, 2019). For the purpose of this study, based on the foregoing discussion, the conceptual model has three outcome variables, namely, (1) attitudinal loyalty, (2) behavioural loyalty and (3) word of mouth.

In blood donation research, Barra et al. (2018) found that while trust was proven to have a significant influence on cognitive loyalty, it had no influence on behavioural loyalty and affective loyalty. That indicates that trust may lead to the development of favourable attitudes towards blood donation, but does not necessarily result in actual blood donation behaviour (Barra et al., 2018). The result was similar in a study by Thaichon and Quach (2015), who demonstrated that commitment and satisfaction had a direct and significant impact on behavioural loyalty and attitudinal loyalty. Melián-Alzola and Martín-Santana (2020) reported results that indicate strong and positive relationships between service quality, satisfaction, trust and loyalty in blood donation behaviour. Regarding word of mouth, a significantly positive relationship was established between service quality and intention with word of mouth (Guglielmetti Mugion et al., 2021). Ryu and Park (2020) found that word of mouth was directly influenced by commitment, while Filieri et al. (2015) reported a significant and strong relationship between trust and word of mouth in user-generated online travel content. In the evaluation of loyalty from a cross-cultural perspective, Barra et al. (2018) found that, although behavioural loyalty was significantly influenced by affective loyalty, this was not the case for

the impact of cognitive loyalty on behavioural loyalty among respondents from the United States. However, a direct and significant relationship was reported between cognitive loyalty and behavioural loyalty among their Latin American sample. This highlights that different kinds of loyalty interact differently with one another in various contexts, which necessitates deeper understanding (Barra et al., 2018). The following hypotheses were therefore proposed for this study.

H14: Attitudinal loyalty positively and significantly influences behavioural loyalty.

H15: Behavioural loyalty positively and significantly influences word of mouth.

The conceptual model presented does not claim to capture and represent every possible factor influencing blood donor loyalty but has focused on factors emerging from theories that are relevant to this study and have been overlooked in literature contributions. The TIB provides a comprehensive and complex model in the endeavour to thoroughly understand blood donor loyalty behaviour, and the social norms construct from the FTNC compensates by incorporating a variable that was not considered in TIB but was found to be influential. Since the study was approached from a relationship marketing perspective, it was fitting to incorporate tested constructs from the commitment–trust theory and other relationship marketing variables into the model.

4.5 CHAPTER CONCLUSION

This chapter presented the theoretical framework of the study and discussed the theories that were instrumental in the theoretical underpinning of the research. A discussion on consumer behaviour provided insight into the consumer decision-making process in relation to this study. This discussion was followed by a presentation of the foundational theories selected for this research, delving into the pros and cons of each theory to justify its incorporation into the study. The final section of the chapter explained the development of hypotheses based on the discussion of the influence of each construct in the proposed relationships. The following chapter discusses in detail the research methodology followed in this study, including the research design, the sample selection, data collection and the process of analysis.

CHAPTER 5: RESEARCH METHODOLOGY

5.1 INTRODUCTION

This chapter details the research methods used in the implementation of this study. The chapter begins by discussing the concept of research methodology and briefly outlining the purpose of this study, with the inclusion of the research questions that the study sought to answer, which have a great influence on the choice of methods. The chapter is mainly based on the steps of the research onion as a guide for the methodological decisions taken, starting with the research philosophy, followed by the approach to theory development, methodological choices, research strategies, time horizons and finally, procedures and techniques. Each step is discussed, followed by a linkage to the study at hand to justify the choices made. This chapter outlines the choices made, leading to the collection and analysis of the data. This being a mixed methods study, a distinction is made between the quantitative aspects and the qualitative aspects of the research process, where necessary. These are discussed separately under the identifying headings.

5.2 RESEARCH METHODOLOGY

Research methods refer to the procedures, techniques and methods that will be used by the researcher to execute a research project. With a focus on the implementation, research *methods* encompass the research techniques used, the data collection tools and the methods used to analyse the data and evaluate the results from the research (C. G. Thomas, 2021). The research *methodology*, in contrast, is the scientific approach that is adopted to systematically conduct the research (Mishra & Alok, 2022). Essentially, the methodology is focused on the philosophy behind the chosen methods and the rationale in the selection of those methods, which informs the processes and strategies that will be employed during various stages of the research project, from planning to implementation to reporting (C. G. Thomas, 2021). Melnikovas (2018) states that the research methodology is a key component of scholarly research, which helps to maintain consistency in the methods and techniques selected. The research onion by M. Saunders et al. (2023) provides a framework for developing an effective methodology for conducting research. However, before planning the research methodology for and approach to the research project, it is important to outline the purpose of the research (M. Saunders et al., 2023).

5.2.1 Purpose of the study

When conducting research, it is important to determine the research approach that will best meet the objectives of the study (Creswell, 2023). This study sought to investigate the factors

that influence blood donor loyalty and to understand donors' reasons for continuing or discontinuing blood donation. Research questions aligned to the objectives of the study were developed to better understand and solve the research problem. The questions are listed below:

RQ1: What influences blood donors' continued donation behaviour?

RQ2: How do blood donors' experiences influence their motivation to continue donating blood?

RQ3: What socio-psychological and relationship marketing factors influence donor intention to continue blood donation?

RQ4: What factors have a significant influence on donor loyalty behaviour in a blood collection organisation?

The questions posed for this study indicate the aim of the research, namely, to explore the drivers of blood donor loyalty behaviour, seeking to gain new insights and a better understanding of the motivation behind blood donors' behaviour. In addition, the research set out to describe the influences of social and psychological factors on blood donor loyalty, quantify the findings and generalise them to a larger population. Having established the objectives and questions that were to be addressed in this study, the researcher then had to carefully consider the methodological approach, which is discussed in the ensuing section.

5.3 METHODOLOGICAL APPROACH OF THE STUDY: THE RESEARCH ONION

The researcher chose the research onion (Figure 5.1) as the guiding framework for the study's methodology to achieve the aims of the study. Developed by M. Saunders et al. (2007), the research onion illustrates the various stages that a researcher goes through when developing and conducting research (Orth & Maçada, 2020). The research onion consists of six layers or stages, which must be accomplished, starting from the outside and moving towards the centre of the diagram (Figure 5.1), to emerge with a methodology that is effective for the study (Melnikovas, 2018). The outermost and second layers contain the research philosophy and approaches to theory development, respectively. The third and fourth layers are concerned with the methodological choices and research strategies, while the fifth and sixth layers address the time horizon and techniques and procedures that will be adopted for the research, respectively (M. Saunders et al., 2023). Figure 5.1 is a graphical representation of the research onion that was used in this study. The rest of the chapter discusses each stage of the research onion as a methodological framework used in this study, and outlines the choices made by the researcher throughout the process.

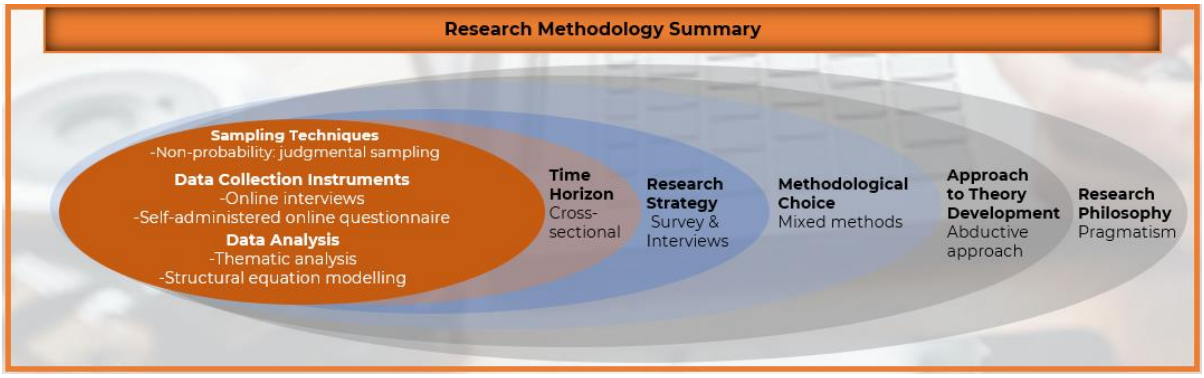

Figure 5.1: Research onion adopted for this study

Source: Adapted from M. Saunders et al. (2023)

5.3.1 Research philosophy

Research philosophy is described as the assumptions and beliefs that are brought into the research, that inform the development of knowledge and the approach to solving the research problem (M. Saunders et al., 2023). It is also referred to as the worldview held by the researcher. As Creswell (2021) notes, including the choice of research philosophy in the write-up of the study informs the reader about the researcher's stance on the study. Melnikovas (2018) highlights that, classically, research methodology is premised on a philosophical grounding, which will imply the research strategies and techniques that are to be followed. There are five main research philosophies to which a researcher may align their work: positivism, interpretivism, critical realism, postmodernism and pragmatism (Creswell, 2021; M. Saunders et al., 2023). Each of these philosophies is discussed in the sections that follow, and a rationale is provided for the researcher's choice for the current study.

5.3.1.1 Positivism

Positivism is a philosophical viewpoint that considers the evidenced reality to develop law-like generalisations (M. Saunders et al., 2023). This philosophy uses the basis that the measurement of truth and reality are not reliant on the researcher and the tools that they use, but rather on objective knowledge that is quantifiable (Swanson & Chermack, 2013). By extension, this implies that observed and empirical data is considered to be credible in the research (Melnikovas, 2018). This denotes that positivist researchers place emphasis on scientific procedures to draw data that is not influenced by human biases (M. Saunders et al., 2023). The researcher assesses hypothesised relationships from the data, using independent and dependent variables to make inferences that can be replicated in similar studies, from which law-like generalisations can be made (Park et al., 2020).

5.3.1.2 Interpretivism

The interpretivist viewpoint is of the assumption that human behaviour is complicated and cannot be explained through universal laws (Swanson & Chermack, 2013). Interpretivists, in comparison to positivists, do not view the world from a point of objectivity, but rather from a subjective perspective, as they believe that reality is socially constructed and ever-evolving (Melnikovas, 2018). This philosophical viewpoint emphasises that meaning is created by humans as they engage with the world and form their own interpretations; therefore, they cannot be studied as physical phenomena are (Rashid et al., 2019). Muhaise et al. (2020) also note that the researcher's involvement and interpretation play an important role in interpretivist research. Interpretivist researchers, therefore, seek to develop new and richer insights and a deeper understanding of the world in different social settings (M. Saunders et al., 2023).

5.3.1.3 Critical realism

The critical realist philosophy is centred on explaining how human observations and experiences are influenced by the underlying structures of reality that determine the occurrence of events (M. Saunders et al., 2023) According to the seminal work of Roy Bhaskar, dating back to 1975 (Bhaskar, 2013), It focuses on explaining reality at three levels: (1) the *empirical level*, being events observed and experienced through human understanding and interpretation; (2) the *actual level*, being the occurrence of events, whether seen or unseen; and (3) the *real level*, being the mechanisms that cause the events to occur at the empirical level (Fletcher, 2017). Research associated with this philosophy is conducted not only to record the evolution of people's lives from a subjective perspective, but to further predict the path or trajectory of future occurrences or events (Wiltshire & Ronkainen, 2021).

5.3.1.4 Postmodernism

According to M. Saunders et al. (2019), postmodernism places an emphasis on language and power dynamics in the investigation of acceptable ways of thinking and bringing out suppressed and alternative schools of thought. The philosophy is premised on the opposition of the notion that reality exists solely through language and mutual (majority) agreement by those who use their power to impress their way of thinking upon the marginalised (Trim & Esteb, 2017). Postmodernism is characterised by its opposition to pre-established authority and norms in a particular domain and its recognition of reality as fragmented and disconnected. It emphasises that, in research, theories are used to give perspective, not final solutions, and that the focus should be placed on procedures that foster creation and interpretation rather than unchanging (static) objects and beliefs (Schwartzman, 2001). Therefore, postmodernism seeks to challenge the old way of thinking by deconstructing

existing realities and legitimising the viewpoints of minority factions through the development of new knowledge (M. Saunders et al., 2019).

5.3.1.5 Pragmatism

Pragmatism puts forward the viewpoint that human behaviour cannot be isolated from previous experiences or the beliefs formed and influenced by those experiences (Kaushik & Walsh, 2019). In support of this notion, pragmatism is considered to possess the potential to reveal significant unobserved issues and to be a way of gaining insight into people's thoughts and the formulation of habits (Kelly & Cordeiro, 2020). The pragmatist approach is centred on the assumption that the researcher can embrace the positivist and interpretivist approaches to best answer the research question when trying to solve a problem (Melnikovas, 2018). Pragmatism leans towards resolving practical problems faced by organisations, instead of being based on the assumption of the truth and knowledge (Maarouf, 2019). The tenet of this philosophy is to bring together objective and subjective knowledge and human experiences in various contexts.

M. Saunders et al. (2019) emphasise that in the pragmatist approach, research begins with defining a problem, followed by working towards recommending viable solutions that can be implemented practically in future. Considering the dichotomous stance of the positivist and interpretivist philosophies, pragmatism provides an alternative approach and allows plurality on perspectives and research methods to be adapted in the research project (Hothersall, 2019; Kaushik & Walsh, 2019). For this reason, in pursuit of finding the solution to the research problem and addressing the research question, pragmatism lends itself to a range of research methods, including mixed and multiple methods (Muhaise et al., 2020).

5.3.1.6 Research philosophy for the current study

Based on the five research philosophies outlined and described in the previous sections, this study made use of and was guided by the pragmatist philosophy. Creswell (2021) states that pragmatism is centred on answering the research question in the best way possible, which may require the collection of multiple forms of data collection and analysis, and then applying the findings for practical implementation. This study sought to make a theoretical and practical contribution to the field of social marketing, in particular in the area of blood donation. As was previously mentioned in Chapter 3, social marketing practice is not underpinned by theory and empirical research, which was viewed as something that needed to be addressed in scholarly research engagement. The development of theory will assist in the practical application of the findings, as recommendations emanate from conducting research. This study sought to use empirical research to make recommendations and suggest strategies that can be used by

blood collection organisations to improve their retention of blood donors and foster loyalty behaviour. This is in line with the statement made by M. Saunders et al. (2019) that the pragmatist approach involves suggestions for the practical implementation of the empirical findings. In addition, this aligns with the researcher's approach to knowledge development in that empirical knowledge is pivotal in guiding the practical implementation of ideas and solutions.

5.3.2 Approach to theory development

In solving the research problem and answering the questions posed in the study, the use of theories is incorporated. Theories may be tested or developed through the research; therefore, considerations must be made about the research design of the study (M. Saunders et al., 2019). In following the stages that guide the researcher in developing a framework for the methodology of the study, the approach to theory development can be implied by the philosophical stance chosen in the preceding stage (research philosophy) and requires the researcher to take an approach to their reasoning of the design selected to answer the research question (Melnikovas, 2018). According to M. Saunders et al. (2023), there are three primary approaches to theory development from which a researcher may choose: the deductive, inductive and abductive approaches. The choice of approach is important because it allows the researcher to make sound decisions about the research design, including the kind of data that will be collected and how it will be collected, analysed and interpreted to best answer the research question (Easterby-Smith et al., 2021; M. Saunders et al., 2023). Each of the three approaches to theory development will be discussed in the ensuing sections, followed by the rationale of the choice made for the current study.

5.3.2.1 Deductive approach

The deductive approach generally entails developing theory that will be subject to being quantitatively tested through hypothesising (M. Saunders et al., 2023). In this approach, the research seeks to assess the suggestions of known rules, principles, theories and/or models about the topic being studied and making comparisons to the newly gathered data (Graneheim et al., 2017). The deductive approach tends to follow a series of steps, which include the proposition of hypotheses, using existing theories related to the study. The development of these hypotheses is then justified by examining the theories on which they are based, and they are tested by collecting data for quantitatively measuring the proposed constructs and conducting analysis. The outcomes of the analysis are put against the hypotheses to determine whether they are consistent with what was hypothesised in order to corroborate the theory. If there is a lack of consistency, then the test will have failed and the hypotheses rejected (M. Saunders et al., 2019). In agreement with the notion that it is a series of steps,

Varpio et al. (2020) suggest that this is a “top-down” approach that begins with conceptualisation and ends with findings that lead to supporting or rejecting the tests or refining the proposed concepts. The deductive approach is used when the researcher aims to expound on the causal associations between variables, examining the proposed hypotheses and generalising the results to the behaviour of a larger population (Al-Ababneh, 2020). The deductive approach is objective in nature and, as a consequence, is adopted in positivist studies in which the sample size is large and the data collection methods are quantitative (M. Saunders et al., 2023; Varpio et al., 2020).

5.3.2.2 Inductive approach

The inductive approach entails gathering data with the aim of exploring a research problem, and the intention to develop theory, which could culminate in a conceptual framework (Al-Ababneh, 2020; M. Saunders et al., 2023). Unlike the deductive approach, which commences with proposing hypotheses, the inductive approach starts with the need to understand a problem (Varpio et al., 2020). This approach is commonly used when there is limited theory in relation to the phenomenon (McKibben et al., 2020). Unlike the “top-down” approach of deduction, the inductive approach follows a “bottom-up” approach, by which phenomenon-specific data is collected, then general conceptualisation of the phenomenon is developed and tentative hypotheses proposed (C. G. Thomas, 2021; Varpio et al., 2020). In this approach, the observation of individual cases is conducted with the aim of allowing new insights to be discovered from the data and developing patterns that can then be tested (Graneheim et al., 2017). The inductive approach is generally associated with the interpretivist research philosophy, in which the research focus is on the context in which the event or behaviour happens (Al-Ababneh, 2020; M. Saunders et al., 2023). The sample of the study is generally small and the data collection methods used are qualitative (M. Saunders et al., 2023; Varpio et al., 2020).

5.3.2.3 Abductive approach

Unlike the deductive approach which transitions from theory to results, using the data and the inductive approach which transitions from using the findings from the data to develop theory, the third research approach is essentially a combination of the deductive and inductive approaches (M. Saunders et al., 2023). The abductive approach goes beyond observing and interpreting data to describe or explain the phenomenon, but aims to improve current theories by collecting new data (Haig, 2018). This approach does not focus on the development of general theory, but rather on shifting from making specific observations to providing an explanation in relation to the observation (Behfar & Okhuysen, 2018). Behfar and Okhuysen (2018) add that abductive reasoning makes probable claims that are yet to be tested and

therefore subject to being refined. As such, this approach can assist the researcher to uncover novel constructs and new relationships for the development of literature (Brodie & Peters, 2020). Abductive research is considered to be receptive to new data while being guided by existing theories to allow the identification and interpretation of patterns (Åsvoll, 2014; M. Saunders et al., 2023). Owing in part to its flexibility, M. Saunders et al. (2023) suggest that this approach can be embraced by researchers with varying research philosophies; however, it is used more within the pragmatist, postmodernist and critical realist philosophies.

5.3.2.4 Research approach for the current study

Based on the overview of research approaches provided, the current research follows the abductive approach. The aim of this study was to investigate the factors that influence blood donor loyalty in a blood collection organisation, which includes understanding what influences donors to continue donating blood. The factors influencing blood donor loyalty can be assessed and quantified using quantitative methods. However, to uncover the reasons for behaviour, qualitative methods are more suitable. Therefore, the abductive approach to the research would enable the researcher to address the research objectives of the study and answer the research questions. As mentioned by Behfar and Okhuysen (2018), this approach helps to provide an explanation for specific observations that have been made and can contribute to uncovering new constructs and relationships for the advancement of theory (Brodie & Peters, 2020). This is true for the present study, as research has been limited to quantitative methods of enquiry, with minimal in-depth explanation for the reported observations. This limitation in research was highlighted by scholars (Papagiannis et al., 2016; Rundle-Thiele et al., 2019) who called for a better understanding of the target audience and the reasons for carrying out behaviour. Therefore, using the BRT as a framework for the qualitative phase of the study is novel in the context of blood donation and blood donor behaviour, which may lead to new and relevant constructs and relationships being discovered. This notion is supported by scholars (Blaikie & Priest, 2019; T. Clark et al., 2021; M. Saunders et al., 2023) who agree that the abductive approach enables the researcher to engage with the theory and data, which may result in the modification of existing theory or the development of new theory.

Once the approach to theory development has been determined, the researcher considers the suitable methodological choice for the study, which is discussed in the next section.

5.3.3 Methodological choice

In pursuit of achieving a coherent research design, M. Saunders et al. (2023) stress the importance of the purpose of the research design, which is generally guided by the main

research question. The design will either be exploratory, descriptive, evaluative or explanatory in nature, thereby prompting the researcher to decide on following quantitative, qualitative or mixed methods (Burns & Bush, 2019; M. Saunders et al., 2023). The following section discusses the methodological choices available to the researcher, guided by the purpose of their research design. Figure 5.2 presents the methodological choices that can be applied in the research.

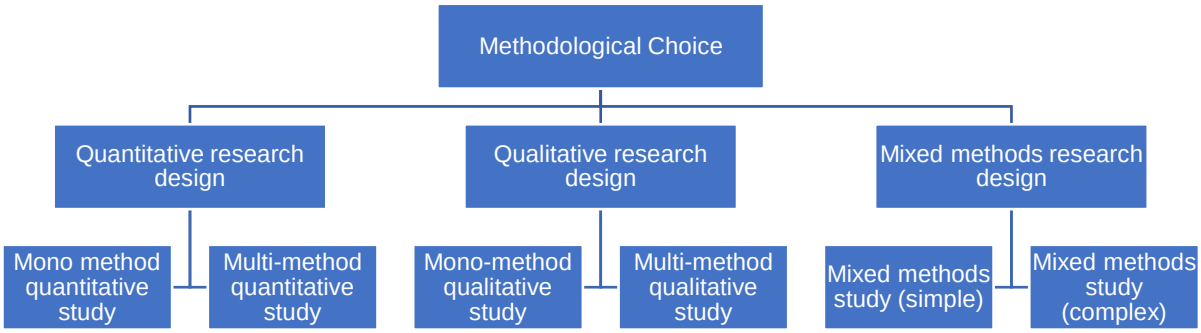

Figure 5.2: Methodological choice

Source: M. Saunders et al. (2023)

5.3.3.1 Quantitative research design

Quantitative research aims to comprehend and describe an occurrence, problem or behaviour through the use of quantifiable data and statistical analysis (Burkholder et al., 2019). In quantitative design, the researcher assesses relationships between the constructs or variables of the study. These are measured using mathematical formulas and statistically analysed to make predictions on possible outcomes, which can be applied to the problem being solved by the research (Wu et al., 2022). Creswell (2023) asserts that this research design is reflective of the positivist philosophical view, which was discussed in Section 5.3.1. Quantitative research is described as structured research with a definite purpose, requiring accurate information. It entails the use of a large sample of respondents and a formal process of collecting data, which commonly occurs through the administration of questions that have a predetermined choice of responses (Burns & Bush, 2019). When conducting quantitative research, it is important to consider the population under study, the description of the constructs and procedures that will aid in the formulation of the hypotheses and testing thereof. The researcher must describe the instruments that will be used to measure the constructs and explain how the data will be analysed (Creswell, 2023). Quantitative research can be conducted using either a single method (mono-method) or multiple methods (multi-method). Mono-method quantitative research entails the researcher's using a single quantitative data collection and data analysis procedure in the study. Multi-method quantitative research entails

the use of multiple data collection and relevant data analysis techniques to meet the objectives of the study (M. Saunders et al., 2019).

5.3.3.2 Qualitative research design

Qualitative research seeks to answer the research question and address the research objectives by using methods that enable the researcher to describe and explain the occurrence, issues or behaviour without relying on quantifiable or numeric data (Quinlan et al., 2019). Qualitative research can also be used to explain the results from qualitative research that has been conducted (Esteban-Bravo & Vidal-Sanz, 2021). Unlike quantitative research, qualitative research is described as being less structured and does not rely on administering questions that have a choice of predetermined answers, but rather on extracting meaning from unstructured responses (Quinlan et al., 2019). When conducting qualitative research, the focus is not placed on obtaining a large sample that will allow for the generalisation of findings, but rather on understanding how participants make sense of their experiences of events and use this information to describe the phenomenon of inquiry (Burkholder et al., 2019; Malhotra et al., 2017). Creswell (2023) asserts that qualitative research is characterised by the researcher's focus on the participants' meanings, data being collected in the participants' settings or presence, the researcher's presence in collecting data reflexivity and the use of multiple sources of data collection. As with quantitative research, mono-method and multi-method qualitative studies may be conducted (M. Saunders et al., 2019).

5.3.3.3 Mixed methods research design

Mixed methods research is a research design that combines the use of quantitative and qualitative data collection and analysis techniques in a single study (M. Saunders et al., 2023). This research design provides a deeper comprehension of quantitative results and is used when the research seeks to test theory, understand, explain and describe the issue being addressed by the study (Hall, 2020). Mixed methods research is suitable and used in social sciences where the research aims to capture a holistic approach to solve a research problem, the findings from recommendations will be made and can be used in practice (Strijker et al., 2020). M. Saunders et al. (2019) note that mixed methods data collection and analysis techniques can be used simultaneously (parallel/concurrent) or in a sequence, where one technique precedes the other (sequential) but warn that these techniques cannot be infused or mixed at the same time; they must still be conducted separately.

There are various reasons for a researcher to combine methods in a mixed methods study, which include the facilitation of generating new insights from one method that will inform the use of another method. Mixed methods can be used in cases where the initial method

determines the scope of the next methods as a result of gaining a better understanding of the problem. Mixed methods assist in interpretation, by which one method is used to explain the findings of another method. This method can be used to achieve diversity in the study, help with problem-solving, and for triangulation, by which the researcher ascertains whether the outcomes of one method corroborate those of another method. Mixed methods can be used when each of the methods selected focuses on different and particular aspects of the research. Lastly, this method can help with achieving generalisability of findings in instances where qualitative research is followed by quantitative research (M. Saunders et al., 2023).

Creswell and Clark (2011) identify six major mixed methods research design types, as listed in Table 5.1. The table provides an overview of the six types of research design under mixed methods research design, detailing the criteria for each, which includes implementation, priority, integration and the presence of a theoretical perspective of each design type.

Table 5.1: Types of mixed methods research designs

Design type	Implementation	Priority	Stage of integration	Theoretical perspective
1.Sequential explanatory	Quantitative followed by qualitative	Usually quantitative; can be qualitative or equal	Interpretation phase	May be present
2.Sequential exploratory	Qualitative followed by quantitative	Usually qualitative; can be quantitative or equal	Interpretation phase	May be present
3.Convergent/ concurrent triangulation	Concurrent collection of quantitative and qualitative data	Preferably equal; can be quantitative or qualitative	Interpretation phase or analysis phase	May be present
4.Sequential transformative	Either quantitative followed by qualitative or qualitative followed by quantitative	Quantitative, qualitative or equal	Interpretation phase	Definitely present (i.e. conceptual framework)
5.Concurrent nested/ embedded	Concurrent collection of quantitative and qualitative data	Quantitative or qualitative	Analysis phase	May be present
6.Concurrent transformative	Concurrent collection of quantitative and qualitative data	Quantitative, qualitative, or equal	Usually analysis phase; can be during interpretation phase	Definitely present (i.e. conceptual framework)

Source: V. L. P. Clark and Creswell (2008)

5.3.3.4 Methodological choice for the current study

The current study adopted a mixed methods research design. The reason for this choice is that the study aimed to solve the research problem and provide thorough understanding of the phenomenon by taking a holistic approach. The results from the quantitative research would provide a description of the donor behaviour and confirm the relationships that drive loyalty behaviour, guided by the conceptual framework proposed for the study. The qualitative findings, in contrast, would provide explanations and reasons (deeper meaning) for the behaviour of blood donors in their various contexts or environments, guided by the BRT, that could not be ascertained through quantitative research. The type of mixed method selected for this study was convergent triangulation, which meets the four criteria set by V. L. P. Clark and Creswell (2008): The research was implemented by collecting and analysing qualitative and quantitative data concurrently. The results and findings were then merged for comparison at the interpretation phase of the study. Equal priority was given to the qualitative and quantitative aspects of the research, and the study is underpinned by a theoretical framework. Figure 5.3 presents a graphical representation of the convergent triangulation mixed method design used in the current study.

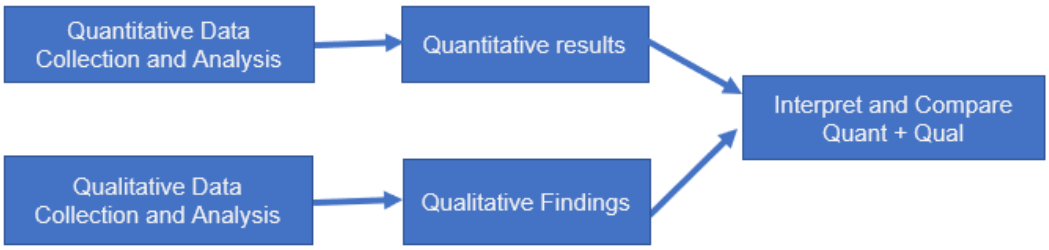

Figure 5.3: Convergent triangulation mixed method design

Source: Adapted from Creswell (2023)

5.3.4 Research strategy

The research strategy is the fourth layer of the research onion and it denotes the researcher's plan of action regarding the choice of data collection methods which will be used to answer the research questions and meet the objectives of the study (Melnikovas, 2018). Following on from the previous steps of the research onion, the choice of research strategy is informed by the selected research philosophy, approach to theory development and the methodological choice selected for the study (M. Saunders et al., 2023). Examples of research strategies available to researchers include experiments, surveys, ethnography, phenomenology,

grounded theory, narrative inquiry, archival and documentary research, case study and action research (Creswell, 2023; M. Saunders et al., 2023). Each of these strategies is briefly described in the section below.

Experiments are a strategy that seeks to establish the cause and effect between the dependent and independent variables of the study under a controlled environment (Creswell, 2020). The *survey* design involves administering a survey (such as a questionnaire) to a sample of the population or the entire population to collect mainly quantitative data (M. Saunders et al., 2023). *Ethnography* is a procedure that entails the study of the behaviour of a specific group of people and their culture in a given setting. It involves various methods of collecting data, such as immersion of the researcher, observation and interviewing of participants (Burns & Bush, 2019). *Phenomenological* research stems from the disciplines of psychology and philosophy, and it seeks to describe individuals' experiences about a given phenomenon, as described by them. This strategy mainly involves conducting in-depth interviews with participants (Tjora, 2018). *Grounded theory* is a sequential and systematic process used to collect data and identify categories or themes for the development of a theory. The research outlines and explains the process of theory development. This strategy applies qualitative procedures and is inductive in nature (Creswell, 2020; M. Saunders et al., 2023). *Narrative inquiry* is a personal account of occurrences or events. It entails the collection of data through qualitative interviews, in which the participants tell their story (storytelling) to capture their experiences as they account on the events (Creswell, 2020; Sonday et al., 2020). *Archival and documentary research* involves the use of administrative records, official and personal documents, manuscripts and audio-visual materials as sources of data. These sources can be drawn from archives, special collections, other repositories or from individuals (e.g. letters, social media posts or emails) (M. Saunders et al., 2023; Subotić, 2021). *Case study* refers to an in-depth investigation into an issue within its setting, and it uses cases as the main focus of the research. These cases can be people, organisations, programmes, events or institutions (Yin, 2018). *Action research* is a strategy that aims to develop and provide solutions to organisational issues through collaboration and participation. It is described as an iterative process of inquiry, as it requires the diagnosis of the problem, planning and executing the proposed action and subsequently evaluating the action. It is focused on carrying out action (in cycles if needed) to realise the solution to the issues at hand (Hall, 2020; Piggot-Irvine et al., 2021). Table 5.2 provides a summary of the research strategies that have been described and goes further by providing the methodological choices that are appropriate for each strategy.

Table 5.2: Research strategies and methodological choice

Research Strategy	Methodological Choice Options
Experiment	Quantitative mono and multiple methods
Survey	Quantitative mono and multiple methods
Ethnography	Qualitative mono and multiple methods
Phenomenology	Qualitative mono and multiple methods
Grounded theory	Qualitative mono and multiple methods
Narrative inquiry	Qualitative mono and multiple methods
Archival and documentary research	Quantitative mono and multiple methods, qualitative mono and multiple methods, mixed methods
Case study	Qualitative mono and multiple methods, quantitative mono and multiple methods, mixed methods
Action research	Quantitative mono and multiple methods, qualitative mono and multiple methods, mixed methods

Source: Adapted from M. Saunders et al. (2023)

5.3.4.1 Research strategy for the current study

This study used a mixed methods research design, as outlined in Section 5.3.3.4, where quantitative and qualitative data was collected simultaneously (concurrently). This is aligned to the pragmatist research philosophy selected for this study, which allows for plurality in research methods (Hothersall, 2019). The abductive approach to theory development was selected for this study, which is also aligned to pragmatism (M. Saunders et al., 2019) and informed the choice of research strategy. This being a mixed methods study, research strategies aligned with this method were selected for this study. For the quantitative phase of the study, the survey was selected to collect information from respondents to collect quantitative data that was used to describe the phenomenon, test the hypotheses proposed and produce quantifiable results (Wu et al., 2022). Questionnaires were used, as they enabled the researcher to collect structured and standardised data from a large sample of respondents (Malhotra et al., 2017). For the qualitative phase of the study, the phenomenological research design was selected. This strategy aims to gain a rich understanding of the participants' experiences (Nayar & Stanley, 2023). To achieve this, in-depth interviews are generally used to capture the experiences and sentiments of the participants of interest (Tjora, 2018).

5.3.5 Time horizon

Time horizon is the fifth stage of the research onion, and it is concerned with defining the time frame of the study being undertaken (Melnikovas, 2018). A research project can adopt either a cross-sectional or longitudinal time horizon. Studies using the longitudinal time horizon entail the measurement of a fixed sample of the population elements more than once, at various

points in time (M. Saunders et al., 2023). They entail the use of the same data collection instrument at multiple phases of data collection during predefined time periods (Magnusson, 2015). Cross-sectional studies entail the collection of data from the selected sample just once, at a given time, providing a snapshot of the situation and sample of interest during a particular time (Pesaran, 2015; M. Saunders et al., 2023). Cross-sectional designs may be single cross-sectional or multiple cross-sectional. The former entails a single sample of participants from the population of interest, measured once. Multiple cross-sectional design entails the measurement of more than one sample, where data is collected from each sample only once at a given period (Malhotra et al., 2017). Cross-sectional and longitudinal considerations can be applied to qualitative quantitative and mixed research methods across various research strategies to achieve the research objectives of the study (M. Saunders et al., 2023).

The cross-sectional time horizon was used in this study as the study sought to understand a given phenomenon (blood donor loyalty) at a particular time and, it being a study conducted for an academic research programme, the research was time restricted. M. Saunders et al. (2023) state that academic research projects commonly use the cross-sectional time horizon owing to the time constraints of the programme or course. Moreover, the longitudinal design requires data to be collected at different points over time, which has added cost implications and resource requirements (Malhotra et al., 2017). Taking that into consideration, to meet the objectives of this study, it was ideal for the research to observe the variables at a single point in time, thereby justifying the use of the cross-sectional time horizon.

5.3.6 Sampling, data collection and analysis

The sixth and final stage in the research onion focuses on the data collection and analysis of the study. This includes deciding on the use of primary or secondary data, the sample of the population to be used in the study, developing the data collection protocols, and preparing for data collection and analysis of the data (Melnikovas, 2018). Hall (2020) states that in mixed methods research the quantitative and qualitative aspects of the research may require different sampling methods. The author goes on to state that, in a concurrent mixed methods design, where the data collection is implemented in parallel, the samples are generally similar for both the quantitative and qualitative phases. This section discusses the sampling techniques used in the study, the data collection procedures and how data analysis was conducted.

For the purposes of this study and ease of navigation of the document, the remaining sections of the research methodology will be presented in the form of a two-phase study with the qualitative phase and the quantitative phase discussed separately, where necessary, under each heading.

5.3.6.1 Target population and sampling design

Prior to collecting data for a study, the researcher must make decisions about the population of interest for the study, how participants and respondents will be recruited and the locations of the research. These decisions are informed by the choices made in the previous stages of the research onion and the research questions of the study (Hall, 2020). To arrive at the final sample for the research, a series of steps was taken, constituting the sampling plan of the study (as recommended by Burns & Bush, 2019). Figure 5.4 outlines the steps in the sampling plan of the current study, followed by a discussion of each step.

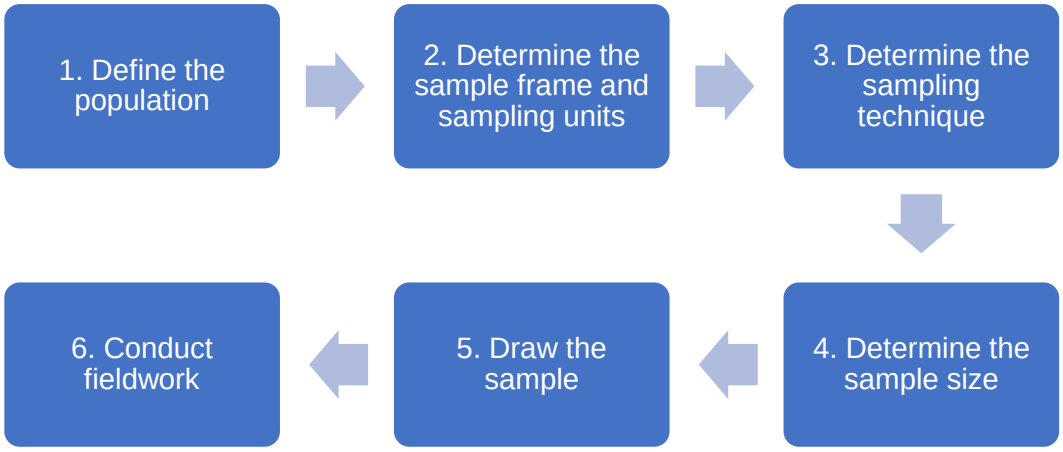

Figure 5.4: Steps in the sampling plan

Source: Adapted from (Burns & Bush, 2019; Quinlan et al., 2019)

Step 1: Define the population

Population refers to the total set of individuals or elements, including events, objects or institutions possessing the characteristics or displaying behaviours of interest to the researcher (Berndt, 2020). Keeping in mind the objectives of this study, the target population comprised individuals over 18 years of age, who are self-reported registered blood donors. Given that the objectives of this study seek to understand the factors influencing blood donor loyalty, including non-donors would not be suitable to achieve these objectives. The inclusion of existing donors will assist to answer questions such as that of donor experience, as existing donors would be better-informed based on their blood donation experiences.

Step 2: Obtain a sample frame and sampling units

There are about 500 000 reported active blood donors who make up the blood donor population in South Africa (Dabula, 2020). South Africa has been selected as the country of focus because it is one of the countries in Africa where 100% voluntary non-remunerated blood

donation has been achieved (Shittu et al., 2019), while other countries are making strides towards this transition as noted in Section 2.5.3 and Section 2.6. Given the large size of the donor population, it would not be possible for the researcher to reach all the elements of the population. Therefore, a sub-group must be identified from the population, and this is referred to as the sampling frame (Berndt, 2020). From the sampling frame, the researcher draws individual units that are eligible for selection for the study (Burns & Bush, 2019).

Quantitative phase

Considering that the research sought to understand donor loyalty and behaviour, the sampling frame from which the units of the quantitative phase of the study were selected was active blood donors who had donated blood within a given period, namely, in the past 5 years. Two screening questions was asked to ascertain eligibility based on the selection criteria in the preceding sentence – see Section 5.3.6.3. The period of 5 years was selected for this study because of the COVID-19 pandemic that led to lockdown restrictions, which had an impact on the movement of people, including blood donors. The study therefore took into account blood donors who had donated blood before COVID-19 (from 2019) and after COVID-19. This timeframe allows the research to capture the donor experiences during the different periods taking into account behavioural shifts. It is worth noting that restrictions related to the lockdown were eased after 2021, and the data for this study was collected in the second half of 2023.

Qualitative phase

For the qualitative phase of the study, the sampling frame consisted of individuals who are regular blood donors. To provide clarity, the SANBS (2023) states that individuals can donate blood up to six times a year, and regular donation means at least four donations in a 2-year period. Therefore, for this study, individuals who donate blood at least twice a year were considered regular donors. The motivation for this selection was that the qualitative study sought to understand the motivations behind donating blood by regular blood donors.

Step 3: Determine the sampling technique

Sampling techniques are classified into probability and nonprobability sampling. These techniques are used by the researcher to select and reach the respondents and participants for the study (Berndt, 2020; Burns & Bush, 2019). Berndt (2020) adds that the sampling technique must be carefully considered because it guides the researcher in choosing a representative sample that will instil confidence in the data, the findings and conclusions made, and it allows generalisability of results where necessary. Figure 5.5 presents a graphic representation of the two main categories of sampling techniques and the corresponding methods under each one.

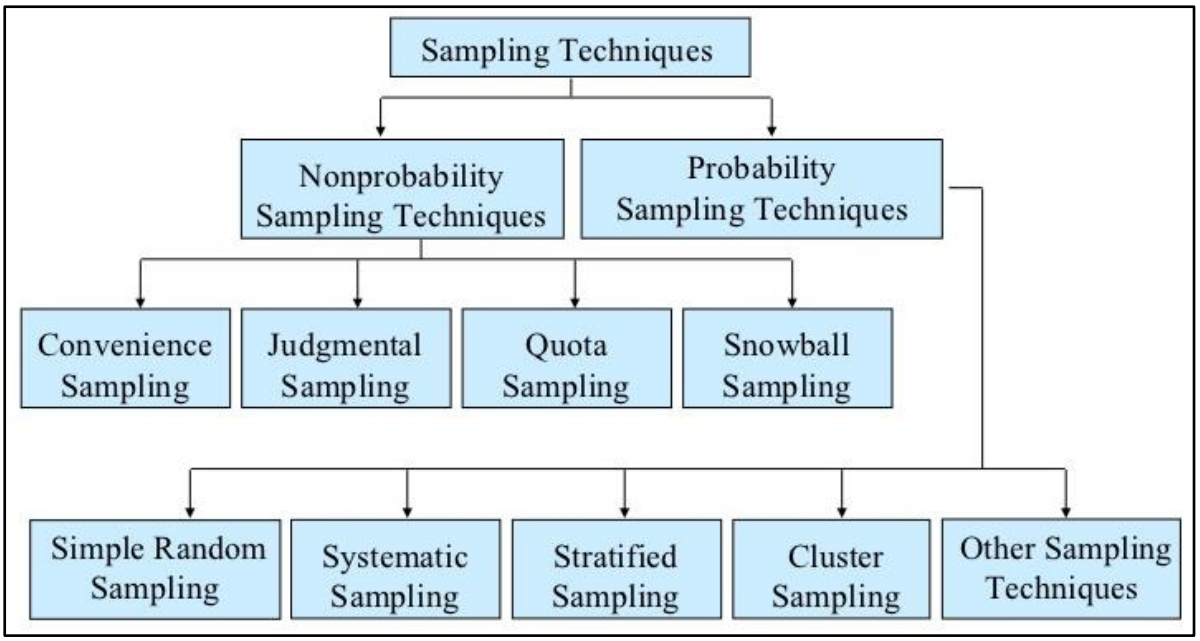

Figure 5.5: Classification of sampling techniques

Source: Malhotra et al. (2017)

Probability sampling is a sampling technique that ensures that each element of the target population has an equal chance of being selected for the study (Berndt, 2020). This technique requires a sampling frame, which is a list of all elements in the population of interest from which sampling units (individuals or cases) are drawn (M. Saunders et al., 2023). *Nonprobability* sampling is used in instances where the researcher does not have a sampling frame and relies on their subjective judgement, instead of an equal chance of selection when making the selection of the sampling units (Malhotra et al., 2017). Considering that probability sampling requires the availability of a sampling frame, and this study could not access a sampling frame due to the protection of personal information, therefore the nonprobability sampling technique was used to select the sample for the research. It is noted that non-probability sampling has limitations such as selection bias due to the judgement of the researcher and limited validity because the selection is not randomised (Malhotra et al., 2017). However, it has been stated a sampling frame could not be obtained, therefore justifying the use of the selected sampling technique.

Under nonprobability sampling techniques, as depicted in Figure 5.5, there are convenience sampling, judgement or purposive sampling, quota sampling and snowball sampling (Malhotra et al., 2017). Purposive sampling was used in this study, and it entails the researcher's making an informed judgement as to who will be included in the study, based on their relevance to the study (Hall, 2020). Each unit selected from the sample must have the capacity to inform and contribute to the research (Quinlan et al., 2019). Purposive sampling allows the researcher to

provide justification for their selection from a theoretical basis and the needs of the study to answer the research questions and meet the research objectives (M. Saunders et al., 2023). It is generally linked to qualitative research design, which does not seek representativeness of a sample but instead requires cases that will be informative and provide rich information (Berndt, 2020). The requirement for inclusion in the study was that each unit of the sample had to be a registered blood donor and must have donated blood in the past 5 years. This was based on the judgement of the researcher to determine respondents that are considered knowledgeable and experienced on the research topic being addressed.

To select the respondent for quantitative phase of the study, two screening questions were used to determine whether the respondents fit the selection criteria used to judge their eligibility. To select the participants for the qualitative phase of the study, two-stage non-probability sampling was applied, where the sampling technique comprised purposive sampling and snowball sampling. This technique entailed selecting respondents for inclusion in the study using the researcher's judgement (Berndt, 2020), using the selection criteria discussed in preceding sections. For this study, individuals who are self-reported blood donors who were over the required age were selected. The second stage of the sampling entailed snowball sampling, by which participants from the interviews were asked to refer other blood donors who would be willing and agree to participate in the research. Referrals are used access other participants with ease and with speed. To maintain personal data privacy, participants did not share details of the referrals, but were rather asked to share the researcher's contact details for them to get in touch if interested in participating in the study. The referrals led to additional participants being recruited for the study, which is known as the snowballing effect (Hall, 2020). The next section discusses the sample size of the current study.

