



Recruiting and retaining plasmapheresis donors: A critical belief analysis



Kathleen L. Bagot ^{a,*}, Barbara M. Masser ^b, Katherine M. White ^c,
Louise C. Starfelt ^c

^a Public Health, The Florey Institute of Neuroscience and Mental Health, 245 Burgundy Street, Heidelberg, Vic. 3084, Australia

^b School of Psychology, McElwain Building, The University of Queensland, St Lucia, Qld. 4072, Australia

^c School of Psychology and Counselling, Queensland University of Technology, Victoria Park Road, Kelvin Grove., Brisbane, Qld. 4059, Australia

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ABSTRACT

This paper identifies critical beliefs underpinning intentions to commence and continue plasmapheresis donation. Whole blood ($n = 624$) and first-time plasmapheresis ($n = 460$) donors completed a cross-sectional survey assessing the belief-base of the theory of planned behaviour and rated their plasmapheresis donation intentions. While the idea of red blood cells being returned was a key deterrent for all donors, critical beliefs underlying commencement and continuation in the plasmapheresis donor panel differed and varied as a function of blood donation history. Findings will assist the development of targeted persuasion messages to optimise recruitment and retention of plasmapheresis donors in a non-remunerated context.

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1. Introduction

The global demand for plasma-derived products continues to increase [1,2]. This increase is partially due to plasma's versatility in medical treatments [3], continued advancements in the safety and effectiveness of IVIg therapies [4–6], coupled with an increase in an ageing population and age-related diseases [7,8]. With the plasmapheresis donor recruitment and retention literature in its infancy [9], it is not surprising that many countries are reliant on internationally sourced products to complement national supplies [2,10]. For blood collection agencies (BCAs) committed to self-sufficiency via voluntary non-remunerated donation [11], a key challenge is how to successfully recruit and retain plasmapheresis donors.

In some countries (e.g., Australia, the Netherlands), plasmapheresis donors are recruited from the whole blood (WB) donor panel. By targeting those with at least one successful WB donation, BCAs can identify eligible donors (e.g., vein suitability, blood type) who can endure the demands of apheresis [12] (e.g., longer donation time, return of fluids). This recruitment strategy supports donor safety and should facilitate retention through the reduction of vasovagal reactions.

BCAs use personalised communication and specialised marketing strategies (e.g. Ref. 13) to recruit and retain new donors to meet collection targets. Although there is a rich understanding of people's decisions to donate WB (or not) [14–18], the theoretical understanding of beliefs underlying plasmapheresis donation is scant and, until recently, largely derived from remunerated samples [16]. The efficacy of these strategies for a plasmapheresis panel requires an understanding of factors which encourage and hinder people from donating plasma.

Bagot and colleagues conducted focus groups with donors who had declined to commence plasmapheresis donation ($n = 30$) and those with varying plasmapheresis donation experience ($n = 157$) [19,20]. These donors identified specific

Abbreviations: BCA, blood collection agency; TPB, theory of planned behaviour; WB, whole blood.

* Corresponding author. Public Health, The Florey Institute of Neuroscience and Mental Health, 245 Burgundy Street, Heidelberg, VIC 3084, Australia. Tel.: +61 3 9035 7114; fax: +61 3 9035 7304.

E-mail address: kathleen.bagot@florey.edu.au (K.L. Bagot).

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benefits, such as increased donation frequency and pride in belonging to a “special” group (of plasmapheresis donors), and deterrents, such as a lack of relevant information, to plasmapheresis donation [19,20]. Importantly in this voluntary non-remunerated context, although donors appreciated rewards and tokens, they were not vital to commencement or continuation [19]. However, this qualitative work did not examine the relationship between beliefs and intention or behaviour.

One of the most well-validated models used to explicate cognitions underlying blood donation intentions and behaviour is the theory of planned behaviour (TPB [21]). The TPB posits that the antecedents of a target behaviour are people’s perceptions of costs and benefits (behavioural beliefs), others’ (dis)approval (normative beliefs), and barriers and facilitators