Step 4: Sample size

Sample size refers to the number of units sampled from the population under investigation in the study (Creswell, 2020). Determining the sample size for a study is based on a number of factors, including data collection costs, the time frame of the study, the data collection and data analysis methods that will be employed in the study (Hair, Page & Brunsveld, 2019). When making sample size considerations, the researcher must also consider the homogeneity and heterogeneity of the population and aim to achieve a diverse sample (Bryman et al., 2021). Bell et al. (2022) and Hair, Page and Brunsveld (2019) suggest other factors to consider when determining the appropriate sample size: level of estimation precision, level of confidence and the degree of variability in the measured attributes.

When conducting quantitative research, the sample size is important for the generalisability of the findings (Gill, 2020). Quantitative data requires statistical analysis; therefore, the sample size must be well thought out because it affects the statistical techniques used to analyse the data (Rahi et al., 2019).

When conducting qualitative research, especially via interviews, the importance of the sample is not simply about the number of participants interviewed, but the power of information required (Malterud et al., 2016). The researcher must consider how specific the sample needs to be (criteria), the quality of the interview conversation and the existence of a theoretical background. This determines whether rich information and sufficient information will be obtained from more or fewer participants (Malterud et al., 2016). Creswell (2020) adds that qualitative research typically studies few individuals or cases, because the interviewer's ability to obtain in-depth information diminishes with the addition of each participant as increasingly less new information emerges, until no significant findings are yielded at all. When determining the sample size for qualitative research, the researcher must consider the scope of the study and the amount of information required, the complexity of the nature of the topic and the quality of the data sought, through the efficient design of the questions and the design of the research (Hall, 2020).

Quantitative phase

In quantitative research, careful consideration is required when selecting a sample size because it affects the statistical techniques that will be employed in the study (Rahi et al., 2019). M. Saunders et al. (2019) suggest that, when calculating the sample size, researchers generally use a 95% confidence level with a margin error of 5. This means that if the sample were to be selected 100 times, at least 95 of the samples would certainly represent the characteristics of the target population. The data for the quantitative study were to be analysed using SEM. Hair, Anderson, et al. (2016) state that such rigorous analysis of a complex model necessitates a sample size of at least 500 participants, which is considered to have very good statistical power for the analysis (Kyriazos, 2018). Rahi et al. (2019) add that, where SEM is applied, it is recommended that 10 to 15 cases are required per scale item on the questionnaire. This is in agreement with Kyriazos (2018) who indicated that a larger sample offers increased statistical power when conducting data analysis. Based on the above considerations and the size of the population of interest, a sample size of 650 was considered adequate for this study.

Qualitative phase

In qualitative research, the size of the sample is influenced by the qualitative research design employed in the study (Creswell, 2023). Upon review of various studies, Creswell (2023) suggests that narrative studies may have one to two individuals, phenomenology involves 3

to 10 participants, grounded theory can be 20 to 30 participants, ethnography may examine a single cultural group, and a case study may use up to five cases. Adding to the suggestion of sample size in qualitative research, Boddy (2016) suggests that between 15 and 30 participants is considered appropriate for a homogeneous population. This is in line with Braun and Clarke's (2013) suggestion that, when the study seeks to identify patterns or themes across data, a sample size of 6 to 10 participants is adequate for a small study and 10 to 20 is adequate for a big project in which interviews are conducted. Based on these suggestions, the current study planned to employ in-depth, online individual interviews with 20 participants. In-depth interviews are conducted until the sample size is obtained or until the saturation point is reached (Creswell, 2023). Saturation is described as a point in the data collection when the new data no longer yields new information and insights, indicating that the sample suffices (Creswell, 2023).

Steps 5 and 6: Draw the sample and conduct fieldwork

As per the steps in the sampling plan (refer to Figure 5.4), the final steps entail drawing the sample using the selected sampling methods and sample size (Step 5), followed by Step 6, conducting the fieldwork (collecting the data), which is discussed under data collection. Table 5.3 provides a summary of the sampling plan, as discussed in the sampling section above.

Table 5.3: A summary of the sampling plan for the study

Aspect	Quantitative Phase	Qualitative Phase
Target population	Individuals over 18 years of age, who are registered blood donors in South Africa	
Sample frame	Registered blood donors who have donated blood in the past 5 years	Registered blood donors who donate blood regularly
Sampling units	Registered blood donors who have donated blood in the last 5 years	Registered blood donors who donate blood regularly and have donated in the last 12 months
Sampling technique	Non-probability, purposive sampling	Non-probability, two-stage sampling Stage 1: Purposive sampling Stage 2: Snowball sampling
Time	15 August – 30 August 2023	1 August – 15 September 2023
Extent	South Africa	South Africa
Sampling size	650 respondents	15-20 participants

Source: Researcher's own construction

5.3.6.2 Ethical considerations

When conducting research, the researcher must consider the ethical issues that may arise at different stages of the process (Creswell, 2023). Since the research involved human participants, it was essential to follow ethical protocols to ensure that the participants' rights were protected. This section discusses the ethical issues considered in the course of conducting this research project and what the researcher considered in conducting research responsibly.

Research integrity

The researcher must maintain integrity throughout the research process by adhering to the research standards, which include honesty, accurate and acceptable record keeping and storing, clear communication and respect for the research participants (Burns & Bush, 2019). To this end, research integrity was maintained in this research through the involvement of other stakeholders besides the researcher. The academic supervisors monitored the research process at every stage, and an internal faculty committee was also involved in reviewing the proposal of the study and the completed research project.

Privacy and confidentiality

Investigating blood donor behaviour can be sensitive and raise hesitation among the respondents to the questionnaire and participants of the interviews. Participants make a decision about taking part in the research study based on the information that they receive. A participant information sheet was provided to share information about the purpose of the research and how the data would be handled by the researcher. Before taking part in the study, respondents were informed on the online survey platform that their participation was voluntary and that their privacy and confidentiality would be maintained at all times. The survey respondents were not asked to provide any identification information, such as their name, at any point during the survey. Similarly, before commencing with the interviews, the participants were sent the participant information sheet outlining the maintenance of their privacy and confidentiality of the information provided. The interview participants were recorded as "Participant 1", for example, and the names were not used in the transcribed documents.

Informed consent

Once participants had received information about the research and decided to take part, they were asked to give consent of their voluntary participation. On the consent form, they acknowledged that they were aware of what the research project was about, they understood

that participation was voluntary, that they could withdraw at any point without any penalty and that they consented to taking part in the study.

Review by ethical review committee

Included in their regulations to protect participants against possible violation of human rights, higher education institutions have ethical review committees. These committees assess the potential risk or legal harm that could befall individuals participating in the research (Creswell, 2023). Before embarking on the data collection process for this study, the researcher applied for ethical clearance through the Human Research Ethics Committee (Non-medical) of the University of the Witwatersrand. The researcher commenced with the data collection only once ethical clearance had been granted and an ethics clearance certificate was issued. Ethical clearance was granted and a clearance certificate with protocol number H23/05/16 was issued on 25 July 2023 (see Annexure 6).

The following sections outline the data collection procedures for the quantitative and qualitative phases of the study, including the steps that were followed to develop the respective data collection instruments.

5.3.6.3 Quantitative data collection procedure

Measurement and scaling

This study used three measurement scales throughout the questionnaire. The nominal scale was used to measure demographic variables such as gender, race, geographic location and employment status. Level of education and usage were measured using the ordinal scale. The interval scale in the form of a 5-point Likert scale was used to measure the main constructs of the conceptual model, namely, affect: guilt, affect: pride, injunctive norms, descriptive norms, personal norms, cognition of consequences, habit, facilitating conditions, satisfaction, service quality, trust, intention to continue behaviour, commitment, attitudinal loyalty, behavioural loyalty and word of mouth. The Likert scale is the most commonly used interval scale in social sciences research and it can measure people's activities, perceptions and interests (Burns & Bush, 2019), in alignment with meeting the objectives of this study. To measure these constructs, respondents were asked to indicate their level of agreement or disagreement with each of the statements that were carefully developed under each construct. On the 5-point Likert scale, 1 represented *strongly disagree*, 2 for *disagree*, 3 stood for *neither agree nor disagree*, 4 was *agree*, and lastly, 5 represented *strongly agree*.

These measurement scales were selected based on their suitability for multivariate data analysis (Hair, Black, et al., 2016), particularly SEM, which was conducted for the current

study. Furthermore, the use of these measurement scales is motivated by the fact that the variables had already been used in previous studies (Barra et al., 2018; Kupfer et al., 2019; C.-J. Liu, 2019; Melián-Alzola & Martín-Santana, 2020; Moussaoui et al., 2019) using the same measures. M. Saunders et al. (2019) also state that to have valid measures, it is ideal to use items from adapted from previous literature to measure a construct.

The next sections discuss the operationalisation of the constructs that were used in this study to develop the conceptual model (see Table 5.4) and the development of the questionnaire.

Operationalisation of constructs

To ensure that the constructs are well understood for the development of simple and understandable items (statements) in the questionnaire, it is important for the researcher to operationalise them in the context of the study (Zait, 2016). Table 5.4 presents the constructs of the proposed conceptual model and how they have been defined or described in previous research that was conducted, as per the sources provided in the table. The constructs were used to ensure validity of the measurement scales used in the questionnaire, as they draw from the work of other researchers (Burns & Bush, 2019). These constructs were selected based on their reliability, reported in the studies they were adapted from. Lastly, each construct has been operationalised for the current study to enable the development of the questionnaire, using the operationalisation of the construct to develop suitable items that will be easily understood by the respondents taking part in the survey. Once the constructs were developed, the researcher proceeded to develop the questionnaire; this is discussed in the section that follows.

Table 5.4: Operationalisation of constructs

Construct	Definition	Operationalisation	Source
Cognition of consequences	The individual's awareness of the negative or positive consequences related to performing the behaviour; this could be consequences to themselves or others.	Blood donor awareness of the positive consequences of donating blood and the negative consequences of not donating blood.	(Attiq, Chu et al., 2021)
Behavioural intention	Refers to the motivation for and deliberation about making the decision to perform a given behaviour. Behavioural intention is considered as a direct antecedent to actual behaviour.	Blood donor intention to continue donating blood and the extent to which they are willing to become loyal, by means of regular blood donation.	(Russell-Bennett et al., 2017) (Rezaei et al., 2019)

Construct	Definition	Operationalisation	Source
Facilitating conditions	Environmental factors that influence the judgement of the individual and affect their performance or non-performance of a behaviour.	Facilitating conditions relate to access to blood donation services, the operating times and information provided by the blood collection organisation.	(H. Amin et al., 2016)
Trust	The customer's expectation of a positive effect from the experience of engaging with a service provider.	Blood donor trust in the blood collection organisation influences the blood donors' behaviour to continue donating blood.	(Nyadzayo & Khajehzadeh, 2016)
Commitment	The ongoing desire of a customer to preserve a relationship with a service organisation.	The blood donor's commitment to donating blood and likelihood to maintain the behaviour.	(Shaalan et al., 2021)
Affect: Guilt	Guilt is a negative emotion experienced when an individual is cognisant that they have not met a societal expectation.	The blood donor's reaction or how the individual feels when they have failed to respond to initiatives such as blood donation drives and continued donation.	(Kandaurova & Lee, 2019)
Affect: Pride	Positive feelings (pride or happiness) that are associated with the individual's successful performance of desirable behaviour.	Feelings of pride about the donor's blood donation behaviour can evoke favourable responses towards blood donation.	(Anand & Gaur, 2019)
Injunctive norms	Injunctive norms indicate the extent to which an individual perceives others (friends, family and associates) approve or disapprove of their behaviour.	The extent to which a blood donor perceives others approve of blood donation.	(Schuster et al., 2016)
Descriptive norms	Descriptive norms refer to the degree which an individual perceives that others (friends, family and associates) carry out a behaviour.	The extent to which a blood donor perceives others to be donating blood.	(Schuster et al., 2016)
Personal norms	Personal norms reflect an individual's consciousness of how to behave, in accordance with their values, which results in the individual's feeling obligated to behave in a certain manner.	The blood donors' personal norms and consciousness of blood donation influence their intention to donate blood regularly.	(Esfandiar et al., 2020)

Construct	Definition	Operationalisation	Source
Habits	Habits are consistent behaviour patterns that have been historically maintained and carried out without extensive deliberation or consideration and become an automatic process. They are measured by the frequency of an individual's past behaviour.	Habit is conceived as the frequency of past blood donation behaviour. If the blood donor donates blood regularly, they are likely to form the habit, which will become an automatic behaviour in future regular donation.	(Russell et al., 2017)
Satisfaction	The emotional response of an individual towards a service experience; involves an evaluation of the service by the individual to determine the extent to which the service organisation met their needs.	The extent to which the blood donor is satisfied with the blood collection organisation, their service and processes.	(Kaur & Soch, 2018)
Service quality	Service quality relates to the extent to which the service provider has met or exceeded the expectations of the customers, measured using various service-quality dimensions.	The blood donor's evaluation of service quality in relation to their blood donation experience, considering various service-quality dimensions.	(Al Chalabi & Turan, 2017)
Attitudinal loyalty	Attitudinal loyalty refers to an individual's state of mind associated with a product, organisation or service provider, based on prior experience.	The blood donor's state of mind (feelings) about blood donation and the blood collection organisation.	(Fatima et al., 2018)
Behavioural loyalty	Behavioural loyalty refers to the ongoing acquisition of products from an organisation or the use of services from the same provider.	The blood donor's willingness to continue engaging in blood donation and with the blood collection organisation.	(Fatima et al., 2018)
Word of mouth	Refers to going beyond continuous use to being willing to recommend a product or service. It incorporates correspondence and communication from the recipient with other individuals.	The willingness with and extent to which the blood donor speaks of and recommends blood donation.	(Fatima et al., 2018)

Source: Researcher's own construction, from the sources cited

Development and layout of the questionnaire

In developing the questionnaire Burns and Bush (2019) suggest a four-step process that entails (1) determining what to measure and how to do so, (2) deciding on the wording,

(3) organising the questionnaire logically and (4) finalising and launching the questionnaire. The first step of the process has been addressed: the constructs of the study have been determined in Chapter 4 and the measurement scales were discussed in the preceding sections. The operationalisation of the constructs was helpful in achieving Step 2, which focuses on the wording of the questions and statements. When developing the questions, the researcher must ensure that the questions or statements are well understood by the respondent, are not ambiguous and that they are not biased (Hall, 2020). Questions should focus on one topic at a time to avoid confusion, and they should be brief, simple and clear so that they may be easily understood. The researcher should avoid questions that are leading or loaded, and they should not use "double-barrelled" questions (essentially two questions in one) because these become difficult for the respondent to answer (Burns & Bush, 2019). These points were carefully considered in the development of the questionnaire for the current study. The researcher reviewed the questionnaire with the supervisors of this study, and the questionnaire was sent to a language editor to ensure that it was grammatically sound and acceptable for distribution. The final questionnaire is included as Annexure 2.

Layout of the questionnaire

The questionnaire was organised as follows: an introduction of the researcher conducting the study (including the contact details) and a brief explanation of the purpose of the research. The respondents were then invited to take part in the survey, informed of the approximate time it would take to complete the questionnaire and advised to answer all the questions once they had started. They were assured of their anonymity and the confidentiality of the information they provided. The respondents consented to taking part and then proceeded to complete the questionnaire. The questionnaire had three main sections: a section with the screening question and usage questions, followed by Section A, which consisted of the statements related to the constructs of the research, and lastly, Section B which collected demographic information. A *screening question* was posed to ensure that the potential respondents were eligible to take part in the survey. Screening questions are used to detect respondents who do not meet the criteria for taking part in the survey (Burns & Bush, 2019). For this study, respondents had to have donated blood in the past 5 years, and if they indicated "No" they were automatically excluded from the research and could not continue with the rest of the questions. To ensure that all the questions were answered, the electronic survey platform was set to accept only submissions with complete questionnaires.

Step 4, the final step in the questionnaire development process, states that once the questionnaire has been developed, it should be tested through a pilot study before being

formally launched (Burns & Bush, 2019). This pretesting aims to establish validity and reliability of the measures.

Reliability and validity of measures

Validity is concerned with whether the measures or items are actually measuring what they claim to be (Eichhorn, 2022). Prior to implementing the questionnaire, the face validity of the questionnaire must be established (Sahay et al., 2015). Face or content validity refers to the evaluation of the questionnaire by experts in that field. The aim is to establish whether the instruments truly measure what the research seeks to measure, as judged by experts in that field (Sahay et al., 2015; Teike Lüthi et al., 2020). The use of experts in the discipline enhances the face validity of the questionnaire during its development (Teike Lüthi et al., 2020). As previously mentioned, the supervisors, who are experienced in the discipline, were consulted to ensure the content validity of the measurement instrument. In the development of the measurement scale, the researcher has also used empirically validated theories (Chapter 4) and constructs that have previously been tested, as reflected in the operationalisation of constructs and the questionnaire development (Tables 5.5 and 5.6). Furthermore, the expertise of a language editor was used to ensure that the questionnaire read well and minimised grammar and language errors.

Reliability is concerned with the consistency of the results that are obtained from the measures (Eichhorn, 2022). A measure is deemed to be reliable when it consistently produces the same results under the same or similar conditions (Hajjar, 2018). Internal consistency is a reliability measure that assesses the consistency of results across variables in the model, and it determines how the tested variables relate with the other variables in the model (Hajjar, 2018). The most commonly used test for internal consistency reliability is the Cronbach's alpha coefficient (Kalkbrenner, 2023). To ensure reliability of the measurement scales and achieve acceptable consistency, a Cronbach's alpha value of 0.7 and above is required (Olaniyi, 2019). In the current study, the reliability of the measurement scales was first measured during the study and the results will be discussed in the pretesting of the questionnaire section that follows. The reliability of the constructs was also assessed as part of the main data analysis of the study (see results in Chapter 6).

Pretesting the questionnaire

Pretesting is conducted prior to rolling out the survey to the specified sample, as set out in the sampling plan. It entails administering the questionnaire to a small sample of respondents who can assist in detecting any errors, spotting any issues they may encounter with question clarity and reporting any confusion that they may experience (Burns & Bush, 2019). Malhotra (2019)

recommends that the respondents included in the small pretest sample be similar to those who will be included in the larger sample in terms of meeting the criteria to take part in the survey. For this study, a pretest was carried out on a sample of respondents who had donated blood in the past 5 years. A total of 10 questionnaires were shared with respondents who were willing to provide feedback, and the feedback received was used to improve the final questionnaire. In addition to pretesting the questionnaire to improve the questions and the design, a pilot study was conducted to assess the reliability of the constructs. A total of 83 respondents completed the questionnaire after one day of data collection. The Cronbach's alpha test was used to assess reliability of the constructs, the results of which are presented in Table 5.5.

Table 5.5: Reliability of the scales for the pilot study

Constructs	Cronbach's alpha
Affect: Guilt (AG)	0.981
Affect: Pride (AP)	0.849
Injunctive Norms (IN)	0.795
Descriptive Norms (DN)	0.901
Personal Norms (PN)	0.782
Cognition of Consequences (CC)	0.755
Facilitating Conditions (FC)	0.641
Habit (HBT)	0.827
Customer Satisfaction (CS)	0.886
Service Quality (SQ)	0.845
Trust (TR)	0.904
Intention to Continue Behaviour (ICB)	0.789
Commitment (COM)	0.834
Attitudinal Loyalty (AL)	0.805
Behavioural Loyalty (BL)	0.782
Word of Mouth (WOM)	0.801

Source: Researcher's own construction

Based on the results presented in Table 5.5, all the constructs except facilitating conditions indicated good reliability, exceeding the 0.7 threshold. Upon further examination of the construct items, the items were improved and re-ordered in the final questionnaire. The results in Chapter 6 for the Cronbach's alpha value of facilitating conditions show an improvement (0.706), which was just above the 0.7 threshold. The change made to the items is shown in Table 5.6.

Table 5.6: Changes made to the questionnaire items for the Facilitating Conditions construct

Original items for Facilitating Conditions	Improved items for Facilitating Conditions
If I were informed that blood supplies are critically low, I would donate regularly.	I know of blood donating sites close to me.
I have time to donate blood regularly.	Communication about the need for blood encourages me to donate blood.
If I knew where to donate regularly, I would donate regularly.	I have time to donate blood.
There are no close by donating facilities to donate blood.	There are enough blood donation sites in my area.
There are not enough blood donation drives in my area.	Knowing where to donate blood encourages me to donate.

Source: Researcher's own construction

Implementing the survey and collecting data

Once the sampling plan and the data collection instrument were finalised, the data collection process commenced. A self-administered online questionnaire was used and hosted on the survey software Qualtrics. The data collection process was facilitated by a research company, Cint, under close management by the researcher. The data collection took place in August 2023 for a duration of almost 3 weeks, as indicated in the summary of the sampling. The researcher closely monitored the progress to ensure that the data collection was on track. The targeted number of responses was 640 respondents, and the total number of usable responses was 658.

5.3.6.4 Qualitative data collection procedure

This section discusses the data collection process followed in the qualitative phase of the study. This study used semi-structured interviews, which allowed the researcher to gather insightful data and provide the opportunity for new insights to emerge through probing.

Data collection instrument

An interview guide was used to collect data for the current study. The interview guide contains the questions to be asked by the interviewer during the interview (Hall, 2020). The interview guide was designed in a way that sought to ensure that the questions it contained addressed the research questions related to the qualitative phase of the study. The questions were interrogated to make sure that they were not ambiguous or leading, and were not posed in a way that could possibly cause discomfort to the participants. Before finalising the interview

guide, it was reviewed by the two study supervisors and professional colleagues, all of whom have academic and research experience.

As recommended by Creswell (2020), the interview guide contained a header to record information about the interview. This included participant demographic information (gender, age, location – province). Also included was the introductory information that needed to be conveyed by the interviewer, such as the purpose of the study, confirming the receipt of the signed consent forms, making the participants feel comfortable sharing information, and informing them that the interview would be recorded. The interview guide was divided into sections: opening questions, general questions, questions based on the theory, and lastly, questions about the blood collection organisation. The questions that were developed for the interview guide contained probing cues for each question. Probing encourages participants to provide clarity on what they are saying and divulge more information (Creswell, 2020).

Developing a research instrument warrants its testing to ensure that it is well formulated and understood by the prospective participants (Burns & Bush, 2019). Therefore, the interview guide was piloted before being formally launched. Two pilot interviews were conducted to ensure that the questions asked were clear and easily understood by the participants. This also allowed the researcher to gauge how long the interviews would take, and identify questions that could be amended. The interview guide was improved through this process, and the pilot interviews were not included in the final sample of the study. The final interview guide used in the current study is provided in Annexure 1. The next section discusses how the interviews were conducted in the process of collecting data.

Conducting interviews

The researcher contacted each participant through email to schedule the interview at a time that was convenient for them. The email included the consent form, which the participants needed to sign and send back to the researcher before the interview was conducted.

The current study conducted web-based video interviews, which enables audio and visual communication to be conducted over a long distance through a form of video conferencing (Creswell, 2020). This allows an interviewer to interview participants from various geographic locations, provided they have an internet connection and the necessary device such as a computer or mobile device. There are many applications and platforms available to conduct such interviews. Microsoft Teams was the preferred platform to use for this study, as it was freely available to the researcher and easily accessible to the participants. This platform allows for recording of the interview and for the interviewer and participant to see each other. It is worth noting that the main cost incurred by using this method of interviewing is the cost of the

data used to access the Microsoft Teams platform throughout the interview. There are no travelling costs for the participant and the interviewer. Participants were asked before the interview to be in an area that was quiet and to be in a location that had a reliable internet connection to ensure quality of the interview. A unique link to access the interview platform was sent to each participant through an email detailing the date and time of the interview. The interviews took place from 1 August to 15 September 2023, based on the participants' availability.

The researcher considered the following when conducting the interviews (as per the recommendations of Hall, 2020):

- *Establishing rapport:* To gain the confidence of the participants, the interviewer was friendly and welcoming to the participants, greeting them and thanking them for availing themselves for the interview.
- *Establishing credibility:* To gain credibility, the researcher informed the participants about the research and the institution under which they were working, and informed them that the information gathered from the interviews would be used for the reporting of a PhD study.
- *Ensuring confidentiality and privacy:* The participants were assured of their privacy and confidentiality through the participant information sheet. However, during the interview, it was stated again that their names and any identifying information would not be used in the reporting of the research.
- *Adapting the questions format to the interview situation:* Due to the use of the semi-structured approach of the interview, the probing strategy was used to gain more insights. During the interview, while answering a question, some participants touched on other questions from the interview guide, to which the interviewer seamlessly transitioned to avoid redundancy by asking the question again during the interview. The interviews generally followed the natural and systematic flow provided by the interview guide, but flexibility was maintained to ensure that the participants felt free to express themselves and engage with ease. In instances where the questions did not follow the set order, the interviewer ensured that all questions had been covered by the end of the interview.
- *Concluding the interview:* The participants were sincerely thanked for taking time out of their schedules to participate in the interview. The participants were also provided the opportunity to ask questions if they had any and asked whether they had anything further to add that they felt was important. Once the interview was concluded, the participants

were informed that the recording would be stopped and they were free to leave the meeting platform, thereby ending the connection.

These considerations ensured that a good relationship was established between the researcher and the participants to achieve success in the interview process. In addition to these considerations, the researcher ensured not to interrupt the participants when they were answering questions, not to rush them, and to ask only one question at a time.

The concept of saturation point

Data saturation is described as the point at which no new information is attained through the data collection method, at which point the data collection process may be concluded (Moser & Korstjens, 2018). In qualitative inquiry, it is advised that the researcher conducts the data collection until data saturation is reached, to determine the final sample number. This is a principle commonly applied to qualitative research in various fields of study (Braun & Clarke, 2021). The targeted sample size for this study was 20 participants (falling into the 15–20 sample size range), and a total of 18 interviews were conducted. The data collection process was stopped on account of the lack of emergence of new information from the participants. This was experienced from the 16th interview and the decision to discontinue the interviews was taken after the 18th interview.

Challenges

Although conducting interviews seldom comes without any challenges, it must be noted that minimal challenges were incurred during the interview process with the participants in the present study. Some of the challenges that were faced related to time: some participants had to move the time of their interview as the result of unforeseen circumstances that led to their not being able to honour the original appointment. One of these circumstances was load-shedding, which is an interruption in the supply of power (electricity) that affects residents of South Africa. This interruption is scheduled at various times for different areas and is therefore not in the control of the participants or the interviewer. Having no power in their area meant that the participant could not connect to Wi-Fi and there was a likelihood that the network connection would be unreliable, therefore posing a threat to the quality of the interview. In other instances, the participant's unavailability was due to their having conflicting plans that had to be prioritised, such as work commitments. Nonetheless, these interviews were rescheduled, and the instances were minimal. The start of some interviews was delayed as the participants joined late. However, the researcher made sure not to schedule interviews too closely to each other, to avoid time overlaps that would negatively affect the interviews that would follow.

Trustworthiness in the study

When conducting qualitative research, it is imperative that trustworthiness be established to ensure that a rigorous process was followed (Owoseni & Twinomurinzi, 2019). In ensuring trustworthiness during the process of qualitative data collection, there are four main quality criteria that must be considered: credibility, transferability, dependability and confirmability (Korstjens & Moser, 2018; Owoseni & Twinomurinzi, 2019). Korstjens and Moser (2018) add reflexivity to these criteria, citing that it is essential in achieving transparency and quality. These criteria are briefly described in Table 5.7, including the strategies used by the researcher to ensure that they were considered in the data collection process.

Using these criteria of trustworthiness, the researcher ensured that the research of this study was conducted in a manner that is trustworthy to provide accurate and reliable findings. Trustworthiness of the study pertains to all processes of research, including the qualitative data analysis. The researcher can further establish trustworthiness through the use of reputable and sound data analysis methods (Castleberry & Nolen, 2018). The data analysis of the qualitative phase of the research is discussed in the qualitative data analysis section (see Section 5.3.6.6).

Table 5.7: Trustworthiness criteria and strategies applied in the study

Criterion	Criterion	Application in the study
Credibility	Refers to the extent which the information gathered has captured what the study seeks to investigate or assess. Therefore, participants who are providing information (through their experiences) should be able to recognise the terms and descriptors used (N. Singh et al., 2021).	Some of the strategies for ensuring credibility include the appropriateness of the selected research method, prolonged participant engagement and reflective commentary (N. Singh et al., 2021). The research objectives of this study have been outlined and a rationale provided for the methods used to meet the objectives. The data collection took place from 1 August to 15 September 2023. Each interview lasted for up to 1 hour, allowing the participants to express their feelings and opinions and provide deep insights. Reflective commentary has been provided by the researcher, through a reflective journal that acknowledges their experience and preconceptions in the process of data collection (see Annexure 3)
Transferability	Refers to the extent to which the findings from the study can be transferred or applied in different research settings, using different participants (Korstjens & Moser, 2018).	The sampling and data collection methods used have an impact on the transferability of the findings. Detailed (thick) descriptions of the procedures and the context are some of the strategies used to ensure transferability (N. Singh et al., 2021). This study outlined the sampling procedure (see Section 5.3.6.1) that was used in the selection of participants. The use of purposive sampling was to ensure that suitable candidates were selected to take part in the interviews, and therefore, they had to meet the inclusion criteria (being an active blood donor being one of them). The data collection method can be used in another study with a different context.
Dependability	Refers to the consistency of the findings over time and entails the steps taken by the researcher to ensure consistency in the methods used during the data collection and analysis processes of the study (N. Singh et al., 2021).	Dependability is closely related to reliability, and thus, it can be assessed through the use of an audit trail and multiple coders to ensure analytical rigour (N. Singh et al., 2021). The current study has recorded the steps taken in the research process, from the development of the project and the methods used to report the findings, which conforms with keeping records throughout the research process. Secondly, a trained and experienced qualitative researcher was used as an independent coder for this project.

Criterion	Criterion	Application in the study
Confirmability	The extent to which the findings of the research are objective and can be validated by other researchers. It ensures that the findings are truly and accurately derived from the data collected (Korstjens & Moser, 2018).	Confirmability can be assessed through the use of reflexive methods, by which the researcher keeps a record of how they managed their own biases when collecting data. In this study, a record of the researcher's experience and how research bias was managed was kept using the reflective journal (see Annexure 3).
Reflexivity	Described as the researcher's critical reflection on their role in the research process and on the research process itself, particularly in the data collection. The researcher holds various positions as an insider when they share a common identity with the participants, and as an outsider when there are no shared commonalities with the participants (Braun & Clarke, 2013).	The strategy for ensuring reflexivity, suggested by Korstjens and Moser (2018), is keeping a diary or journal, in which the researcher examines their conceptual lens, assumptions, biases and values and how these impact their research decisions in the data collection and -analysis process. For the current study, the researcher kept a reflective journal, which is included as Annexure 3.

Source: Researcher's own construction, from the sources cited

5.3.6.5 Quantitative data analysis

The main objective of the quantitative phase of the research was to determine the factors that influence donor loyalty, as outlined in the proposed conceptual model. The data analysis process consisted of several statistical techniques. To assess and ensure data integrity, preliminary data analysis was performed through non-response bias, assessment of normality, construct reliability, common method variance, and collinearity assessment. The data analysis consisted of descriptive statistics and SEM.

Descriptive statistics

Descriptive statistics are often conducted to provide a description of the sample that has been used for the study when providing a report of the research (Pallant, 2020). This section outlines the number of people who took part in the study and categorical frequencies for the demographic information and blood donation patterns of the respondents. The descriptive statistics also provide a summary of the results from the continuous variables, which included the mean and standard deviation of each construct from the conceptual model, including the items from each construct.

Data preparation and preliminary data analysis

Handling missing data

When conducting research that involves the participation of individuals, there is generally a possibility that some respondents may not answer all of the questions. This results in the data set containing missing data (Pallant, 2020). In this study, however, this was not the case, as respondents completed the questionnaire online and were prevented from submitting the questionnaire if they left any questions unanswered.

Data cleaning, coding and entry

The collected data responses were captured into a Microsoft Excel spreadsheet through the survey platform Qualtrics. Hair, Page, & Brunsveld (2019) confirm that when a survey is completed online, the responses are instantly captured into a database. Before using survey data, the researcher must inspect the data to check whether it is complete and consistent Hair, Page, & Brunsveld, (2019). As previously mentioned in Section 5.3.6.3, a screening question was used to ensure that ineligible respondents did not participate in the survey, and that there were no unanswered questions. Once the data was inspected, the data file was uploaded into SPSS, which is a software package used to analyse statistical data (Spencer, 2017). Hair, Page, & Brunsveld (2019) state that data can be coded before or after the data is collected. This entails numerically coding the responses and allocating a number to a response which is

entered into the database (Pallant, 2016). In this study, the scales were allocated numbers on the questionnaire, for example, under gender, 1 was assigned to female, 2 to male and 3, to "prefer not to say". The Likert scales were assigned numbers from 1 (*strongly disagree*) to 5 (*strongly agree*), with the points in between being assigned 2, 3 and 4. The data was coded on SPSS and further inspected to ensure that the correct codes were assigned to each response, to identify disengaged respondents in the completed surveys and to mitigate instances of outliers. Outliers can affect the results of the data analysis. Outliers may occur when a respondent has a strange score on one or more of the independent variables, usually detected through extreme scores observed in the data cleaning process (Pallant, 2020). Pallant (2020) suggests that, when they are detected, cases of outliers be deleted from the dataset, where possible. The standard deviation of each scale item was calculated to identify any outliers, and this resulted in the removal of 7 responses from the database, leaving the remaining total number of usable responses at 658, from the 665 questionnaires completed.

Non-response bias

The various data collection methods have their advantages and disadvantages with regard to respondent participation and accuracy in responses. Self-administered questionnaires are generally associated with low response rates, in comparison to person-administered questionnaires, compromising response accuracy (Postema et al., 2024). To overcome this challenge, Sedgwick (2014) suggests that a high response rate must be ensured to minimise non-response bias. Essentially, non-response bias occurs when there is a significant difference in the characteristics of respondents and non-respondents, which may influence the survey results (Lehdonvirta et al., 2021). To assess non-response bias in the current study, an independent samples *t* test was conducted on SPSS. The responses were divided into groups, according to the time periods in which the data was collected. Two groups were extracted – early respondents (the first 30% of responses) and late respondents (the last 30% of responses) – to test whether there would be a significant difference between the groups. An independent samples *t* test was carried out to this effect (Pallant, 2020). Ideally, there should be a non-significant difference between the groups, which would indicate that there is no non-response bias. The significance level was set at $p < 0.05$, which means that a *p*-value greater than 0.05 would indicate that there was no significant difference in the responses of the various groups, thus confirming that there was no non-response bias in the research. The results are presented in Chapter 6, Section 6.3.1.

Common method variance

Common method variance (CMV) is defined as "the systematic error of variance that is shared among variables which are measured with the same source or method" (Tehseen et al., 2017,

p. 147). This study used a self-administered questionnaire to collect data from blood donors. When a self-report survey is used to collect data from the same respondents simultaneously, CMV may be an issue. CMV can potentially bias the proposed relationships between the research measures, which may result in the estimated relationship being inflated (Rodríguez-Ardura & Meseguer-Artola, 2020; Tehseen et al., 2017). In detecting the presence of CMV, one of the most commonly used statistical techniques is Harman's single-factor test (Hair, Page, & Brunsveld, 2019; Rodríguez-Ardura & Meseguer-Artola, 2020). The results are presented in Chapter 6, Section 6.3.2. This technique was suitable for this study because Baumgartner et al. (2021) state that Harman's single-factor test is able to detect CMV in conditions that are generally found in survey research.

- Assessment of normality

When conducting quantitative research using numerical data and relying on inferential statistics, the various statistical protocols allow for the relevant statistical analyses to be identified and performed (Avram & Mărușteri, 2022). Part of the statistical procedures of this study entail the use of interval data, which warrants the use of parametric techniques in the statistical analysis. How the data is distributed is a key aspect of this protocol and therefore, the assessment of normality is required. Parametric tests are conducted under the assumption that the numerical data is obtained from a normally distributed population (M. Saunders et al., 2023). The test for normality is based on the assessment of the distribution of data through the examination of skewness and kurtosis (Malhotra, 2019; Pallant, 2020). Skewness refers to the extent of symmetry or asymmetry of the data in relation to the mean, median and mode. To realise symmetric distribution, the mean, median and mode must be equal (in the middle), forming a "bell" or curved shape (Demir, 2022; Malhotra, 2019). If not, then the distribution is considered to be skewed, either positively or negatively (Demir, 2022; Malhotra, 2019). Kurtosis is described as a measure of the curve's being peaked or flat, based on the frequency distribution. Normal distribution is considered to have a kurtosis value of 0 (Malhotra, 2019). A positive kurtosis indicates that the distribution peak is more protruded than a normal distribution. Similarly, with a negative kurtosis, the peak is flatter than normal distribution (Malhotra, 2019). Malhotra (2019) states that if the distribution is severely skewed, peaked or flat, then any statistical protocols that assume normality must be carried out thoughtfully. Skewness and kurtosis were tested in the assessment of normality in this study, and the results are presented in Chapter 6, Section 6.4.

Once the data preparation and preliminary analyses had been conducted, the descriptive statistics of the research were examined, followed by the structural equation modelling data

analysis procedure, which ultimately tested the proposed relationships of the study's conceptual model.

Structural equation modelling

As research has progressed from univariate and bivariate methods of analysis, researchers have developed more complex relationships that warranted more sophisticated methods of data analysis such as multivariate analysis (Hair, Risher, et al., 2019). SEM is a statistical data analysis technique that enables the modelling and prediction of complex relationships between multiple dependent and independent variables in an integrated model at the same time (Hair et al., 2021; Sarstedt et al., 2020). SEM approaches are categorised into PLS-SEM and covariance-based (CB) SEM. PLS-SEM accounts for the estimation of parameters by merging primary components analysis with least squares regression. CB-SEM, in contrast, applies covariance matrices of data to estimate the parameters of a model by taking solely the common variance into account (Hair, Risher et al., 2019). Essentially, CB-SEM is mainly used to support or not support theories in which relationships between multiple constructs are empirically assessed (Hair et al., 2021). Contrastingly, PLS-SEM goes beyond confirming or rejecting tested relationships and commonly used "causal predictive" approach and focuses on providing an explanation for the variance in the proposed dependent variables of the model being tested (Hair et al., 2021). PLS-SEM has been used in various fields of study, including social sciences, and has been selected for this study. Some of the merits of using PLS-SEM include its capability to test a theoretical framework for predictability and its ability and capacity to handle complex models with numerous constructs with no restriction on the sample size. PLS-SEM allows for lack of normality in cases where there may be issues with distribution (Hair, Risher et al., 2019). PLS-SEM was therefore found to be relevant to the present study, as the aim of the research was to test an integrated model that is complex, having 16 constructs and numerous proposed relationships between them, aiming to predict and explain the relationships between the constructs. The final sample size of this study was large (N = 658) and non-normal distribution was a possible issue that was encountered, warranting the use of PLS-SEM. The software package that was used was SmartPLS, which the researcher had access to and was trained on the use thereof. When conducting SEM, the process entails the assessment of the measurement model, mainly for reliability of constructs, the accuracy and validity of the measures to enable generalisability (Malhotra, 2019). Once validity and reliability have been confirmed, the next step is to specify the structural model and run the analyses to test the hypothesised relationships emanating from the conceptual model (Malhotra, 2019). These two aspects are discussed below, in their respective order.

Assessment of construct validity through confirmatory factor analysis

The validity of the measurement model was assessed through the evaluation of convergent and discriminant validity. Convergent validity refers to the extent to which measured items correlate with other items in the same construct (Gonzalez et al., 2021; Malhotra, 2019). Basically, it assesses the degree to which the items measuring a construct overlap, which could possibly result in the same multiple measures measuring the same construct but being labelled as measures of different constructs (Gonzalez et al., 2021). Convergent validity is generally assessed through factor loadings, composite reliability and average variance extracted (AVE) (Hair et al., 2021; Malhotra, 2019). Factor loadings indicate the degree to which the items of the measurement scale converge onto the same construct. A high factor loading confirms that the selected items load onto the same construct; therefore, a high factor-loading score is preferable (Malhotra, 2019). Factor loadings of 0.5 and above are acceptable, but it is recommended that the factor loading be higher than 0.7 (Amora, 2021; Hair et al., 2021).

Composite reliability assesses the internal consistency of the latent variables, measuring the extent to which the items are truly measuring the related construct (Malhotra, 2019). Composite reliability scores range between 0 and 1, where the higher values are representative of high reliability levels. It is recommended that the score be 0.7 or above for composite reliability to be of a satisfactory level (Hair et al., 2021). The AVE is defined as the variance in the observed measures, explained by the latent variable (Malhotra, 2019). To determine convergent validity, the AVE score is required to be 0.5 or above (Hair et al., 2021; Mehmetoglu & Venturini, 2021). The results of these assessments for the current study have been presented in Chapter 6.

Discriminant validity assesses the extent to which the constructs are distinctive from each other, in that there should be a difference in the measures of a construct and its associated items from other constructs and their associated items (Malhotra, 2019; Mehmetoglu & Venturini, 2021). There are two assessments that are generally used to examine discriminant validity: the Fornell and Lacker criterion (Fornell & Larcker, 1981) and the heterotrait–monotrait (HTMT) criterion (Henseler et al., 2015). When using the Fornell and Larcker technique, discriminant validity is realised when the “average variance extracted (AVE) is greater than the square root of the correlations” (Malhotra, 2019, p. 702). When the HTMT technique of correlation is used, it is recommended that the correlation between constructs should not exceed the threshold of 0.9 to achieve discriminant validity (Hair et al., 2021). For the current study, both techniques were used to measure discriminant validity. The results are presented in Chapter 6.

Lastly, in the assessment of the measurement model, the current study tested collinearity using the variance of inflation factor (VIF). Collinearity refers to the extent to which the independent variables of the conceptual model correlate with each other (Mehmetoglu & Venturini, 2021). High correlation between constructs can be problematic, can cause bias on the path estimates and negatively affect the results of analysis (Hair et al., 2021). It is therefore recommended that the VIF value be below 3 (and no higher than 5) to indicate that there is no case of multicollinearity between constructs (Mehmetoglu & Venturini, 2021; Sarstedt et al., 2023). To improve the outcomes of the analysis, lower VIF values are desired, and it is suggested that if a VIF value above 5 is reported, then the removal of the corresponding indicators should be considered (Hair et al., 2021). Table 5.8 provides a summary of the assessments conducted and the acceptable values for the measurements of convergent validity, discriminant validity and collinearity.

Table 5.8: Summary of the measurement model assessments and the acceptable values for the measures

Measure	Assessment conducted	Acceptable level	Source
Construct reliability	Factor loading	0.7 and above	Amora (2021) Hair et al. (2021)
Internal consistency reliability	Composite reliability	0.7 and above	Hair et al. (2021)
Convergent validity	AVE	0.5 and above	Hair et al. (2021); Mehmetoglu and Venturini (2021)
Discriminant validity	Fornell and Larcker	AVE is greater than the square root of the correlation coefficients	Malhotra (2019)
	HTMT	Not exceeding 0.9	Hair et al. (2021); Henseler et al. (2015)
Multicollinearity	VIF	3 and below, but not exceeding 5	Sarstedt et al. (2023)

Source: Researcher's own construction

Once the measurement model was assessed and the validity of the model was confirmed, the assessment of the structural model was conducted.

Assessment of the structural model

The assessment of the structural model included the evaluation of the path coefficient, path significance, *t* statistics, the coefficient of determination, the effect size and the predictive relevance. A nested-model comparison approach was used in the analysis, by which constructs were added to the model and the changes tested with each addition (Hutchens,

2017; Malhotra, 2019). In the study, three models were tested and the change in the coefficient of determination (R^2) was observed, with the conceptual model being the third and final model.

The coefficient of determination (R^2) measures the share of variance accounted for by the dependent variable explained by the independent variables of the model and it is expressed as a percentage (Mehmetoglu & Venturini, 2021). R^2 values range between 0 and 1, with higher values indicating increased levels of explanatory power (Hair et al., 2021). The explanatory power describes the power of the association shown by the conceptual model (Sarstedt et al., 2023). The path coefficients, path significance and *t* statistics were assessed to test the proposed hypotheses. Path coefficients range between −1 and 1, and they indicate the magnitude of the relationship between the independent and dependent constructs, and the direction of the relationship. Therefore, the closer the coefficient is to 1, the stronger the positive relationship. The inverse applies between −1; however, the closer the coefficient is to 0, the weaker the relationship (Mehmetoglu & Venturini, 2021). The path significance was used to determine whether the results of the tested relationship should be accepted or not accepted (Malhotra et al., 2017). The statistical significance for the current study was set at 5%, meaning that the *p*-value was set to be less than 0.05. The *t*-value was also used for significance testing; when a *t*-value was above 1.96, it was assumed that the path coefficient was significant at the set level of 5% (0.05) (Hair et al., 2021). The effect size, expressed as f^2, is used to estimate the predictive ability of the independent variables in the conceptual model. The effect size is categorised from small to large, with values ranging between 0.02 and 0.15 indicating a small effect, values between 0.15 and 0.35 indicating a medium effect and values greater than 0.35 indicating a large effect (Hair et al., 2020; Mehmetoglu & Venturini, 2021). Lastly, to determine the predictive relevance of the model's endogenous variables, the Stone–Geisser Q^2 value was assessed using a blindfolding procedure, as guided by Hair et al. (2021). In the interpretation of the results, a Q^2 value less than 0 indicates that there is no predictive relevance, while values between 0.02 and 0.35 indicate the strength (small to large effect size) of the predictive relevance of the conceptual model (Maisha & Shetu, 2023). The results of the procedures conducted to assess the structural model are all presented in Chapter 6.

Once the quantitative data analysis was concluded, the qualitative data analysis for the qualitative phase of the study was conducted. This is discussed in the next section.

5.3.7.2 Qualitative data analysis

The main objective of the qualitative phase of this research was to establish the reasons for and against blood donor loyalty behaviour, including donor attitudes, beliefs and values. The qualitative research will also provide an understanding of the experience of the blood donors with the blood collection organisation. The qualitative data analysis of this study was

conducted using thematic analysis. Thematic analysis is a qualitative data analysis method that is used for identifying and analysing recurring patterns (themes) in the data (Castleberry & Nolen, 2018). These themes are then organised and interpreted in order to report on them and their implications on the research and the questions that it aims to address (Stevens, 2022). Guidelines on conducting thematic analysis were proposed by Boyatzis (1998) and the technique gained prominence. Authors Braun and Clarke (2006) proposed their approach to thematic analysis, which has been widely used since (Stevens, 2022). This method of analysis has been used widely in qualitative research studies, as it is applicable in diverse fields of study and can be used to answer a varying range of research questions (Castleberry & Nolen, 2018). Owing to the nature of open-ended questions in interviews, for example, thematic analysis allows for in-depth analysis that is also flexible (Castleberry & Nolen, 2018; Maguire & Delahunt, 2017). The steps involved in conducting thematic analysis, as recommended by Braun and Clarke (2006), are outlined in Figure 5.6 and the application of the steps in the analysis for the current study is discussed thereafter.

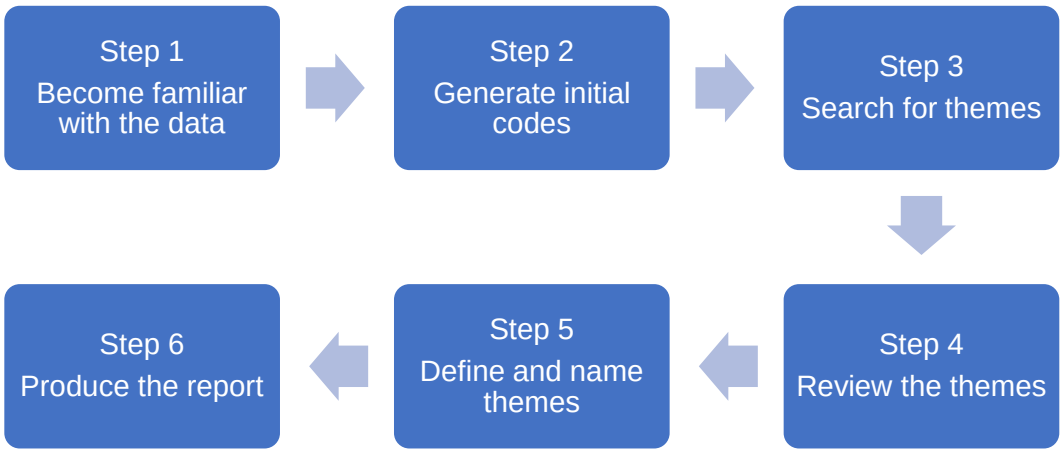

Figure 5.6: Steps in conducting thematic analysis

Source: Adapted from Braun and Clarke (2006).

Step 1: Become familiar with the data

The first step entails preparation of the data for coding and it involves transcribing or reading the data and reading the transcripts thereafter (Braun & Clarke, 2006). The data for the current study was audio recorded and therefore needed to be transcribed in order to be in written format. The services of two transcribers were used to transcribe the interviews verbatim. The process of transcribing takes some time and therefore more than one transcriber was used to avoid fatigue, to maintain quality recording of the data and to meet the time frames of the research project. The researcher reviewed the transcribed documents and randomly selected

a few interviews to compare to the original recordings to assess the consistency and accuracy of the work. It is important for the data to be transcribed in a consistent manner because it is the key step in preparing the data for coding (Stevens, 2022). The transcribed documents were read through as part of the researcher's being immersed in and becoming familiar with the data, and notes were made in the process to capture ideas or thoughts.

Step 2: Generate initial codes

Once the researcher has read the data and made notes about what is contained in the data, the process of initial coding begins (Stevens, 2022). A code is described as a word or short phrase that symbolises the meaning or attributes of a larger body of text (Saldaña, 2021). There are different approaches that can be used in coding, and the choice of approach is based on the research questions or the researcher's perspective in the study (Maguire & Delahunt, 2017). The approach to coding data can be theoretical or inductive (Braun & Clarke, 2006; Maguire & Delahunt, 2017). The theoretical approach is used when the data is being coded with the research question/s in mind. In the inductive approach, the research question/s may evolve and emerge through the coding process, which is not predefined by existing theory (Braun & Clarke, 2006; Stevens, 2022). The current study had research questions that it sought to address; therefore, the data was analysed with this consideration in mind. Although the qualitative data was guided by the BRT, the coding was not restricted to the questions of the interview guide, but the overarching questions of the research study. This meant that the analysis allowed for the emergence of codes from the data. There were no pre-existing codes, which warranted the use of open coding, meaning that new codes were developed through the coding process. Saldaña (2021) notes that coding is cyclical, and is therefore conducted in at least two cycles. In the first cycle, the initial codes are generated, guided by any notes that were made and ideas generated in the first step of the thematic analysis process. However, the first cycle of coding does not produce the final codes. Therefore, the second (and subsequent, if necessary) cycle helps the research to manage the codes, amend and filter where necessary. Codes can be further placed into categories (that are made up of a number of related codes), thereby reducing the number of initial codes.

Data coding can be conducted manually or electronically through the use of software (Stevens, 2022). The current study made use of the ATLAS.ti (Version 24) software for coding. The transcribed documents (in the form of Microsoft Word files) were uploaded to ATLAS.ti, which made it easy to go through the document, searching for insights and analysing the data using the various tools and features at the disposal of the researcher.

Step 3: Search for themes

Once the coding is completed, the next step entails organising the codes into a broader level of themes (Braun & Clarke, 2006). At this stage, the researcher transitions from codes to themes by making a connection between the codes and how they relate to form a common theme (Stevens, 2022). A theme is the result of the coding process, where the codes are basically analysed and grouped to inform the themes that are identified therefrom (Saldaña, 2021). The visualisation features on ATLAS.ti allowed the use of colour coding and maps (networks) to organise the themes. For this study, this hierarchy entailed the codes, categories and themes, discussed in Chapter 7 of the research findings.

Step 4: Review themes

The fourth step involves reviewing the initial themes and checking whether the themes align with the data. This involves interrogating whether the developed theme is truly representative of the data linked to it and, if not, it may be necessary to rename the theme or amend it accordingly (Stevens, 2022). It is imperative that coherence is achieved between the data, the codes and the themes to ensure validity and accuracy in the research and the reporting (Braun & Clarke, 2006). ATLAS.ti allows the researcher to view the themes and codes alongside the data related to them, which helps to scrutinise the selections made. Through this process, some codes were merged into other themes, thereby reducing the number of themes that had initially been allocated. This was based on the relevance of the data contained and the evaluation of redundancy in some instances. In this step, the themes were essentially refined to be more meaningful and an accurate reflection of the data.

Step 5: Define and name themes

This is the last step in conducting the actual analysis and entails naming and defining the themes to capture the aspect of the data that the themes represent (Maguire & Delahunt, 2017). In naming the themes, it was important for the researcher to capture the essence of what in the data the theme encapsulated. To confirm this, is recommended that the researcher refer back to the collated extracts of data for each theme (Braun & Clarke, 2006). For this study, the themes were named and described in terms of what they entail, specifically in connection with the research questions linked to the study and how they contributed to answering the research questions (see Chapter 7).

Step 6: Produce the report

The final step in conducting thematic analysis is writing a report of the research findings from the data analysis exercise (Maguire & Delahunt, 2017). The aim of the report is to relay the

information contained in the data in a comprehensive manner that presents evidence of the information provided to support the researcher's argument and address the research question of the study (Braun & Clarke, 2006). The evidence in this case could be quotations or excerpts from the data to illustrate the point being made in the write-up. These excepts also indicate a theme's prevalence in the data and justification for the themes generated. Braun and Clarke (2006) state that the report can be used for publication, an assignment or the production of a dissertation or thesis. The current study has been conducted for a PhD thesis. A report of the qualitative findings in this instance is contained in Chapter 7, which provides a detailed discussion of the findings and their link to the research questions. The recommendations and strategies that can be used are contained in Chapter 8.

Following the thorough discussion of the research methodology, Figure 5.7 presents a summarised visual representation of the procedures carried out in the study and the outcome of each procedure at each stage.

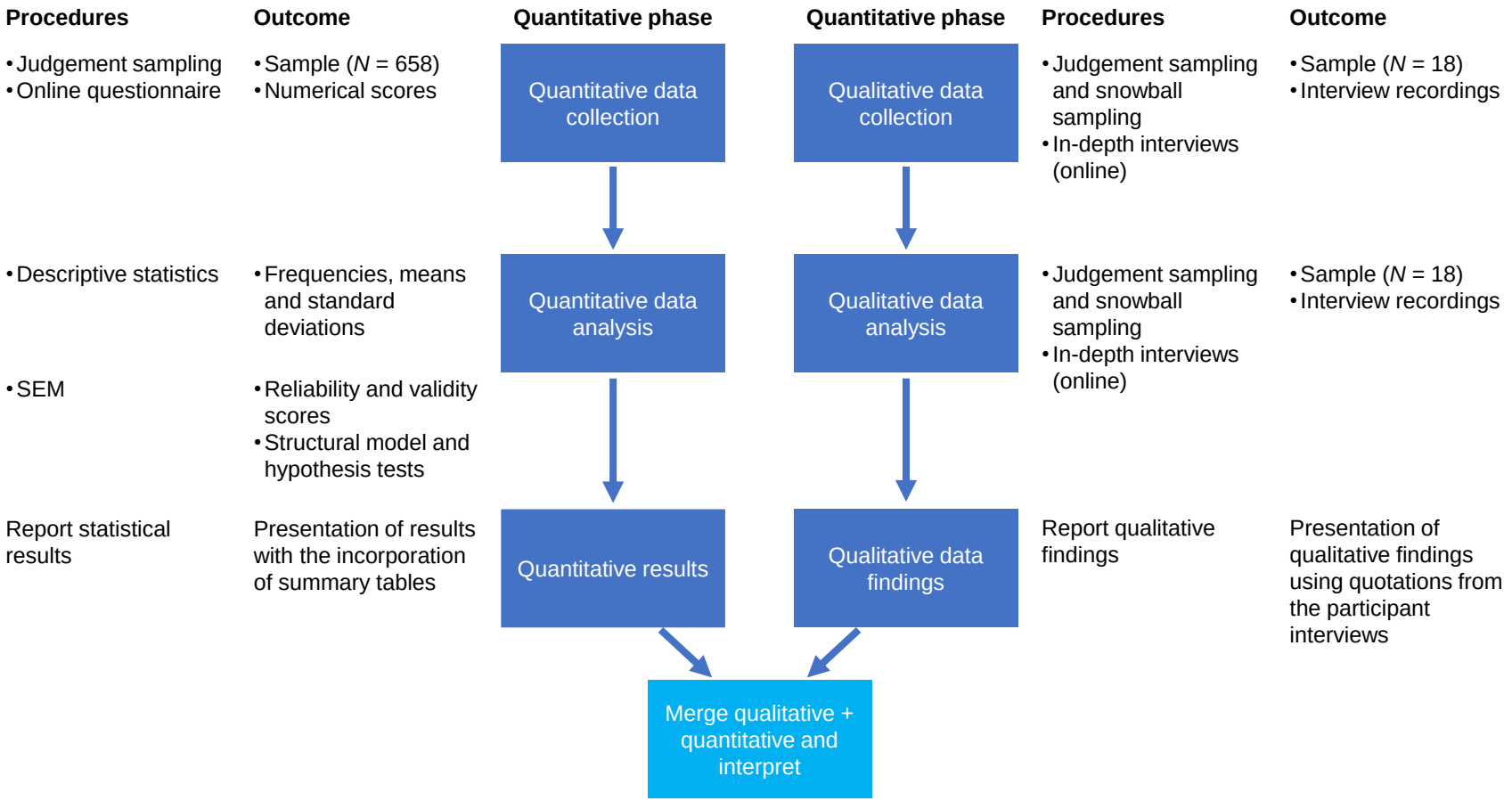

Figure 5.7 Diagram of concurrent/triangulation mixed methods design for the study

Source: Adapted from V. L. P. Clark and Creswell (2008)

5.4 CHAPTER CONCLUSION

This chapter provided a discussion of the methods used in conducting research for this study. This entailed the explanation of the choices made at various junctures of the research process, which informed the implementation of research in the field and an analysis thereof. When conducting research, ethical considerations must be followed, and a discussion of how the study addressed the ethical requirements is covered in this chapter. The mixed methods research approach was used, in which the quantitative aspect of the study sought to describe blood donation behaviour by providing quantifiable data and testing proposed hypotheses that were analysed using statistical methods. The qualitative aspect of the study, in contrast, sought to uncover the reasons for blood donor loyalty behaviour and to describe the blood donation experience of the participants. Through the mixed methods approach, the data collected from both phases of the study was corroborated to comprehensively explain blood donation behaviour in greater detail and with deeper understanding. The ensuing chapters present the results of the quantitative data analysis (Chapter 6) and the findings of the qualitative data analysis (Chapter 7).

CHAPTER 6: PRESENTATION OF QUANTITATIVE RESULTS

6.1 INTRODUCTION

Chapter 5 discussed the research methodology that was used to guide this study. This chapter presents the results of the quantitative data analysis phase of the research. The chapter commences with a presentation of the descriptive statistics, which includes the demographic profile of the study respondents. The reporting of results entails various assessments that were undertaken through the data analysis process and include the reliability of the measurement scales; non-response bias; assessment of normality; common method variance, using Herman's single factor test; and collinearity assessment. These procedures were followed by SEM, which entailed the use of SmartPLS to assess the measurement model and structural model of this study. Findings on the proposed hypotheses are presented before a summary concludes the chapter.

6.2 DESCRIPTIVE STATISTICS OF THE STUDY SAMPLE AND MEASUREMENT CONSTRUCTS

Before conducting the descriptive statistics, the data was screened and cleaned to obtain the final sample size. Screening questions were used to exclude respondents who were under the age of 18 years and those who had not donated blood in the past 5 years. The questionnaire was completed online and a condition that required all questions to be answered was implemented to avoid instances of missing data. Once the data was screened and cleaned, the total number of valid and usable responses for the statistical analysis was 658.

The following section provides a description of the demographic profile and donation patterns of the respondents (N = 658). Table 6.1 presents the demographic characteristics of the respondents, while the donation patterns of the respondents are presented in Tables 6.2 and 6.3.

6.2.1 Demographic profile and donation patterns of the respondents

The demographic profile of the respondents who took part in the survey (N = 658) is described in Table 6.1, using descriptive statistics. Section B of the questionnaire gathered demographic information on the respondents, which included their gender, age, ethnicity, level of education, employment status and location (by province).

Table 6.1: Demographic profile of respondents in the study

Description	Frequency	Percentage
Gender		
Female	343	52.1
Male	315	47.9
Prefer not to say	0	0
Total	**658**	**100**
Age (years)		
18–24	158	24
25–30	244	37.1
31–40	176	26.7
41–50	59	9
51–60	18	3.7
61–70	3	0.5
Total	**658**	**100**
Ethnic Group		
Black	512	77.8
Coloured	34	5.2
White	81	12.3
Indian	28	4.3
Other	3	0.5
Total	**658**	**100**
Highest Level of Education		
Some high school	13	2
Matric (Grade 12)	174	24.6
Diploma	116	17.6
Bachelor’s degree	243	36.9
Honours degree	51	7.8
Master’s degree	58	8.8
Doctorate	3	0.5
Total	**658**	**100**
Employment Status		
Full-time employed by a company	407	61.9
Part-time employed by a company	52	7.9
Full-time student	73	11.1
Part-time student	17	2.6
Housewife or househusband	4	0.6
Self-employed	61	9.6
Retired	4	0.6
Unemployed	40	6.1
Total	**658**	**100**

Description	Frequency	Percentage
Location (Province)		
Eastern Cape	55	8.4
Free State	34	5.2
Gauteng	226	34.3
KwaZulu-Natal	79	12
Limpopo	21	3.2
Mpumalanga	134	20.4
North West	41	6.2
Northern Cape	5	0.8
Western Cape	63	9.6
Total	**658**	**100**

Source: Researcher's own construction

Lastly, by location, which referred to the province in which the respondents were based, the largest number were located in Gauteng (34.3%; *n* = 226), followed by respondents from Mpumalanga (20.4%; *n* = 134) and then KwaZulu-Natal (12%; *n* = 79).

In the section of the questionnaire that asked about blood donation patterns, the respondents were requested to indicate how often they donated blood and for how long they had been donating blood. Table 6.2 presents the results that indicate how often the respondents donated blood. Almost half of the respondents (48.5%; *n* = 319) indicated that they donated blood one to two times in a year, followed by the respondents who indicated that they donated blood once every 2 years (21%; *n* = 138), while those who indicated that they donated blood three to five times a year accounted for 12.9% (*n* = 85) of the respondents.

Table 6.2: Blood donation frequency

Category	Percentage
1 – 2 times in a year	48.5
3 – 5 times in a year	12.9
Once every 3 years	17.6
Once every 2 years	21

Source: Researcher's own construction

Table 6.3 shows the responses to the question asking how long the respondents had been donating blood. A large number of respondents indicated that they had been donating blood for 5 years or more (35.1%; *n* = 231), followed by those who indicated that they had been donating blood for 2 years or more but for less than 3 years (17.3%; *n* = 113). Cumulatively, the respondents who had been donating blood for less than 2 years made up 18.6% (*n* = 123)

of the sample, indicating most of the respondents had been donating blood for 2 years or longer.

Table 6.3: Length of blood donation behaviour

Category	Percentage
Less than 3 months	2.7
3 months or more, but less than 6 months	2.6
6 months or more, but less than 12 months	3.6
12 months or more, but less than 2 years	9.7
2 years or more, but less than 3 years	17.4
3 years or more, but less than 4 years	15.0
4 years or more, but less than 5 years	13.8
5 years or more	35.2

Source: Researcher's own construction

6.2.2 Central tendency measures of constructs and measurement items in the conceptual model

This section provides the descriptive results of the items and constructs used in the conceptual model of the study for the total sample (N = 658). The results presented include the means, standard deviations and frequencies (expressed as percentages) of each item. The results in this section also present the overall mean and standard deviation of each computed construct. Section A of the questionnaire provided statements for the respondents, who were required to indicate their level of agreement or disagreement with each statement. A 5-point Likert scale was deployed, where 1 indicated *strongly disagree*, 2 indicated *disagree*, 3 indicated *neither agree nor disagree*, 4 indicated *agree* and 5 indicated *strongly disagree*. The descriptive results for each construct are presented in tables in the sections that follow.

6.2.2.1 Affect: Guilt

Respondents were required to indicate their level of agreement with statements related to affect: guilt. Feelings of guilt refer to how an individual feels when they have failed to perform a given behaviour (Antonetti & Maklan, 2014). In this study, the behaviour in question is blood donation. Four statements were used to measure guilt. The results for each are provided in Table 6.4.

Table 6.4: Affect: Guilt

Item	1	2	3	4	5	Mean	*SD*
AG1: I feel irresponsible when I don't donate blood.	12.2%	16.0%	23.6%	31.8%	16.6%	3.25	1.252
AG2: I feel guilty when I don't donate blood.	9.4%	14.1%	21.9%	37.4%	17.2%	3.39	1.196
AG3: I feel bad when I don't donate blood.	7.0%	12.6%	17.9%	42.6%	19.9%	3.56	1.148
AG4: I feel like I have done something wrong when I don't donate blood.	10.8%	21.4%	24.9%	29.2%	13.7%	3.14	1.212
Overall Affect: Guilt						**3.34**	**1.202**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means of the **Affect: Guilt** items ranged from 3.14 to 3.56, and the standard deviations varied between 1.252 and 1.148. The overall mean for affect: guilt was 3.34, indicating that respondents neither agreed nor disagreed with the statements measuring their perceptions of guilt related to not donating blood. This indicates that, in general, people do not acknowledge feelings of guilt in response to non-donation of blood. Statement AG3, "I feel bad when I don't donate blood", had the highest mean score of 3.56 and the statement with which most respondents (62.5%) agreed (42.6% indicating *agree* and 19.9% *strongly agree*). Statement AG4, "I feel like I have done something wrong when I don't donate blood", had the lowest mean score of 3.14, with only 42% of the respondents indicating their agreement with the statement (29.2% *agree* and 13.7% *strongly agree*).

6.2.2.2 Affect: Pride

Respondents were asked to rate their level of agreement with statements related to affect: pride. Pride is described as a feeling of pleasure or satisfaction when an individual has accomplished a behaviour that leads to a positive outcome (Coleman et al., 2020). For this study, respondents were asked to indicate their agreement with statements related to how they felt about donating blood. Four statements were used to measure this construct. The results are presented in Table 6.5.

Table 6.5: Affect: Pride

Item	1	2	3	4	5	Mean	*SD*
AP1: I feel proud to be a blood donor.	1.7%	0.5%	2.6%	32.4%	62.9%	4.54	0.727
AP2: Donating blood makes me feel good.	1.7%	0.9%	4.7%	41.9%	50.8%	4.39	0.767
AP3: I feel like I have done something good when I donate blood.	1.4%	0.5%	3.2%	36.7%	58.2%	4.50	0.711
AP4: I am glad that I donate blood.	1.2%	0.2%	3.5%	37.4%	57.8%	4.50	0.690
Overall Affect: Pride						**4.48**	**0.723**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Affect: Pride** ranged between 4.39 and 4.54, and the standard deviations ranged from 0.690 to 0.767. Affect: Pride reported a high overall mean of 4.48, which suggests that the majority of the respondents were in agreement with the statements used for this construct. The results presented in Table 6.5 indicate that 62% of the respondents strongly agreed with Statement AP1, "I feel proud to be a blood donor" (*M* = 4.54; *SD* = 0.727). This was followed by Statement AP3, "I feel like I have done something good when I donate blood" (*M* = 4.50; *SD* = 0.711), with which 58.2% of the respondents indicated that they strongly agreed. Overall, these results indicate that blood donors feel proud about donating blood and being blood donors.

6.2.2.3 Injunctive Norms

Injunctive norms refer to the perception of what other people consider to be appropriate behaviour and behaviour that is approved of in a given situation (Brauer et al., 2021). In the context of this study, the statements provided sought to measure injunctive norms in relation to donating blood. The respondents were required to indicate their level of agreement with the four statements used to measure this construct. The results are provided in Table 6.6.

Table 6.6: Injunctive Norms

Item	1	2	3	4	5	Mean	*SD*
IN1: Most of the people who are important to me think I should donate.	4.1%	13.8%	30.4%	35.9%	15.8%	3.45	1.043
IN2: Most of the people who are important to me would approve of my donating blood.	1.2%	6.1%	13.4%	50.8%	28.6%	3.99	0.879
IN3: Most of my peers think that donating blood is a good thing to do.	1.4%	8.1%	20.1%	47.1%	23.4%	3.83	0.923
IN4: Most of the people in my family think that donating blood is a good thing to do.	2.1%	6.5%	14.7%	48.8%	27.8%	3.94	0.936
Overall Injunctive Norms						**3.80**	**0.945**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Injunctive Norms** ranged between 3.45 and 3.94, and the standard deviations ranged from 0.879 to 1.043. The overall mean for injunctive norms was 3.80, which is above the midpoint (3 on the scale indicating neutrality) and leaning more towards agreement with the statements. Statement IN2, "Most of the people who are important to me would approve of my donating blood", had the highest mean score (*M* = 3.99; SD = 0.879). This is the statement with which most respondents (79.4%) agreed (50.8% *agree*; 28.6% *strongly agree*). Statement IN1, "Most of the people who are important to me think I should donate", had the lowest mean score (*M* = 3.45; *SD* = 1.043), with 35.9% of the respondents indicating that they agreed with the statement, 15.8% of the respondents indicating that they strongly agreed, and 30.4% indicating neutrality. These results suggest that most of the respondents tended to agree with the statements measuring injunctive norms.

6.2.2.4 Descriptive Norms

Descriptive norms are described as an individual's perception of what other people do (how they act) in a given situation, such as blood donation (Sharps et al., 2021). In relation to this study, the aim of this construct was to assess descriptive norms in relation to blood donation behaviour. A total of four statements were used to measure the descriptive norms construct. Table 6.7 presents the results.

Table 6.7: Descriptive Norms

Item	1	2	3	4	5	Mean	*SD*
DN1: Most of the people who are important to me donate blood.	4.9%	19.3%	24.5%	36.3%	15.0%	3.37	1.102
DN2: Most of the people I know take part in blood donation drives.	5.2%	23.1%	17.9%	40.3%	13.5%	3.34	1.126
DN3: Most of my peers donate blood.	5.8%	25.2%	23.6%	35.0%	10.5%	3.19	1.103
DN4: Members of my family donate blood.	5.9%	19.9%	17.0%	42.4%	14.7%	3.40	1.136
Overall Descriptive Norms						**3.33**	**1.117**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Descriptive Norms** ranged between 3.19 and 3.37, and standard deviations ranged between 1.102 and 1.136. The overall mean for descriptive norms was 3.33, which is above the midpoint (3), suggesting that respondents leaned towards agreement with the statements provided. Statement DN1, "Most of the people who are important to me donate blood", had the highest mean score (*M* = 3.37; *SD* = 1.102) and 36.3% of the respondents agreed, while 15% of the respondents strongly agreed with the statement. The lowest mean score was observed for Statement DN3, "Most of my peers donate blood" (*M* = 3.19; *SD* = 1.103). The results for this statement indicate that 45.5% of the respondents were in agreement (35% *agree*; 10.5% *strongly agree*), 31% of the respondents disagreed (25.2% *disagree*; 5.8% *strongly disagree*), while 23.6% indicated that they neither agreed nor disagreed with the statement regarding blood donation by their peers.

6.2.2.5 Personal Norms

Personal norms are an individual's inherent feeling of being morally obligated to carry out a certain behaviour (Koklic et al., 2019), such as donating blood, in the context of this study. The respondents were required to indicate their level of agreement with four statements that assessed personal norms in relation to blood donation. The results are presented in Table 6.8.

Table 6.8: Personal Norms

Item	1	2	3	4	5	Mean	*SD*
PN1: Because of my values, I feel obliged to donate blood.	5.2%	17.0%	21.6%	36.6%	19.6%	3.48	1.138
PN2: I feel personally obliged to donate blood.	4.1%	15.3%	20.4%	39.2%	21.0%	3.58	1.104
PN3: I feel that it is important to donate blood.	0.9%	1.4%	4.6%	48.8%	45.1%	4.35	0.715
PN4: I believe that people should try their best to donate blood.	0.8%	1.4%	43.2%	49.2%	5.4%	4.39	0.722
Overall Personal Norms						**3.95**	**0.919**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Personal Norms** varied between 3.48 and 4.39, and the standard deviations ranged from 0.715 to 1.138. The overall mean of 3.95 for personal norms suggests that a substantial number of respondents agreed with the statements provided to measure this construct. The results presented in Table 6.7 indicate that 93.9% of the respondents agreed or strongly agreed with Statement PN3, "I feel that it is important to donate blood", suggesting that blood donors consider the behaviour of donating blood to be important.

6.2.2.6 Cognition of Consequences

Cognition of consequences refers to the degree to which an individual is aware of the consequences of performance or non-performance of a given behaviour (Qiu et al., 2023). In relation to the study, cognition of consequences refers to blood donors' awareness of the consequences of blood donation. The construct was measured using four statements, with which respondents were required to indicate their level of agreement. The results are presented in Table 6.9.

Table 6.9: Cognition of Consequences

Item	1	2	3	4	5	Mean	*SD*
CC1: Donating blood contributes to helping people who need blood.	0.9%	0.5%	1.8%	25.1%	71.7%	4.66	0.630
CC2: I am aware that blood donation is needed by hospitals for medical procedures.	0.8%	0.2%	1.7%	24.8%	72.6%	4.68	0.592
CC3: I am aware that blood donation contributes to saving lives.	0.8%	0.2%	1.5%	21.7%	75.8%	4.72	0.578
CC4: I am aware that blood collection organisations always need blood.	0.8%	0.2%	2.3%	28.3%	68.5%	4.64	0.615
Overall Cognition of Consequences						**4.68**	**0.604**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Cognition of Consequences** ranged between 4.64 and 4.72, and the standard deviations ranged from 0.578 to 0.630. Cognition of consequences had the highest overall mean score of 4.68, indicating respondents' agreement with the statements and leaning more towards strongly agreeing. Across all the statements, a majority of the respondents indicated that they strongly agreed with the statements. Statement CC3, "I am aware that blood donation contributes to saving lives", obtained the highest mean score (*M* = 4.72; *SD* = 0.578); this is the statement with which most respondents (75.8%) strongly agreed. This is consistent with the messaging of the SANBS (the main and largest blood collection organisation in South Africa) which consistently states and emphasises that "your blood saves lives" (SANBS, 2023) in its campaigns and communications.

6.2.2.7 Facilitating Conditions

Facilitating conditions are described as the situational constraints or enablers that facilitate the performance or non-performance of behaviour, which includes the existence of resources and infrastructure (Dang Vu & Nielsen, 2022; Kamal et al., 2020). This study considered measurement items that measure the conditions that facilitate blood donation performance rather than non-performance. Consequently, five statements were used to measure this construct and respondents were asked to indicate their level of agreement with each statement. Table 6.10 presents the results.

Table 6.10: Facilitating Conditions

Item	1	2	3	4	5	Mean	*SD*
FC1: I know of blood donating sites close to me.	1.2%	5.5%	7.3%	49.4%	36.6%	4.15	0.864
FC2: Communication about the need for blood encourages me to donate blood.	1.8%	5.3%	9.9%	43.6%	39.4%	4.13	0.923
FC3: I have time to donate blood.	1.1%	3.6%	12.2%	48.6%	34.5%	4.12	0.834
FC4: There are enough blood donation sites in my area.	5.6%	23.9%	20.4%	32.8%	17.3%	3.32	1.176
FC5: Knowing where to donate blood encourages me to donate.	0.5%	1.7%	9.3%	50.0%	38.6%	4.25	0.726
Overall Facilitating Conditions						**3.99**	**0.905**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Facilitating Conditions** ranged between 3.32 and 4.25, and the standard deviations ranged from 0.726 to 1.176. The overall mean for facilitating conditions was 3.99, indicating that the respondents generally tended to agree with the statements measuring the construct. The results presented in Table 6.10 indicate that the statement with the highest mean score (4.25) was Statement FC5, "Knowing where to donate blood encourages me to donate". The results show that 88.6% of the respondents agreed and strongly agreed with this statement, suggesting that knowing where to donate encourages donors to donate blood. The statement with the lowest mean score (3.32) was Statement FC4, "There are enough blood donation sites in my area", and a combined 50.1% of the respondents agreed and strongly agreed with the statement. However, the remaining respondents (49.9%) indicated neutrality (20.4%), disagreement (20.4%) and strong disagreement (5.6%) with the statement. Statement FC4, "There are enough blood donation sites in my area", was excluded from the analysis because of the low factor loading, below 0.4. It is recommended that items with weak factor loadings, below 0.4, should be excluded from the construct (Hair et al., 2021).

6.2.2.8 Habit

Habits are described as automatic responses in a given situation learnt through repetition over time that help to promote maintenance of the behaviour (Mumtaz et al., 2022; Phillips & Mullan, 2023). In this study, habit was measured using four statements that related to donation frequency, length of donation behaviour and automatic response to blood donation. Respondents indicated their level of agreement with the statements used to measure the construct Habit and these results are presented in Table 6.11.

Table 6.11: Habit

Item	1	2	3	4	5	Mean	*SD*
HBT1: Donating blood is something I do frequently.	2.3%	17.5%	24.9%	38.4%	16.9%	3.50	1.032
HBT2: I would find it hard not to donate blood.	4.3%	16.8%	23.3%	38.8%	16.9%	3.47	1.087
HBT3: Donating blood is something I have been doing for a long time.	1.7%	10.9%	13.2%	47.3%	26.9%	3.87	0.987
HBT4: Donating blood is something I do automatically without much thought.	1.8%	10.9%	13.4%	44.7%	29.2%	3.88	1.008
Overall Habit						**3.68**	**1.029**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Habit** varied between 3.47 and 3.88, and the standard deviation varied between 0.987 and 1.087. The overall mean for the construct was 3.68 which is above the midpoint (3, indicating neutrality) and leaning more towards agreement with the statements. There were two statements that most of the respondents agreed with: Statement HBT4, "Donating blood is something I do automatically without much thought" (*M* = 3.88), with 73.9% of the respondents agreeing or strongly agreeing with the statement, and Statement HBT3, "Donating blood is something I have been doing for a long time" (*M* = 3.87), with 74.2% of the respondents agreeing or strongly agreeing with the statement. This indicates that respondents tended to agree that donating blood is an automatic response behaviour and indicated agreement with having donated blood for a long time. This suggests that, over time, a behaviour such as blood donation becomes a habit.

6.2.2.9 Customer Satisfaction

Satisfaction is the customer's feeling evoked by outcomes resulting from an experience, compared to their expectations and the actual experience (Boonlertvanich, 2019; Melián-Alzola & Martín-Santana, 2020). In the context of this study, customer satisfaction refers to donor satisfaction with their experience of the blood collection organisation. Five statements were used to measure this construct, and the results are provided in Table 6.12.

Table 6.12: Customer Satisfaction

Item	1	2	3	4	5	Mean	*SD*
CS1: Overall, I am satisfied with the organisation collecting blood.	1.2%	2.0%	5.2%	50.5%	41.2%	4.28	0.756
CS2: I am satisfied with how I am treated by staff when I donate blood.	0.6%	1.1%	3.3%	48.2%	46.8%	4.40	0.666
CS3: I am happy with the service that I receive from the blood collection organisation.	0.8%	0.8%	3.2%	45.4%	49.8%	4.43	0.668
CS4: Overall, I am satisfied with the blood donation process.	0.5%	0.8%	3.8%	48.8%	46.2%	4.40	0.645
CS5: I am satisfied with the communication received from the blood collection organisation.	0.9%	2.6%	4.9%	46.5%	45.1%	4.32	0.763
Overall Customer Satisfaction						**4.37**	**0.699**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Customer Satisfaction** ranged between 4.28 and 4.43, and the standard deviations ranged from 0.645 to 0.763. The overall mean for customer satisfaction was 4.37, indicating that in general, the respondents agreed with the five statements used to measure the construct. Statement CS3, "I am happy with the service that I receive from the blood collection organisation", had the highest mean score (*M* = 4.43; *SD* = 0.668). Most respondents strongly agreed (49.8%) and agreed (45.4%) with this statement. Statement CS1, "Overall, I am satisfied with the organisation collecting blood", had the lowest mean score (*M* = 4.28; *SD* = 0.756) with 50.5% of the respondents agreeing and 41.2% strongly agreeing with the statement. The results suggest that the respondents were in agreement with the statements measuring customer satisfaction.

6.2.2.10 Service Quality

Service quality refers to the variance between the individual's expectation and the perception of the service received, which determines whether the expectations of the customer are met (Kashif & Cheewakrakokbit, 2018). In the context of this study service quality can be interpreted as the blood donors' judgement of the state of service delivery in the blood donation environment. To measure the service quality construct, seven statements were used, the results for which are provided in Table 6.13.

Table 6.13: Service Quality

Item	1	2	3	4	5	Mean	*SD*
SQ1: The blood donation site has modern-looking equipment.	1.1%	3.2%	10.8%	51.2%	33.7%	4.13	0.807
SQ2: The donation sites are clean.	0.6%	0.5%	5.6%	44.4%	48.9%	4.41	0.674
SQ3: The staff at the blood donation site are always friendly and polite to me.	0.9%	0.9%	4.9%	45.7%	47.6%	4.38	0.706
SQ4: I feel safe during the blood donation process.	0.6%	0.6%	5.8%	46.5%	46.5%	4.38	0.679
SQ5: The staff explain the blood donation process clearly and provide the information I need.	0.5%	1.4%	4.6%	45.0%	48.6%	4.40	0.685
SQ6: The blood donation sites are easily accessible.	1.2%	6.8%	11.7%	42.9%	37.4%	4.08	0.932
SQ7: The blood collection organisation keeps in touch with me after my donation.	1.4%	6.7%	14.1%	46.7%	31.2%	4.00	0.919
Overall Service Quality						**4.25**	**0.772**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Service Quality** ranged between 4.00 and 4.41, and the standard deviations ranged from 0.674 to 0.919. The overall mean for service quality was 4.25, indicating the respondents' agreement with the statements. Statement SQ2, "The donation sites are clean", was the statement that obtained the highest mean score (*M* = 4.41; *SD* = 0.674), followed by Statement SQ5, "The staff explain the blood donation process clearly and provide the information I need" (*M* = 4.40; *SD* = 0.685). For each of these statements, a vast majority (over 80%) of the respondents agreed or strongly agreed. Respondents generally indicated that they agreed with all statements measuring service quality.

6.2.2.11 Trust

Trust is described as customers' confidence that a service provider is reliable enough to provide quality service or products and has integrity in their exchange and interaction (Assaker et al., 2020). In the context of this study, trust refers to the blood donors' confidence in the reliability of the blood collection organisation to provide a quality service in their interaction and integrity in their handling of the donated blood products. Five statements were used to measure the trust construct. The results are presented in Table 6.14.

Table 6.14: Trust

Item	1	2	3	4	5	Mean	SD
TR1: I trust that the blood collection organisation uses donated blood for those who need it.	0.5%	0.3%	5.0%	41.8%	52.4%	4.45	0.649
TR2: I trust that the blood collection organisation has the donors' best interests at heart.	0.5%	0.6%	5.0%	44.2%	49.7%	4.42	0.660
TR3: I trust that the blood collection organisation does not pressure donors.	0.3%	1.4%	5.5%	47.3%	45.6%	4.36	0.679
TR4: I trust that the blood collection organisation always acts to guarantee that our country has good levels of blood supply.	0.6%	0.8%	6.5%	47.9%	44.2%	4.34	0.690
TR5: The blood collection organisation is trustworthy.	0.3%	0.3%	8.1%	44.5%	46.8%	4.37	0.671
Overall Trust						**4.39**	**0.669**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Trust** ranged between 4.34 and 4.45, and the standard deviations ranged from 0.649 to 0.679. The results presented in Table 6.14 indicate that the statement with the highest mean was Statement TR1, "I trust that the blood collection organisation uses donated blood for those who need it" (*M* = 4.45; *SD* = 0.649). Most respondents indicated agreement with this statement, and this is the statement with which most respondents strongly agreed (52.4%). The statement with the lowest mean was Statement TR4, "I trust that the blood collection organisation always acts to guarantee that our country has good levels of blood supply" (*M* = 4.34; *SD* = 0.690). The overall mean score for trust (4.39) indicates that in general, respondents indicated their agreement with the statements used to measure the construct.

6.2.2.12 Intention to Continue Behaviour

Regular blood donation (loyalty) is a rational behaviour which cannot be performed without an intention to do so. Intention to perform a behaviour is an antecedent to the occurrence of the behaviour (Russell-Bennett et al., 2017; L. Zhang et al., 2018). Studies have therefore reported on the importance of intention in realising actual behaviour (Appiah et al., 2017). In the context of this study, intention to continue behaviour refers to the blood donors' intention to continue donating blood, which indicates the degree to which they are willing to become loyal blood donors by means of regular donation. To measure intention to continue behaviour, four statements were used, and the results are displayed in Table 6.15.

Table 6.15: Intention to continue behaviour

Item	1	2	3	4	5	Mean	*SD*
ICB1: I intend to continue donating blood regularly (at least two or more times a year).	0.6%	2.3%	10.8%	44.4%	41.9%	4.25	0.783
ICB2: I will donate blood as often as required by the blood collection organisation.	1.8%	7.3%	17.9%	40.0%	33.0%	3.95	0.982
ICB3: I intend to donate blood during the next six months.	0.6%	4.6%	12.9%	45.1%	36.8%	4.13	0.848
ICB4: I want to donate blood more often than I have done before.	1.2%	5.8%	19.0%	41.3%	32.7%	3.98	0.926
Overall Intention to Continue Behaviour						**4.07**	**0.885**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*.
Source: Researcher's own construction

The means for **Intention to Continue Behaviour** ranged from 3.95 to 4.25, and the standard deviations from 0.783 to 0.926. The overall mean for the construct was 4.07, indicating agreement with the statements. Statement ICB1, "I intend to continue donating blood regularly (at least two or more times a year)", had the highest mean (*M* = 4.25; *SD* = 0.783), and most respondents (86.3%) indicated agreement (44.4 *agree*; 41.9% *strongly agree*) with the statement. Statement ICB2; "I will donate blood as often as required by the blood collection organisation" had the lowest mean score (*M* = 3.95; *SD* = 0.982) for this construct, indicating that respondents nonetheless tended to be in agreement with the statement. Overall, the results indicate that the respondents agreed with the statements used to measure intention to continue behaviour.

6.2.2.13 Commitment

Commitment is described as the ongoing desire to grow and sustain a relationship with an organisation or service provider (D'Souza et al., 2023). In the context of blood donation, commitment refers to the blood donors' desire to grow and maintain their relationship with the blood collection organisation. Five statements were used to measure the commitment construct. Table 6.16 presents the results of each statement considered within the construct.

Table 6.16: Commitment

Item	1	2	3	4	5	Mean	*SD*
COMM1: I am a committed blood donor.	1.1%	5.0%	17.9%	45.6%	30.5%	3.99	0.884
COMM2: I intend to donate blood consistently.	1.1%	3.2%	14.4%	49.1%	32.2%	4.08	0.827
COMM3: I intend to keep donating blood.	0.6%	1.1%	6.4%	51.7%	40.3%	4.30	0.689
COMM4: Donating blood deserves to get my maximum effort.	1.2%	3.2%	17.6%	45.4%	32.5%	4.05	0.859
COMM5: I feel a strong connection with the blood collection organisation.	0.9%	7.0%	23.4%	41.8%	26.9%	3.87	0.921
Overall Commitment						**4.06**	**0.836**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Commitment** ranged between 3.87 and 4.30, and standard deviations ranged between 0.689 and 0.921. The overall mean for commitment was 4.06, indicating that the respondents generally tended to agree with the statements measuring the construct. The results presented in Table 6.15 indicate that Statement COMM3, "I intend to keep donating blood", had the highest mean score (*M* = 4.30; *SD* = 0.689). Most respondents indicated agreement with this statement (51.7% *agree*; 40.3% *strongly agree*). Statement COMM5, "I feel a strong connection with the blood collection organisation", obtained the lowest mean score (*M* = 3.87; *SD* = 0.921), with 41.8% of the respondents indicating agreement with the statement. Statements COMM2, "I intend to donate blood consistently", and COMM3, "I intend to keep donating blood", were excluded from the analysis, as they were correlating with the intention to continue behaviour construct.

6.2.2.14 Attitudinal Loyalty

Attitudinal loyalty is described as the individual's favourable or unfavourable judgement or opinion of a product or service (Barra et al., 2018). It is the degree of commitment that a customer has towards a service provider or product and is considered as the state of mind of a customer (Dandis & Wright, 2020). In relation to this study, attitudinal loyalty refers to the blood donors' favourable or unfavourable judgement of the blood collection organisation and blood donation behaviour. To measure attitudinal loyalty, five statements were used. The results are presented in Table 6.17.

Table 6.17: Attitudinal Loyalty

Item	1	2	3	4	5	Mean	*SD*
AL1: I have positive feelings towards the blood collection organisation.	0.8%	1.1%	7.4%	54.7%	36.0%	4.24	0.699
AL2: I have a positive feelings about the work that is done by the blood collection organisation.	0.6%	0.6%	5.0%	54.3%	39.5%	4.31	0.653
AL3: I consider myself to be a loyal blood donor.	0.5%	4.7%	16.0%	43.5%	35.4%	4.09	0.858
AL4: I believe that being a blood donor is important.	0.3%	0.8%	4.6%	47.9%	46.5%	4.40	0.634
AL5: I think that donating blood is a good practice.	0.5%	0.8%	2.6%	44.5%	51.7%	4.46	0.633
Overall Attitudinal Loyalty						**4.30**	**0.695**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Attitudinal Loyalty** varied between 4.09 and 4.46, and the standard deviations varied between 0.633 and 0.858. The overall mean for the construct was 4.30, which indicates agreement with the statements measuring attitudinal loyalty. The statements that most respondents indicated agreement with were Statement AL5, "I think that donating blood is a good practice" (*M* = 4.46; *SD* = 0.633), with a combined 96.2% of the respondents agreeing or strongly agreeing with the statement, and Statement AL4, "I believe that being a blood donor is important" (*M* = 4.40; *SD* = 0.634), with a combined 94.4% of the respondents indicating that they agreed or strongly agreed with the statement. The results indicate that respondents tended to agree with all the statements used to measure attitudinal loyalty. Item AL3, "I consider myself to be a loyal blood donor", was excluded from the analysis as it correlated with behavioural loyalty and intention to continue behaviour constructs.

6.2.2.15 Behavioural Loyalty

Behavioural loyalty refers to the probability of repeated acquisition of a product or use of a service with the same preference being maintained over a long period (Barra et al., 2018). In the context of this study, behavioural loyalty refers to maintained regular or frequent blood donation behaviour over time. Three statements were used to measure the behavioural loyalty construct, for which the results are presented in Table 6.18.

Table 6.18: Behavioural Loyalty

Item	1	2	3	4	5	Mean	*SD*
BL1: I plan to continue donating blood.	0.6%	0.3%	5.6%	48.9%	44.5%	4.36	0.660
BL2: I plan to donate blood without being reminded.	1.1%	1.8%	10.3%	45.1%	41.6%	4.24	0.793
BL3: I plan to keep supporting the blood collection organisation.	0.6%	0.3%	5.5%	49.1%	44.5%	4.37	0.658
Overall Behavioural Loyalty						**4.32**	**0.704**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The means for **Behavioural Loyalty** ranged between 4.24 and 4.37, and the standard deviations ranged from 0.658 to 0.793. The overall mean for behavioural loyalty was 4.32, indicating the respondents' agreement with the statements used to measure the construct. Statement BL3, "I plan to keep supporting the blood collection organisation", was the statement with the highest mean score (*M* = 4.37; *SD* = 0.658), followed by Statement BL1, "I plan to continue donating blood" (*M* = 4.36; *SD* = 0.660). For each of these statements, most of the respondents (over 90%) indicated that they generally agreed and strongly agreed, suggesting that they intended to continue supporting the organisation and donating blood.

6.2.2.16 Word of Mouth

Word of mouth is described as informal communication aimed at other individuals regarding the acquisition and use of a product or experience with a service (J.-A. Kang et al., 2020). In the context of blood donation, word of mouth refers to the extent to which a blood donor shares about blood donation and their blood donation experience and their encouragement of others to donate blood. The word of mouth construct was measured using four statements, the results of which are presented in Table 6.19.

Table 6.19: Word of Mouth

Item	1	2	3	4	5	Mean	*SD*
WOM1: I share positive information about donating blood.	0.8%	2.9%	7.3%	51.2%	37.8%	4.22	0.765
WOM2: I speak positively about my blood donation experience.	0.5%	0.8%	5.8%	50.8%	42.2%	4.34	0.663
WOM3: I encourage my friends and family to donate blood.	0.5%	2.4%	8.1%	45.6%	43.5%	4.29	0.754
WOM4: I share positive information about donating blood with my friends and family.	0.5%	0.9%	4.3%	49.4%	45.0%	4.38	0.655
Overall Word of Mouth						**4.31**	**0.709**

Note: *N* = 658; 1 = *strongly disagree*; 5 = *strongly agree*. Not all rows add up to 100.0% on account of rounding-off of individual percentages.
Source: Researcher's own construction

The mean scores for **Word of Mouth** ranged between 4.22 and 4.38, and the standard deviations ranged from 0.655 to 0.765. The overall mean for word of mouth was 4.31, indicating that respondents generally agreed with the four statements used to measure the construct. Statement WOM4, "I share positive information about donating blood with my friends and family", had the highest mean score (*M* = 4.38; *SD* = 0.655). Respondents mainly agreed (49.4%) and strongly agreed (45.0%) with this statement. In general, the results indicate that respondents were in agreement with the statements used to measure word of mouth, suggesting that they share information about blood donation.

The next section presents the results of the preliminary analyses conducted in this study.

6.3 PRELIMINARY ANALYSES

6.3.1 Non-response bias

To conduct the assessment of non-response bias, the responses from early respondents and late respondents were compared to see whether there would be any significant differences in the responses (Armstrong & Overton, 1977). To test the differences in the correlation between the responses on the key constructs of the study (Brick & Tourangeau, 2017), an independent samples *t* test was conducted. A two-tailed test with a significance level set at 0.05 was conducted to test the variance in response from two samples of the total responses from the survey: early respondents (30%) and late respondents (30%). A significance level of $p > 0.05$ confirms that the non-response bias is not significant (Armstrong & Overton, 1977). Table 6.20 presents the results of the independent samples *t* test conducted on a few constructs selected from the study.

Table 6.20: Non-response bias – independent samples *t* test

Construct	Significance (two-tailed *p* value)
Intention to Continue Behaviour (ICB)	0.862
Attitudinal Loyalty (AL)	0.733
Behavioural Loyalty (BL)	0.552
Word of Mouth (WOM)	0.174
Service Quality (SQ)	0.687
Facilitating Conditions (FC)	0.308
Habit (HBT)	0.076
Cognition of Consequences (CC)	0.107

Source: Researcher's own construction

The results in Table 6.20 indicate that the *p* values for the constructs ranged between 0.076 and 0.862. These values are all above 0.05, indicating non-significance and confirming that there was no non-response bias in this study.

6.3.2 Common method variance

CMV is defined as "the systematic error of variance that is shared among variables which are measured with the same source or method" (Tehseen et al., 2017, p. 147). This study used a self-administered questionnaire to collect data from blood donors. When a self-report survey is used to collect data from the same respondents simultaneously, CMV may be an issue. CMV can potentially bias the proposed relationships between the research measures, which may result in the estimated relationship being inflated (Rodríguez-Ardura & Meseguer-Artola, 2020; Tehseen et al., 2017). Being cognisant of the effect that self-report measures could have on CMV in the data, precautionary measures were taken, following the guidance of Podsakoff et al. (2003). These included the use of validated measurement items to measure the constructs. Second, the questionnaire was piloted to ensure that the statements presented were clear and respondents understood them. Third, the respondents were assured that confidentiality would be maintained and their anonymity would be ensured. Lastly, respondents were encouraged to answer the questions honestly based on their own experiences. These measures were implemented to reduce the apprehension of respondents when completing the questionnaire.

In detecting the presence of CMV, one of the most commonly used statistical techniques is Harman's single-factor test (Rodríguez-Ardura & Meseguer-Artola, 2020). This technique is suitable for this study because it is able to detect CMV in conditions that are generally found in survey research (Baumgartner et al., 2021). This technique is not without shortcomings, as

it has been reported that it is insensitive. The Harman's single-factor test does not give a firm guide on the acceptable percentage of the explained variance of a single-factor model (Chang et al., 2020). Additional statistical analysis tests include the partial correlation procedure and a direct measure of a latent common method factor (Chang et al., 2020). To examine CMV for the current study, all the scale items are entered into an exploratory factor analysis and forced to load onto a single factor where the unrotated factors are examined, with the expectation that the first factor, with the highest eigenvalue should not account for more than 50% of the variance between constructs (Bozionelos & Simmering, 2022). The results of the Harman's single-factor test are presented in Table 6.21.

Table 6.21: Harman's single-factor test

Factor	Eigenvalue	% of variance	Cumulative %
1	24.467	34.460	34.460
Kaiser-Meyer-Olkin (KMO) Measure of sampling adequacy = 0.963			
Bartlett's test of sphericity: p = 0.001; Chi-square = 29397.079; df = 2485			

Source: Researcher's own construction

The results presented in Table 6.21 indicate that the first factor accounts for 34.460% of the total variance. Based on the results, it can be deduced that the CMV is not an issue for this study because the first factor accounts for less than 50% of the total variance. The appropriateness of the data for factor analysis was measured using the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. A KMO value of 0.963 was reported for this study, which exceeds the recommended value of 0.6. Bartlett's test was deemed significant, as $p < 0.05$. These results verified the data's adequacy for factor analysis.

6.3.3 Assessment of multicollinearity

A collinearity test was conducted using the VIF, as suggested by Hair et al. (2021). It is recommended that ideal VIF values should be close to 3 (or below), and the threshold for VIF values is 5. VIF values greater than 5 signify collinearity in the items of the measured constructs (Hair et al., 2021; Tabachnick & Fidell, 2014). The VIF results for this study are presented in Table 6.22.

Table 6.22: Collinearity results – Inner VIF values

Construct	VIF Values								
	AG	AL	AP	BL	ICB	PN	CS	TR	WOM
AG					1.415				
AL				2.852					
AP					1.611				
BL									2.628
CC					1.831	1			
CS		2.548		2.710	2.673			2.190	2.602
DN					1.770				
FC		2.086		2.091	2.224				2.124
HBT	1		1		1.197				
ICB		2.283		2.311					2.585
IN					1.903				
PN					2.050				
SQ		2.982		3.031	2.899		1	2.190	2.982
TR		2.292		2.390	2.057				2.320
COM		2.696		2.918					2.836
WOM									

Note: AG = Affect: Guilt; AL = Attitudinal Loyalty; AP = Affect: Pride; BL = Behavioural Loyalty; CC = Cognition of Consequences; CS = Customer Satisfaction; DN = Descriptive Norms; FC = Facilitating Conditions; HBT = Habit; ICB = Intention to Continue Behaviour; IN = Injunctive Norms; PN = Personal Norms; SQ = Service Quality; TR = Trust; COM = Commitment; WOM = Word of Mouth.
Source: Researcher's own construction

The VIF values presented in Table 6.22 range between 1 and 3.031, which is below the threshold of 5. These results confirmed that there were no concerns of multicollinearity between constructs.

6.3.4 Assessment of normality

The skewness and kurtosis coefficients were used to assess the univariate normality of the data collected for this study. The details of the values of the skewness and kurtosis attained for each item in the conceptual model have been provided in Annexure 4. The results indicate that skewness coefficients ranged between −0.16 and −2.92, while the kurtosis coefficients ranged between −0.15 and 4.68. To prove normal univariate distribution the acceptable skewness and kurtosis coefficient values must range between −2 and +2 (Demir, 2022; George & Mallery, 2019). The results stated for this study therefore indicate a non-normal distribution, as some items do not meet the specified acceptable range (Malhotra et al., 2017).

It is worth noting that the central limit theorem suggests that, for large sample sizes that consist of over 167 respondents and have no outliers, the negative effect of non-normal data

distribution on the results is usually negligible (A. Field, 2013; Hair et al., 2010). As discussed in Section 5.3.6.5 of Chapter 5, the outliers were identified and deleted from the dataset. Taking that into consideration and the large sample size for this study (*N* = 658), the central limit theorem requirements have been met, therefore eradicating the possible affect linked to the non-normality of data.

6.4 RELIABILITY OF MEASUREMENT SCALES

Cronbach's alpha was used to assess the reliability of the proposed constructs for the study. The results of the reliability test are presented in Table 6.23.

Table 6.23: Internal consistency of measurement constructs

Construct	Items	Item total	Cronbach's alpha	Number of items
Affect: Guilt (AG)	AG1	0.644	0.860	4
	AG2	0.752		
	AG3	0.742		
	AG4	0.679		
Affect: Pride (AP)	AP1	0.730	0.891	4
	AP2	0.788		
	AP3	0.771		
	AP4	0.754		
Injunctive Norms (IN)	IN1	0.561	0.779	4
	IN2	0.620		
	IN3	0.491		
	IN4	0.665		
Descriptive Norms (DN)	DN1	0.702	0.843	4
	DN2	0.742		
	DN3	0.624		
	DN4	0.646		
Personal Norms (PN)	PN1	0.632	0.780	4
	PN2	0.682		
	PN3	0.507		
	PN4	0.535		
Cognition of Consequences (CC)	CC1	0.700	0.866	4
	CC2	0.764		
	CC3	0.748		
	CC4	0.651		

Construct	Items	Item total	Cronbach's alpha	Number of items
Facilitating Conditions (FC)	FC1	0.520	0.706	5
	FC2	0.386		
	FC3	0.571		
	FC4	0.312		
	FC5	0.479		
Habit (HBT)	HBT1	0.660	0.782	4
	HBT2	0.518		
	HBT3	0.589		
	HBT4	0.585		
Customer Satisfaction (CS)	CS1	0.675	0.891	5
	CS2	0.737		
	CS3	0.774		
	CS4	0.765		
	CS5	0.714		
Service Quality (SQ)	SQ1	0.617	0.855	7
	SQ2	0.657		
	SQ3	0.645		
	SQ4	0.698		
	SQ5	0.670		
	SQ6	0.484		
	SQ7	0.523		
Trust (TR)	TR1	0.687	0.865	5
	TR2	0.722		
	TR3	0.633		
	TR4	0.678		
	TR5	0.713		
Intention to Continue Behaviour (ICB)	ICB1	0.672	0.826	4
	ICB2	0.674		
	ICB3	0.648		
	ICB4	0.606		
Commitment (COM)	COM1	0.714	0.873	5
	COM2	0.750		
	COM3	0.699		
	COM4	0.671		
	COM5	0.664		
Attitudinal Loyalty (AL)	AL1	0.707	0.861	5
	AL2	0.715		
	AL3	0.620		
	AL4	0.686		
	AL5	0653		

Construct	Items	Item total	Cronbach's alpha	Number of items
Behavioural Loyalty (BL)	BL1	0.725	0.842	3
	BL2	0.679		
	BL3	0.709		
Word of Mouth (WOM)	WOM1	0.691	0.880	4
	WOM2	0.740		
	WOM3	0.754		
	WOM4	0.772		

Source: Researcher's own construction

The Cronbach's alpha values presented in Table 6.23 range between 0.706 (for Facilitating Conditions) and 0.891 (for Affect: Pride and Customer Satisfaction). As recommended by Hair et al. (2021) and Olaniyi (2019), to achieve reliability, the Cronbach alpha value of a construct should be 0.7 and above. The results presented in Table 6.23 indicate that, for the computed constructs, all of the Cronbach's alpha values exceed the recommended 0.7 threshold, demonstrating that internal consistency was achieved for the respective constructs. The reliability of the measurement scales has therefore been confirmed for this study. The next section discusses the assessment of normality of the data used in this study.

6.5 STRUCTURAL EQUATION MODELLING

The conceptual model presented for this study comprises multiple relationships between constructs. Therefore, to assess the model, structural equation modelling (SEM) was used. This study particularly used the partial least squares structural equation modelling technique (PLS-SEM).

When conducting SEM analysis, a two-step approach is suggested by Anderson and Gerbing (1988). In the first step, the measurement model is assessed for reliability and validity. Once the results from the measurement model are satisfactory, then the researcher can move to the second step which assesses the structural model to test the hypothesised relationships in the model. These stages are implemented and examined in the next sections.

6.5.1 Measurement model assessment

To assess the validity of the constructs used in the proposed model, the convergent and discriminant validity were evaluated. Hair, Risher, et al. (2019), suggest that the PLS algorithm be set at 5 000 iterations to run the proposed conceptual model. The results of the convergent and discriminant analysis are discussed and presented in Table 6.24, and Tables 6.25 and 6.26, respectively.

6.5.2 Convergent validity

Convergent validity indicates the degree to which each measure relates with other measures in the same or similar constructs (Cheah et al., 2018). In this study, convergent validity was assessed through the examination of (1) factor loadings, (2) composite reliability and (3) AVE, as recommended by Hair et al. (2021) and presented in Table 6.24. To realise convergent validity, Hair et al. (2021) recommend that the factor loadings be 0.7 and above. This is quite a liberal threshold, as other researchers deem a factor loading that is above 0.5 as satisfactory (Cheah et al., 2018; Malhotra, 2010). The composite reliability should be 0.7 and greater, and lastly, AVE should be 0.5 and above.

Table 6.24: Convergent validity statistics

Construct	Items	Factor loadings	Composite reliability	Average variance extracted (AVE)
Affect: Guilt (AG)	AG1	0.784	0.905	0.704
	AG2	0.881		
	AG3	0.875		
	AG4	0.812		
Affect: Pride (AP)	AP1	0.839	0.924	0.754
	AP2	0.891		
	AP3	0.870		
	AP4	0.872		
Injunctive Norms (IN)	IN1	0.770	0.858	0.604
	IN2	0.813		
	IN3	0.693		
	IN4	0.825		
Descriptive Norms (DN)	DN1	0.857	0.894	0.680
	DN2	0.880		
	DN3	0.760		
	DN4	0.794		
Personal Norms (PN)	PN1	0.694	0.853	0.593
	PN2	0.738		
	PN3	0.809		
	PN4	0.833		
Cognition of Consequences (CC)	CC1	0.837	0.909	0.714
	CC2	0.866		
	CC3	0.862		
	CC4	0.814		

Construct	Items	Factor loadings	Composite reliability	Average variance extracted (AVE)
Facilitating Conditions (FC)	FC1	0.697	0.824	0.540
	FC2	0.668		
	FC3	0.783		
	FC5	0.765		
Habit (HBT)	HBT1	0.833	0.860	0.606
	HBT2	0.739		
	HBT3	0.763		
	HBT4	0.775		
Customer Satisfaction (CS)	CS1	0.793	0.920	0.698
	CS2	0.838		
	CS3	0.864		
	CS4	0.858		
	CS5	0.822		
Service Quality (SQ)	SQ1	0.724	0.890	0.540
	SQ2	0.777		
	SQ3	0.775		
	SQ4	0.820		
	SQ5	0.788		
	SQ6	0.596		
	SQ7	0.635		
Trust (TR)	TR1	0.806	0.903	0.651
	TR2	0.831		
	TR3	0.759		
	TR4	0.803		
	TR5	0.833		
Intention to Continue Behaviour (ICB)	ICB1	0.837	0.884	0.657
	ICB2	0.833		
	ICB3	0.808		
	ICB4	0.762		
Commitment (COM)	COM1	0.840	0.880	0.710
	COM4	0.837		
	COM5	0.852		
Attitudinal Loyalty (AL)	AL1	0.833	0.897	0.688
	AL2	0.838		
	AL4	0.822		
	AL5	0.818		

Construct	Items	Factor loadings	Composite reliability	Average variance extracted (AVE)
Behavioural Loyalty (BL)	BL1	0.881	0.905	0.760
	BL2	0.849		
	BL3	0.885		
Word of Mouth (WOM)	WOM1	0.828	0.918	0.736
	WOM2	0.864		
	WOM3	0.861		
	WOM4	0.877		

Source: Researcher's own construction

Table 6.24 presents the convergent statistic results that indicate that the factor loadings for most items were above 0.7, except for Items IN3 (0.693), PN1 (0.694), FC1 (0.697), FC2 (0.668), SQ6 (0.596) and SQ7 (0.635). The items were nonetheless retained, as most had a factor loading above 0.5 and close to 0.7, and Hair et al. (2021) state that in social sciences research, weaker factor loadings may be retained once the effect of the removal of an item on other validity and reliability measures has been assessed. Additionally, other researchers Items below 0.4, however, should be removed from the construct, which was not the case in this study. The results of the composite reliability ranged between 0.824 and 0.924, indicating that they were acceptable, and lastly, the AVE values were all above 0.5. The results confirm convergent validity of the measures used in the model.

6.5.3 Discriminant validity

Discriminant validity is the degree to which each construct in the conceptual model differs from the other constructs (Rönkkö & Cho, 2022). Hair et al. (2021) state that when discriminant validity is established, it indicates that each construct is unique and captures the phenomenon that it presents in the model. To assess discriminant validity, the current study deployed the two tests that are generally used: the Fornell–Larcker criterion (Fornell & Larcker, 1981) and the HTMT criterion (Henseler et al., 2015).

Fornell and Larcker (1981) assess discriminant validity by comparing the square root of the AVEs with the latent variable correlation. To achieve discriminant validity, the square root of the AVE value must be greater than the correlation coefficient (Malhotra et al., 2017). The results of the Fornell–Larcker technique are presented in Table 6.25.

Table 6.25: Results of discriminant validity using Fornell–Larcker technique

Construct	AG	AL	AP	BL	CC	COM	CS	DN	FC	HBT	ICB	IN	PN	SQ	TR	WOM
AG	**0.839**															
AL	0.304	**0.828**														
AP	0.258	0.523	**0.868**													
BL	0.355	0.720	0.538	**0.872**												
CC	0.176	0.546	0.484	0.490	**0.845**											
COM	0.410	0.689	0.470	0.691	0.387	**0.843**										
CS	0.227	0.682	0.481	0.599	0.556	0.544	**0.835**									
DN	0.213	0.252	0.213	0.303	0.084	0.416	0.277	**0.824**								
FC	0.283	0.597	0.496	0.605	0.510	0.638	0.596	0.386	**0.735**							
HBT	0.462	0.551	0.426	0.566	0.317	0.698	0.484	0.412	0.533	**0.778**						
ICB	0.394	0.612	0.457	0.706	0.440	0.718	0.554	0.351	0.562	0.616	**0.810**					
IN	0.215	0.445	0.320	0.383	0.296	0.475	0.403	0.610	0.464	0.425	0.404	**0.777**				
PN	0.464	0.606	0.490	0.562	0.479	0.613	0.492	0.297	0.536	0.525	0.534	0.419	**0.770**			
SQ	0.232	0.686	0.428	0.590	0.524	0.617	0.737	0.292	0.616	0.473	0.550	0.423	0.508	**0.735**		
TR	0.197	0.643	0.382	0.538	0.474	0.545	0.618	0.251	0.535	0.401	0.457	0.361	0.477	0.677	**0.807**	
WOM	0.291	0.643	0.465	0.613	0.419	0.623	0.565	0.411	0.573	0.482	0.530	0.410	0.512	0.602	0.541	**0.858**

Note: AG = Affect: Guilt; AL = Attitudinal Loyalty; AP = Affect: Pride; BL = Behavioural Loyalty; CC = Cognition of Consequences; CS = Customer Satisfaction; DN = Descriptive Norms; FC = Facilitating Conditions; HBT = Habit; ICB = Intention to Continue Behaviour; IN = Injunctive Norms; PN = Personal Norms; SQ = Service Quality; TR = Trust; COM = Commitment; WOM = Word of Mouth.
Diagonal values **(in bold blue type)** are square roots of the AVEs, and the off-diagonal values are correlation coefficients.
Source: Researcher's own construction

The results presented in Table 6.25 indicate that the square root of the AVE across each construct is larger than the correlation coefficient of the given construct with the other constructs. Based on Fornell and Larcker's (1981) criterion, discriminant validity was established for this study.

The second test that was used to assess discriminant validity for the current study is the HTMT ratio of correlations. The HTMT estimates the true correlation between two constructs to establish whether they were perfectly measured, that is, if they are reliable (Hair et al., 2021). The HTMT has a defined criterion which specifies that if the HTMT value is larger than the 0.9 threshold, it can be concluded that discriminant validity has not been established (Henseler et al., 2015). Table 6.26 presents the results of the HTMT test that was conducted for this study.

Table 6.26: Results of discriminant validity using HTMT criterion

Construct	AG	AL	AP	BL	CC	COM	CS	DN	FC	HBT	ICB	IN	PN	SQ	TR	WOM	COM×TR
AG	—																
AL	0.354	—															
AP	0.290	0.599	—														
BL	0.415	0.850	0.620	—													
CC	0.201	0.638	0.550	0.568	—												
COM	0.494	0.835	0.552	0.841	0.462	—											
CS	0.258	0.783	0.537	0.688	0.632	0.644	—										
DN	0.240	0.290	0.237	0.356	0.099	0.500	0.312	—									
FC	0.353	0.759	0.611	0.774	0.642	0.839	0.744	0.491	—								
HBT	0.559	0.675	0.508	0.697	0.383	0.877	0.579	0.498	0.706	—							
ICB	0.466	0.730	0.527	0.845	0.514	0.882	0.641	0.414	0.723	0.757	—						
IN	0.257	0.543	0.379	0.469	0.354	0.602	0.483	0.753	0.614	0.543	0.502	—					
PN	0.585	0.716	0.559	0.663	0.533	0.774	0.557	0.377	0.688	0.679	0.650	0.543	—				
SQ	0.274	0.801	0.487	0.689	0.599	0.753	0.842	0.346	0.790	0.580	0.650	0.519	0.594	—			
TR	0.227	0.747	0.431	0.625	0.546	0.654	0.704	0.288	0.674	0.485	0.536	0.437	0.560	0.782	—		
WOM	0.334	0.743	0.522	0.708	0.477	0.744	0.636	0.472	0.714	0.581	0.619	0.493	0.599	0.693	0.618	—	
COM×TR	0.019	0.191	0.148	0.105	0.203	0.154	0.181	0.036	0.131	0.089	0.060	0.045	0.196	0.156	0.372	0.148	—

Note: AG = Affect: Guilt; AL = Attitudinal Loyalty; AP = Affect: Pride; BL = Behavioural Loyalty; CC = Cognition of Consequences; CS = Customer Satisfaction; DN = Descriptive Norms; FC = Facilitating Conditions; HBT = Habit; ICB = Intention to Continue Behaviour; IN = Injunctive Norms; PN = Personal Norms; SQ = Service Quality; TR = Trust; COM = Commitment; WOM = Word of Mouth.
Source: Researcher's own construction

According to the HTMT test results presented in Table 6.26, all the ratios are below the recommended 0.9 threshold. These results further indicate that discriminant validity has been established for this study.

Considering that reliability and validity of the measurement model were established, the researcher could confidently proceed to assess the structural model.

6.7 STRUCTURAL MODEL ASSESSMENT AND HYPOTHESIS TESTING

The examination of the structural model was conducted to determine the model path coefficients (β values), path significance (*p*-value), the size of the effect (f^2) and the coefficient of determination (R^2). The results are presented in the ensuing sections.

6.7.1 Nested model

To assess the proposed conceptual model and test the proposed hypotheses, a two-step process was followed. First, a nested model approach was adopted, by which variables were added to the model to examine the degree of variance in the dependent variables as a result of such addition. The approach entailed testing three models: Model 1, which analysed the constructs of the TIB model; Model 2, which was built up from Model 1, with the addition of the FTNC variables; and lastly, Model 3, which comprised the variables from the first two models with further development through the addition of the relationship marketing constructs and is graphically presented as the final conceptual model of this study (Figure 6.1). Table 6.27 presents the results from the analysis of Models 1, 2 and 3 of the nested-model approach, indicating the effect of added constructs on the R^2 values.

Table 6.27: Nested model approach R^2 values and R^2 change

Model 1		Model 2			Model 3 (Final Conceptual Model)		
Dependent variable	**R^2**	**Dependent variable**	**R^2**	**ΔR^2**	**Dependent Variable**	**R^2**	**ΔR^2**
Affect: Guilt	0.213	Affect: Guilt	0.213	0%	Affect: Guilt	0.213	0%
Attitudinal Loyalty	0.469	Attitudinal Loyalty	0.468	0.1%	Attitudinal Loyalty	0.648	18%
Affect: Pride	0.182	Affect: Pride	0.182	0%	Affect: Pride	0.182	0%
Behavioural Loyalty	0.646	Behavioural Loyalty	0.646	0%	Behavioural Loyalty	0.656	1%
Intention to Continue Behaviour	0.503	Intention to Continue Behaviour	0.508	0.5%	Intention to Continue Behaviour	0.528	2%
Personal Norms	0.230	Personal Norms	0.230	0%	Personal Norms	0.230	0%
Word of Mouth	0.447	Word of Mouth	0.477	0%	Word of Mouth	0.517	7%
					Customer Satisfaction	0.543	—
					Trust	0.490	—

Source: Researcher's own construction

The results in Table 6.27 confirm that, in some instances, the addition of variables improved the variance explained by the dependent variables, thereby improving the model's explanatory power. The most significant R^2 change (18% increase) was observed in attitudinal loyalty, followed by word of mouth (7% increase). It is worth noting that, although the changes in behavioural loyalty and intention to continue behaviour were between 1% and 2%, this still signifies the impact of the additional variables on the final model.

In the final model (conceptual model; Figure 6.1) the coefficient of determination (R^2) is shown on the dependent variable in the bold orange font in brackets. The coefficient of determination (R^2) is used to assess the explanatory power of the structural model and the R^2 values between 0 and 1, where the higher the value, the higher the explanatory power (Hair et al., 2021). The results indicate that the model accounts for 21.3% of the variance explained in affect: guilt; 18.2% of the variance explained in affect: pride; 23% of the variance explained in personal norms; 52.8% of the variance explained in intention to continue behaviour; 54.3% of the variance explained in customer satisfaction; 49% of the variance explained in trust; 64.8% of the variance explained in attitudinal loyalty; 65.6% of the variance explained in behavioural loyalty and 51.7% of the variance explained in word of mouth.

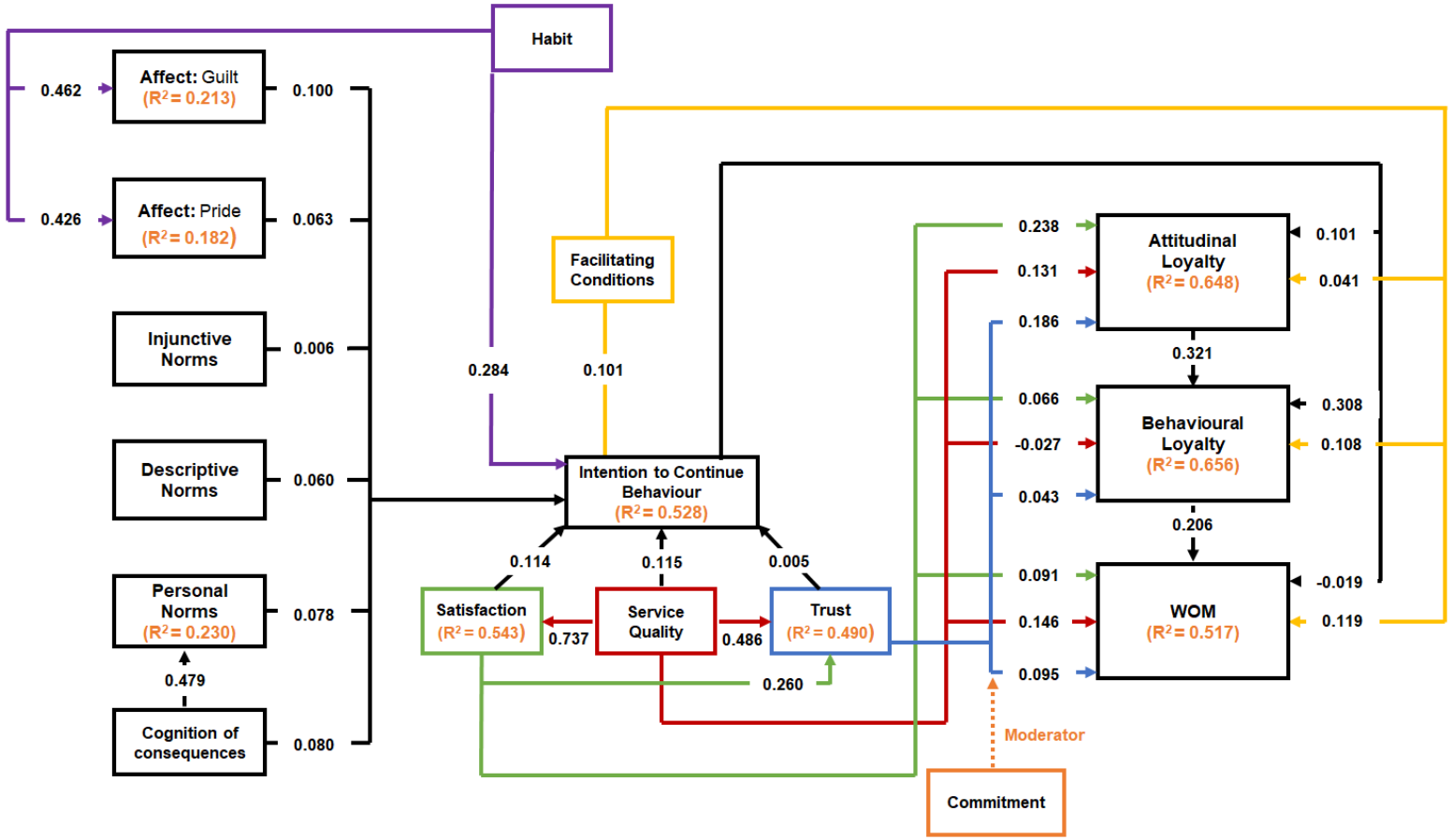

Figure 6.1: Graphical presentation of the conceptual model results indicating path coefficients and R^2 values

Source: Researcher's own construction

6.7.2. Hypothesis testing

The structural model in Annexure 5 indicates the path significance (*p*-value), which have also been presented in Table 6.29. To assess the statistical significance of the tested relationships, bootstrapping using 5 000 bootstrap samples was deployed and the significance level set at $p < 0.05$. Path coefficients indicating $p > 0.05$ confirm that the relationship between constructs is not significant.

The effect size (f^2) of the relationships between constructs was also assessed for this study. The effect size measures the size of the effect, independent of the sample size (Benitez et al., 2020). An f^2 value ranging from 0.020 to 0.150 indicates a weak effect size, values between 0.150 and 0.350 indicate a medium effect size, while values equal to or greater than 0.350 indicate a large effect size (Cohen, 2013). The results of the effect size measure are presented in Table 6.29. A summary of the 37 paths, their coefficients (β values), *t* statistics, *p* values and the decision on whether each proposed hypothesis is accepted or not accepted is provided in Table 6.28.

Table 6.28: Results of the hypothesis testing

Hypothesis	Relationship	Path coefficient (β value)	*t-value*	*p-value*	Conclusion: Accepted/Not Accepted	Effect size (f^2)
H1	Affect: Guilt → Intention to Continue Behaviour	0.100	3.119	0.002	Accepted	0.015
H2	Affect: Pride → Intention to Continue Behaviour	0.063	2.016	0.044	Accepted	0.005
H3	Injunctive Norms → Intention to Continue Behaviour	0.006	0.143	0.886	Not Accepted	0.000
H4	Descriptive Norms → Intention to Continue Behaviour	0.060	1.560	0.119	Not Accepted	0.004
H5	Personal Norms → Intention to Continue Behaviour	0.078	1.624	0.104	Not Accepted	0.006
H6a	Cognition of Consequences → Intention to Continue Behaviour	0.080	1.910	0.056	Not Accepted	0.007
H6b	Cognition of Consequences → Personal Norms	0.479	10.960	0.000	Accepted	0.298
H7a	Facilitating Conditions → Intention to Continue Behaviour	0.101	2.271	0.023	Accepted	0.010
H7b	Facilitating Conditions → Attitudinal Loyalty	0.041	1.099	0.272	Not Accepted	0.002
H7c	Facilitating Conditions → Behavioural Loyalty	0.108	3.039	0.002	Accepted	0.016
H7d	Facilitating Conditions → Word of Mouth	0.119	2.405	0.016	Accepted	0.014
H8a	Habit → Intention to Continue Behaviour	0.284	6.847	0.000	Accepted	0.090
H8b	Habit → Affect: Guilt	0.462	13.738	0.000	Accepted	0.271
H8c	Habit → Affect: Pride	0.426	10.738	0.000	Accepted	0.222
H9a	Customer Satisfaction → Intention to continue behaviour	0.114	2.319	0.020	Accepted	0.010
H9b	Customer Satisfaction → Trust	0.260	5.030	0.000	Accepted	0.061
H9c	Customer Satisfaction → Attitudinal Loyalty	0.238	3.803	0.000	Accepted	0.063
H9d	Customer Satisfaction → Behavioural Loyalty	0.066	1.573	0.116	Not Accepted	0.005
H9e	Customer Satisfaction → Word of Mouth	0.091	1.808	0.071	Not Accepted	0.007

Hypothesis	Relationship	Path coefficient (β value)	*t-value*	*p-value*	Conclusion: Accepted/Not Accepted	Effect size (f^2)
H10a	Service Quality → Intention to Continue Behaviour	0.115	2.049	0.041	Accepted	0.010
H10b	Service Quality → Customer Satisfaction	0.737	23.452	0.000	Accepted	0.190
H10c	Service Quality → Trust	0.486	10.204	0.000	Accepted	0.211
H10d	Service Quality → Attitudinal Loyalty	0.131	2.440	0.015	Accepted	0.017
H10e	Service Quality → Behavioural Loyalty	−0.027	0.597	0.551	Not Accepted	0.001
H10f	Service Quality → Word of Mouth	0.146	2.362	0.018	Accepted	0.015
H11a	Trust → Intention to Continue Behaviour	0.005	0.116	0.908	Not Accepted	0.000
H11b	Trust → Attitudinal Loyalty	0.186	3.283	0.001	Accepted	0.043
H11c	Trust → Behavioural Loyalty	0.043	1.157	0.247	Not Accepted	0.002
H11d	Trust → Word of Mouth	0.095	1.849	0.065	Not Accepted	0.008
H11e	Customer Satisfaction → Trust → Attitudinal Loyalty	No Mediation			Not Accepted	
H11f	Customer Satisfaction → Trust → Behavioural Loyalty	No Mediation			Not Accepted	
H11g	Customer Satisfaction → Trust → Word of Mouth	0.025	1.577	0.115	Not Accepted	
H12a	Intention to Continue Behaviour → Attitudinal Loyalty	0.101	2.602	0.009	Accepted	0.012
H12b	Intention to Continue Behaviour → Behavioural Loyalty	0.308	5.503	0.000	Accepted	0.119
H12c	Intention to Continue Behaviour → Word of Mouth	−0.019	0.418	0.676	Not Accepted	0.000
H13a	Commitment × Trust → Attitudinal Loyalty	−0.002	0.091	0.928	Not Accepted	0.000
H13b	Commitment × Trust → Behavioural Loyalty	0.019	0.837	0.402	Not Accepted	0.002
H13c	Commitment × Trust → Word of Mouth	−0.004	0.130	0.897	Not Accepted	0.000
H14	Attitudinal Loyalty → Behavioural Loyalty	0.321	6.641	0.000	Accepted	0.105
H15	Behavioural Loyalty → Word of Mouth	0.206	4.038	0.000	Accepted	0.034

Source: Researcher's own construction

Based on the results presented in Table 6.28, 15 paths were non-significant, and 22 paths were significant. It is noted that the proposed moderation of commitment on trust was not supported for all outcome (loyalty) variables. The case is the same for the proposed mediation between customer satisfaction and the loyalty variables. The results showed no indirect relationship between customer satisfaction and the loyalty variables, mediated by trust. With regard to the effect size, most hypothesised relationships had a weak effect size ($f^2 < 0.150$), while H6b, H8b, H8c, H10b, H10c and H14 had a medium effect size ($0.150 < f^2 < 0.350$), as per the recommendation by Cohen (2013).

6.7.3 Assessment of predictive relevance (Q^2)

To assess the predictive accuracy of the conceptual model, the Q^2 value was calculated using the blindfolding procedure. This procedure suggests that the model should be capable of providing a prediction of the dependent variable's indicators (Henseler et al., 2009). In assessing the predictive accuracy and relevance of a model, Hair, Risher, et al. (2019) recommend that the Q^2 values be greater than 0 and that a higher Q^2 value indicates a higher predictive accuracy. As a guide, values of 0.02, 0.15 and 0.35 indicate small, medium and large effect sizes, respectively, for the predictive relevance of the model (Henseler et al., 2009; Maisha & Shetu, 2023). Table 6.29 presents the Q^2 values calculated for the dependent variables of this study.

Table 6.29: Results of the predictive relevance (Q^2) assessment

Construct	Q^2
Affect: Guilt	0.210
Attitudinal Loyalty	**0.578**
Affect: Pride	0.175
Behavioural Loyalty	**0.531**
Customer Satisfaction	0.540
Intention to Continue Behaviour	**0.485**
Personal Norms	0.225
Trust	0.450
Word of Mouth	**0.472**

Source: Researcher's own construction

The results presented in Table 6.29 indicate that the Q^2 values for the dependent variables are all larger than 0. The key outcome variables have been highlighted and set in bold text, as they range between 0.472 and 0.578, indicating high predictive relevance.

6.8 CHAPTER CONCLUSION

Chapter 6 presented the results from the quantitative data analysis of the study. The results were statistically analysed using quantitative data analysis software. SPSS was used to analyse the descriptive statistics presented at the beginning of the chapter. To assess the measurement and structural model of this study, PLS-SEM was used. In the assessment of the convergent validity and discriminant validity, assessments were conducted. In assessing the structural model, a hierarchical model approach was adapted, providing results that confirmed the enhanced explanatory power of the conceptual model. The results from the structural model assessment also presented the path coefficients, path significance, coefficient of determination, *t* values, effect size and predictive relevance, which were mainly reported in tabular format. The results of the acceptance or rejection of the proposed hypotheses were also provided in this chapter. The following chapter presents the findings from the qualitative data analysis phase of this study.

CHAPTER 7: PRESENTATION OF QUALITATIVE FINDINGS

7.1 INTRODUCTION

This chapter presents the research findings from the primary data collected in the qualitative data phase of the study. The qualitative phase of the study sought to gain deeper understanding of blood donor behaviour and loyalty behaviour. Three of the secondary objectives set for this study were:

- to understand the socio-psychological and relationship marketing factors that influence continued blood donation among blood donors;
- to understand blood donors' experience with blood collection organisations; and
- to discover the key determinants of blood donors' loyalty to blood collection services.

The qualitative phase of the research sought to meet these objectives. To present the findings, this chapter begins with a summary of the research participants who took part in the interviews that were conducted online. This section is followed by the presentation of the research findings from the data collected and analysed in the qualitative research phase. The findings are presented in a manner that deals with each research question that was posed for this study. Each section begins with a discussion of the findings followed by a presentation of excerpts from the participants' responses to support the discussion.

7.2 SUMMARY OF RESEARCH PARTICIPANTS

A total of 18 (N = 18) interviews were conducted with participants, who were blood donors. Of the 18 participants who took part in the interviews, seven (39%) were male and 11 (61%) were female. Most of the participants started their donation careers in high school or university, with few commencing in the workplace. These donations were contributed mainly as a result of the blood donation drives initiated by the blood collection organisation. Lastly, most participants indicated that they donated when the blood donation services were at their school, university or workplace, with a few participants who indicated that they go to the blood donation centres. Table 7.1 provides a summary of the participants' demographic information and blood donation information, such as when they started donating, how long they have been blood donors and the frequency of their blood donation.

Table 7.1: Summary of Research Participants

Participant	Gender	Age (years)	Donation commencement	Donation span	Donation frequency
P1	Male	19	Since Grade 10 in high school	4 years	Every 3 months
P2	Male	36	Since 2005, in high school	18 years	Every 56 days
P3	Female	45	Since 2022, at work	2 years	Twice a year
P4	Female	38	Since 2017, at work	6 years	Every 56 days
P5	Female	45	At university	15 years	4 times a year
P6	Male	31	Since 2016, at university	7 years	4 times a year
P7	Female	51	Since early 1990s, at university	Over 30 Years	Once every 3 months
P8	Female	22	Since 2023, at university	1 year	Every 56 days (when notified)
P9	Female	23	At university	5 years	Every 56 days
P10	Male	20	Since 2018, at a mall	5 years	Every 56 days
P11	Female	20	Since Grade 10, in high school	4 years	Whenever there is a blood donation drive on campus (and when notified)
P12	Female	37	Since 2015, at work	8 years	Every 56 days
P13	Female	19	Since grade 11 in high school	4 years	Every second month
P14	Male	23	Since 2016, in high school	7 years	Every 56 days (when notified)
P15	Female	37	Since 2011, at university	12 years	3-4 times a year
P16	Male	32	In high school	6 years	Every 3 months
P17	Female	19	Since 2019, in high school	4 years	Once a year at the school drive
P18	Male	33	Since 2014, at university	9 years	Once a year

Source: Researcher's own construction

The participant summary provided in Table 7.1 indicates that 61.1% of the participants were female, while the 38.9% of the participants were male. Most of the participants were between 18 and 24 years of age (44.4%), followed by the 31-40 years age group (39%). Most participants started donating blood either in high school (38.9%) or university (38.9%), followed by those who started donating blood at the workplaces (16.7%). Regarding donation frequency, half (50%) of the participants indicated that they donated every 56 days or every 2 months, followed by those who donated every 3 months (four times a year) (33.3%) and those who donated once or twice a year (16.7%). Regarding their donation span, 39% of the participants indicated that they had been blood donors for 2 to 5 years, followed by 33.3% who had been donors for 6 to 10 years, and 11.1% each for 11 to 15 years and 16 years or longer.

7.3 DATA ANALYSIS PROCESS

Thematic analysis was conducted to analyse the responses and information obtained from the 18 interviewees who participated in the study. Thematic analysis has been used widely in qualitative research to examine themes from text captured from the recollection of the participants of a study (Castleberry & Nolen, 2018). Prior to conducting the analysis of data, the recorded interviews were transcribed, and the information was captured as textual data that was uniquely labelled for each participant. The data was cleaned to ensure that typographical errors were minimised and that the content was meaningful, without changing it. The data was uploaded onto ATLAS.ti, a computer-assisted qualitative data analysis software, which will be discussed in the next section.

ATLAS.ti was used to code and analyse the data that was retrieved from the participants. ATLAS.ti was initially developed as a qualitative data analysis software package which enables the analysis of various data types including text documents, spreadsheets, images, PDF documents, spreadsheets, web pages, social media data and audio files (Miles et al., 2020; Onwuegbuzie & Johnson, 2021). The software package allows the user to import and upload data to manage it on a single platform, then refine and analyse the data using codes to label the qualitative insights with ease and speed. Moreover, once the data has been analysed, the researcher can visualise the data using tools that create graphical representations of the insights for the purpose of reporting research findings (ATLAS.ti, 2024). Although it was initially designed for qualitative analysis, the software package has advanced to include functionality that allows for quantitative data and mixed methods analysis (Onwuegbuzie & Johnson, 2021). Other computer-assisted qualitative data analysis packages are available to researchers (e.g. QDA Miner, WordStat, Dedoose and NVivo), but the most commonly used programs are ATLAS.ti and NVivo (Woods et al., 2016). This study used ATLAS.ti, as it offers a number of benefits such as an intuitive interface that allowed the option to work on a browser version of the software. The platform offers extensive guidance and training online, which are helpful to students and the success of the research project. The software also allows for visualisation through word clouds and network visualisations that helped to identify themes as part of the analysis (ATLAS.ti, 2024). Lastly, ATLAS.ti is one of the data analysis programs made available by the researcher's academic institution as a top-rated qualitative data analysis software.

7.3.1 Thematic analysis process of the study

As discussed in Chapter 5, thematic analysis was conducted using the six steps prescribed by Braun and Clarke (2006). The first step was to become familiar with the data. For this study,

this entailed uploading each transcribed interview (in the form of a text document) to ATLAS.ti (Version 24, which is the latest version of the software package). Once all 18 transcribed interview documents were uploaded, the researcher read through each one, to become familiar with the data in preparation for the next step. The second to the fifth steps of thematic analysis focus on generating codes and developing themes to understand and capture the essence of the data in relation to the research study (Maguire & Delahunt, 2017).

7.3.1.1 Data-coding and theme-generation process

This section briefly discusses and outlines the process of coding the data and ultimately generating themes that address the research questions.

Coding process

According to Saldaña (2021), a code is a short phrase or word that is used to summarise key attributes of text-based or visual data, capturing the essence of the information for ease of analysis and interpretation. Coding is a reflexive and reiterative exercise and in this study, the coding was conducted in two major stages: first- and second-cycle coding (Saldaña, 2021). The first cycle of coding entailed the initial assignment of codes to the data on ATLAS.ti. Descriptive and in vivo coding approaches were used to code the data. The descriptive codes are short phrases that were assigned to portions of text throughout the data, while in vivo codes are short phrases from the language of the participants in the data (Miles et al., 2020). The first coding cycle resulted in 251 codes, which needed further refinement through the second coding cycle. This process entailed grouping and condensing the codes into a smaller number of codes (Miles et al., 2020). ATLAS.ti allows the researcher to merge codes that are found to be similar into one code, where applicable. The codes were also renamed, where appropriate, and condensed to 61 codes. Part of the process also involved identifying interrelated codes, grouping them on the software and assigning them to categories and sub-categories to develop themes. The chart in Figure 7.1 presents the coding hierarchy realised from the coding process.

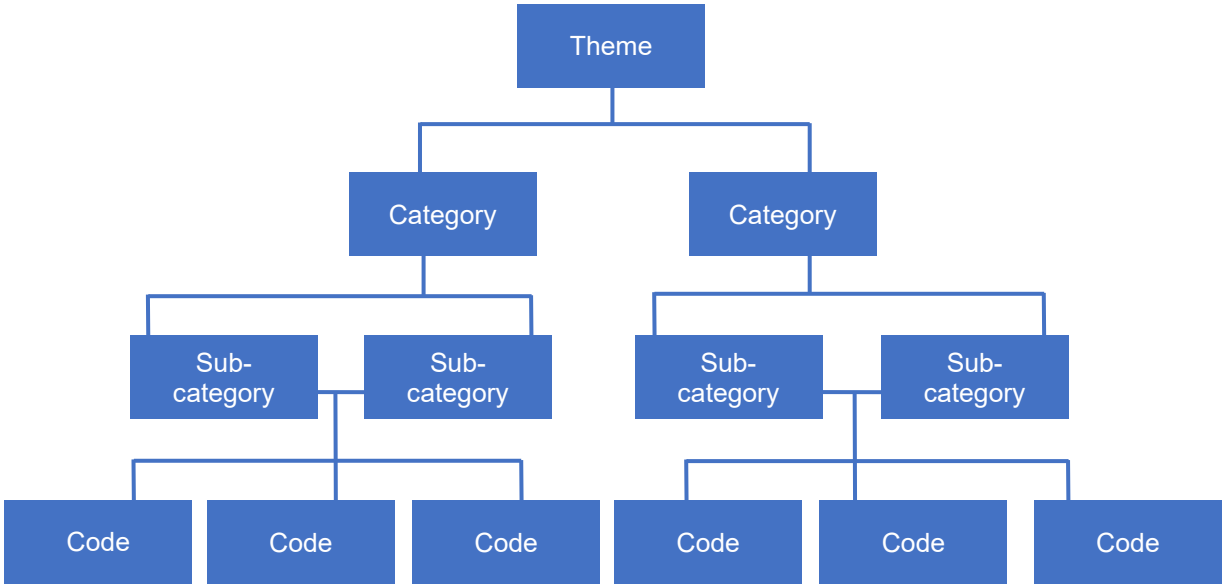

Figure 7.1: Coding hierarchy implemented in the study

Source: Researcher's own construction

The coding process resulted in a four-tier hierarchy in which codes were grouped into subcategories, which were further grouped into categories that were developed into themes. This process helps to condense the codes into smaller units to better understand the data, organise the data and provide structure to the data analysis and reporting of findings (Miles et al., 2020; Saldaña, 2021). For this study, a fourth level (sub-category) was considered in a few instances where the researcher deemed it necessary. A total of six main themes were generated, from 17 categories, eight sub-categories and 61 codes.

Generated themes

An overview of the key themes that emerged from the data analysis process is presented in Table 7.2. The table presents each theme and the related categories and sub-categories under each one.

Table 7.2: Overview of the main themes of the study

Theme	Category	Sub-category	Number of codes
Factors driving blood donation	1. Contribution to society		15
	2. Perceived Importance of donating		
	3. Perceived benefits for the donor	- Health-related benefits - Personal benefits	
	4. Moral responsibility		
	5. Convenience		
Social influence on blood donation behaviour	1. Approval of donation behaviour		11
	2. Influence to donate from others		
	3. Sharing of donation experiences	- People who donors share with - Reasons for sharing with others	
Commitment and trust	1. Donor commitment to blood donation		7
	2. Trust in the organisation		
Factors hindering blood donation	1. Health-related concerns		9
	2. Inconvenience		
	3. Poor organisational management		
Donor experience with blood donation	1. Overall experience	- Positive donor experience - Negative donor experience	10
	2. Communication from organisation		
Donor concerns and recommendations	1. Donor concerns		8
	2. Recommendations for organisations	- Marketing-related advice - Advice on awareness and education	

Source: Researcher's own construction

Themes are generated by identifying and grouping common codes or categories that are found to be related during the process of data analysis (Saldaña, 2021). A theme is a phrase or sentence that identifies what the data is about (Miles et al., 2020). The themes for this study were developed from the categories and subcategories that were formed from the second cycle of coding. From the analysis, six key themes were drawn from the coded data and can be linked back to the research questions of the study. The emergent themes used to describe the behaviour of blood donors for the study were: (1) factors driving blood donation, (2) social influence on blood donation behaviour, (3) commitment and trust in blood donation, (4) factors hindering blood donation, (5) donor experience with blood donation, and (6) donor concerns and recommendations. The following section presents the findings of the research.

7.4 PRESENTATION OF RESEARCH FINDINGS

The presentation of the research findings is based on the research questions developed for the study, as outlined in Chapter 1. The primary data was collected according to the qualitative research methods process discussed in Chapter 5 (Section 5.3.6.4). The presentation of the findings has been structured to address each research question aligned to the qualitative phase of this study and highlight the themes and categories emerging from the data. The findings of each research question (Research Questions 1 and 2) are presented in Sections 7.4.1 and 7.4.2, respectively. Each section starts with the presentation of the research question and a highlight of the themes and categories that will be presented. The findings describe the experiences of the participants, as shared by them during the interviews, and excerpts from the transcribed data are included to support the findings.

7.4.1 Presentation of findings for Research Question 1

RQ1: What influences blood donors' continued donation behaviour?

The thematic analysis revealed four themes that addressed RQ1. The first theme relates to the factors that drive blood donation behaviour, the second to social influences on continued behaviour and the third to commitment and trust. The fourth theme sheds light on factors that hinder blood donation. These findings are presented in the ensuing sections.

7.4.1.1 Theme 1: Factors driving blood donation

This section presents the findings related to the drivers of blood donation behaviour among blood donors. Figure 7.2 provides a visual representation that highlights the five categories associated with the overarching theme: (1) contribution to society, (2) perceived importance of donating, (3) perceived benefits for donors, (4) moral responsibility and (5) convenience, which are each discussed.

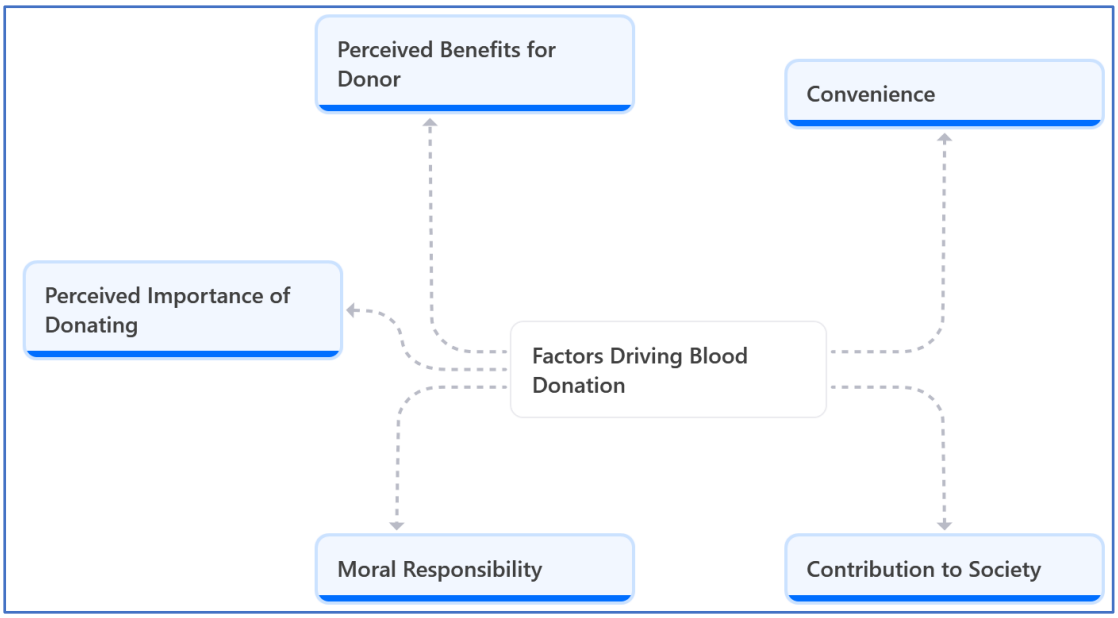

Figure 7.2: Categories linked to Theme 1: Factors Driving Blood Donation

Source: Researcher's own compilation, using ATLAS.ti 24.

Contribution to society

Participants indicated their belief that donating blood was their way of contributing to society. They expressed that being a blood donor was part of their contribution to saving lives and giving the recipients a new lease on life. This sentiment was expressed by **Participant 4 (Female, 38)**, who stated, *"for the recipient, they are given a second chance to live"*, with others mentioning that they can save up to three lives through their single donation. Participants described how donating blood is the right thing to do, with others going further to state that it is somewhat of a civic duty. The findings indicate that, for blood donors, their blood donation behaviour has become a duty towards others, something that they ought to do to help others. **Participant 6 (Male, 31)** expressed this, saying: *"I think it's important in a sense that it's a civil duty to some degree"*, while other participants expressed the sentiment that all who are eligible to donate blood have a duty to do so. Others believed that, although they ought to, they do not have to do it, making it a behaviour of choice.

Lastly, the findings show that participants strongly believed that donating blood is a behaviour that should be carried out without expectation of anything in return. A number of participants went on to mention that helping someone, doing good in the community, making a difference and putting others ahead of self was enough for them. **Participant 6 (Male 31)** expressed this sentiment, making a reference to ubuntu by stating, *"for me, it's also about the ubuntu principle of putting other people ahead of yourself".* This is a reflection of the altruistic nature of blood

donation behaviour, helping others for a cause, without the expectation of remuneration. Table 7.3 presents the excerpts from the participants' responses.

Table 7.3: Excerpts from participant responses on contribution to society

Participant	Quote excerpt
P1	*I'm past the point of only going for a reward, but I actually want to go, because I want to save someone's life and do good in the community.*
P2	*I'm at that level now, where it is a duty, a good thing. It's a good duty to do.*
P5	*I just went, it's always something that I have felt is a good thing to do if you are a healthy individual.*
P7	*The pros are that you are contributing to saving lives.*
P8	*I feel like I saved someone.*
P9	*The recipient is someone who's likely very much in need, and it could be giving them a shot at life a shot at being alive for one more day one more week, one more year.*
P10	*Knowing that I'm helping someone else, that I might not never see, or just giving without expecting anything in return for me, that's more than enough.*
P16	*I think that we should all do it because it's free and you can save a life. It's one of those things that you ought to do.*
P17	*People get it in hospitals, and people have kidney failures or cancer. So yes, it does help them.*

Source: Researcher's own construction

Some participants, however, expressed discontent and indicated that blood donors do not get preferential treatment in cases where they should need blood, regardless of their blood donation contribution. **Participant 2 (Male, 36)** stated:

> *No matter how many times you've donated your blood, it doesn't count in case of an emergency where you need donated blood. There is no one who keeps track of your own blood donations and says, 'this person is a blood donor, therefore, let's give them special treatment'. We should get preference and lower rates if the cost becomes too much.*

Participant 6 (Male, 31) said:

> *There are those debates or discussions about what measures are being put in place to also reward you if you should get involved in a car accident or find yourself in a situation where you need blood. The debate is whether you should be moved up in the line in the queue or receive the blood without having to pay for it.*

It is worth noting that, regardless of their discontentment, these donors have continued to donate blood.

Perceived importance of donating

Participants indicated that blood donation was very important and was given high priority in their lives because of its impact on societal well-being. This was reflected through the donors' understanding of the impact of blood donation and their awareness of the scarcity of blood. Participants described their awareness of the need for blood as one of their reasons for donating blood. Being aware of blood shortages and assisting someone who needs a blood transfusion on account of illness or traumatic experience were among the reasons cited by the participants. This sentiment is encapsulated in this statement from **Participant 17 (Female, 19)**:

> *If you've ever been to a hospital before, you see that people experience traumatic things like kidney failures, cancer and so forth, so people desperately need blood. Donating blood actually helps a lot of people.*

Some participants indicated that they had read about blood shortages and why blood is required to treat patients who require blood transfusion. Other participants further described their awareness of increased demand for blood over the festive season, when there are increased road fatalities, and during the COVID-19 pandemic, when there was a high demand for blood, but the blood stocks were low. This awareness has influenced the donation of blood by donors, as they have indicated that they donate to assist those who need blood and to save lives of the recipients of donated blood. Some participants shared about personal experiences of friends and family who received blood donation, highlighting its importance to them. This was the experience of **Participant 13 (Female, 19),** who said, *"When I found out that a friend's mom needs blood transfusion every month, I realised that people really need blood"*.

Table 7.4 presents the excerpts from the participants' responses regarding the perceived importance of blood donation.

Table 7.4: Excerpts of participant responses on the perceived importance of donating blood

Participant	Quote excerpt
P5	*When I had children, there was a whole lot of blood taken through that process, so that made me realise that it can't be that hard to find a vein. So, I went back and picked up blood donation again.*
P6	*I read about blood shortage in the country, so when I saw the tent on campus I decided to go and donate blood.*
P7	*I interact with healthcare practitioners all the time and I understand the need to donate, so for me, it is a supply and demand issue.*
P9	*My friend's brother needed a specific blood type, and no one could give him the blood, and I think that's definitely something that I personally hold on to for a reason to continue donating.*
P16	*During COVID a lot of people were in hospital needing medical care and blood stocks were really, low then.*
P18	*I've been in and out of hospital for my kids and for my wife when she was pregnant. If I don't donate, where are they going to get that blood from?*

Source: Researcher's own construction

Perceived benefits for donors

Participants alluded to two types of benefits that they derive from blood donation: health-related benefits and personal fulfilment. Regarding the health-related benefits, participants mentioned that being a blood donor encourages good health and a healthy lifestyle. They described how being a blood donor encouraged them to lead a healthy lifestyle in order for them to remain suitable candidates for blood donation and to meet the set donation criteria. In line with this, **Participant 12 (Female, 37)** said:

> *It makes me stay active and practise good life choices because it's part of the donation thing. You kind of have to answer that question about your sexual practices, and obviously you wouldn't want to be engaging in risky behaviour that would make you not be able to be a viable candidate anymore, so it does not really control you, but it keeps that in the forefront of your behaviour.*

Participants further described how donating blood encourages them to stay healthy by following a healthy diet that will ensure adequate iron levels, which are required for donation. **Participant 6 (Male, 31)** stated:

> *They encourage you to make an effort to eat vegetables and specific food to try to stay healthy, so you can donate and be acceptable to donate. The benefit is that it encourages you to be healthy while at the same time, you are saving lives.*

Findings from the data indicate that, by donating blood, participants receive the benefit of a free medical check prior to donating blood. They indicated how these checks help them to know their health status which includes checking of cholesterol levels, iron levels, testing for diabetes, HIV, hepatitis and other illnesses that may be detected. Quotes from the participant responses are presented in Table 7.5.

Table 7.5: Participant quotes on health-related benefits of blood donation

Participant	Quote excerpt
P4	*It's just living a healthy lifestyle. If I can put it that way. Just looking after yourself, making sure you're healthy, and that you are eating well.*
P5	*I like the fact that I do get my blood pressure and my iron level checked.*
P6	*When you are a blood donor, you sort of need to live a certain lifestyle and need to be very responsible. For me, it's not very difficult to be responsible.*
P10	*Before donating blood, they do some pretests, so you'd know your cholesterol, you'd know where your sugar levels at that particular time. So, stuff like that just boots morale and knowing a little bit about your health at that particular time.*
P13	*The benefits are that you know your blood type. Some people don't know their blood. It's knowing your blood type, because you get information on your blood.*
P15	*When they draw blood, they also draw about 3 or 4 little test tubes, and you know it's an advantage for me because I give them permission to test my blood so I benefit by getting that blood drawn because if there's something wrong, they will definitely inform me.*
P16	*You become aware of the state of your blood and your blood type. You get to know the properties of your blood, because when you donate, they ask you if you want to donate plasma too.*

Source: Researcher's own construction

As another benefit of blood donation, the participants expressed that they realised intrinsic benefits such as personal fulfilment from their blood donation behaviour. The participants expressed that donating blood gave them a feeling of fulfilment, feeling good about themselves and having a feeling of accomplishment by making an impact. This sentiment is captured in this statement by **Participant 1 (Male, 19)**:

> *Because I like feeling this sense of accomplishment, like I've done some good in the world. So, for me, it feels like I've played a role in making the world continue to grow, and it's one of the factors that have a big impact on me.*

Some participants indicated that they donate with the hope of receiving a gift once they have completed their donation. Other participants donate in order to reach various donation milestones that are set by the blood collection organisation. Some participants indicated that if they are consistent and ensure that they donate a certain number of times, they would get a reward, which they looked forward to. Other participants mentioned that receiving gifts

triggered them to donate blood, and when they receive a notification informing them that they will receive a token when they donate blood, they are motivated to go and donate, even though they may not have been thinking of donating at that time. Some participants described how knowing that they will reach certain milestones motivates them to keep on donating to receive the recognition. One mentioned “Club 25”, which is a form of donor recognition through the awarding of a medal for completing a given number of donations in a certain timeframe. This was explained by **Participant 2 (Male, 36)** as follows:

> *With donating whole blood, I used to try and meet the quota, which is around four, for what they had back then, which was called “Club 25” because I was under twenty-five years. So, they had something called “Club 25”, and if you reach a certain amount of donations, you get a medal.*

Excerpts from the participants have been presented in Table 7.6 to support the discussion above.

Table 7.6: Excerpts from participant responses on personal fulfilment

Participant	Quote excerpt
P1	*One of my first reasons for wanting to donate was because of the rewards that they gave.*
P4	*For me, the benefits include having feelings of fulfilment. Because it fulfils me being able to accomplish that.*
P2	*They had something called “Club 25”, and if you reach a certain amount of donations, you get a medal. They give medals of sorts, to certain milestones that a donor reaches so, I donated around four times a year to get that.*
P7	*You feel worthwhile, you want to add value.*
P10	*Nowadays, if I see that SMS and it says you are due for a gift, I definitely make sure I go and get that.*
P13	*The gifts make me feel appreciated. It makes me want to donate more and more.*
P17	*The minute you hear that you will be receiving something after donating you also get excited about donating even though you’re not interested.*

Source: Researcher’s own construction

Moral responsibility

Participants indicated that they are driven to donate by moral obligation towards donation. In addition, they expressed negative feelings experienced from failure to donate blood. An overwhelming number of participants described how they donated blood because it is the least that they can do to help and play their part in making a societal contribution. A few participants went on to ask rhetorically where the blood would come from and who would donate if they did not, as an indication that it is a personal obligation to them. This sentiment was captured

in the comment by **Participant 18 (Male, 33)**: *"There is a need for a blood transfusion because people lose so much blood. And if I don't donate, where are they going to get that blood from?"*

Other participants declared that they feel obligated to donate blood, with one going further to state that they made a promise to donate blood, and they want to ensure that they fulfil that promise.

As many participants alluded to feeling obliged to donate blood, findings from the data show that participants indicated experiencing negative feelings stemming from their failure to donate blood. In their responses, many participants mentioned that they felt bad or disappointed when they had not managed to donate blood. Other participants expressed that they felt guilty, sad or felt like a failure when they failed to go and donate blood. This sentiment is evidenced by **Participant 16 (Male, 32)**, who stated, *"I feel a little bit guilty that, like, maybe someone is going to require blood, and I haven't donated in a while"*.

Some participants mentioned that they felt this way because their donation could potentially have saved someone's life. Other participants indicated that there were instances when they had shown up for blood donation; however, they may have not been able to donate blood as a result of failing the pre-tests. The participants indicated that this does not only make them feel bad or disappointed, but they also feel inadequate. Quotes from the participants' responses related to moral responsibility are presented in Table 7.7.

Table 7.7: Excerpts from participants regarding moral responsibility

Participant	Quote excerpt
P1	*I just do it because I feel obligated.*
P3	*I promised them [the blood collection organisation] that I would go and donate, and then I just wanted to fulfil my promise.*
P5	*I would say it's pretty important if one is healthy and can do it, I think one should do it.*
P6	*When I don't donate blood, I feel bad because, as a universal donor, I could potentially be saving lives as my blood is not limited, as opposed to other groups.*
P7	*If my readings are not good enough to donate on that day, I am disheartened. I find it extremely disappointing, merely because, one, I have put aside time for it and two, it just makes me feel inadequate for the day.*
P10	*I think that's what we as human beings should at least, if not all the time, but at least strive to do. Strive to do something for the greater good.*
P13	*I think God gave me good health and I can help someone who needs blood.*

Source: Researcher's own construction

Convenience

Participants highlighted convenience as a facilitator of their blood donation behaviour. This mainly included convenience of the location of the blood donation site and receiving a

reminder notification when they were due for blood donation. Participants mentioned that the closer in proximity the blood donation drive or centre was, the easier and more likely it would be for them to donate blood regularly. **Participant 14 (Male, 23)** mentioned, *"In varsity, I donated when they came to my residence. But this year there hasn't really been a place where it's convenient".* **Participant 3 (Female, 45)** stated, *"I can easily pass there. It's not far from work. When I come from work, I can easily pass there [to donate blood]"*.

Participants also described how receiving notification of a blood donation drive or being due for their next donation prompted them to donate. In this regard, **Participant 11 (Female, 20)** stated, *"They send me an e-mail or message the day before and then I go and donate"*, and **Participant 15 (Female, 37)** said, *"I do get reminders, so I definitely follow through with the notifications that I receive. It also helps me to become a loyal donor, being reminded that it's time to donate"*.

7.4.4.2 Theme 2: Social Influence on blood donation behaviour

Theme 2 focuses on the social influences of blood donation, and it is made up of three categories, (1) approval of donation behaviour, (2) influence to donate from others, and 3) sharing of donation experiences, which will each be reported on in the ensuing section.

Approval of donation behaviour

Regarding the approval of blood donation behaviour, participants described how their friends and family approved of their blood donation behaviour, stating that they expressed that they were doing a good job and that they were proud of them. Participants also indicated how the influence of others working in the healthcare sector played a role in their blood donation behaviour. **Participant 14 (Male, 23)** indicated that because his parents worked in the medical field, he was always aware of the need for blood which was influential in his donating behaviour. The quote from **Participant 1 (Male, 19)**, *"Some feel proud of me, especially my mother, she feels proud when I donate blood because she says I'm doing something good for the world"*, indicates approval from his family regarding blood donation. Another participant noted that they lived by the principles of their religion, which encourages giving, and therefore donating blood was one of the ways that they could give.

While some participants expressed sentiments of approval of their donation behaviour by others, findings indicate that there is a widespread negative perception about blood donation, particularly among people who are not blood donors. The participants provided details about what people they know and those they don't know say about blood donation. In the responses, it was mentioned that people avoid donating blood because they are afraid to know their HIV

status, which is a required test in the blood donation process. This is captured in a quote by **Participant 7 (Female, 51)**:

> *I think if I look at the pre-HIV pandemic, people used to donate well, then with HIV, people were so scared to know their status because then it meant first knowing your status before you could go and donate [blood], so people would rather not know their status, which means they would rather not donate.*

Some donors described how people criticised the blood donation process, stating that they don't want to go through it and that it is time-consuming. Others stated that there is a stigma around blood donation, that something bad will happen to one if they donate blood or if the blood is used inappropriately. In line with this, participants alluded to the perception of racial profiling by the blood collection organisation, where it is thought that blood donation is limited to a certain race, and another view that blood products of a certain race are discarded. In addition, a participant noted that private hospitals were prioritised in the distribution of donated blood, making it somewhat elitist. Table 7.8 presents excerpts from the participants' responses regarding the approval of donation behaviour and negative public perception.

Table 7.8: Excerpts of participant responses on approval of donation behaviour

Participant	Quote excerpt
Approval by peers and family	
P1	*Some feel proud of me, especially my mother, she feels proud when I donate blood because she says I'm doing something good for the world.*
P11	*I always explain to my mother and then she just smiles and says I did a good job.*
P14	*Well, my parents are in the healthcare space. My father is a nephrologist, and my mom is a nurse. So, I would always be aware of why they take blood, and why they need blood. So, not to say that my parents encouraged me, but it was just that awareness that made me donate.*
P15	*Generally being Christian, I think it's one of those things where, you know to be a giver, not a receiver. So, I live by that principle of just, if I can give something [blood] and I can, why not?*

Participant	Quote excerpt
Negative public perception	
P4	*I realised that a lot of people are criticising the Process, they make it sound like it's a demanding process, but it's not. And most of them don't even make an effort to go there and try to see if they qualify or not. So, they're just criticising it from a distance, I can say.*
P6	*Some people do not have sufficient time as they feel like it is too much work.*
P10	*I think there's a stigma that something wrong is going to happen to you, or you're dying the more you donate, something like that, I don't know.*
P12	*I know there's still a stigma that still needs to be broken around it because for a while there was a stigma that they don't take Black people's blood because they assume that it's all HIV infected. So, because of that, people felt like, "what's the point of donating if they are just going to throw away my blood?"*
P13	*You know, when I started in high school, people said you're going to faint if you donate blood and that they're going to take your blood to the black market. And I asked them if they have even done their research on what they are talking about.*
P15	*They need to take away the rumours going on. One time I was listening to the radio and quite a number of callers were saying they are not going to donate blood because it [blood] gets taken to private hospitals. It's a perception and a stigma that's going around and it's also affecting certain people from not donating.*

Source: Researcher's own construction

Influence to donate from others

Findings from the data indicated that over half of the participants were in some way influenced to donate blood by other people close to them, such as peers, friends or family members who were already blood donors. This is how some of the participants started donating blood. Some participants described how they were encouraged at school by fellow students who were blood donors and blood donation ambassadors who shared information about the blood donation process and the organisation. Other participants indicated that they were influenced by friends or colleagues to donate blood. One participant described how they were not aware of blood donation until a peer showed them a gift that they had received upon completion of blood donation. Other participants indicated that they had accompanied a friend or colleague who was a regular blood donor to a blood donation drive, and they ended up donating blood as well. Lastly, some participants alluded to the influence of family members in encouraging other members to donate blood. A few participants described how members of their family influenced them to become blood donors, while other participants stated that their blood donation behaviour influenced members of their family to also become blood donors. Table 7.9 presents excerpts from the participants' responses in relation to the above discussion, to indicate the various influencers on blood donation behaviour.

Table 7.9: Excerpts from participants' responses on the influence of others to donate

Participant	Quote excerpt
Influence of scholar representatives (ambassadors)	
P2	*I was a recruiter from high school. Recruiters, also called scholar representatives, are individuals who are donors who then organise with the donation team when they come to the school to ensure that everything in regard to the donation is ready. And that any important information is given to the individual or the target audience. So that's what a recruiter does.*
P13	*They, the South African National Blood Service, had ambassadors from our school, like people were selected to educate us about blood donation and how it works.*
P14	*We used to have blood donation promoters, I guess you can call them promoters.*
Influence of friends and peers	
P1	*I didn't know about it [blood donation] until someone showed me the headsets they had received.*
P3	*My colleague is a regular blood donor, and she just asked me to go with her and then I ended up donating.*
P9	*I had escorted a friend to go and then they were like, "and why aren't you donating?", and I was like, "I don't really have a reason." And that was the first time I donated.*
Influence of family members	
P3	*My daughter now wants to donate, because I always talk about blood donation.*
P4	*My family donates. It's me and my mom, but she donates platelets.*
P9	*I usually go with my mom, so it's usually the two of us.*
P13	*I waited till like Grade 11, and then that's how I started because I found out more information about it from my dad because he was already doing it.*
P18	*My wife, who works in the healthcare field, also shares her experiences with blood shortages, which further motivates me to donate. In fact, my family, including my wife and I, are regular donors.*

Source: Researcher's own construction

Sharing of donation experiences

Aside from the actual blood donation behaviour of giving blood, participants revealed that they share with others about their ongoing blood donation and blood donation experiences. The participants explained how they share with colleagues, friends and family about blood donation. *"I talk about it in the office. People would know that I'm going for blood donation. Even when I come back, they would know,"* stated **Participant 3, (Female, 45)**.

Some participants also expressed that they shared on social media. Some participants indicated that at work they notify their colleagues that they are going to donate blood on a day that they have an appointment, so that they know of their blood donation. Others share with family and friends, letting them know that they went to donate blood and about the blood donation experience. Participants who indicated that they also share on social media mentioned that they share posts (visual content) and status updates of their donation on the

day that they donate. Participants indicated that they share this content on WhatsApp, Facebook and Instagram. Participants explained that some of the reasons for sharing about blood donation and their experiences include encouraging and recruiting other people to also donate blood, sharing information with those who may have questions about blood donation, to create awareness and change negative perceptions about blood donation. This is captured in the quotation from **Participant 17 (Female, 19)**: *"I share with them because I want to influence them to donate blood and to make them realise that donating blood is not a bad thing as it helps to save someone's life"*.

These findings indicate that the participants do more than just donate blood but try to bring other people into blood donation. To support the discussion above, extracts from participants' responses are provided in Table 7.10.

Table 7.10: Participants quotes from responses on sharing donation experiences

Participant	Quote excerpt
People donor experience is shared with	
P4	*In the office I will normally say to the people in the office that I'm going to donate blood now.*
P5	*My family: they generally ask how it went and maybe one or two friends.*
P7	*I post on my WhatsApp status, so for whoever is a contact. I post on Instagram; my Instagram account is an open account, and it links to my Facebook.*
P13	*I love posting that people must donate blood and one other girl texted me saying thank you so much, because her mom needs to get blood transfusion.*
Reasons for sharing	
P1	*I want to encourage them also to save a life by donating blood.*
P3	*I share because I'm sharing the excitement, but I know that sometimes when I talk, I influence a lot of people. So, when I talk, I'm hoping that somebody will follow in my footsteps, so they can also go and donate, but I'm not forcing anybody to go and donate.*
P7	*I always recruit. I have recruited quite a few family members and friends. And then there are a lot of people that just ask to come along when I go again or ask where they can donate.* *People who see my status will ask me questions. So, the newsletters keep me abreast as well, so I will either forward them that e-mail, or I will read up on it*
P8	*I see the posters of the organisation saying, "we still need more blood". So, the reason for me to share the information with them [family] is because I wanted them to go. But then I guess you cannot force someone.*
P15	*So I'm hoping that one day somebody will ask to come along. I just want to add another person until we add another person and then we add another person. So, I think what motivates me is just the fact that hopefully one day they will join me.*
P18	*I talk about it to inspire others to donate because I hold it in high regard.*

Source: Researcher's own construction

While most participants expressed that they shared about blood donation and their blood donation experience, a few indicated that they did not share about it. These participants described how they just donated blood but did not talk about it, with some saying that they don't talk about it unless asked. Considering this, **Participant 14 (Male, 23)** stated, *"Unless asked, I can't say that I actively do it, because I think that would mean that I am going out of my own way to do it"*.

Participant 4 (Female, 38) stated that she didn't encourage others to donate blood, and is quoted as saying, *"It's not like I would go around encouraging people to donate. It would feel like I'm marketing or I'm advocating for donation. I don't want to annoy people"*, while **Participant 9 (Female, 23)** said, *"I don't think I'll go out of my way to share with anybody"*.

7.4.4.3 Theme 3: Commitment and trust

In line with answering what influences blood donors to continue donating blood, two categories emerged under this theme, (1) donor commitment to blood donation and (2) trust in the organisation. The findings related to these categories are presented in the following sections.

Donor commitment to blood donation

When asked about their blood donation behaviour, most participants described how it has become a routine, a part of their lives, and shared about their consistency in donating blood. **Participant 2 (Male, 36)** stated, *"For me, it has become a normal part of my life. Part of my routine, something like eating. It needs to be done, and people must be saved"*.

Participants mentioned their commitment to donating blood, stating that they tried to honour their donation appointments and seldom missed them. Others expressed how they considered themselves to be loyal blood donors, giving various reasons, based on aspects of their behaviour in blood donation. The participants explained that they were loyal blood donors because of their donation frequency and their consistency in donating blood. Others mentioned that they had been donating blood for a long time. A few participants expressed that they considered themselves to be loyal because they were honest when completing the screening questionnaire, as they did not want to jeopardise the blood donation process if they were sick or did not meet the requirements at a given time. This is evidenced by a statement from **Participant 11 (Female, 20)**:

> *This year I went to donate, and I had been sick for about 3 weeks. On those papers, they ask for your details and information, if you have been sick or if you have been taking medication. I know most people would lie and just say no they haven't. But then,*

since I hadn't recovered, I told the truth and then they said I did a good job by being honest.

In their desire to continue donating blood, participants described what they did in preparation for their appointment to donate blood. These are mainly actions that they carried out closer to their blood donation appointment to ensure that they had an increased chance of successful blood donation. An overwhelming number of participants described how they ensured that they had eaten a meal or had some food and water before presenting themselves for a blood donation. Other participants went further to state that they increased their intake of foods rich in iron, such as spinach and red meat, to boost their iron levels (which are important for blood donation). **Participant 7 (Female, 51)** described how she prepared for blood donation:

Two weeks building up to my date, I would just make sure that I am eating enough. And I am not a fan of iron supplements because they constipate me, but if I do have iron supplements, I would supplement. We grow our own garden of spinach, so I'd always make sure that I've got spinach and red meat, so I would try to build up my iron reserves so that my iron level is healthy.

Being mindful of iron levels, other donors mentioned that they ensured that they took their iron supplements to increase their iron levels prior to their donation appointment. Table 7.11 presents quotes from participants regarding their commitment to blood donation.

Table 7.11: Participant quotes on donor commitment to blood donation

Participant	Quote excerpt
P2	*I consider myself a loyal blood donor because of the number of times that I donate blood and the consistency I've maintained over the years.*
P3	*I have dedicated myself to continuing to donate blood.*
P4	*I make sure that I take my iron tablets. Another important thing is that you need to make sure that you eat before donating.*
P5	*I would generally make sure that I've eaten and drank enough water, and that I also haven't taken medication in the last few days.*
P6	*For me, it just became routine because I know that every two or three months when I need to go and donate. It is just one day, maybe three or four times a year*
P7	*Now I have literally put my tattooing on hold because I chose [to continue with] blood donation.*
P8	*I have a goal to keep donating blood, and I am going to keep doing it for my grandmother.*
P9	*I try to do it as consistently as possible, so like every 56 days.*
P18	*I try to maintain a healthy diet, including fruits and a balanced meal. I do this because I've experienced feeling drowsy after donating in the past, and I was advised that it might be related to not having a balanced meal before donating.*

Source: Researcher's own construction.

Trust in the organisation

The findings show that most participants have trust in the organisation and its processes. This is influenced by various reasons, which include the consistency of the donation drives, the information provided to donors about how their donations are used, and the formality of the process of donating blood, which includes paperwork. Other participants mentioned that they trusted the blood collection organisation because, even though different people work at various donation centres and blood drives, donors always receive the same information when asking questions, and they observe the staff collecting their blood following the same steps each time. Another participant noted that they have greater trust in the organisation because they do not have a practice of financially compensating donors for their donations. Participants indicated that people who need blood do get it, which shows that the blood collection organisation does with the donors' blood what it claims to be doing. **Participant 4 (Female, 38)** stated, *"I do not know anyone personally, but I know there are people who have been saved by the blood transfusions"*. **Participant 14 (Male, 23)** stated:

> *I trust it fully; I don't think that bad things happen with my blood. Like I said, I know the end results of the blood donation service. I'm very aware of what their mandate is, why they ask for donations, and the end results.*

Lastly, donors indicated that they trusted the blood collection organisations because of their good reputation, describing how they had not read about or heard any news scandals about the blood collection organisation in question or its misuse of donors' blood. Excerpts from the participants' responses are presented in Table 7.12.

Table 7.12: Excerpts of participant responses on donor trust in the organisation

Participant	Quote excerpt
P1	*And they make us aware of what's going to happen to our blood. They ask for our consent and let us know our blood is going to be involved in research and maybe transferred to someone.*
P3	*I've never had any problems and they don't give you any wrong information. Like if they tell you something and tomorrow you find out that that's not how it is. They are very serious about their work.*
P6	*I trust the process more as they do not give money or charge money for people to donate. If they did this, I would have not personally donated to them.*
P10	*Apart from obviously the way it's a formalised process you know, there's paperwork everything is consistent in terms of the information that they keep, they tell you how many times you've been there so little things that give you the impression that this is a reputable place to donate your blood.*
P11	*I've been donating for four years, so obviously it's not the same people. So, every person I've asked, they've given me the same answer, which makes me trust them.*

Participant	Quote excerpt
P12	*I see them put the blood in the coolers when you're done donating so it's not just like left kind of carelessly, so I'm trusting their process. I haven't heard any reports or seen anything at the centre where I'm like that's suspicious.*
P16	*South Africa is a scandalous country I've never heard of anything of blood samples being mixed up and messed up and blah blah blah because of the national blood service.*
P17	*And they are always at a school so there wouldn't be a school official who would allow those people to come if they were scammers.*

Source: Researcher's own construction

7.4.4.4 Theme 4: Factors hindering blood donation

In answering what drives continued blood donation behaviour, it also emerged that there are hindrances to donating blood. Therefore, this theme focuses on the factors that were indicated as hindrances to continued blood donation behaviour. This theme incorporates three categories, namely, (1) health-related concerns, (2) inconvenience and (3) poor organisational management, which are depicted in Figure 7.3. The findings under this theme are reported in the ensuing section.

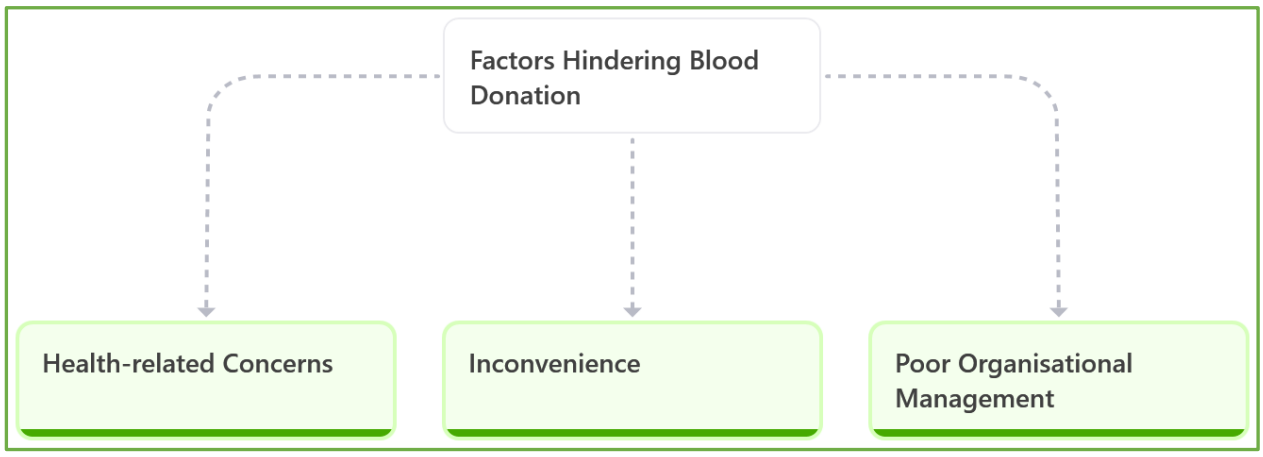

Figure 7.3: Categories linked to Theme 4: Factors Hindering Blood Donation
Source: Researcher's own compilation using ATLAS.ti 24

Health-related concerns

A significant number of participants said that poor health would be their reason for discontinuing blood donation. They cited poor health in the form of sickness or contracting a disease that would render them unfit to continue to donate blood in future. **Participant 12 (Female, 37)** stated, *"I just had to take a break from donating blood because I had surgery, and they advise you not to donate blood"*.

Other participants shared that their reasons for not donating would result from being ineligible to donate blood and, as a result, being deferred owing to being unfit to donate blood. This includes donors who present with iron and blood pressure levels lower than the required threshold. Some participants have been made aware that, if they are taking certain medication or have recently had a tattoo, they would not be able to donate blood, which discouraged them from donating blood. Some participants mentioned difficulty finding a vein during donation as a discouraging factor. Negative side effects from donating blood were also mentioned as something that would discourage blood donation behaviour. These side effects include fainting after donating blood.

Inconvenience

Under inconvenience, participants cited factors that hinder them from donating blood, and the responses were mainly related to lack of time or lack of accessibility of the donation site, with the donation site being located far from the participants. In relation to lack of time, participants described that, owing to their many responsibilities of work and school, at times they were unable to fit donating blood into their schedule, indicating that time constraints were a big factor for them. Other participants referred to the inaccessibility and unavailability of the blood collection organisation where they work or reside. **Participant 14 (Male, 23)** stated, *"Where I am right now, they're not really available. So, even if I wanted to avail myself, they are just not there".*

Relocation was also stated as a reason for not continuing to date blood as it meant moving further away from the donation centre or blood donation drives that had been convenient for the donor. In this regard, **Participant 2 (Male, 36)** explained, *"Relocation discourages you from donating because you then have to find a new donation centre, and that becomes discouraging"*.

Poor organisational management

Other factors that would discourage participants from donating blood were related to the blood collection organisation. Some participants expressed that if they were to find out about the misuse of donated blood, they would discontinue blood donation. Other participants' reasons were related to the service received when they go to donate blood, stating that they would not keep donating blood if they experienced poor service and treatment. This sentiment is expressed in a quotation by **Participant 10 (Male, 20)**: *"What would discourage me is someone giving me a bad attitude on a day that I have gone to donate"*.

The findings provided in the discussion about factors hindering blood donation are evidenced by excerpts from the participants' responses, in Table 7.13.

Table 7.13: Participant quotations on factors hindering blood donation

Participant	Quote excerpt
Health-related concerns	
P5	*I fainted the one time, so I actually didn't donate for a very long time.*
P10	*If my health started deteriorating as a result, I would definitely not continue [donating blood].*
P18	*There have been times when I planned to donate but fell ill or had the flu, which prevented me from donating.*
Inconvenience	
P6	*I took a break from donating blood because I was struggling to find a place where I could donate once I moved from Gauteng to back home in Mpumalanga.*
P9	*If the closest centre was far distance-wise, and travel time was just unreasonable, I do think I'll probably stop.*
P17	*I've just been swamped with work. So, I haven't gotten the time to do so [donate blood].*
Misuse of blood	
P9	*I think if I was to find out that my blood is not necessarily being used for what I think it's been used for and if travel time to the donation centre became unreasonable*
P15	*If the rumour around the blood that we donate being specifically more focused on private hospitals were to be true, that would definitely discourage me, because not everyone can afford a private hospital and everyone else who's living in this country needs blood.*
P16	*If there was a scandal. And I heard that people's blood was getting mixed up and whatnot, and it's actually not the blood that people are getting donated to is actually not HIV-free blood and stuff like that. Then I would stop.*
Bad service	
P1	*I believe that the attitude of the people involved in the blood donation process can affect whether or not I continue to donate. If I feel like the person who is helping me is being rude to me, that may be a factor that stops me from continuing.*
P2	*One, of course, is due to the service, I think it discourages you when you try to donate, and people within the centre don't appreciate that.*
P3	*What would discourage me is if they drop their good customer service, then I would never, ever go to donate blood.*
P12	*I think if the people at the donation centres weren't friendly, kind and caring about people, that might deter me.*

Source: Researcher's own construction

The following section presents the findings for the second research question addressed by the study.

7.4.2 Presentation of findings for Research Question 2

RQ2: How do the blood donors' experiences influence their motivation to continue donating blood?

RQ2 was addressed by Theme 5, emerging from the thematic analysis. This theme encompassed the participants' views about their experiences with the blood collection organisation, which has an influence on their continued blood donation behaviour.

7.4.2.1 Theme 5: Donor experience with blood donation

Two categories were established under this theme, (1) overall experience, which was further split into positive and negative experience, and (2) communication from the organisation. Findings related to these categories will be presented in the following sections.

Overall experience

Positive donor experience

When asked about their blood donation experience with the blood collection organisation, an overwhelming number of participants expressed positive feelings regarding their experience. The word cloud in Figure 7.4 displays the most common words that were used to describe the experiences of the participants.

Figure 7.4: Common words used to describe participants' experiences

Source: Researcher's own construction

As displayed in the word cloud, the participants gave positive feedback on their blood donation experience with the blood collection organisation. The participants expressed overall satisfaction with the experience and described the elements about which they were happy. The participants described how they felt welcomed when going to donate blood, indicating that the staff were friendly, made them feel comfortable and engaged with them. Participants went further to describe that the staff chatted with them, answered any questions that they may have had, and provided information related to blood donation. Participants also indicated that the staff were well-trained, and they received professional treatment when they donated blood. Participants also expressed satisfaction with the cleanliness of the blood donation environment and described how the environment and blood drawing procedures made them feel safe. Other participants mentioned that the blood donation process was quick and easy, requiring minimal time and effort from them. In general, the findings indicate that participants were satisfied with various aspects of the blood donation process. The key elements that emerged from their responses were: the safety and cleanliness of the environment, treatment by staff and the efficiency of the process. To illustrate these sentiments, excerpts from the participants' responses are presented in Table 7.14

Table 7.14: Participant quotes on positive experience with the blood collection organisation

Participant	Quote excerpt
Feeling welcomed	
P1	*I would say, feeling welcomed is one of the factors. It makes me look forward to donating, because one doesn't want to go somewhere they are not welcomed.*
P7	*I find it very welcoming, very inviting.*
P14	*I'm always greeted warmly and acknowledged, almost right away.*
Friendly staff	
P4	*They are always sweet. They make jokes. They're always happy to see you coming back.*
P9	*I think all of my experiences have been good. They're all friendly, they try their level best to make sure you're comfortable before, during and after you donate.*
P11	*Firstly, I've never had any terrible experience. All the nurses there are very kind, they're very nice.*
P15	*You get bubbly staff that will cheer you up and, you know, have that chat with you just to relax you and calm you.*

Participant	Quote excerpt
Engaging staff	
P6	*I generally find people that are very down to earth, always willing to help. They can speak to people, they will assist you whenever you seem lost.*
P7	*So, I find them to be to be very informative. If you ask questions, you get good-quality answers.*
P13	*They tell you, "we're about to take your iron test because we need this and that". When you ask them questions, because I'm a very inquisitive person, they address them accordingly.*
Professional treatment	
P3	*They're always smiling, and they explain each and every step, you know, so I'm happy with how they deal with their customers. To be honest, I think they are well-trained, and they know what they're doing.*
P6	*You don't hear all these weird stories of there being no cotton wool, for example, and then given tissue instead. They are very organised in terms of their supplies and setting up the donation stations. It is always organised.*
P16	*Oh, they're very sweet. They're very nice and very professional.*
Clean and safe environment	
P8	*Oh, it's always clean. They make sure that with each and every one of us, if you are the patient at the moment, it's different gloves, different needles, a*nd *different bags when they are done with you. So, I love the fact that it's clean.*
P11	*The environment feels safe.*
P15	*The environment is the same all the time. They are very cautious, which is what gives me ease because they deal with one pack at a time. If they were to finish five people at one time and then they put five different bloods there, then I worry. I'd be concerned about whether they did take mine and record the right blood as mine? So just that cautiousness that they implement while they are busy with these individuals bringing their blood to their services.*
Quick and easy process	
P2	*Generally, it's an easy process, it's relatively quick.*
P3	*The forms that you complete and the questions that they ask on the forms are not that complicated at all. And even the pre-test that they do before you donate is just a simple process. It's not complicated. So, for me it was easy. I don't like complicated things. So, they made it easy for me.*
P4	*I think it is the effortlessness and quickness of it all. I wish more people could be informed as to how it works, that it doesn't consume a lot of your time, and it's an effortless process.*
P5	*It went well, it was quick, and it wasn't crowded. It was a quick in and out.*

Source: Researcher's own construction

Negative donor experience

On their experience with the blood collection organisation, some participants shared about the negative experiences they encountered when donating blood. Regarding bad experiences with the service encounter, failures related to the staff were brought up: participants were displeased with the lack of engagement from staff and experiencing a judgemental staff

member who made them feel uncomfortable. **Participant 18 (Male, 33)** described how blood donors were made to wait without service at a mobile blood donation site because they were informed that the staff had left for lunch:

> *I know that the mobile clinics are set up maybe starting at 9:00. But when I went there, I was not impressed. I was not impressed when I found out that they said that we must wait because someone had just gone for lunch. People must eat, but provision must be made if a person goes for lunch, so that another person is there because we just pop in when we have time.*

Another participant expressed inefficiency in the procedure owing to the absence of a stress ball and the use of an inflated glove instead. Lastly, the data shows that some participants found the completion of the questionnaire at the beginning of the donation process with every donation to be cumbersome and unnecessarily long. The expression of these failures and inefficiencies by the participants shows that they do pay attention, and these may possibly affect their attitude towards donating blood. It is important to note that some of these were occurrences that participants expressed to have happened at a given time, and not repeatedly in their blood donation experiences. Quotes from the participants' responses are provided in Table 7.15.

Table 7.15: Excerpts of participant responses on negative donor experience

Participant	Quote excerpt
P1	*There was a time when there was one worker I was engaging with, she was very straight to the point, she didn't even try to engage or make small talk. So, I was disappointed. She did not try to make me feel at ease. She just told me to get on the bed, pull out my arm, and injected me with the needle.*
P4	*They are long. I don't really see the need to go through the 40 questions before donating, when the [blood] samples will be tested in any case.*
P6	*Recently I saw that they don't really have a stress ball most of the time. I don't know why they have a stress glove. As you need to pump blood it does seem inefficient to use a glove instead of a stress ball.*
P10	*I think it can be a little bit cumbersome to continue completing the same form.*
P17	*The first time that I donated, the lady who was helping me was a bit judgemental, because I had many piercings on my ears. She told me that if you have recently had a piercing then you shouldn't donate blood. And my piercings were a bit older. So yes, she just made me feel uncomfortable.*

Source: Researcher's own construction

Communication from the organisation

Donors experience the blood collection organisation by means of engagement through different forms of communication. Participants shared about their experiences and expressed

different views about the communication. Participants provided positive reviews of the communication received from the blood collection organisation. The participants generally indicated that they were satisfied with the level and type of communication received from the blood collection organisation. This is exemplified in this quote from **Participant 9 (Female, 23)**: *"Communication in terms of telling you that it's time to donate, 10 out of 10. They call you and send you an SMS, then e-mail to thank you post donation"*. This satisfaction with the communication stems from the participants' views that the communication is constant, not overbearing, and it is sent through the communication channels that the participants opted into. Some participants went further to say that good communication helps to build trust and assurance in the organisation.

However, some donors expressed unhappiness with the communication, stating that it was not as good as it used to be, as it had been reduced, while another participant expressed that they did not want numerous messages to be sent as a reminder of donation. Other participants indicated that the blood collection organisation has ceased to communicate with them, and they didn't know why: *"They no longer send emails, I don't know why, because the options that I chose for communication were SMS and email"* **(Participant 1, Male, 19)**. Table 7.16 presents participant quotes regarding their sentiments on the communication by the blood collection organisation.

Table 7.16: Excerpts of participant responses for communication with the organisation

Participant	Quote excerpt
Satisfaction with communication	
P3	*They are constant. They call if you don't make it, and I like that. The quality is excellent. I must say. And I was actually wondering how much they're spending on getting in touch with their donors, but it's excellent.*
P4	*It's very good. Very professional. The reminders are sweet and short. It's not annoying long phone calls, it is friendly.*
P10	*I think it's excellent. It doesn't deviate from the choice that you select when you fill in the form, they do give you options of how you prefer to communicate.*
P18	*Those simple messages that express gratitude for our blood donations and provide information about the people we've assisted. These messages serve as reassurance that our donated blood is being used effectively. I might be a loyal donor who gives blood once a year, but receiving such messages can be reassuring.*

Participant	Quote excerpt
Dissatisfaction with communication	
P6	*For some reason they've ceased contacting me, I don't know why. Ever since I notified them early last year that I'm going to be moving, they stopped contacting me.*
P7	*It seemed to have died down, but it is purely a regional thing.*
P13	*I'd say for me, if you are due to come donate, they shouldn't send you texts every day.*
P14	*I didn't really hear about them, or from them that much*

Source: Researcher's own construction

7.4.3 Other emerging themes

As the thematic analysis was an inductive process, the research was open to the emergence of themes beyond those only addressing the research questions. As such, a noteworthy theme is presented, which captures the concerns expressed by the participants regarding the blood donation process and the organisation. The participants also offered recommendations to the blood collection organisations.

7.4.3.1 Theme 6: Donor concerns and recommendations

Two categories emerged under this theme: (1) donor concerns, and (2) recommendations for the organisation. Findings related to these categories are presented in the ensuing sections.

Donor concerns

Being familiar and experienced with blood donation, the process and the organisation, participants noted a few concerns. Some participants expressed that there was a lack of knowledge among donors and that there was a need for donor education on various aspects of blood donation. One such aspect is related to understanding what happens to the blood once it has been donated, not merely being told that it saves lives. A statement from **Participant 14 (Male, 23)** is provided in this regard:

> *I think we need more knowledge about what it is that we're contributing to, because I think we all know where it is used, which is obviously in a hospital setting when someone needs blood or a transfusion. But what happens at an individual or more day-to-day level with this, more information.*

Participant 9 (Female, 23) added, *"I know that they say you save three lives with one donation. But I don't know how that works"*.

Participants indicated that they would like more information, and **Participant 6 (Male, 31)** went stated that it could lead to people taking blood donation more seriously. The quotation capturing this sentiment is provided:

> *I think it would be valuable to know because at the moment it's just a matter of speculating. I think if people understand what the processes are, and what happens to the blood afterwards, it might probably make some people even consider donating and take it more seriously.*

Another concern raised was a lack of public awareness. Participants stated that non-donors may not fully understand the process of blood donation and donation itself. Some accounted for this poor awareness in terms of marketing. **Participant 18 (Male, 33)** stated:

> *I come from a rural area, and I don't recall the SANBS ever conducting events in our area to educate and rally people about blood donation. By expanding these educational efforts, we can address the blood shortage issue.*

The range of donor concerns is presented in Table 7.17.

Table 7.17: Participant quotations on donor concerns

Participant	Quote excerpt
P1	*As donors, we would like the information on what happens with the donated blood. They should tell us where they have sent the blood, or what the blood is going to be used for. And not just a brief explanation but a rather detailed explanation.*
P3	*I'm not even sure how they market their services. But I haven't seen any advert anywhere. I have never seen any adverts, but I know I've seen them in malls and, I think maybe they [SANBS] run campaigns. Sometimes I don't see their campaigns. But I would say that they need to advertise more.*
P4	*I don't remember getting a straight answer from them because I once asked what happens with it [the blood]. What I know is that the sample gets taken and then it gets broken down into three parts. So, there's the blood platelets and I can't remember what the other ones are.*
P10	*I'm usually like the only Black person in that room who's donating So yeah, I just think there's a lack of awareness amongst Black people to donate blood.*
P11	*My mother. I always tell her how it and how the experience was. She's always so concerned. I think she doesn't fully understand.*
P14	*I mean, you really don't see where your blood goes, which would be great if you could, but you don't know where your blood goes.*

Participant	Quote excerpt
P17	*My concern is whether it's okay to donate too much blood. I'm unsure if I should wait and skip a year before donating again because I'm not familiar with how blood donations work.*
P18	*My understanding is that blood donation is primarily for emergencies where people require blood, such as car accidents, gunshot wounds, or during childbirth when a blood transfusion is necessary. It is not intended for profit. In government hospitals, where you don't have to pay, the focus is purely on saving lives. I'm not sure about how it works in private hospitals, but this is what I understand.*

Source: Researcher's own construction

Recommendations for the organisation

Their concerns noted, the participants also had recommendations for and advice to be heeded by the blood collection organisations. Participants offered advice on donor recruitment and marketing, as well as advice on improving donor relations and the donating experience. Regarding the donation experience, a young donor, **Participant 13 (Female, 19)** suggested the following, indicating that donating blood may be viewed as intimidating:

> *Students who are maybe distributing sweets and educating people about it, we have music playing like, let's make it a fun thing is, I think people are scared of it because its such serious thing where you enter the tent, and they take your blood,*

With regard to improving donor relations, participants indicated that the blood collection organisation should check up on donors and ask them about their donation experience. Others suggested an improvement in the organisations' communication and that they reach out to lapsed donors to find out why they no longer donate. This sentiment is captured in the detailed statement by **Participant 6 (male, 31)**:

> *Contacting people is quite important. You have to constantly call someone and remind them so that they do not forget. Thus, now it is not as high on my agenda as it was before as they are not calling me anymore. I think they need to just look at their strategy of trying to see donors who used to donate but are now not donating as much.*

Participants further provided advice on providing information, increasing awareness and education on blood donation. **Participant 18 (Male, 33)** suggested conducting roadshows in rural areas to reach a wider audience. In line with reaching an audience, **Participant 6 (Male, 31)** stated:

> *I think it just shows that there's still lots of work to be done, involving people like corporate sponsors, the government or any other organisation that could shed a light on the importance of blood. A few years back, there used to be a TV advert for mini*

phones on SABC 2 around 2007 around hotlines, it would be so nice for the organisation to continue with such initiatives in order to bring light to the importance of blood donation. Taking stories of people that have benefited from donation would be a nice feature to add in those TV adverts, this will make it a conversation so that people can change their perspective on blood donation.

On the subject of providing education, **Participant 13 (Female, 19)** recalled her experience and enlightenment:

I only knew how rare my blood type is after getting a T-shirt from them. It stated that this blood type can donate to that blood type. I'd say giving more education to people, right? Because I feel like knowledge gives it clarity on what's actually happening, and some people are just scared because they don't know so let's say more than just coming for blood donations and in various places educating people about it.

Table 7.18 presents the excerpts of participant responses on recommendations made for consideration by the blood collection organisation.

Table 7.18: Excerpts of participant responses on recommendations for the organisation

Participant	Quote excerpt
P2	*I think maybe they need better relations with their committed donors. And when I say committed donors, I mean those who have donated more than once. They should have a plan of some sort. Or a booking system. So, if you don't come this month, they should be able to ask why you couldn't make it, and find out when you're coming back, and if you have relocated, where are you going? And where are you staying? So, that they can do a referral, and someone can call you from that particular area so that they can ensure that you donate.*
P4	*I wish more people could be informed as to how it works, that it doesn't consume a lot of your time, and it's an effortless process. So, I wish people were told more about it.*
P6	*Series on TV is the first point and even doing something similar on radio as well. I do understand that it requires money, maybe that is why they have not yet executed that. I do believe lots of companies have money to avail themselves as sponsors, next thing you know they will start sponsoring the news.*
P7	*And just highlight what it means to save a life. If your pallet can save three lives, what does that actually mean? I think maybe just find a way of personalising, maybe having more personal stories. Look for those stories. I know that people have this PoPI Act (Protection of Personal Information Act) but there are people that are prepared to share their stories where their lives have been saved by blood transfusion.*
P9	*It would be nice to have more interactive "know what we do" kind of communication from them because all I know is they claim to save 3 lines, how do they do this, what happens?*

Participant	Quote excerpt
P10	*Creating awareness by TV ads, especially of trusted people maybe or Siya Kholisi doing an ad donating blood maybe I do know they have blood drives, and they go out to certain companies.*
P12	*To change their radio adverts. I find them repetitive I don't think it's a general true reflection of how the current state, because it's always the same radio advert that there's only 2 and a half days of blood in the country.*

Source: Researcher's own construction

7.5 CHAPTER CONCLUSION

This chapter presented the findings of the qualitative phase of this study. The findings addressed the first two research questions posed in the research. Detailed discussions of the findings were provided under the six themes developed for the study and supported using visual presentations of the evidence and verbatim excerpts throughout the chapter. Each theme was an overarching theme comprised of different categories, which formed the basis of the presentation of findings.

The next chapter provides a discussion of the quantitative research results and the qualitative research findings from Chapters 6 and 7, respectively. This is in line with the research methodology that has been adopted for this study, which has been outlined and discussed in Chapter 5 and briefly summarised at the beginning of Chapter 8 for ease of reference.

CHAPTER 8: DISCUSSION OF RESULTS

8.1 INTRODUCTION

The eighth chapter provides a discussion of the results from the quantitative data analysis, which were presented in Chapter 6, and a discussion of the findings from the qualitative data analysis, which were presented in Chapter 7. Guided by the research methodology plan presented in Chapter 5, the merging and discussion of results are done in the ensuing sections. This chapter commences with a discussion of the demographic profile and donation patterns of the respondents. Thereafter a discussion of the results is provided in the data analysis conducted in the preceding chapters.

8.2 DISCUSSION OF THE DEMOGRAPHIC PROFILE AND DONATION PATTERNS OF THE RESPONDENTS

8.2.1 Demographic profile

The results show that a large number of blood donors fall between the ages of 18 and 40 years, with the 25-to-40-years age group making up the majority of donors. This aligns with statistics shared by the Western Cape Blood Services, showing that the 26-to-49-years age segments account for 46% of its donors (WCBS, 2023). A recent study by Silva Carlos and Rodrigues (2024) shows similar results, in which a majority of the respondents aged 25 to 44 indicated that they were actual blood donors. It raises concerns about the sustainability of the donor pool, which requires increased participation from younger donors. To overcome this challenge, the SANBS states that it is actively working on attracting younger donors in the 16-to-25-years age group, to widen the pool of active donors (SANBS, 2023). As mentioned in Chapter 2, this challenge is not unique to South Africa, as Odajima et al. (2021) and Sachdev et al. (2021) raised concerns about changing demographics leading to a decrease in the donor population over time.

Most respondents indicated that their highest level of education was a bachelor's degree (36.9%), followed by those who had completed Grade 12 (24.6%) and those who had a diploma qualification (17.6%). Only 2% of the respondents indicated that they had not completed high school. These findings align with a report from Statistics South Africa (2024), which notes an increase in South African individuals' attainment of secondary and tertiary education. These insights on education levels must be considered by blood collection organisations, as their strategies generally include educating both donors and the public to create further awareness of blood donation and its processes (Canadian Blood Services,

2024a; SANBS, 2023). Taking this into consideration ensures diversity and inclusivity in their planned projects.

Main Finding 1: There is a low number of young blood donors (16 to 25 years) and a heavy reliance on older and ageing blood donors, which poses a risk to the sustainability of the blood donor pool.

8.2.2 Donation patterns of respondents

The results for blood donation frequency indicate that a large number (48.5%) of surveyed respondents donate blood once or twice a year. This number correlates with the information provided by the SANBS and the WCBS in their latest annual reports: the annual average donation frequency rate per donor is 2.2 donations (WCBS) and 1.7 donations (SANBS) (SANBS, 2023; WCBS, 2023). This low donation frequency affects the reliance of blood collection organisations on repeat blood donors (SANBS, 2023). In contrast, in the survey results, 50% of the interviewed participants indicated that they donated blood every 56 days. This is the ideal frequency at which donors are expected to donate, based on blood transfusion regulations (Red Cross, 2024). A large number of respondents indicated that they had been blood donors for 5 years or longer, which demonstrates their commitment to blood donation.

Main Finding 2: Low blood donation frequency indicates a low reliance on repeat donors to provide a sustainable donor pool that ensures sustained blood stock levels over time. This low reliance on repeat donors by blood collection organisations suggests a lack of donor–organisation relationship between the organisation and its donors.

Main Finding 3: Most blood donors in this sample have been donating for over 5 years, demonstrating commitment to blood donation.

8.3 ALIGNMENT OF FINDINGS TO RESEARCH OBJECTIVES

The discussion of the findings is guided by the research objectives set for the study, as outlined in the first chapter. This research was conducted to address the research objectives in order to meet the aims of the study. In the sections that follow, a discussion of the results from the quantitative analysis, together with the findings from the qualitative analysis, are presented. This discussion focuses on the most salient findings of the research, as the study ultimately aims to identify the main influencers of blood donor loyalty.

8.3.1 Secondary Objective 1: To understand the socio-psychological and relationship marketing factors that influence continued blood donation among blood donors

Various factors emerged as drivers of continued blood donation in the qualitative findings, which were compared and linked to the factors that emerged from the quantitative results. These factors include moral responsibility, contributing to society, perceived importance of donating blood, perceived benefits, social influence, trust, commitment, habit and convenience.

8.3.1.1 Moral responsibility and contributing to society

From the qualitative findings, it is inferred that those who donate blood feel as though they are contributing to a good cause that ought to be done, with others going as far as saying that it is a “civic duty” and the right thing to do. The finding is supported by Alfieri et al. (2017), who state that taking part in prosocial initiatives such as blood donation evokes feelings of civic unity. The principle of ubuntu was also mentioned, as donors expressed that they donated without expecting much in return. Titmuss (1998) emphasises that the gift of blood is the ultimate act of altruism. In the South African context, the association of blood donation with the principle of ubuntu – putting others ahead of self – is powerful. It is a notion of the interdependence of humans and being humane, linked to being socially responsible, being a model citizen and being attentive to the needs of others (Waghid, 2020). In addition to contributing to society, an overwhelming number of donors in the sample indicated that they had a moral obligation towards blood donation, and they felt bad or guilty when they had failed to donate blood. They also expressed how donating blood gave them personal fulfilment, which can be likened to pride in oneself. This finding is supported by literature, as the role of personal norms, guilt and pride have been investigated in the study of prosocial behaviour (France et al., 2020; Issock et al., 2020c). It is suggested that the personal importance of a given behaviour to an individual can be linked to the subsequent performance of the behaviour (Fischer & Hänze, 2020).

In this study, however, the quantitative results indicated that although respondents tended to agree with statements measuring personal norms, they had no significant influence on continued blood donation intention. This is contradictory to various empirical studies which have found that personal norms positively and significantly influenced behaviour in blood donation (Matubatuba et al., 2024; M’Sallem, 2022) and sustainable prosocial behaviour (Esfandiar et al., 2020; Khalek & Chakraborty, 2023; Qiu et al., 2023). The contradiction is explained by Kallgren et al. (2000), who state that situational factors and dispositional factors have an impact on the norm focus of the individual. The authors concluded that personal norms may not be strong predictors of behaviour if they are not the focal point when one is

given the chance to decide on behaviour that is norm-related (Kallgren et al., 2000). This may have been the case in this study, which had other variables related to the behaviour of interest, taking focus away from the personal norm.

Feelings of guilt and pride, in contrast, had a significant influence on intention to continue donating blood. The results supporting H1 and H2 show that feelings of guilt and pride have a positive influence on intention to continue blood donation behaviour. This is supported by literature which asserts that an individual's feelings towards a behaviour can be linked to the successful conducting of the desired behaviour. Especially in prosocial behaviour such as blood donation, feelings of guilt and pride are considered to be motivators of behaviour (Anand & Gaur, 2019). This is confirmed by Pasca (2022), who concluded that feelings of guilt and pride fostered behavioural intention towards pro-environmental behaviour. Regarding feelings of guilt, Urbonavicius et al. (2019) state that feelings of guilt can induce a strong intention to donate to a good cause because the consumer is motivated to reduce the negative feelings through their actions. Regarding pride, when an individual feels proud about a prosocial behaviour, it leads to initiating action towards that behaviour (Anand & Gaur, 2019).

In relation to blood donation, Martín-Santana et al. (2021) found that for non-donors of blood, anticipated negative and positive emotions influenced their donation intention, therefore indicating that their positive emotions towards donation influenced their intention to donate, while the negative emotions towards not donating influenced their intention to donate. This is also seen where the respondents were in agreement with statements measuring feelings of pride compared to their neutral stance on statement measuring feelings of guilt. Similarly in this study, when blood donors were surveyed, the guilt (associated with negative emotions) experienced for not donating blood influenced the donors' intention to continue donating blood, while the pride (associated with positive emotions) experienced from the successful donation of blood influenced the donors' intention to continue donating blood. It is worth noting that feelings of guilt had a greater impact than feelings of pride on the intention to continue blood donation behaviour.

Main Finding 4: Feelings of guilt and pride positively influence the donor's intention to continue donation behaviour, with guilt having a greater influence.

8.3.1.2 Perceived importance of donating blood

With regard to contributing to society, donors indicated that they felt as though they were contributing to saving lives. This is linked to another factor driving blood donation, the perceived importance of donating blood. Individuals who donate blood are aware of the

importance of donating blood, the scarcity of blood products and the impact that blood donation has on the well-being of those who receive it. The belief that donating blood contributes to saving lives is probably influenced by communication regarding blood donation, of which one of the key messages is “saving lives”. This is evidenced across blood collection organisation websites where this message is communicated. For example, as part of their call to action, the Canadian Blood Services (2024b) communicates: “An hour of your time could change someone's life”. On the SANBS (n.d.-c) website the following is communicated: “Donate blood. Your blood saves lives”, while the Western Cape Blood Service had a “Giving is in my blood – generations of life-long lifesavers” campaign (Carli, 2023b). Hong and Lee (2021) state that some blood donation campaigns communicate the ease of donation by focusing on how quick it can be to save a life, while others focus on the desired outcome of blood donation, for example, “one donation can save three lives”. These appeals have been found to influence consumer beliefs, attitudes and behaviours (Hong & Lee, 2021). In addition, blood collection organisations also put out donation pleas to the public about low blood stocks, as evidenced through one participant indicating that he had read about blood shortages in a newspaper.

8.3.1.3 Perceived benefits

Donors in the surveyed sample indicated various types of benefits related to blood donation. Some of the benefits mentioned were health-related, such as getting a free health check or the encouragement to follow a healthy lifestyle. Other benefits included receiving a gift or reward, which motivated the participants to donate blood, while other donors indicated that they realised intrinsic benefits in the form of personal fulfilment and feeling good because of the impact they are making. It is worth noting that the perceived benefits were not mutually exclusive, in that the same donor who was happy to receive a reward for donating blood also found fulfilment from making an impact. Motivators have been studied in general donation studies and blood donation studies (Chell et al., 2018; Goette & Stutzer, 2020) and have been found to influence behaviour. However, it is noted that different rewards and benefits have varying effects, depending on the type of blood donor concerned. For example, material rewards may be appealing to previous donors, encouraging them to donate more, and are effective in increasing donations in the short term (Goette & Stutzer, 2020).

8.3.1.4 Convenience

Convenience was found to be a driving factor in continued blood donation. Convenience mainly included accessibility of the donation site (location), where close proximity of and easy access to donation sites was noted as an enabler of continued donation. Receiving reminder notifications when due for blood donation was also noted as a facilitator of continued blood

donation, as it prompts donors to go and donate. This finding is consistent with empirical research that has demonstrated that facilitating conditions influence behaviour, making it more likely that one will perform a given behaviour (Stoeva & Alriksson, 2017; Theerthaana & Lysander Manohar, 2021).

This finding supports the results from the quantitative phase of the study, in which facilitating conditions had a positive influence on the intention to continue blood donation behaviour, as proposed by H7a. For this study, the facilitating conditions taken into consideration were enablers that facilitate behaviour. This result therefore indicates that conditions that facilitate the donation of blood influence the blood donor's intention to continue donating blood. The result is supported by Alsyouf and Ishak (2018) and Kamarozaman and Razak (2021), who found that facilitating conditions had a positive and significant relationship with continuance intention in the use of information systems. A contrasting result was reported in a study investigating pro-environmental behaviour by Issock et al. (2020c). The authors found that facilitating conditions had no influence on the intention to separate household waste or the actual behaviour of doing so. Their findings were contradictory to those of Stoeva and Alriksson (2017), who found that facilitating conditions for waste recycling increased the rate of recycling behaviour; however, they do concede that in some instances, facilitating conditions are not enough to prompt behaviour.

Main Finding 5: Societal contribution, moral responsibility, perceived importance of donating blood and perceived donor benefits were found to be drivers of blood donation behaviour. This indicates that donors have varying reasons for their blood donation behaviour, some of which are the influence of personal morals, personal motivation and information acquired by the donors. Moral responsibility resonated with the donors and was linked to the principle of ubuntu, which symbolises humanity and the importance of the well-being of a community.

Main Finding 6: In the context of blood donation, facilitating conditions positively influence the donor's intention to continue donation behaviour.

8.3.1.5 Social influence

The findings show that blood donors in the sample were commended by their peers and family for their blood donation behaviour, and this encouraged them to continue donating blood. Peers and family express pride in the donors for the contribution that they are making, which, in turn, validates their behaviour. In contrast, there is a negative public perception of blood

donation about what donated blood is used for, the time-consuming process and the stigma around blood donation. However, these were not found to deter established donors from continuing to donate blood. In addition, findings show that over half of the participants indicated that their first blood donation was due to the influence of peers (including scholar representatives), friends or family members who were blood donors. This aligns with results of the central tendency measures where respondents tended to agree with statements measuring injunctive norms. In support of this finding, social marketing studies (Haghighatjoo et al., 2020; Metcalf et al., 2019; Sorkun, 2018) have demonstrated the impact of social (peers and family) acceptance or appreciation of behaviour (social norms) on prosocial behaviour such as recycling, environmental conservation and drinking behaviour. Metcalf et al. (2019) state that normative appeals have been an underused method of promoting prosocial behaviour. In the blood donation context, Mugion et al. (2021) cautioned against generalising donor types in this regard, as their study indicated that social norms had a more significant influence on non-donors than existing donors of blood. This highlights that existing blood donors will decide to continue donating blood despite social influence, but they are more likely to become social influencers to non-donors.

The findings from the qualitative phase and the above statement by Mugion et al. (2021) explain the results from the quantitative phase, which demonstrated that injunctive and descriptive norms had no significant influence on the intention of existing blood donors in the sample to continue blood donation behaviour. The results show that respondents neither agreed, nor disagreed with statements measuring descriptive norms. This indicates that they were not influences by peers and family who generally do not donate blood. Added to this is the assertion by Kallgren et al. (2000) that norms will not always influence behaviour, especially when they are not the main focus when the opportunity to perform that behaviour arises.

Main Finding 7: Social influence does not seem to have a significant impact on donors in relation to the donation of blood.

In line with people's becoming influencers of blood donation behaviour, findings show that blood donors intentionally share about their blood donation behaviour, either to let people know that they donate blood, to create an opportunity to share information with those who want to know more and to encourage others to become blood donors. The findings further indicate that donors share about their donation behaviour on social media platforms and in person. This is in line with the objectives of WHO (2024), which encourages blood donors not only to donate but to become advocates for blood donation and encourage others to donate.

This word of mouth by donors indicates the strength of the relationship between the donor and the blood collection organisation, as the donor has the interest of the organisation and donation behaviour in mind (Sundermann, 2018). In healthcare, word of mouth is influential in referrals, and in blood donation in particular, it is helpful in fostering a willingness to donate blood among other people, helping blood collection organisations to establish contact with potential donors (Pauli et al., 2023). This finding is corroborated by the quantitative results of this study (discussed in Section 8.3.3), which found that behavioural loyalty had a significant and large influence on word of mouth.

Main Finding 8: Blood donors have the potential to become social influencers of blood donation behaviour by sharing information and positive word of mouth. Being advocates of blood donation shows positive progress in the relationship between blood donors and the blood collection organisation.

8.3.1.6 Trust and commitment

The qualitative findings suggest that blood donors continue to donate blood because they are committed to the cause and have developed trust in the blood collection organisation and its processes. The donors in the sample expressed that they trust the blood collection organisation because of the consistency that they experience in the process and the good reputation that has been maintained. The commitment of donors is expressed through their honouring of donation appointments and the efforts made prior to donating to ensure that they are healthy enough to donate successfully. Moreover, donors expressed their loyalty to donating blood through their frequency and consistency of donations as well as the number of years they have been donating, which shows their commitment. In the services industry and non-profit organisations, trust and commitment are considered key antecedents of loyalty formation and they are key components of relationship management (Lam & Wong, 2020; M. T. Liu et al., 2019; Su et al., 2021; Thaichon & Quach, 2015). Scholars Barra et al. (2018) and Melián-Alzola and Martín-Santana (2020) have found that, in blood collection services in particular, trust and commitment influence different aspects of loyalty, either directly or indirectly.

The quantitative results do not fully support this finding, as the relationship between trust and intention to continue blood donation behaviour (H11a) was not significant. This indicates that, for blood donors, the intention to continue blood donation behaviour is not influenced by trust in the blood collection organisation. This result is not consistent with empirical findings by J. Y. Lee and Kim (2023), who concluded that in the non-profit sector, trust in the organisation

is a crucial factor that positively influences donation intention. Other studies (D. Y. Kim & Kim, 2021; Melián-Alzola & Martín-Santana, 2020; Shang et al., 2019) have proven that trust has a significant influence on behavioural intention and behaviour. For some studies, it is noted that trust encompasses various elements, depending on the interest and objectives of the research. Kohn et al. (2021) interrogated the measurement of trust and highlighted ability, benevolence and integrity, among other factors, as those used to measure trust as a single construct, while other studies measured these elements individually. The authors stated that the predictive effect of the consumer perceptions of each element of trust changes over time with the accumulation of experience, therefore, making it crucial to repeatedly measure the elements influencing trust (Kohn et al., 2021). Regarding blood donation, Ferguson et al. (2022) found that trust in individuals, rather than trust in the organisation, influences willingness to donate. In this study, donors had a varying accumulation of blood donation experience, which poses an opportunity to re-evaluate the trust construct, based on the advice of Kohn et al. (2021). In line with the debate on the various elements of trust, it is also asserted that trust affects different aspects of loyalty (Barra et al., 2018; Melián-Alzola & Martín-Santana, 2020). This was demonstrated by the quantitative results of this study, discussed in Section 8.3.3.

Main Finding 9: Donors continue to donate blood because of their commitment to the cause and their trust in the blood collection organisation. They donate frequently and consistently, which demonstrates their blood donation loyalty behaviour.

It is not trust alone, but commitment to the habit of donation behaviour that influences behaviour, as was indicated in the qualitative findings. The participants expressed that donating blood had become a routine and normal part of their lives, which can be likened to being a habit which influences their blood donation continuance. They even spoke about the fact that they tried not to miss a donation and how they prepared for their blood donation appointments. This explains the quantitative results for H8a, showing that habit was a significant and positive influencer of intention to continue blood donation behaviour. The results also indicate that respondents tended to agree with statements measuring habit. Moreover, habit had the largest impact on intention to continue behaviour, which suggests the importance of previous experience and frequency on intention to continue performing donation behaviour. These results are supported by Dang Vu and Nielsen (2022), who found that habit significantly influences intention and stated that individuals who have previous experience with performing the behaviour are more likely to intend to continue performing it in the future. These results are found to be consistent across studies of prosocial behaviour (Klöckner, 2013;

Kupfer et al., 2019; Russell et al., 2017) which show that habit is a stronger predictor of behaviour. Therefore, the habit of donating blood increases the likelihood of a donor's intention to continue donating.

Main Finding 10: Habit is a significant influencer of intention to continue blood donation behaviour.

8.3.1.7 Factors hindering continued blood donation

Studies that have investigated drivers of behaviour have found that it is also important to consider the inhibitors, as they have a powerful impact on behaviour (Farooq et al., 2023; Mugion et al., 2021; Oertzen et al., 2020). In the context of blood donation, much attention has been given to the barriers and drivers of intention to donate blood (Monteiro et al., 2023; Saha & Chandra, 2018) but not the continuance of blood donation behaviour. Therefore, this study investigated the reasons for blood donors not continuing to donate blood. Three factors emerged as hindrances to continued blood donation behaviour: health-related concerns, inconvenience and poor organisational management.

Although the donors acknowledge the health-related benefits of blood donations, they may also be deterred from donating blood by health-related concerns. This could be related to the blood donor themselves being unwell to the extent of being deemed unfit to donate blood, which is not in their control. One participant mentioned that she had not donated on account of having undergone surgery, and another mentioned being turned away because her haemoglobin (iron) level was low (not ideal for donation). Low haemoglobin has been reported as the most common reason for the deferral of blood donors, followed by ailments such as flu and general unwellness, then abnormal blood pressure and having travelled to a country with endemic malaria (T. E. Davison et al., 2020). It has been reported that once having been turned away from donation, the chances of a donor returning for subsequent donation are low, and if they do return, they donate fewer units of blood over time, which indicates a negative impact on their donation behaviour (T. E. Davison et al., 2020). This is concerning, as it means that individuals who are willing to donate blood are being deterred from returning to donate or donating less regularly if they do return.

Inconvenience is another factor that hinders donors from continued blood donation. The kinds of inconvenience mentioned were mainly the lack of time and lack of accessibility of the donation site with regard to its location. This indicates that donors are less likely to donate blood regularly if the task causes them inconvenience. If the donation site is located far from their home or place of work or if they cannot find a convenient time to donate, donors are less

likely to donate. This finding is consistent with that of Mohammed and Essel (2018), who suggested that individuals are more willing to participate when the process entails minimal disruption to their regular activities. This finding illustrates conditions that do not facilitate blood donation behaviour. The quantitative results demonstrated the importance of facilitating conditions in blood donation, as they positively influence blood donation behaviour (behavioural loyalty) and blood donation advocacy (word of mouth).

Lastly, poor organisational management was mentioned as a factor discouraging continued blood donation. This factor was mainly related to the poor service from blood collection organisations and the possible misuse of donated blood. This indicates that donors expect high-quality service from the blood collection organisation, and the absence of this leads to an unwillingness to continue donating blood. This is understandable, considering that people donate blood without expecting anything in return. In support of this finding, Mohammed and Essel (2018) state that poor staff attitude was reported as a deterring factor, particularly more so among repeat donors than first-time donors. Knowledge about the misuse of blood was also found to be a discouraging factor for continued blood donation. Although the blood donors did not confirm the misuse of blood, they alluded to various ways in which blood could be misused, which indicates that there is a perception of mistrust. This was also reported by Mohammed and Essel (2018) as a discouraging factor, but more so among first-time donors. In the South African context in particular, this is confirmed by G. M. Davison (2021) and Horwitz (2016), who state that few South Africans donate blood, and the hesitancy to donate stems from reasons including the perception of racial profiling and discarding of blood products from African donors. Although has led to blood policy reforms, the negative perceptions remain. This finding highlights the profound negative effects of failing to be transparent and providing quality service in the context of voluntary blood donation. The quantitative results provided in this study demonstrate the importance of service quality and its significant effect on some variables, including intention to continue behaviour, attitudinal loyalty and word of mouth. Blood collection organisations therefore prioritise service quality by aiming to provide good donation experiences and high-quality service (Melián-Alzola & Martín-Santana, 2020; SANBS, 2023).

Main Finding 11: Health-related concerns, inconvenience and poor organisational management were the key factors reported as reasons not to continue donating blood. This suggests that, although donors are willing to donate, they will not do so to the detriment of their health. It also suggests that they do not want to be inconvenienced by blood donation activity, and they will not tolerate poor service or bad management of donation services.

8.3.2. Secondary Objective 2: To understand blood donors' experience with blood collection organisations

To understand the influence of donation experience on behaviour the following research question was posed: *How does the blood donors' experience influence their motivation to donate blood?*

From the qualitative research, Theme 3 emerged as an important point of discussion. This theme captured the experience of blood donors during the donation process and their experience of communication with the blood collection organisation. Based on the quantitative and qualitative findings, it was evident that service quality and customer satisfaction could not be isolated from the blood donation experience, and that trust plays a significant role in blood donation. The ensuing section discusses the findings from the qualitative study related to the experience of the donors and the abovementioned factors, and their influence on intention to continue donating blood and loyalty behaviour.

8.3.2.1 Donor experience and the influence of service quality, customer satisfaction and trust on blood donation behaviour

In the qualitative phase, an overwhelming number of participants expressed sentiments about their positive blood donation experiences. This indicates that when they donated blood, donors in the sample experienced good service in the form of friendly and professional staff, a clean and safe environment and a quick and easy donation process. Few indicated a negative donation experience, which had more to do with service failures related to staff (treatment by staff and inefficiencies). In persuasion studies, it has been shown that experience influences beliefs and behaviour, which, in the non-profit sector influences future involvement with the organisation (Harrison et al., 2020). Positive donation experiences have been found to be more likely to influence consistent future behaviour than negative experiences (Harrison et al., 2020; Melián-Alzola & Martín-Santana, 2020). In their study of service quality in blood donation, Melián-Alzola and Martín-Santana (2020) demonstrated that service quality has an impact on other relational aspects of blood donation, such as satisfaction with, trust in and

loyalty to the organisation. Therefore, service organisations, especially non-profits such as blood collection services, should offer exceptional service. In their latest annual reports, the two main blood collection organisations in South Africa recognised the need to deliver quality service to their donors and mentioned that conducting donor surveys is one of the ways in which they measure their service quality and donor satisfaction (SANBS, 2023; WCBS, 2023).

There is a strong link between the qualitative findings and the quantitative results, which provide more insights about the importance of providing a good experience for the blood donors, as it affects their subsequent behaviour in various ways. In this study, it was proposed that there was a positive and significant relationship between customer satisfaction, service quality and trust, and the intention to continue blood donation behaviour (H9a, H10a and H11a, respectively). The results supported H9a and H10a, while H11a was not supported.

The results showed that both customer satisfaction and service quality positively and significantly influence intention to continue blood donation behaviour. This indicates that the quality of the service provided by blood collection organisations and the donor's satisfaction with the blood donation experience increases the likelihood of their continued donation behaviour. These results are supported by the empirical study of Han and Hyun (2017), who found that patron satisfaction in the restaurant service industry played a key role in determining behavioural intentions to continue patronage, while M. Amin and Zahora Nasharuddin (2013) reported the same outcome with patient satisfaction in a health services setting. Regarding service quality, Y. Wang et al. (2020) found that re-use intention in urban transit was influenced by service quality. These findings are consistent with the findings of previous studies in various other fields of study (Gaur et al., 2011; Qalati et al., 2021; Su et al., 2021; Tam, 2012).

Main Finding 12: Service quality and customer satisfaction are constructs that have a strong influence on the donor's intention to continue blood donation behaviour.

Furthermore, the present study assessed links between customer satisfaction and trust (H9b in this study), service quality and customer satisfaction (H10b), and service quality and trust (H10c).

The results indicate that the influence of the proposed relationships was positive and significant. The strongest association was found in the relationship between service quality and customer satisfaction ($\beta = 0.737$), followed by service quality and trust ($\beta = 0.486$). This denotes the key role played by service quality in blood collection services. In this regard, Han and Hyun (2017) suggest that high service quality plays a key role in delivering a satisfactory experience for the customer, which, in turn, increases their likelihood of repeating the

behaviour. This was consistent with the findings of Boonlertvanich (2019) and Su et al. (2021) who highlighted the key contribution of quality service in the formation of satisfaction and trust, which can lead to the continued use of the service. These findings are supported by the findings of the qualitative phase, in which most of the blood donors reported having experienced good service during their blood donation experiences. This indicates that the donors are satisfied with the blood collection organisation and their donation encounters. Some participants noted that they would stop donating blood if the service quality were poor, which further confirms that service quality and donor satisfaction are very influential in the donors' decision to continue donating blood

Tam (2012) established a positive relationship between service quality and trust, and customer satisfaction and trust. Tam explains that trust is developed during the encounter with the service provider and highlights the importance of delivering quality service to meet the needs of the customer during each encounter, which, in turn, fosters trust. Moreover, Chiu et al. (2017) and D. Y. Kim and Kim (2021), found that trust is a mediating variable in the relationship between other constructs and both behavioural intent and actual behaviour. Boonlertvanich (2019) adds that, although trust has no direct influence, its mediating role is significant and eventually leads to the performance of behaviour.

Main Finding 13: Service quality is a key construct that influences not only behaviour but other variables, such as customer satisfaction and trust.

The qualitative findings supported this finding, as donors have developed trust in the blood collection organisations and their processes, mainly because of their performance consistency and good reputations. The donors expressed their commitment (to blood donation) as a driver for continued blood donation, stating that they donated frequently and consistently, thereby considering themselves loyal blood donors. Although it may not have come across as a strong influencer of actual donation behaviour, trust has an influence on blood donor loyalty behaviour, as indicated by Melián-Alzola and Martín-Santana (2020).

Donors also described their experience with the blood collection organisation through non-physical means, being communication channels. The donors generally expressed satisfaction with the communication from the donation organisation sent before and after blood donation. These were either donation reminders or messages of gratitude, which seemed to be highly appreciated by donors. Communication in the form of a reminder has already been mentioned as a facilitating condition to continued blood donation behaviour, denoting its importance in the blood donors' experience. Dissatisfaction with communication was mainly associated with

non-communication by the blood collection organisation with donors. These findings show that communication is a key aspect of the donors' relationship and experience with the blood collection organisation. The findings also revealed inconsistencies in the communication of blood collection organisations with blood donors, which can influence their continued donation behaviour. The findings are supported by healthcare-management research conducted by Miah (2022), who found that communication by text and email leads to actual donation performance, more so by repeat blood donors than first-time blood donors. In their research on the influence of communication on donation behaviour, Xiao et al. (2022) indicate that non-profit organisations find it challenging to foster retention among current donors and therefore recommend that organisations maximise communication with their donors to build and strengthen their relationships.

Main Finding 14: Communication is an important component in managing the continued blood donor relationship with the blood collection organisation.

This section discussed the factors influencing the intention of continued blood donation and blood donation behaviour, drawing comparisons between the findings of the qualitative and quantitative phases of the study. The findings demonstrated corroboration of results in most instances and the section therefore discussed how the findings support each other. There were a few instances where the results were contradictory, and an explanation was provided to give clarity on those insights. In the conceptual model provided for the quantitative phase of the study, the factors extensively discussed above were further examined to discover which ones would emerge as key determinants of blood donor loyalty, the ultimate outcome behaviour envisioned for this study. These are discussed in the next section.

8.3.3 Secondary Objective 3: To discover the key determinants of blood donors' loyalty to blood collection services

This section discusses the influence of the constructs on the final loyalty variables. The research proposed relationships between the constructs facilitating conditions, intention to continue behaviour, satisfaction, service quality, trust and each outcome variable, attitudinal loyalty, behavioural loyalty and word of mouth.

8.3.3.1 Influencers of attitudinal loyalty

Regarding attitudinal loyalty, it was proposed that there were positive and significant relationships between the constructs facilitating conditions, intention to continue behaviour,

satisfaction, service quality, trust and attitudinal loyalty. The results provided support for hypotheses H9c, H10d, H11b, H12a and H12b.

Customer satisfaction, service quality and trust all have a significantly positive impact on attitudinal loyalty (H9c, H10d and H11b, respectively). This finding is consistent with the results of previous researchers (Boonlertvanich, 2019; Fatima et al., 2018; Melián-Alzola & Martín-Santana, 2020; Su et al., 2021; Supriyanto et al., 2021). The results further indicate that in the blood collection services context, customer satisfaction has the greatest influence on attitudinal loyalty. A non-significant relationship was found between customer satisfaction and behavioural loyalty (H9d), however. This is explained by V. Kumar et al. (2013) and Liu-Thompkins et al. (2022), who indicated that this is expected, as affective variables such as satisfaction play a bigger role in influencing attitudinal loyalty than behavioural loyalty. It is therefore suggested that if a customer is satisfied with the service provided, they are likely to hold favourable views of the organisation and towards blood donation (Thaichon & Quach, 2015).

From the findings, it can be inferred that if the blood donor perceives the quality of service to be of a high quality, they are more likely to have favourable attitudes regarding blood donation. This is supported by the qualitative findings, which indicated that an overwhelming number of respondents reported a good blood donation experience through the service provided in the process, which has an impact on belief and behaviour (Harrison et al., 2020). The work of Melián-Alzola and Martín-Santana (2020) supports this finding, by stating that the service experience of the donor, during and after blood donation, affects both their attitude and repeated donation. This is consistent with the empirical findings of Dandis and Al Haj Eid (2021), who confirmed the impact of service quality on attitudinal loyalty and word of mouth. The results furthermore showed that trust in the organisation fosters attitudinal loyalty among blood donors, but not behavioural loyalty (H11c) or word of mouth (H11d). These findings are consistent with findings by Boonlertvanich (2019) and Thaichon and Quach (2015), who found that trust has no significant impact on behavioural loyalty, but contradictory to findings by M. T. Liu et al. (2019) and Melián-Alzola and Martín-Santana (2020). The findings of this study indicate that, although blood donors may have trust in the organisation, this will lead to their applying an attitudinal process and developing favourable attitudes, but it does not necessarily translate to their continuously carrying out the behaviour. This suggests that the decision for repeat blood donation is not based on trust in the organisation (Thaichon & Quach, 2015) and that trust may depend on the type of customer and be linked to their expectations (Boonlertvanich, 2019).

Main Finding 15: Service quality and customer satisfaction, trust and intention to continue blood donation behaviour influence the donors' attitudinal loyalty, with satisfaction being the key influencer.

The intention to continue behaviour had a significant and positive influence on both attitudinal loyalty and behavioural loyalty (H12a and H12b), with the stronger influence (β = 0.308) reported for intention's effect on behavioural loyalty. Studies have shown that behavioural intention could lead to actual loyalty behaviour in the form of repeated behaviour (Krishnan, 2021; Meleddu et al., 2015). In relation to blood donation, this indicates that the donor's intention to continue blood donation behaviour makes it highly likely that they will repeatedly donate blood. Interestingly, some empirical studies on loyalty behaviour (Cheng & Jiang, 2020; Rodríguez-Rad & Sánchez del Rio-Vázquez, 2023) have investigated attitudinal loyalty as an antecedent to continued-use intention versus the intention to continue use being a precursor to loyalty. This demonstrates how these variables are used interchangeably in various studies.

8.3.3.2 The influence of facilitating conditions on loyalty

The research proposed that there were positive and significant relationships between the constructs facilitating conditions, attitudinal loyalty and behavioural loyalty. The results indicate that hypotheses H7c and H7d were supported.

The results show that facilitating conditions had a positive and significant influence on behavioural loyalty and word of mouth. This indicates that when there are enablers or conditions that facilitate blood donation, it increases the likelihood of repeat blood donation behaviour and sharing about blood donation by donors. Most respondents (88.6%) agreed with the statement "Knowing where to donate blood encourages me to donate blood", which supports this finding. This is furthermore supported by Liu-Thompkins et al. (2022), who state that behavioural loyalty does not always require the presence of feelings but, is rather influenced by external considerations such as time, location and accessibility. Regarding the positive and significant influence of facilitating conditions on attitudinal loyalty, Wisker et al. (2023) reported a direct influence between accessibility and loyalty. The authors also state that consumers favour an organisation or brand that enables their behaviour (Wisker et al., 2023). These results are supported by the qualitative findings, as the blood donors in the sample mentioned convenience as an influencing factor in their blood donation behaviour and inconvenience as a hindrance to donating blood. These are both negative (hindering) and positive (enabling) facilitating conditions for blood donation that have been found to influence

continued blood donation by donors. It is worth noting that the reminder notifications and accessibility were mainly linked to convenience and successful blood donation, while time constraints and lack of accessibility were linked to inconvenience and not carrying out blood donation. This indicates that in different research contexts, facilitating conditions will differ, as suggested by Kupfer et al. (2019).

8.3.3.3 The influence of attitudinal loyalty on behavioural loyalty

The study proposed that attitudinal loyalty positively and significantly influences behavioural loyalty (H14), and the hypothesis was supported. The results indicated that attitudinal loyalty significantly and positively influences behavioural loyalty. This suggests that, when a blood donor has a favourable attitude towards blood donation and the blood collection organisation, they are more inclined to donate blood repeatedly. This finding is supported by empirical studies (Barra et al., 2018; Cachero-Martínez & Vázquez-Casielles, 2021; Saini & Singh, 2020) that investigated loyalty as a multidimensional construct and found that attitudinal significantly influences behavioural loyalty. Saini and Singh (2020) add that an individual's psychological attachment and affective commitment (attitude) induce the desire to continue the relationship with a brand or service provider. The qualitative findings support this finding, as the blood donors expressed that the preservation of a good reputation by the blood collection organisation and the consistency experienced in the process of donation have led to their commitment to blood donation. This suggests that donors have favourable views or attitudes towards the blood collection organisation. Their commitment (psychological attachment) is demonstrated through frequent and consistent donation, which can be considered behavioural loyalty.

Main finding 16: Intention to continue blood donation behaviour, facilitating conditions and attitudinal loyalty influence behavioural loyalty, with attitudinal loyalty being the strongest influencer.

8.3.3.4 Influencers of word of mouth

Finally, the research proposed that there were positive and significant relationships between service quality, behavioural loyalty and word of mouth. The results provided support for hypotheses H10f and H15.

Service quality was found to have a positive and significant impact on word of mouth, suggesting that when a blood donor experiences high levels of service quality from the blood collection organisation, they proceed to recommend the service and blood donation to others.

These results are consistent with findings from the work of Boonlertvanich (2019), C.-H. S. Liu and Lee (2016) and Pappachan (2021), who assert that service quality is a foundational contributor to a customer's willingness to share information and recommend the use of a service to others. In addition, in the case of blood donation, where donors are aware of the need for blood and the impact of recruiting more donors, Rodríguez-Rad and Sánchez del Rio-Vázquez (2023) suggest the individual may recommend blood donation because of their desire to see the organisation succeed in its cause.

Behavioural loyalty was found to have a strong, significant and positive influence on word of mouth, indicating that blood donors talk positively about and recommend blood donation behaviour and the collection organisation. This is consistent with empirical findings that have shown a direct positive relationship between loyalty and word of mouth (Karim & Rabiul, 2024; Rehman et al., 2022; Upamannyu et al., 2023). In their study investigating relationships between corporate sustainability, customer loyalty and word of mouth, Karim and Rabiul (2024) conclude that loyal customers bring in new ones as a result of their word of mouth. The authors state that, for word of mouth to occur, organisations must develop long-lasting relationships that foster customer loyalty (Karim & Rabiul, 2024).

The qualitative findings indicated that word of mouth plays an important role in blood donation behaviour. The findings support the influence of service quality on word of mouth, as the donors indicated that they shared information about their blood donation experience with their peers and family members. Some mentioned that they do this in the hopes of encouraging others also to donate blood. It is unlikely that the donor would recommend a service that they had a bad experience with, hence confirming that service quality influences word of mouth. The findings further support the result that behavioural loyalty significantly influences word of mouth. The findings showed that some blood donors became advocates of blood donation and intentionally posted about their blood donation on various media platforms with the aim of sharing blood donation information or inspiring others to donate blood. The influence of word of mouth by blood donors was also highlighted as an influencer of donation behaviour for non-donors, making the blood donor an integral part of donor recruitment for the blood collection organisation.

Main Finding 17: Facilitating conditions, service quality and behavioural loyalty influence word of mouth, with behavioural loyalty being the key influencer of word of mouth.

Table 8.1 presents a summary of the key driving variables emanating from the conceptual model proposed for the study, supported by the qualitative findings of the research conducted.

As there were no constructs used in the qualitative phase, the factors that emerged corroborated and provided an explanation for the existing constructs in the conceptual model. These factors may be used to develop a refined model for future testing and analysis

Table 8.1: Summary of the key driving factors in blood donation loyalty

Influencers of intention to continue blood donation behaviour	Influencers of attitudinal loyalty	Influencers of behavioural loyalty	Influencers of word of mouth
• Affect: Guilt • Affect: Pride • Habit • Customer satisfaction • Service quality • Commitment	• Customer satisfaction • Service quality • Trust • Intention to continue behaviour	• Facilitating conditions • Intention to continue behaviour • Attitudinal loyalty	• Facilitating conditions • Service quality • Behavioural loyalty

Source: Researcher's own construction

The following section provides a discussion of the results from the mediation and moderation analyses that were conducted.

8.3.4 Secondary Objective 4: To test the moderation and mediation effects of relationship marketing variables on loyalty

The research proposed that commitment moderated the relationships between trust and attitudinal loyalty, behavioural loyalty and word of mouth. In addition, it was hypothesised that trust has a mediating effect on the relationships between customer satisfaction and attitudinal loyalty, behavioural loyalty and word of mouth.

The results did not support H11e, H11f or H11g, suggesting that there is no indirect relationship mediated by trust between customer satisfaction and the loyalty variables. The results furthermore did not support H13a, H13b or H13c, suggesting that commitment has no moderating effect on the relationship between trust and the loyalty variables.

Other studies (Su et al., 2021; Thaichon & Quach, 2015) have found a direct relationship between commitment and loyalty behaviour, which this study did not test. There is opportunity to test commitment as a direct influencer rather than a moderator.

Trust has been highlighted as an important variable in blood donation behaviour and loyalty behaviour in general. Various authors (Boonlertvanich, 2019; Chiu et al., 2017; D. Y. Kim & Kim, 2021) have noted the mediating role of trust between relationship marketing variables and behaviour. However, besides the hypothesised mediating effect of trust, no other notably

significant indirect relationship of trust was found in the analyses. The conceptual model was complex, and the presence of other constructs may have had an influence on trust. Hence the mediating influence of trust could possibly be tested in a different model testing blood donation loyalty behaviour.

Based on the findings of the study, the factors influencing intention to continue blood donation behaviour and the factors influencing loyalty behaviour have been established. This was achieved by testing the proposed relationships between constructs (as required for Secondary Objective 5) and gaining an understanding from donors about their blood donation loyalty behaviour. The following section discusses how Objective 5 was addressed for this study.

8.3.5 Secondary Objective 5: To propose and empirically test an integrated model that delineates the relationships between socio-psychological and relationship marketing factors on blood donation continuance intention and blood donor loyalty

To address Secondary Objective 5, a conceptual model was developed and proposed in Chapter 4, Figure 4.6. The model was developed through the integration of the constructs from the TIB, FTNC and commitment–trust theory to discover the key determinants of blood donor loyalty. The proposed model provided hypothesised relationships between the socio-psychological constructs and relationship marketing constructs with intention to continue behaviour and loyalty variables.

In the data analysis results presented in Chapter 6, a nested model approach was used, in which three models were tested, building up to the final proposed integrated model. This approach was used to test the impact of the addition of constructs on the variance explained by the dependent constructs and determine whether they improved the model's explanatory power. The results showed that the addition of constructs from the buildup of the TIB, including the FTNC constructs, and then adding the relationship marketing constructs improved the explanatory power of the final conceptual model presented. The results also demonstrated the high predictive relevance of the conceptual model.

8.3.6 Secondary Objective 6: To recommend tailored relationship marketing and social marketing strategies designed to affect blood donor behavioural change toward being loyal donors

8.4.6.1 Donor concerns and recommendations

Although the research questions were addressed by the five themes developed in the qualitative analysis phase of the research, an additional theme emerged and was found to be valuable to the study. Theme 6 is related to the concerns and recommendations that were

expressed by donors of blood collection services. This shows that, as stakeholders of blood collection services, donors have become familiar with the organisation and are somewhat aware of what is happening.

A key concern raised was that of lack of donor information and knowledge, which necessitates donor education. Following that was a public lack of awareness, by which it is meant that non-donors do not fully understand the process of blood donation and the cause itself. These concerns are valid in that the findings discussed in the above sections indicate that word of mouth shared by blood donors is important, but if donors are not confident in their knowledge about blood donation, they may be hesitant to share information. Donors also indicated that they want to know more information than just the fact that their blood may save three lives. Regarding lack of public awareness, this ties in with the finding that donors experience negative public perception about blood donation. Mohammed and Essel (2018) reported misconceptions about the use of blood as one of the barriers to blood donation. Challenges in blood donation were also alluded to in Chapter 2 of the study, which also touched on the beliefs that people hold that cause their reluctance towards blood donation and show a lack of understanding of the impact of non-donation and the dire need for blood donation.

Based on their blood donation experience, donors made recommendations to blood collection organisations. They made marketing-related recommendations, wherein they offered suggestions on improving donor recruitment and donor relations. This indicates that blood donors are aware of the need for more blood donors to grow the donor pool and they are longing to have a relationship with the blood collection organisation. Younger donors suggested that the donation experience be improved, to make it less intimidating, and that it should be more vibrant, to attract more donors to the donation drives. Considering that blood collection organisations are trying to grow the pool of young donors (SANBS, 2023), suggestions from existing young donors must be considered seriously, not only in growing the donor pool, but also in retaining young blood donors.

Main Finding 18: There is a need to create greater public awareness for non-donors and to share more donation-related information with blood donors. Donor relations with the blood collection organisations need to be improved, and younger donors desire an enhanced donation experience.

This objective will be addressed in more detail in the next chapter, with the researcher's further recommendations, based on the findings of the study.

8.4 CHAPTER CONCLUSION

Chapter 8 presented and integrated discussion of findings from the qualitative and quantitative phases of the study. The presentation of the findings was aligned to the objectives that were set for the study, demonstrating that each objective was addressed through the research conducted. The next chapter, Chapter 9, presents the conclusions, recommendations and implications of the study.

CHAPTER 9: RECOMMENDATIONS, CONTRIBUTIONS AND CONCLUSION OF THE STUDY

9.1 INTRODUCTION

Chapter 9 provides a brief overview of the study, aims to draw conclusions from the findings of the research conducted, and then make recommendations accordingly. Each research objective that was set for the study is discussed, highlighting the main findings that addressed the objective. Recommendations are then provided for the secondary objectives. This chapter aims to verify that the objectives of the study were addressed, and that the primary objective of the study was met. The theoretical and practical contributions of the study are covered in this chapter, followed by the limitations of the study and suggestions for future research opportunities that could be explored and considered. The chapter ends with final remarks in conclusion of the study.

9.2 OVERVIEW OF THE STUDY

9.2.1 Overview of the research problem and objectives

The persisting blood shortages in South Africa are mainly attributed to low new-donor recruitment and the lack of retention of existing blood donors to repeatedly and regularly donate blood (Duh & Dabula, 2021). The number of blood donors has been steadily decreasing, and blood collection organisations have not managed to establish a reliable pool of loyal donors (B. Song & Wen, 2019; SANBS, 2023). To overcome this challenge blood, collection organisations need to shift their focus from donor recruitment, which yields short-term outcomes, to donor retention. To achieve this, it is important to understand the socio-psychological aspects that drive loyalty in blood donation behaviour and to understand the reasons behind blood donor loyalty behaviour (B. Song & Wen, 2019). This study's primary objective was to investigate the factors that influence blood donor loyalty in a South African blood collection organisation.

Social marketing is therefore a fitting approach to tackling this problem, as it seeks to influence and promote prosocial behaviour for the benefit of societal good (Romero-Domínguez et al., 2022). Previous studies have given limited focus to investigating the antecedents of blood donor loyalty behaviour, and blood donation research has not received much attention in social marketing literature (Romero-Domínguez et al., 2022). The shift in focus to donor retention necessitates a relationship marketing approach in order to investigate donor loyalty, a stance supported by Martín-Santana et al. (2021). Existing studies of blood donation (Charsetad, 2016; Duh & Dabula, 2021) have focused on donor scarcity and recruitment and, by extension,

have predominantly relied on the TPB to predict blood donation behaviour, with less consideration for research on loyalty behaviour and alternative behavioural models. This study aimed to close these gaps by considering theories that have been successfully tested in prosocial behaviour and by incorporating relationship marketing theory, thereby expanding knowledge using these theories. Lastly, blood donation studies have focused on quantitative methods of inquiry, with little qualitative understanding of the reasons driving blood donation behaviour (Martín-Santana et al., 2021; Mohammed & Essel, 2018; Romero-Domínguez et al., 2022). Through a mixed methods approach, this research sought to gain a comprehensive understanding of donor loyalty behaviour to develop strategies to enhance blood donor loyalty in a blood collection organisation.

Therefore, the following secondary objectives were set for this study:

1. to understand the socio-psychological and relationship marketing factors that influence continued blood donation among blood donors;
2. to understand blood donors' experience with blood collection organisations;
3. to discover the key determinants of blood donors' loyalty to blood collection services;
4. to test the moderation and mediation effects of relationship marketing variables on loyalty;
5. to propose and empirically test an integrated model that delineates the relationships between socio-psychological and relationship marketing factors on blood donation continuance intention and blood donor loyalty; and
6. to recommend tailored relationship and social marketing strategies designed to affect blood donor behaviour change towards being loyal donors.

To achieve the objectives of the research, the study followed a step-by-step process that has been divided into nine chapters, which are summarised in the next section.

9.2.2 Summary of the chapters

The first chapter provided an introduction and background to the study, followed by an outline of the gaps in the literature and the research problem. These were followed by the objectives of the study and the research questions developed for the study. This chapter provided a blueprint of how the research would be conducted to achieve the said objectives and address the research questions.

Chapter 2 provided an overview of the blood donation industry, which included global, regional and local overview of blood donation, outlining the challenges experienced in blood donation.

This included an overview of blood donation in Africa and South Africa, which is faced by unique challenges in these emerging markets.

A review of the literature was conducted in Chapter 3, which covered social marketing literature, relationship marketing literature and literature on blood donation from a social marketing perspective. This chapter revealed the limited research on blood donation in the social marketing context and especially in the South African market.

Chapter 4 provided the theoretical underpinnings of the study, outlining the theoretical frameworks that have been used to investigate and predict human behaviour. These theories were integrated to introduce the conceptual model that was used to determine the drivers of blood donor loyalty and understanding blood donor loyalty behaviour.

Chapter 5 outlined the detailed research methodology that was employed to achieve the objectives of the study.

Chapter 6 presented the results from the statistical analyses for the quantitative phase of the research, which included descriptive statistics, central-tendency measures, preliminary assessment and SEM.

Chapter 7 provided the findings from the thematic analysis conducted for the qualitative phase of the research. The chapter was organised according to the themes that emerged from the data analysis, providing in-depth insights on the loyalty behaviour of blood donors.

With this being a mixed methods concurrent design study, the discussion of findings from Chapters 6 and 7 were merged, discussed and interpreted in Chapter 8. This allowed for corroboration of findings from and contributed to a greater understanding of what drives blood donor loyalty achieving the aims set out for the study.

Finally, one of the research objectives was to develop recommendations of tailored strategies for social marketing practitioners, which are covered in Chapter 9. The chapter ends with practical and theoretical contributions, and avenues for future research.

9.3 RECOMMENDATIONS

Research Objective 6 set out to provide recommendations on the marketing strategy to affect blood donor loyalty behaviour. French and Gordon (2019) make a call for social marketing to operate at a strategic level, rather than an isolated tactical level that is focused on implementing social marketing programmes. Strategy is described as a long-term direction that an organisation wishes to pursue to realise value (i.e. improved performance) over time (Johnson et al., 2020). This study sought to establish the drivers of donor loyalty through the

lens of relationship marketing and social marketing. It highlighted the challenge of the low retention of donors (loyal donors) by blood collection organisations, which, in turn, threatens the sustainability of blood stock levels and the availability of blood products. A donor-retention strategy that seeks to improve donor loyalty and grow the pool of loyal donors in a blood collection organisation is therefore recommended. Ahmad and Buttle (2001) consider a retention strategy to be a key component of the overall marketing strategy, drawing attention to focusing on relationship marketing and highlighting the inadequacies of focusing on new acquisitions in an organisation. Therefore, the recommendations that follow are aligned to the proposed social marketing benchmarking criteria discussed in Chapter 3 and include marketing tactics that can be implemented and are aligned to the retention strategy, informed by relationship marketing and social marketing perspectives. The recommendations are aligned to the objectives of the study and the key findings that have emerged from the research that was conducted.

9.3.1 Recommendation on the drivers of continued blood donation

In understanding the influencers of donation behaviour by blood donors, the research findings indicated that blood donors are driven to donate by their societal contribution, moral responsibility, the perceived importance of donating blood, the benefits realised from donating blood and convenience. Therefore, these are factors that blood collection organisations must keep in mind in their endeavours to retain blood donors. Participants also alluded to the lack of public awareness that may hinder blood donation. Therefore, the following recommendations are made in this regard:

Recommendation 1

Blood donation education campaigns for the public are necessary in order to improve awareness and minimise misconceptions. This recommendation is supported by Mohammed and Essel (2018), who suggest that providing education for the public may be done through radio and television. During the conducting of research for this study, it was noted that currently, in South Africa, communicating to the public about blood donation is mainly conducted on the radio and through social media (on the social media pages of the blood collection organisations); therefore, the addition of television as a medium is recommended. Researchers have found a positive association between marketing-communications initiatives and change in behaviour, and television was found to be powerful in behavioural influence (O'Brien et al., 2015; Scott et al., 2017). This not only contributes to creating awareness but to re-enforcing the desired behavioural outcome of loyalty towards blood donation. Although there has been an increased demand for and uptake of digital media, traditional media is still the largest segment in the South African market, with television dominating local media

(McInnes, 2023). However, Gountas et al. (2019) warn that social marketing studies tend to assume that behaviours will be changed by knowledge-sharing and positive messages directed at the target audience through media. Gountas et al. furthermore state that social marketing communication campaigns should seek to understand the causes and their linked solutions in order to develop messaging that will affect behavioural change.

Based on the findings and the foregoing discussion, the recommendation for practical implementation is that advertisements be placed on TV and radio. The messaging can be developed using what were found to be drivers of blood donation: societal contribution (ubuntu), the importance of donating blood, moral responsibility, the various benefits of donating blood, and the convenience of donating blood. Not only will this messaging reach non-donors, but it should resonate with existing blood donors, who, as a result of these advertisements, may be encouraged to continue contributing to society. Furthermore, the public broadcaster, the South African Broadcasting Corporation (SABC), uses the subsidiary SABC Education to share education through different TV programmes, one of which is *Skeem Saam*, a popular prime-time television series aired every weekday. This programme brings various societal issues to the fore by incorporating them into the script. The series appeals to a large and young audience on the largest public channel (SABC1) and has a viewership of approximately 3.2 million in its 19:30 timeslot (SABC, 2024). This type of campaign may be initiated by blood collection organisations, in partnership with the SABC, and the performance measured over time.

Campaigns should not rely on the use of a single media platform and must be supported by other media in the form of an integrated marketing campaign. Luxton et al. (2015) highlight the importance of integrating marketing capabilities, stating that it encourages the cohesive coordination of the organisation's activities and fosters credibility for all of the marketing-communication components that are implemented. It also assists with the evaluation of performance for the organisation (Luxton et al., 2015). Radio and social media can be used to support this campaign. To amplify the campaign, recaps of the information shared on the aired television episodes can be done on radio SABC radio stations (such as MetroFM), which also enjoy a large listenership. Listeners may be asked to call in and share their views and learnings from the episodes aired that week, thereby fostering organic dialogue and gathering insights on the impact of the campaign.

Social media platforms such as Facebook and Instagram can be used to air short clips from television series and run competitions that would encourage social media engagement from the public. Facebook was selected because it is reported to be the most popular platform, with 22.15 million users in 2023 (McInnes, 2023). The radio recaps may also be used to drive

listeners to the blood collection organisation's social media platforms to engage and enter the weekly competitions. The success of the campaign can be measured using various markers such as the growth in repeat donations and new donations and through digital analytics of social media usage (engagement and following).

9.3.2 Recommendations on improving blood donors' experiences with blood collection organisations

Service quality was highly regarded in the overall donor experience with the blood collection organisation, and communication with blood donors also emerged as a key component of managing relationships with blood donors. In the non-profit sector, organisations that wish to achieve greater levels of loyalty are advised to maintain regular communication with their donors. The importance of good communication has also been highlighted in the healthcare services sector (Fatima et al., 2018; Gaur et al., 2011), confirming its influence on satisfaction and loyalty. Based on the findings and the knowledge of the researcher, blood collection organisations in South Africa, mainly communicate with blood donors to (1) remind them of their next donation, (2) thank them for their donation and (3) appeal to them to donate blood, predominantly through mobile text messaging. Based on the findings, the following recommendations are made:

Recommendation 2

Saini and Singh (2020) advise that, in an effort to encourage loyalty behaviour, organisations need to place focus on delivering good experiences to consumers, patients and donors, in the case of blood donation. In the experience of blood donors, the emphasis has mainly been placed on staff training, facilities and service quality in general. As far back as 2010, however, Ringwald et al. (2010) noted that music, games and videos have been recommended to reduce donation anxiety. Younger donors mentioned that the mobile blood donation sites were serious and intimidating, making it less appealing to them to donate blood. Therefore, this recommendation is provided:

As part of the overall donation experience, which includes good-quality service and trained staff, blood collection organisations can add brand activations, particularly at their mobile blood donation sites, which are generally set up at high schools, universities (where there are mostly young people) and malls. Brand activations are customer–brand interactions that enhance and influence customer experience (Nyadzayo et al., 2020). Research has found that such marketing activities by an organisation improve customer experience and enhance customer engagement with firms (Hollebeek et al., 2019; Nyadzayo et al., 2020). The blood collection organisations may therefore organise blood donation activations at the locations of

the blood donation mobile sites. To maintain privacy for those donating blood, these activations can be positioned close enough to the site to channel donors to the site. The activations could include tactics such as a "spin and win" competition where individuals are asked a donation-related question and get an opportunity to spin a wheel for a prize if they answer it correctly. This is recommended to encourage blood donation and can be done once an individual has donated blood. This might also encourage (previously) non-donors to make their first donation once they have been attracted to the activation activity. Other tactics can be used to build the image of the organisation to foster consumer recall of the brand. In support of this recommendation, Gordon, Zainuddin, & Magee (2016) underscore the importance of social marketing branding in social marketing services, such as blood collection, in this case.

Recommendation 3

Despite donors' desire for communication from the organisation, it is important to note that it should not be overbearing, as some of the donors in this study expressed annoyance at over-communication by the blood collection organisation. Therefore, it is recommended that blood collection organisations use their existing marketing assets, such as websites and social media pages, to communicate with blood donors and keep them informed. Donors need to be consistently provided with information on the performance of the organisations and relevant information to improve their perception of the organisation and foster their loyalty (Sargeant, 2013). This can be implemented by blood collection organisations using their social media platforms and websites. These platforms should be informative and engaging for the users. It is the present researcher's view that, at the time of writing, the websites[2,3] are not very engaging with regard to the content provided. Websites may display live statistics that update periodically and interesting information about blood donation that is presented in a more visual and audiovisual manner rather than just written copy. Sargeant (2013) suggests that donors should be encouraged to interact with the organisation, which is easier to achieve through the digital environment. Blood collection organisations may achieve this on their social media platforms, by sharing "fun facts" about blood donation, and encouraging donors to share their own "fun facts" to demonstrate their blood donation knowledge. Knowledge quizzes or competitions can also be conducted to test donor knowledge. Not only do these initiatives create online interaction, but they also potentially provide insights to the blood collection organisations about what donors know and do not know, creating an opportunity to enhance their knowledge. The role of social media as a marketing tool cannot be underestimated, as it

[2] https://www.wcbs.org.za/
[3] https://sanbs.org.za/

has proved a good source of information for the target market (T. Oliveira et al., 2020). Adding to this, Hollebeek et al. (2019) assert that engaged customers show greater satisfaction and loyalty, to the point of becoming advocates for the brand or organisation.

Recommendation 4

Blood collection organisations have large volumes of donor and donation data (big data), which they can use efficiently to benefit their relationship marketing efforts. They should use this data to improve donor relations. Their data allows them to track where and when a donor is donating, identify donor patterns and uncover general donation trends. This information may be used to trigger a nudge for the donor through mobile and email communication. For example, if it is noted that a donor donated at an alternative donation venue other than their regular venue more than once, they may be asked if they moved work or home recently and then reminded to donate closer to that area for their convenience. If a donor does not donate for an extended period (the duration to be determined), they may be asked whether all is well or if there is cause for their not donating.

Donors may also be sent information about their donation statistics, such as how many lives they have saved through their continued donation, how many donations they have made thus far and how many litres of blood they have donated, denoting their impact and importance as a blood donor. This is the kind of information that the donors in this study were interested in knowing.

Lastly, to monitor the return of deferred donors due to low iron levels, blood collection organisations should keep track of donors who were given iron tablets to increase their iron levels. After a certain period of the issuing of these tablets, donors may be contacted and encouraged to visit their nearest donation centre or blood donation site to test their iron levels again, which may result in their ultimately donating blood if they are eligible to. The blood donors in this study noted deferrals as a discouraging factor; therefore, making an effort to contact these donors will show care from the organisation and influence the relationship. This is supported by Melián-Alzola and Martín-Santana's (2020) blood donation study, in which they state that showing interest in the donor is key for blood collection organisations because such efforts inspire donor trust and increase donor loyalty. These recommendations will help organisations to understand the behaviour donor loyalty and influence other factors such as trust, satisfaction and commitment to reinforce loyalty behaviour.

9.3.3 Recommendations on fostering blood donor loyalty

The findings indicated that social influence is important in blood donation; however, it has a different impact on existing blood donors than it does on non-donors of blood. Blood donors

have the potential to influence the blood donation behaviour of non-donors and other donors, thereby becoming advocates of blood donation. It was indicated that donor commitment influences the continued blood donation behaviour by donors, which is linked to their donation frequency, consistency and donation span. The following recommendations are offered in this regard:

Recommendation 5

Stemming from previous recommendations, it is evident that, while the focus of this study is on donor retention and blood donor loyalty behaviour, first-time donors must be encouraged to become regular donors and therefore may become a secondary target for activities. It has been noted that social influence in blood donation affects existing blood donors differently to non-donors. It is therefore recommended that blood collection organisations seek to better understand blood donors and what drives their behaviour through segmenting and developing profiles for different donor types throughout the donation career. With the vast amount of data accessible to the blood collection organisations and through further research, this can be achieved.

Studies on donors have indicated that there are different types of donors and characterisations of donors. Ringwald et al. (2010) mention first-time blood donors, early-career blood donors and committed blood donors, which calls for tailored approaches to engaging with each donor type. Researchers have suggested different approaches to this, such as determining the types of donor motivations that drive behaviour and determining donor identity types based on their behaviours, beliefs and psychological influences. It is recommended that blood collection organisations create donor typologies so that they may develop relevant strategies to achieve their goals and better target their audience. From a social marketing perspective, N. R. Lee and Kotler (2019) suggest the selection of a priority audience through segmentation in order to increase the effectiveness and efficiency of the outcomes, to develop relevant strategies and allocate resources accordingly. Through this approach, blood collection organisations may also keep track of a donor's career over time and identify existing donors that can be targeted for the donation of other blood products such as platelets, thereby growing the lifetime value of the donors for the organisation.

Recommendation 6

Findings from the study suggest that donor commitment influences continued blood donation behaviour; however, low frequency of donation by blood donors, even though they have been donating for a long time, was reported. Therefore, it is recommended that the blood collection organisations rethink their incentive programmes and incorporate a loyalty programme. Research has shown that loyalty programmes are a powerful tool that can improve customer

relationships and help drive loyalty and loyalty behaviour (Brashear-Alejandro et al., 2016; Kang et al., 2015; Lam & Wong, 2020). In their study on blood donor retention, Ringwald et al. (2010) caution against treating donors as a single grouping and note that retention programmes should be suitable for each targeted group. It must be noted that a loyalty programme is one type of recognition, reward and incentive strategy that blood collection organisations may use (Chell et al., 2022).

Practically, the blood collection organisation may facilitate a loyalty programme by which donors can earn points for their blood donation (varying across the different blood products donated), for the referral of a new donor who successfully donates blood, and for healthy behaviour that facilitates successful blood donation. These points may then be redeemed for various rewards. To facilitate the rewards, it is further recommended that the blood collection organisations partner with businesses that will help in the promotion of blood donation and can provide rewards. In a study on organ donation, Hoang (2024) supports philanthropic partnerships that seek to promote donation behaviour. These partnerships must be established with companies that align with the objectives of the blood collection organisations and resonate with blood donors. For example, the SANBS encourages blood donors to lead a healthy lifestyle (as seen through their social media campaigns). This aligns with the objectives of Discovery Health's Vitality programme,[4] which encourages and incentivises healthy living, and has partnered with various businesses such as gyms, retailers (food and clothing) and restaurants that offer healthy food alternatives. Vitality subscribers could earn points for blood donation as part of the partnership with the blood collection organisation. It is worth noting that South Africa is made up of people from various socio-economic backgrounds, and not all people can afford health insurance; therefore, other suitable partnerships must be sought to cater to a wide range of blood donors. Therefore, the partnership used in this example is just one of the potential partnerships that could be established, based on the desired traction.

Recommendation 7

To facilitate loyalty programmes and other functions of the blood donation process, the blood collection organisations are advised to invest in the development of a mobile application (app). With the proliferation of technological advances, the popularity of mobile apps continues to grow across various industries (Stocchi et al., 2022). It is noted that the WCBS has an app (as

[4] Discovery Health is a medical insurance company which has a health and wellness programme called Vitality. Vitality is a behaviour change programme that rewards subscribers for making better health and lifestyle choices. (Discovery Ltd., n.d.)

shown in Figure 9.1) that has limited functionality. No app was found for the SANBS. The American Red Cross Blood Services has a Blood Donor App, on which donors can schedule and manage their appointments, complete the questionnaire before their donation, view their donation history and medical results, track their blood journey and lastly, earn achievement badges based on their donation milestones (Red Cross Blood, 2024). Mobile apps have been used across various sectors such as banking, retail and healthcare, and have been found to add value to the lives of consumers, offering improved service quality and customer satisfaction (Potgieter & Rensleigh, 2022). In support of this recommendation Kopalle et al. (2020) and Stocchi et al. (2022) assert that mobile apps foster customer engagement, enhance customer experiences and satisfaction, facilitate communication and information-sharing and offer opportunities to shape and influence behaviour.

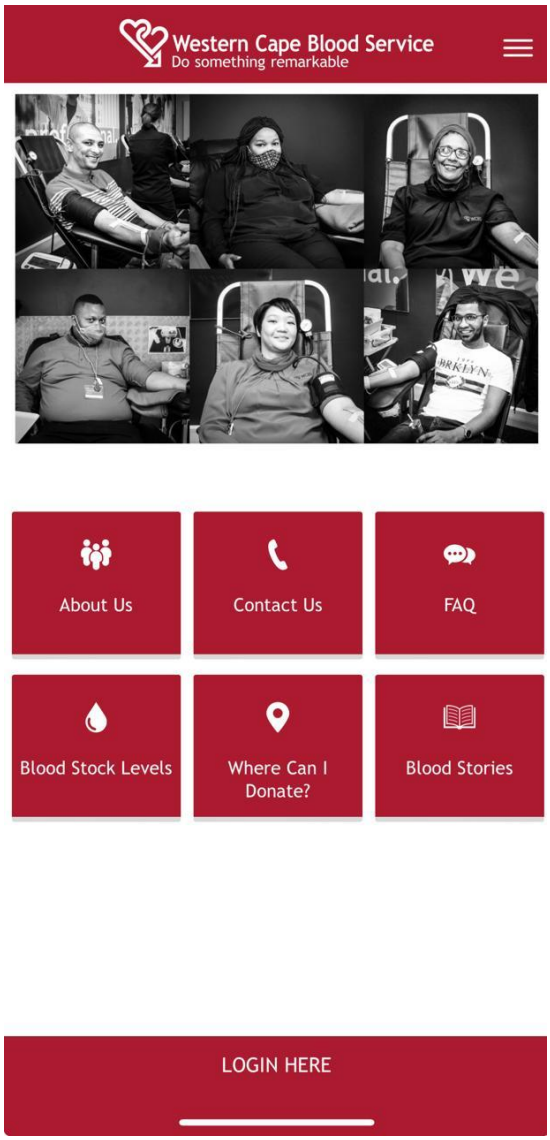

Figure 9.1: WCBS mobile application

Source: WCBS (n.d.-d)

9.3.4 Recommendation on the influence of guilt and pride in continued blood donation

The findings indicated that guilt has a great influence on donors' intentions to continue donating blood, meaning that failure to donate blood makes the blood donors feel guilty and influences them to want to donate blood. The following recommendation is made regarding these findings:

Recommendation 8

As indicated by the findings, moral responsibility to blood donation influences feelings of guilt when a donor has failed to donate blood. It is therefore recommended that blood collection organisations induce guilt to promote continued engagement and encourage blood donors to donate blood consistently. In the same breath, donors must be encouraged to develop the habit of donating to become reliable donors. Adams et al. (2020) confirm that in prosocial behaviour, guilt is more influential than pride in promoting repeat behaviour, such as saving water over time. However, in the context of organ donation, Kong and Chun (2024) found that pride appeals are preferred to guilt in marketing messaging, but the authors concede that it varies according to the characteristics of donors.

Practically, blood collection organisations can implement this recommendation by crafting marketing messages reminding donors of the importance of their participation in blood donation and encouraging them to be reliable donors by donating regularly (even indicating the desired number of times a donor should aim to donate every year). This can be facilitated through social media and the marketing communication platforms suggested in Recommendation 1. In addition, the blood collection organisation can send personalised communication (including via the donor app) to donors informing them of the material difference that they have made (e.g. how many lives they have saved through their past donations or what their blood was used for in general – saving cancer patients or helping women in childbirth) and appealing to them to continue making a difference. This is possible with the donation and donor data that is at the disposal of the blood collection organisations.

9.3.5 Recommendation on word of mouth in blood donation behaviour

With regard to the key drivers of loyalty, the findings demonstrated the importance of word of mouth in blood donation and indicated that behavioural loyalty is an influencer of word of mouth. This means that loyal blood donors are more likely to talk about blood donation and their blood donation experience. As was previously mentioned, aside from donating blood regularly, blood donors are encouraged to be advocates of blood donation and try to recruit others to donate blood. Therefore, the following recommendation is made:

Recommendation 9

Blood donors should be encouraged to share their donation experiences with their peers on social media platforms and in their in-person interactions. This recommendation is supported by Martin et al. (2019), who state that in blood donation, friends and family are the ideal recipients of word of mouth. In a blood donation study, Duh and Dabula (2021) recommend the use of social media influencers, but caution that social media influence may have limited impact because the perceptions generated through such influence may be affected when the potential donors fully understand what it takes to be a blood donor (getting to the donation site, medical examination and drawing of blood). Therefore, testimonials and reviews from actual blood donors are preferred to influence perceptions about blood donation (Duh & Dabula, 2021).

Practically, the blood collection organisations may encourage blood donors to share their blood donation experiences by having marketing material such as a photo booth or frame at their donation drives and donation sites, where donors can take a photo to show that they have just donated blood. This enhances the blood donation experience. The donors should be encouraged to post and share their blood donation experience on social media and tag the blood collection organisation. This also increases user-generated content for the blood collection organisations. Recommendation 6 is also provided in this regard, as the referral of new donors can be incentivised, which, in turn, encourages more word of mouth from the blood donors.

Overall, nine recommendations have been provided for this study. These recommendations have been provided in line with the main findings of the study and are supported by empirical literature. Moreover, the practical application for the implementation of each recommendation by blood collection organisations and social marketing practitioners has been provided for each.

9.4 SIGNIFICANCE OF THE STUDY

This section discusses the theoretical and practical contributions of the study.

9.4.1 Theoretical contribution of the study

This study provides theoretical contributions and advances research in the field of social marketing, particularly blood collection services. The theoretical contributions include:

First, the study advances social marketing theory through a proposed integrated conceptual model that incorporates relationship marketing and psychology-related theories to determine the drivers of donor loyalty in blood donation in a society plagued by a shortage of blood that

threatens its well-being. Using behavioural theories, as encouraged by social marketing scholars N. R. Lee and Kotler (2019), in social marketing literature, the conceptual model for this study was developed through the integration of the TIB, FTNC and the commitment-trust marketing theory. The TIB is a comprehensive theory that is versatile, allowing a thorough explanation of behaviour change, which is key to social marketing theory and practice. Norms are an integral part of social marketing and behaviour change, therefore the incorporation of the FTNC allows for a through investigation into social norms from separate sources. The commitment trust theory adds the relationship marketing perspective which is missing in social marketing research and particularly blood donation studies. This integrated model incorporated theories that are often used in the investigation of prosocial behaviour, but not in the study of blood donation. This brings a fresh perspective to the study of blood donation behaviour, which has mainly relied on psychology-based behaviour theories such as the TPB and HBM. The integration of the theories used in this study makes for a unique contribution, as theories inclined to prosocial behaviour have been used, but a relationship marketing perspective which underpins loyalty behaviour has also been included. This research heeds the call from Romero-Domínguez et al. (2022), who indicated that future research on blood donor behaviour from a social marketing perspective needs to have a holistic approach that considers a variety of factors in determining donor behaviour.

Second, the study contributes to advancing social marketing in the social-change landscape, as alluded to in Chapter 3. The study upholds the social marketing benchmarks that include audience research in the form of blood donors, segmentation to achieve effective interventions, incorporation of theory into social marketing interventions and customer orientation to reflect the concept of relationship marketing (French & Russell-Bennett, 2015; Rundle-Thiele et al., 2021). One of the core principles of social marketing is to design interventions that are aligned with the target audience's needs (French & Gordon, 2019; N. R. Lee & Kotler, 2019). The present research was geared towards understanding the behaviour of blood donors and unravelling the factors influencing their decision to continue to donate blood. Findings from this study revealed the importance of donor segmentation in understanding blood donors and developing social marketing programmes suited to the identified propriety target audience.

Third, Russell-Bennett et al. (2019) raised the concern that social marketing is more organisation-oriented than customer-oriented, noting that the service encounter and experience through various touchpoints is essential in solving social issues and promoting well-being. This study therefore presented a customer–donor-oriented perspective to blood donation literature, adding to the body of knowledge in this field. In addition, Rundle-Thiele et al. (2019) highlighted the lack of or underutilisation of theoretical frameworks in social

marketing research and by social marketing practitioners to inform their strategies. This research has contributed to social marketing literature practice, as it developed social marketing research that will aid social marketers in blood donation and related fields to adopt new methods to influence desired behaviour that benefits society.

Fourth, social marketing has been criticised for being a sub-discipline of marketing, therefore resulting in its marginalisation by marketing scholars (French & Gordon, 2019). This study contributed to shifting the narrative from the adaptation of a traditional capitalist marketing approach to social issues, to a behavioural influence approach, as French and Gordon (2019) encourage, to legitimise social marketing. Social marketing seeks not only to change behaviour, but to sustain the performance of behaviour, which is crucial for the progress of blood collection organisations and social marketers.

Fifth, this study focused on existing blood donors, whereas previous studies have focused mainly on new-donor acquisition and recruitment, particularly motivators of and barriers to blood donation. While limited studies have focused on donor loyalty and retention (Melián-Alzola & Martín-Santana, 2020; M'Sallem, 2022), they have not used an integrated approach that brings in the relational aspect of blood donation through integration with behavioural theories in blood donation research. Moreover, by investigating the loyalty behaviour of blood donors, the present study went further than repeat donation as a loyalty outcome, but considered behavioural loyalty, attitudinal loyalty and word of mouth, which are highly encouraged of blood donors. The consideration of loyalty as a multidimensional construct is a further contribution of this study, particularly to blood donation research and social marketing literature.

Sixth, the extensive review of literature in Chapter 3 highlighted the minimal contribution made by researchers in the Global South to social marketing literature, even though, in practice, numerous social marketing issues are addressed at a practical level. This study therefore contributes to social marketing literature, expanding the research conducted, particularly in South Africa and Africa as a whole.

Seventh, the study makes a methodological contribution in that, while most studies on blood donation used either a qualitative or quantitative (mostly quantitative) research design, this study used a mixed methods research approach. Through the use of a mixed methods design, this study contributes to the study of blood donation and donor behaviour, which has mainly been approached using quantitative methods, with limited use of qualitative or a combination through mixed methods. Therefore, the research makes a unique contribution to the comprehensive understanding of donors' blood donation behaviour. This approach not only resulted in quantifiable results, but also produced findings that provided insights on the

reasons for the behaviour of blood donors, thereby offering a holistic understanding of blood donation loyalty behaviour. The corroboration of findings adds to the rigour of the research and the outcomes thereof.

Lastly, the study used the BRT as one of the underpinning theories, which was mainly incorporated into the qualitative part of the study. The BRT is an underutilised theory in marketing, even more so in social marketing research, in comparison to theories such as the TPB and TIB. Therefore, this study contributes to the further development of BRT literature in these fields. In the discussion and integration of the qualitative findings, the findings were linked to the constructs of the BRT, which could be used to develop scale items and test relationships between constructs in the BRT model from a blood donation behaviour perspective. This is a foundation upon which further research on donor behaviour using BRT can be built.

9.4.2 Practical contribution of the study

This study also contributes to social marketing practice through its practical implications. The practical contributions include:

The study contributes to research that advances the attainment of the UN SDGs, at a global level, and the South African NDP, at a national level. SDG3, and one of the outcomes in the NDP 2030 focused on health seek to ensure healthy lives and promote overall health and well-being (National Planning Commission, 2017; WHO, 2024). This study makes proposals that aim to improve the retention of blood donors, which, in turn, will enhance the sustainability of blood availability to ensure adequate functioning of the healthcare system that is reliant on blood donations. Sustainability in blood availability helps to build a resilient healthcare system, especially. This study contributes to the South African healthcare sector (public and private), with potential application in other African countries facing blood donation challenges.

The findings provide significant blood donor behavioural insights which can be used by blood collection organisations in conjunction with their existing usage data to better inform their decisions. In addition to that, through the use of research data and organisational data, this study has recommended the characterisation and profiling of donors in order to target them better in the future. This is a valuable contribution not only to blood donation practice, but to wider social marketing practice because targeted individuals cannot be approached using homogeneous tactics. This practice is already well used in traditional marketing practice and will be impactful to social marketing.

The study provides key factors that influence loyalty behaviour among blood donors. The insights from the findings can be used by blood collection organisations to achieve their

objectives by tailoring their marketing efforts accordingly. Recommendations are provided in this regard and an overall retention strategy has been suggested in order to affect campaigns and initiatives that will influence blood donor behaviour.

There has been a call for social marketing practitioners to use research to inform their practice, particularly consumer research, to understand their audiences better (Andreasen, 2002). In its 2023 integrated annual report, the SANBS notes donor retention as one of the key risks for the organisation and states that there is a need to conduct donor-focused consumer research (SANBS, 2023). This study heeds the call for research-informed interventions and responds to this concern about donor research. The current research offers valuable donor-behaviour insights that could be used by the organisations and assist in building on further research in future.

9.5 LIMITATIONS OF THE STUDY

The study provides valuable information and insights on the drivers of blood donor loyalty and loyalty behaviour in blood donation. However, it is not without limitations.

The first limitation of this study is that it was cross-sectional and had a time limitation owing to the academic research project's being bound by time constraints. Therefore, a limited number of responses and participants was obtained, affecting the attainment of a larger sample, which could have yielded a more comprehensive understanding of blood donor loyalty behaviour. A longitudinal study would allow the researcher to observe commitment behaviour, such as regular and frequent donation over time. This would aid in gaining thorough understanding of the population of interest and discovering patterns, which will yield more robust findings and help in the prediction of future behaviour. In addition, in the quantitative phase, a self-administered questionnaire was used. This use of self-report measures to gain responses from blood donors can be affected by social-desirability bias where respondents may have overstated their donation behaviour to be more socially acceptable and to be perceived favourably. Recall bias may also affect the study, as respondents overstate or understate their blood donation behaviour because they may not remember their past donation activities.

Secondly, the study was geographically limited to the blood donor population of South Africa. The findings of this study therefore do not reflect the extent of the problem under investigation for other African countries. Therefore, the findings of this study may not be relevant to blood donors in other African countries and countries beyond the continent on account of their different contexts. Due to differences in culture and blood donation system processed between South Africa and other African regions, the generalisability of this study's findings may be affected.

9.6 SUGGESTIONS FOR FUTURE RESEARCH

Limitations in research present opportunities for future research. Therefore, the following suggestions are provided for future research:

The facilitating conditions construct in this study possessed scale items with low factor loadings, resulting in the exclusion of statement FC4. Similarly, in the study by Dang Vu and Nielsen (2022), facilitating conditions was completely excluded from the model owing to low factor loadings. This, and the contradictory findings for the construct, indicate the need to further refine the measurement items for this construct, for it to be considered in future studies. Kupfer et al. (2019), in their research on the determinants of hand hygiene, split facilitating conditions by items that measured time constraints and items that measured equipment access, which each had a different effect on account of the context of the research. Future research could consider refining the scale, taking into consideration some of the challenges and suggestions that have been offered in this and other empirical studies.

This study was geographically limited to the blood donor population of South Africa and therefore limits the applicability of findings. It is therefore suggested that future studies could include donors from various countries in Africa with similar blood donation contexts to compare the findings and insights that would emerge in the various country settings. Africa is highlighted in particular because (as noted in Chapter 2) it has been indicated that it is a region with some of the lowest blood donation rates in the world.

The study surveyed only existing blood donors to determine what drives their loyalty behaviour; therefore, there is an opportunity for future research in the form of a comparative study to be conducted. Such a study may survey both donors and non-donors of blood to give them an opportunity to express their views. The findings may be compared across groups to identify similarities and differences. Future studies can also explore the role of demographic variables in donor loyalty behaviour. The correlation between age, gender, geographic location and/or socio-economic status may present insightful data on the loyalty behaviour of donors.

This study was conducted using self-administered questionnaires and interviews, the findings and recommendations of which were supported by studies from various disciplines, as indicated in the limitations. This provides an opportunity therefore for the evaluation of the suggested recommendations to be conducted in a social marketing context so that future social marketing studies can be based on and supported by social marketing literature. Experiment-based studies can be conducted to test the effectiveness of social marketing interventions, particularly blood donation in the South African context, which, to the author's

knowledge is not a common practice. Added to that, there is opportunity for future research in blood donation behaviour to incorporate consumer neuroscience to investigate the effectiveness of social marketing communications. Gountas et al. (2019) recommend this as an alternative approach to traditional measures of advertising effectiveness. In addition, as suggested by Romero-Domínguez et al. (2022), the study of blood donation must incorporate neuromarketing to study behaviour and address donor and consumer responses from a neuropsychological viewpoint. Techniques such as eye-tracking can be used determine the cognitive process of a consumer or blood donor when exposed to related marketing communication or donation communication. It can also establish donor engagement with various treatment that sought to be tested in the blood donation context.

This study contributed to the advancement of BRT literature in the context of social marketing and the field of blood donation services. Therefore, future studies can build on the findings provided that are linked to the BRT constructs and develop items for BRT constructs whose relationships can be tested using the BRT model in a blood donation setting.

These suggestions for future research contribute to the advancement of literature in the field of social marketing and the influencing of behaviour in the long term, for the well-being of society. The next section provides final remarks to conclude this research.

9.7 FINAL REMARKS AND CONCLUSION

Given the ongoing global blood shortages that threaten the good functioning of the health system worldwide, blood collection organisations play a fundamental role in supporting the needs of the healthcare system in their respective nations. These organisations rely on the goodwill of individuals to donate blood to achieve a sustainable supply of blood. It has been confirmed that the retention of blood donors is required to attain a reliable pool of donors who contribute to the availability of blood over time. In response to this problem, the main objective of this research was to investigate the factors influencing blood donor loyalty behaviour in a blood collection organisation in South Africa.

This study sought to identify the key determinants of blood donor loyalty behaviour in a blood collection organisation and to understand the loyalty behaviour and experiences of blood donors. A mixed methods research design was implemented to realise the objectives of this study and gain an in-depth understanding of the phenomenon in question. The theories underpinning this study were the TIB, FTNC, the commitment–trust theory of relationship marketing, and the BRT. A conceptual model was developed through the integration of the TIB, FTNC, and the commitment–trust theory of relationship marketing. A questionnaire was administered to blood donors residing in South Africa, and a total of 658 usable responses

were collected. The results from the tested conceptual model indicated the following in terms of key drivers of blood donation loyalty behaviour:

- The intention to continue blood donation behaviour is mainly influenced by guilt, pride, habit, customer satisfaction and service quality.
- Attitudinal loyalty is significantly influenced by customer satisfaction, service quality, trust and the intention to continue blood donation behaviour.
- Behavioural loyalty is mainly influenced by facilitating conditions, intention to continue blood donation behaviour and attitudinal loyalty.
- Word of mouth is significantly influenced by facilitating conditions, service quality and behavioural loyalty.

In-depth interviews were conducted with 18 participants, the findings of which revealed factors that drive and inhibit continued donation by blood donors, as well as their experiences with blood donation and the blood collection organisations. The results of the quantitative research and the findings of the qualitative research were combined, and it was found that the results support each other. In particular, the quantitative results were supported by the qualitative findings, which aided in explaining reasons for blood donors' behaviour. The results of this study contribute to both theory and practice in social marketing, as the study has contributed to knowledge in this field of study, first through focusing on blood donation behaviour and secondly, by using a relationship marketing perspective to understand loyalty in blood donation behaviour. The study provides practical recommendations for the development of a retention strategy by blood collection organisations and suggests marketing tactics for a social marketing approach that practitioners and blood collection organisations may consider. It has been stated that, although it is a foundational aspect of social marketing, a theoretical grounding is often lacking in the development of social marketing interventions, which remains a challenge for social marketing practitioners and non-profit organisations in designing interventions. These recommendations are therefore valuable, as they are informed by research and supported by theory.

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ANNEXURE 1: INTERVIEW GUIDE

Gender:

Age:

Location (Province):

Welcoming and briefing on the purpose of the study. Ensuring confidentially and confirming receipt of the consent form. Informing the participant how long the interview may take and asking them to talk freely about their blood donation behaviour and experience.

Informing the participant that the interview will be recorded and starting the recording.

Opening questions	
Questions	**Probing Questions**
1.1 How did you start donating? 1.2 When last did you donate blood?	Can you provide more details? How long have you been donating? How often do you donate blood? – (why) (do you donate this often?)
Questions	**Probing Questions**
General Questions	
2.1 Would you consider yourself as a loyal blood donor?	Why do you say that?
3. This is a two-part question: Tell me about your experience on a day when you have to donate blood – what makes it easy? 3.1 What makes it difficult?	Tell me about the steps from when you wake up until you donate
Beliefs and Values	
4. How do you feel about blood donation in general? 4.1 How does donating blood make you feel? 4.2 How does not donating blood make you feel?	What has shaped those feelings? (Eg. experience, friends, media)
5. Can you please describe the level of importance you place on donating blood?	Why do you feel that way, please explain
Global Motives (Attitude)	
6. Do you think there are any disadvantages of blood donation?	For you? For blood recipients? Please explain How do they affect your attitude towards blood donation?
7. Do you think there are any benefits of blood donation?	For you? For blood recipients? Please explain How do they affect your attitude towards blood donation?

Intentions and Behaviour /Reasons for & Against	
8. What motivates you to continue donating blood?	Please elaborate/explain. (Reasons for continued donating)
9. What would stop or discourage you from donating blood?	Please elaborate/explain. (Reasons for discontinuing)
Let's talk about the blood collection organisation	
10. How would you describe the quality of communication you receive from your collection organisation?	How do they communicate with you? Would you change anything about how they communicate?
11. Can you please describe how you feel about the interactions you have with your blood collection organisation when you donate blood?	Can you please explain a bit more? Can you give me an example of an interaction you had?
12. What do you expect from your blood collection organisation when you donate blood?	Can you think of a time when they were met? Can you think of a time when they were not met?
13. Who do your share with regarding your blood donation experience	Why do you share with them? What do they think about you donating blood? How does that make you feel about donating blood in future?
14. What is your understanding of what the blood collection organisation does with donated blood?	What do you think happens to your blood after you have donated (clarification) Is there anything that makes you trust that this is what happens? Is there anything that makes you distrust that this is what happens?
15. If you had any advice for blood collection organisations, what would you tell them?	
16. Is there anything else you would like to share about blood donation or the blood collection organisation?	

We have reached the end of the interview. Thank you for taking part in this interview. Your time is appreciated. The recording will be stopped.

ANNEXURE 2: QUESTIONNAIRE

Why do they stay? Drivers of blood donor loyalty: a relationship and social marketing perspective

Questionnaire

Instructions

Please take your time to respond to the questionnaire, and answer all of the questions. It will take between 15-20 minutes to complete the questionnaire.

The questionnaire consists of closed-ended questions with multiple choice options in each section. Read each question carefully.

When evaluating a question, please answer the question from your own perspective. Your responses will be kept completely confidential, so please answer the questions as honestly as you can.

Place an **X** in the applicable box.

Screening question

1. Have you donated blood in the past 5 years?

Yes	1	No	2

If you answered No to question 1, please do not continue to complete the survey. If you answered Yes to question 1, please continue to answer the questions that follow.

Usage questions

1. On average, how often do you donate blood?

Once every 3 years	1	3-5 times in a year	4
Once every 2 years	2	Other (please specify below)	5
1-2 times in a year	3		

2. For how long have you been a blood donor?

Less than 3 months	1	2 years or more, but less than 3 years	5
3 months or more, but less than 6 months	2	3 years or more, but less than 4 years	6
6 months or more, but less than 12 months	3	4 years or more, but less than 5 years	7
12 months or more, but less than 2 years	4	5 years or more	8

Section A: Attitude to and perception of blood donation

On a scale of 1 to 5, where 1 is 'strongly disagree' and 5 is 'strongly agree', indicate the extent to which you agree with each of the following statements by placing an **X** to indicate the level of your agreement in each case.

Affect: Guilt

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
AG1	I feel irresponsible when I don't donate blood	1	2	3	4	5
AG2	I feel guilty when I don't donate blood	1	2	3	4	5
AG3	I feel bad when I don't donate blood	1	2	3	4	5
AG4	I feel like I have done something wrong when I don't donate blood	1	2	3	4	5

Affect: Pride

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
AP1	I feel proud to be a blood donor	1	2	3	4	5
AP2	Donating blood makes me feel good	1	2	3	4	5
AP3	I feel like I have done something good when I donate blood	1	2	3	4	5
AP4	I am glad that I donate blood	1	2	3	4	5

Injunctive norms

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
IN1	Most of the people who are important to me **think** I should donate	1	2	3	4	5
IN2	Most of the people who are important to me **would approve** of my donating blood	1	2	3	4	5
IN3	Most of my peers **think** that donating blood is a good thing to do	1	2	3	4	5
IN4	Most of the people in my family **think** that donating blood is a good thing to do	1	2	3	4	5

Descriptive norms

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
DN1	Most of the people who are important to me **donate** blood	1	2	3	4	5
DN2	Most of the people I know **take part in blood donation drives**	1	2	3	4	5
DN3	Most of my peers **donate blood**	1	2	3	4	5
DN4	Members of my family **donate blood**	1	2	3	4	5

Personal norms

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
PN1	Because of my values, I feel obliged to donate blood	1	2	3	4	5
PN2	I feel personally obliged to donate blood	1	2	3	4	5
PN3	I feel that it is important to donate blood	1	2	3	4	5
PN4	I believe that people should try their best to donate blood	1	2	3	4	5

Cognition of consequences

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
CC1	Donating blood contributes to helping people who need blood	1	2	3	4	5
CC2	I am aware that blood donation is needed by hospitals for medical procedures	1	2	3	4	5
CC3	I am aware that blood donation contributes to saving lives	1	2	3	4	5
CC4	I am aware that blood collection organisations always need blood	1	2	3	4	5

Facilitating conditions

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
FC1	I know of blood donating sites close to me	1	2	3	4	5
FC2	Communication about the need for blood encourages me to donate blood	1	2	3	4	5
FC3	I have time to donate blood	1	2	3	4	5
FC4	There are enough blood donation sites in my area	1	2	3	4	5
FC5	Knowing where to donate blood encourages me to donate	1	2	3	4	5

Habits

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
HBT1	Donating blood is something I **do frequently**	1	2	3	4	5
HBT2	I would find it hard not to donate blood	1	2	3	4	5
HBT3	Donating blood is something I **have been** doing for a long time	1	2	3	4	5
HBT4	Donating blood is something I do automatically without much thought	1	2	3	4	5

Trust

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
TR1	I trust that the blood collection organisation uses donated blood for those who need it	1	2	3	4	5
TR2	I trust that the blood collection organisation has the donors' best interests at heart	1	2	3	4	5
TR3	I trust that the blood collection organisation does not pressure donors	1	2	3	4	5
TR4	I trust that the blood collection organisation always acts to guarantee that our country has good levels of blood supply	1	2	3	4	5
TR5	The blood collection organisation is trustworthy	1	2	3	4	5

Intention to continue behaviour

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
ICB1	I intend to continue donating blood regularly (at least two or more times a year)	1	2	3	4	5
ICB2	I will donate blood as often as required by the blood collection organisation	1	2	3	4	5
ICB3	I intend to donate blood during the next six months	1	2	3	4	5
ICB4	I want to donate blood more often than I have done before	1	2	3	4	5

Commitment

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
COM1	I am a committed blood donor	1	2	3	4	5
COM2	I intend to donate blood consistently	1	2	3	4	5
COM3	I intend to keep donating blood	1	2	3	4	5
COM4	Donating blood deserves to get my maximum effort	1	2	3	4	5
COM5	I feel a strong connection with the blood collection organisation	1	2	3	4	5

Attitudinal loyalty

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
AL1	I have positive feelings towards the blood collection organisation	1	2	3	4	5
AL2	I have a positive feelings about the work that is done by the blood collection organisation	1	2	3	4	5
AL3	I consider myself to be a loyal blood donor	1	2	3	4	5
AL4	I believe that being a blood donor is important	1	2	3	4	5
AL5	I think that donating blood is a good practice	1	2	3	4	5

Behavioural loyalty

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
BL1	I plan to continue donating blood	1	2	3	4	5
BL2	I plan to donate blood without being reminded	1	2	3	4	5
BL3	I plan to keep supporting the blood collection organisation	1	2	3	4	5

Word of mouth (WOM)

Statement		Strongly disagree				Strongly agree
		1	2	3	4	5
WOM1	I share positive information about donating blood	1	2	3	4	5
WOM2	I speak positively about my blood donation experience	1	2	3	4	5
WOM3	I encourage my friends and family to donate blood	1	2	3	4	5
WOM4	I share positive information about donating blood with my friends and family	1	2	3	4	5

Section B: Background questions

B1 Please indicate your age category

1. 18 – 24 years		4. 41 – 50 years	
2. 25 – 30 years		5. 51 – 60 years	
3. 31– 40 years		6. 61 – 70 years	

B2 Please indicate your gender

1. Female		2. Male		3. Prefer not to say	

B3 Please indicate which race/ ethic group you belong to

1. Black		4. Indian	
2. Coloured		5. Other (specify)	
3. White			

B4 What is your highest level of completed education (completed)

1. Primary school		5. Bachelor's degree	
2. Some high school		6. Honours degree	
3. Matric (Grade 12)		7. Master's degree	
4. Diploma		8. Doctorate	

B5 Which ONE of the following describes your employment status best?

1. Full-time employed by a company		5. Housewife or househusband	
2. Part-time employed by a company		6. Self-employed	
3. Full-time student		7. Retired	
4. Part-time student		8. Unemployed	

B6 Please indicate the province you reside in

1. Eastern Cape		6. Mpumalanga	
2. Free State		7.North West	
3. Gauteng		8. Northern Cape	
4. KwaZulu-Natal		9. Western Cape	
5. Limpopo			

Thank you for taking the time to complete this survey! Please share the link to the survey with someone you know who donates blood.

ANNEXURE 3: REFLECTIVE JOURNAL

Reflection on the pilot study **01/08/2023**

Today I reviewed my pilot interviews in preparation for the first set of interviews that will be taking place this week. It is important that I reflect on my role as the interviewer and my influence on the research process as a researcher. With me personally being a blood donor, I had to acknowledge that I could potentially influence the interviews. As such, it was important for me to remain neutral throughout the interviews in order not to influence the participants' responses. However, this put me in a position where I was knowledgeable about the phenomenon under study and familiar with the processes of the blood collection organisation. This would make it easy for me to understand what the participants are saying and be able to seek clarity where needed. However, it is important that I do not make assumptions about the lived blood donation experiences of the participants. This preliminary exercise raised my consciousness of the things I am aware of regarding blood donation and new information from the experience of others. Therefore, I need not agree or disagree with the participants and the information shared in an attempt to remain impartial. The pilot study also allowed me to reflect on the questions and the order in which they are posed in the interview guide. It enabled me to clarify aspects of the interview guide that needed improvement and concepts that required clarification or simplifying in the interviews. Reflecting on the interviews will be important in ensuring reflexivity and transparency in the study as part of the trustworthiness of the research.

Reflection on the initial interviews **10/08/2023**

Today I conducted the fourth interview and it being the first lot of the interviews, it was important to note the data collection experience thus far. The interviews varied in terms of duration, and it was important that I interrogate what factors may have influenced each interview. It was apparent that donor experience and length of donation played a role the amount of information shared. The more experienced participants had more to share when answering the questions. It is also important to ensure that as the interviewer, I do not allow the participants to digress from the topics covered in the interview guide, without making them feel like their views are not considered. It was also important for me to be mindful of my flexibility during the interviews, as some participants spoke about topics before they were addressed through the interview guide. I needed to maintain the flow of the interview without being repetitive, yet also ensuring that all the questions in the interview guide were addressed. This became easier as I adjusted with each interview where necessary, keeping flexibility in

mind for the rest of the interviews to be conducted. I look forward to hear what the experiences of the other participants has been and their views on blood donation and the blood collection organisation.

Reflection on the conclusion of interviews **11/09/2023**

As the interview process progressed, there were challenges regarding the scheduling of an appointment for two participants, but it was important that I accommodate the participants in a way that would be convenient for them. This meant having schedule an appointment in the evening and consider the mind state of the participants at the end of the day. This however did not have a negative impact on the interviews in any manner that would compromise the quality of the data collected. Sixteen interviews have been conducted at this point and it seems like there in no new and unique information emerging from the interviews. As such, I needed to make a call to conclude the interview process and honour the interviews that had been already scheduled (two of them). This decision is in line with the concept of data saturation, where the data collected is no longer yielding new information. Considering that a sample size of between 15-20 participants is acceptable for the qualitative phase of the research, a total of 18 participants was viewed as acceptable for this study.

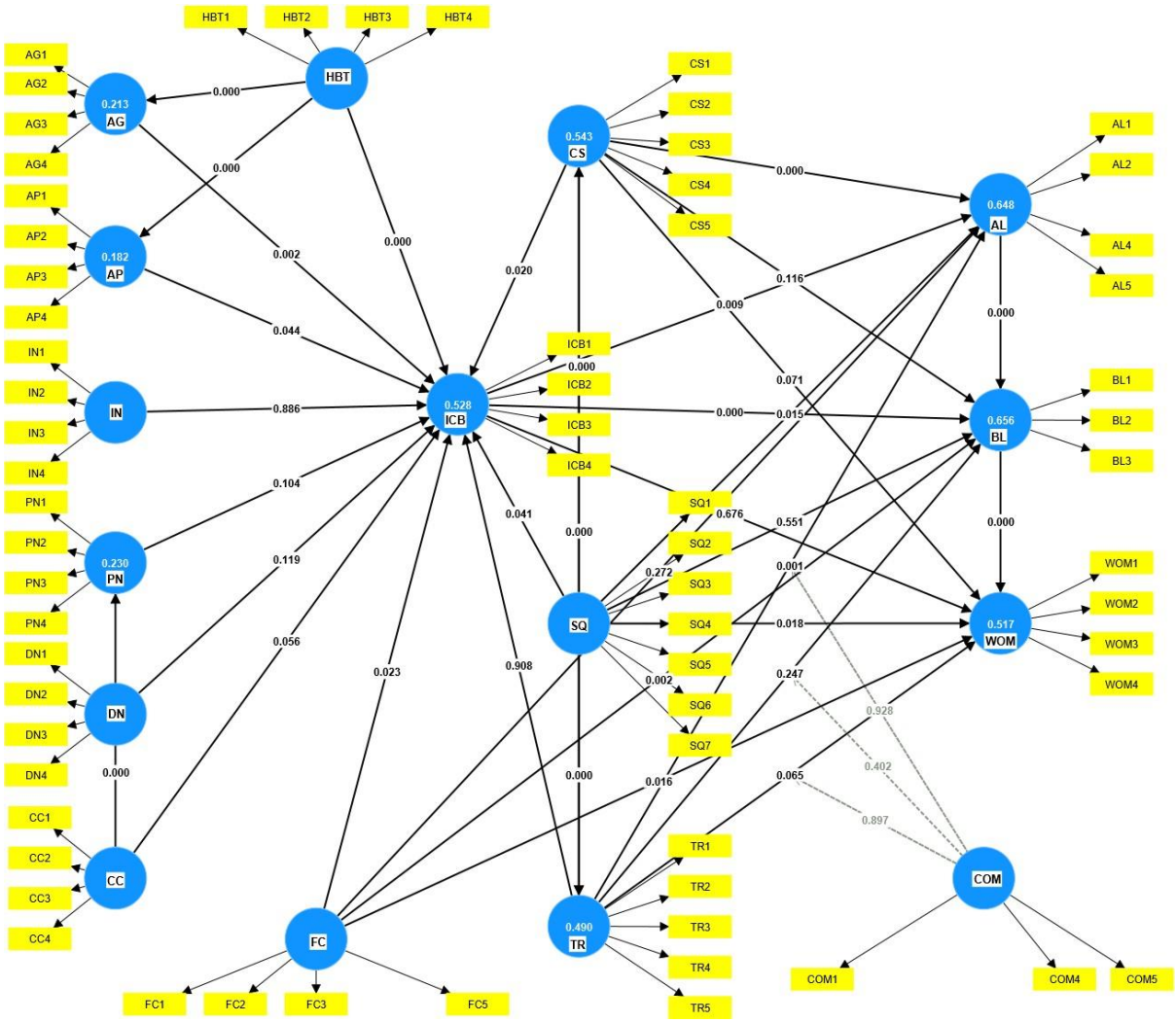
Reflecting on the data collection process throughout the period, I have maintained neutrality and was cautious in not influencing the participants through my own disposition to blood donation. I was mindful of the criteria of trustworthiness that must be achieved in the research; therefore, I conducted the interviews in a manner that insured credibility of the research. In general, participants were honest about their views and feelings regarding blood donation and the blood collection organisation. There were varying views on what is true regarding some aspects of the blood donation process and what happens to the blood post donation. Some participants raised some controversial issues regarding the blood donation process, which I was aware of as a researcher and blood donor, but this enlightened me further regarding the importance of addressing issues instead of ignoring them. What was interesting though was that the participants continued to donate blood because the issues they raised did not really seem to negatively affect their blood donation behaviour. Most participants were vocal about what can be improved, providing recommendations for the blood collection organisation. In the same breath, most participants were satisfied with the organisation and their experience in the blood donation process.

ANNEXURE 4: ASSESSMENT OF NORMALITY RESULTS

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
AG1	658	3.25	1.252	−.338	.095	-.896	.190
AG2	658	3.39	1.196	−.509	.095	-.643	.190
AG3	658	3.56	1.148	−.692	.095	-.322	.190
AG4	658	3.14	1.212	−.163	.095	-.945	.190
AP1	658	4.54	.727	−2.371	.095	7.954	.190
AP2	658	4.39	.767	−1.814	.095	5.056	.190
AP3	658	4.50	.711	−2.061	.095	6.660	.190
AP4	658	4.50	.690	−1.966	.095	6.493	.190
IN1	658	3.45	1.043	−.371	.095	-.408	.190
IN2	658	3.99	.879	−.958	.095	.978	.190
IN3	658	3.83	.923	−.695	.095	.207	.190
IN4	658	3.94	.936	−.979	.095	.900	.190
PN1	658	3.48	1.138	−.438	.095	-.680	.190
PN2	658	3.58	1.104	−.527	.095	-.529	.190
PN3	658	4.35	.715	−1.459	.095	3.973	.190
PN4	658	4.39	.722	−1.442	.095	3.421	.190
DN1	658	3.37	1.102	−.321	.095	-.723	.190
DN2	658	3.34	1.126	−.342	.095	-.880	.190
DN3	658	3.19	1.103	−.173	.095	-.892	.190
DN4	658	3.40	1.136	−.470	.095	-.733	.190
CC1	658	4.66	.630	−2.660	.095	10.214	.190
CC2	658	4.68	.592	−2.641	.095	10.764	.190
CC3	658	4.72	.578	−2.919	.095	12.648	.190
CC4	658	4.64	.615	−2.308	.095	8.494	.190
FC1	658	4.15	.864	−1.254	.095	1.836	.190
FC2	658	4.13	.923	−1.234	.095	1.499	.190
FC3	658	4.12	.834	−1.047	.095	1.461	.190
FC4	658	3.32	1.176	−.215	.095	-.997	.190
FC5	658	4.25	.726	−.964	.095	1.655	.190
HBT1	658	3.50	1.037	−.329	.095	-.679	.190
HBT2	658	3.47	1.087	−.425	.095	-.593	.190
HBT3	658	3.87	.987	−.839	.095	.165	.190
HBT4	658	3.88	1.008	−.841	.095	.099	.190
CS1	658	4.28	.756	−1.477	.095	3.793	.190
CS2	658	4.40	.666	−1.365	.095	3.974	.190
CS3	658	4.43	.668	−1.520	.095	4.682	.190
CS4	658	4.40	.645	−1.175	.095	3.258	.190

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
CS5	658	4.32	.763	−1.468	.095	3.308	.190
SQ1	658	4.13	.807	−1.101	.095	1.877	.190
SQ2	658	4.41	.674	−1.268	.095	3.165	.190
SQ3	658	4.38	.706	−1.477	.095	4.082	.190
SQ4	658	4.38	.679	−1.218	.095	3.048	.190
SQ5	658	4.40	.685	−1.305	.095	3.026	.190
SQ6	658	4.08	.932	−1.039	.095	.758	.190
SQ7	658	4.00	.919	−.935	.095	.694	.190
TR1	658	4.45	.649	−1.251	.095	2.941	.190
TR2	658	4.42	.660	−1.219	.095	2.877	.190
TR3	658	4.36	.679	−1.099	.095	2.183	.190
TR4	658	4.34	.690	−1.157	.095	2.756	.190
TR5	658	4.37	.671	−.907	.095	1.257	.190
ICB1	658	4.25	.783	−1.057	.095	1.442	.190
ICB2	658	3.95	.982	−.828	.095	.230	.190
ICB3	658	4.13	.848	−.941	.095	.788	.190
ICB4	658	3.98	.926	−.776	.095	.262	.190
COM1	658	3.99	.884	−.796	.095	.513	.190
COM2	658	4.08	.827	−.947	.095	1.274	.190
COM3	658	4.30	.689	−1.114	.095	2.816	.190
COM4	658	4.05	.859	−.860	.095	.875	.190
COM5	658	3.87	.921	−.555	.095	-.147	.190
AL1	658	4.24	.699	−1.096	.095	2.954	.190
AL2	658	4.31	.653	−1.085	.095	3.394	.190
AL3	658	4.09	.858	−.790	.095	.293	.190
AL4	658	4.40	.643	−1.037	.095	2.326	.190
AL5	658	4.46	.633	−1.371	.095	3.994	.190
BL1	658	4.36	.660	−1.132	.095	3.103	.190
BL2	658	4.24	.793	−1.199	.095	2.156	.190
BL3	658	4.37	.658	−1.135	.095	3.160	.190
WOM1	658	4.22	.765	−1.203	.095	2.385	.190
WOM2	658	4.34	.663	−1.032	.095	2.550	.190
WOM3	658	4.29	.754	−1.137	.095	1.800	.190
WOM4	658	4.38	.655	−1.158	.095	3.078	.190
Valid N (listwise)	658						

ANNEXURE 5: GRAPHIC REPRESENTATION OF STRUCTURAL MODEL



ANNEXURE 6: ETHICAL CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Matubatuba

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H23/05/16**
PROJECT TITLE	Why Do They Stay? Drivers of Blood Donor Loyalty: A Relationship and Social Marketing Perspective
INVESTIGATOR(S)	Ms R Matubatuba
SCHOOL/DEPARTMENT	School of Business Sciences/
DATE CONSIDERED	19 May 2023
DECISION OF THE COMMITTEE	Approved Risk Level: Minimal
EXPIRY DATE	24 July 2026

DATE 25 July 2023 **CHAIRPERSON** _____
(Professor J Watermeyer)

cc: Supervisor : Prof P Issock and Dr M Zulu

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **A SIGNED COPY** returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

ANNEXURE 7: CERTIFICATE OF ATTENDANCE – EMAC DOCTORAL COLLOQUIUM 2022

CERTIFICATE OF ATTENDANCE

This is to certify that

MS. RELEBOHISENG MATUBATUBA

• Has participated in the EMAC DOCTORAL COLLOQUIUM 2022, held in BUDAPEST, HUNGARY, MAY 22-24, 2022

Anne-Laure Marteaux
CONFERENCE MANAGER

RUE DU FOSSÉ AUX LOUPS 38, 3 1000 BRUSSELS BELGIUM, Tel: +32 2 226 66 67 Fax: ()
Website http://www.emac-online.org

ANNEXURE 8: SECOND RUNNER-UP AWARD, CAPSI, 2022

ANNEXURE 9: BEST PAPER AWARD – GBATA CONFERENCE 2024

GBATA | Global Business and Technology Association®

Best Paper Award

Presented to

Relebohiseng Matubatuba

for the paper entitled

"Commitment and Trust: Shaping GenZ's Loyalty in Non-Profit Blood Donation Organisations"

Twenty-Fifth Annual International Conference
Lisbon, Portugal
July 9-12th, 2024

Prof. Dr. N. Delener
Conference Chair, GBATA

ANNEXURE 10: ATLAS.ti TRAINING CERTIFICATE

ATLAS.ti

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Relebohiseng Matubatuba

In recognition of having participated in the free session of

Conduct thematic analysis with ATLAS.ti

Dr. Neringa Kalpokas, Director

ANNEXURE 11: CERTIFICATE FROM LANGUAGE EDITOR

Kevin Walker
BA Hons (Linguistics) (Wits)
Accredited Text Editor (English): Professional Editors' Guild (PEG), South Africa
PEG membership number: WAL005 (Membership year: March 2024 to February 2025)
083 492 7965 | hello@kevinwalker.co.za | www.kevinwalker.co.za

4 October 2024

To whom it may concern

DECLARATION BY LANGUAGE EDITOR

Details of manuscript:	
Author:	Relebohiseng Matubatuba
Type:	Thesis
Degree:	Doctor of Philosophy in Marketing
Institution:	University of the Witwatersrand
Title:	Why do they stay? Drivers of blood donor loyalty: A relationship- and social-marketing perspective
Approx. Length:	103,000 words (excluding front matter, reference list and annexures)

I hereby declare that I have edited the abovementioned manuscript for English language usage. In line with ethical practices for the editing of academic work for examination, this is limited to the following, as suggested by the Professional Editors' Guild (n.d.):[1]

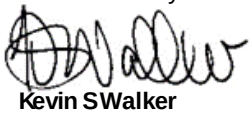
- the correction of mechanical errors such as spelling, punctuation and grammar;
- basic formatting and layout;
- querying repetition, obvious omissions or internal inconsistencies, for correction by the author;
- checking correspondence between in-text citations and the reference list; and
- checking for correct referencing style (according to the *APA Publication Manual*, 7th edition).

All content, research, arguments and their structure/order otherwise remain the original work of the author. My intervention did not include the checking for plagiarism, AI-generated text, the veracity of claims or the legitimacy of works cited.

The document was returned to the author with tracked changes and comments, and the onus is on the author to attend to the suggested changes and queries. The author accepts full responsibility for any further revisions to the manuscript that have not undergone editing.

Should you wish to contact me for any further information, my details may be found above.

Yours faithfully



Kevin S Walker

[1] https://editors.org.za/wp-content/uploads/Copy-Editing-Academic-Texts-Guidelines-For-Students-And-Authors.pdf

ANNEXURE 12: DEFINITION AND OPERATIONALISATION OF CONSTRUCTS

Construct:	Definition	Operationalisation	Source
Cognition of Consequences	The individual's awareness of the negative or positive consequences related to performing the behaviour; this could be consequences to themselves or others	Blood donor awareness of the positive consequences of donating blood and negative consequences of not donating blood.	(Triandis, 1977)
Behavioural intention	Refers to the motivation and deliberation towards making a decision to perform a given behaviour. Behavioural intention is considered as a direct antecedent to actual behaviour.	Blood donor intention to continue donating blood and the extent to which they are willing to become loyal, by means of regular blood donation.	Russell-Bennett, Mulcahy, Little & Swinton, (2018) Rezaei, Safa, Damalas & Ganjkhanloo (2019)
Facilitating conditions	Environmental factors that influence the judgment of the individual and affect their performance or non-performance of a behaviour.	Facilitating conditions relate to access to blood donation services, the operating times and information provided by the blood collection organisation	Amin, Abdul-Rahman & Abdul-Razak (2016)
Trust	The customer's expectation of a positive effect from the experience of engaging with a service provider	Blood donor trust in the blood collection organisation influences the blood donors' behaviour to continue donating blood.	Nyadzayo & Khajehzadeh (2016)
Commitment	The ongoing desire of a customer to preserve a relationship with a service organisation.	The blood donor's commitment to donating blood and likelihood to maintain the behaviour.	Shaalan, Tourky, Barnes, Jayawardhena, Elshaer (2021)
Affect: Guilt	Guilt is a negative emotion experienced when an individual is cognisant that he or she has not met a societal expectation.	The blood donor's reaction or how the individual feels when they have failed to respond to initiatives such as blood donation drives and continued donation.	Kandaurova & Lee (2019)

Affect: Pride	Positive feelings (pride or happiness) that are associated with the individual's successful performance of desirable behaviour.	Feelings of pride about the donor's blood donation behaviour can evoke favourable responses towards blood donation.	Anand & Gaur (2019)
Injunctive norms	Injunctive norms indicate the extent to which an individual perceives others (friends, family and associates) approve or disapprove of their behaviour.	The extent to which a blood donor perceives others approve of blood donation	Schuster, Kubacki, & Rundle-Thiele (2016)
Descriptive norms	Descriptive norms refer to the degree which an individual perceives that others (friends, family and associates) carry out a behaviour.	The extent to which a blood donor perceives others to be donating blood.	Schuster, Kubacki, & Rundle-Thiele (2016)
Personal norms	Personal norms reflect an individual's consciousness of how to behave, in accordance with their values, which results in the individual feeling obligated to behave in a certain manner.	The blood donors' personal norms and consciousness of blood donation have an influence on their intention to donate blood regularly.	Issock Issock, Roberts-Lombard & Mpinganjira (2020)
Habits	Habits are consistent behaviour patterns that have been historically maintained and carried out without extensive deliberation and consideration and they become an automatic process. They are measured by the frequency of an individual's past behaviour.	Habit is conceived as the frequency of past blood donation behaviour. If the blood donor donates blood regularly, they are likely to form the habit which will become an automatic behaviour in future regular donation.	Russell, Young, Unsworth & Robinson (2017)
Satisfaction	The emotional response of an individual towards a service experience and involves an evaluation of the service by the individual to determine the extent to which the service organisation met their needs.	The extent to which the blood donor is satisfied the blood collection organisation, their service and processed.	Kaur & Soch (2018)
Service quality	Service quality relates to the extent which the service provider has met or exceeded the expectations of the customers and measured using various service quality dimension.	The blood donor's evaluation of service quality in relation to their blood donation experience, considering various service quality dimensions.	(Al Chalabi & Turan (2017)

Attitudinal loyalty	Attitudinal loyalty refers to an individual's state of mind associated with a product, organisation or service provider, based on prior experience.	The blood donors state of mind (feelings) about blood donation and the blood collection organisation.	Fatima, Malik & Shabbir (2018)
Behavioural loyalty	Behavioural loyalty refers to ongoing acquisition of products from an organisation or use of services from the same provider	The blood donor's willingness to continue engaging in blood donation and with the blood collection organisation.	Fatima, Malik & Shabbir (2018)
WOM loyalty	Refers to going beyond continuous use to being willing to recommend a product or service and it incorporates correspondence and communication from the recipient with other individuals.	The willingness and extend to which the blood donor speaks of and recommends blood donation.	Fatima, Malik & Shabbir (2018)

Development of the questionnaire

Construct:	Original Item/s	Items:	Source
Screening question: Have you donated blood in the last 5 years		No Yes	Developed by researcher
Usage question: How frequently do you donate blood?		Once a year 1-2 times a year 3-5 times a year Other (specify)	Developed by researcher
Usage question: For how long have you been a blood donor?		Less than 3 months 3 months or more, but less than 6 months 3 months or more, but less than 6 months 1 year or more, but less than 2 years 2 years or more, but less than 3 years 3 years or more, but less than 4 years 4 years or more, but less than 5 years 5 years or more	Developed by researcher
Demographic information		Age Gender Race	Developed by researcher

		Education level Employment status	
Cognition of consequences (4 items)	I consider household food waste reduction to be a major way to reduce pollution. I believe that household food waste reduction creates a better environment for future generations. E-waste recycling improves the environment.	Donating blood contributes to helping people who need blood. I am aware that blood donation is needed by hospitals for medical procedures. I am aware that blood donation contributes to saving lives. I am aware that blood collection organisations always need blood.	Attiq, Habib, Kaur, Hasni & Dhir (2021); Kochan, Pourreza, Tran & Prybutok (2016).
Intention to continue behaviour (4 items)	I intend to give blood during the next 6 months. I will try to give blood during the next 6 months. I would like to become a regular blood donor (twice or more times a year)	I intend to continue donating blood regularly (at least two or more times a year). I will donate blood as often as required by the blood collection organisation. I intend to donate blood during the next six months. I want to donate blood more often than I have done before.	Moussaoui, Herren-Vichet, Baldelli, Waldvogel & Desrichard (2019); Gilchrist, Masser, Horsley & Ditto (2019); Melian-Alzola & Martin-Santana (2020)
Facilitating conditions (5 items)	If I were informed that blood supplies were low, I would give blood during the next 6 months. If donating blood took less time, I would give blood during the next 6 months. There are not enough recycling bags available to separate the household waste. The system of collection of separated household waste material is not well organised in my area.	I know of blood donating sites close to me Communication about the need for blood encourages me to donate blood If I knew where to donate regularly, I would donate regularly. I have time to donate blood There are enough blood donation sites in my area. Knowing where to donate blood encourages me to donate.	Moussaoui, Herren-Vichet, Baldelli, Waldvogel & Desrichard (2019), Kupfer, Wyles, Watson, La Ragione, Chambers & Macdonald (2019)
Trust (5 items)	I trust that the donation centre or venue uses blood appropriately. I trust that the donation centre or venue does not pressure donors.	I trust the blood donation organisation uses donated blood for those who need it. I trust the blood donation organisation has the donors' best interests.	Barra, Pressgrove & Torres (2018); Melian-Alzola & Martin-Santana (2020)

	I trust that the donation centre or venue always acts to guarantee an adequate blood supply. This charity is trustworthy.	I trust that the blood donation organisation does not pressure donors. I trust that the blood donation organisation always acts to guarantee good levels of blood supply for our country. The blood donation organisation is a trustworthy organisation.	
Commitment (5 items)	The relationship I have with charities… • Is something I am very committed to. • Is something I intend to maintain indefinitely. • Deserves maximum effort to maintain. I would describe myself as a loyal supporter of this charity. I feel a sense of belonging to this charity. I will be giving more to this non-profit next year	I am a committed blood donor. I intend to donate blood consistently. I intend to keep donating blood. Donating blood deserves to get my maximum effort. I feel a strong connection with the blood collection organisation.	Liu, C. J. (2019). D'Souza,Valladares, Ratten, Nanere, Ahmed, Nguyen & Marimuthu (2021).
Affect: Guilt (4 items)	I would feel regret if I did not engage in business start-up activity in the next 6 months. I would feel upset if I did not engage in business start-up activity in the next 6 months. I feel irresponsible when I do not separate the waste in my household. I feel guilty if I do not separate the waste in my household. I feel bad when I do not separate the waste in my household.	I feel irresponsible when I don't regularly donate blood. I feel guilty when I don't donate blood regularly. I feel like I have done something wrong when I don't donate blood regularly. I feel bad when I don't donate blood regularly.	Neneh (2019). Issock Issock, Roberts-Lombard & Mpinganjira (2020). Jiang, Ding, Li, Sun, Jiang, Liu, & Sun (2020).
Affect: Pride (4 items)	If I picture myself buying GP. I feel glad.	I feel proud to be a blood donor. Donating blood regularly makes me feel good.	Haj-Salem, Ishaq & Raza (2022). Onwezen, Bartels, & Antonides (2014).

	I feel proud. If I will purchase GP, I will feel happy. If I would behave in an environmentally friendly way, then I feel: proud/worthy/extremely good.	I feel like I have done something good when I donate blood regularly. I am glad that I donate blood.	
Injunctive norms (4 items)	How often do you think that your friends think that people? should eat meals containing meat? How often do you think that your family (who you do not live with) think that people should eat plant-based? meals	Most people who are important to me think I should donate. Most people who are important to me would approve donating blood. Most of my peers think that donating blood is a good thing to do. Most of the people in my life think that donating blood is a good thing to do.	Sharps, Fallon, Ryan & Coulthard (2021).
Descriptive norms (4 items)	How often does your significant other eat meals containing meat? How often do your friends eat meals containing meat? How often does your family (who you do not live with) eat plant-based meals?	Most of the people who are important to me donate blood. Most of the people that I know part in blood donation drives by donating blood. Most of my peers donate blood. My family members donate blood.	Sharps, Fallon, Ryan & Coulthard (2021).
Personal norms (4 items)	Due to my personal values, I feel obliged to separate waste materials in my house. No matter what other people think or do, I feel personally obliged to separate waste material in my house. I feel that it is important to separate household waste material for future disposal. People like me should do everything they can to separate household waste	Due to my values, I feel obliged to donate blood regularly. No matter what other people think or do, I feel personally obliged to donating blood regularly. I feel that it is important to donate blood regularly. People who qualify should try their best to donate blood regularly.	Issock Issock, Roberts-Lombard & Mpinganjira (2020)

Habits (5 items)	In regard to using the Internet at work for non-work-related reasons, answer the following questions: I do it frequently. I do it automatically. It would require effort not to do it. I have been doing it for a long time	Donating blood is something I do frequently. I would find it hard not to donate blood. Donating blood is something I **have been** doing for a long time. Donating blood is something I do automatically without much thought.	Moody & Siponen (2013)
Satisfaction (5 items)	I am satisfied by saving lives and achieving value from the blood donation. I am satisfied with the added value of blood donation (free medical examination, health promotion, souvenirs, honorary titles, etc.) I am satisfied with the services of the staff. I am satisfied with the overall image of the blood bank. Overall, all aspects of voluntary blood donation are in line with my expectations	Overall, I am satisfied with the blood donation organisation. I am satisfied with treatment I receive when I donate blood. I am happy with the service that I receive from the blood donation organisation. Overall, I am satisfied with the blood donation process. I am satisfied with the communication received from the blood donation organisation.	Chen, Wu & Guo (2020)
Service quality (6 items)	Central blood bank has modern looking equipment. The facilities are sufficiently clean. Employees in CBB area consistently courteous with me. Employees in CBB have the knowledge to answer my questions. The donation centre or venue (either fixed or mobile) is accessible and easily available I get a thank-you letter or message after each donation.	The blood donation organisation has up-to-date facilities at their blood donation sites. The donation sites are clean. The staff at the blood donation site are always friendly and polite to me. The staff provide information needed to explain the blood donation process clearly. The blood donation sites are easy for me to access. The BDO keeps in touch with me after my donation.	Al-Zubaidi & Al-Asousi (2012) Melian-Alzola & Martin-Santana (2020)

Attitudinal loyalty (5 items)	If I had to do it over again, I would choose this coffeehouse brand. I try to use this coffeehouse brand because it is the best choice for me. I consider myself to be a loyal patron of this coffeehouse brand	I have positive feelings towards the blood collection organisation. I have a positive feelings about the work that is done by the blood collection organisation. I consider myself to be a loyal blood donor. I believe that being a blood donor is important. I think that donating blood is a good practice.	Barra, Pressgrove & Torres (2018) Choi, Ok & Hyun (2017)
Behavioural loyalty (4 items)	I am planning to keep donating to this charity in the long-term. Even if I know there are many other charities, I always support the same one.	I plan to continue donating blood. I plan to donate blood without being reminded. I plan to keep supporting the blood collection organisation.	Barra, Pressgrove & Torres (2018)
WOM loyalty (4 items)	I say positive things about this restaurant to other people. I recommend this restaurant to someone who seeks my advice. I encourage friends and relatives to do business with this restaurant. I encourage my relatives, friends and co-workers to donate blood. I discuss the positive aspects of blood donation among my relatives, friends and co-workers.	I share positive information about blood donation. I speak positively about my blood donation experience. I encourage my friends and family to donate blood regularly. I share positive information about blood donation with my friends and family.	Ding & Jiang (2021). Barra, Pressgrove & Torres (2018)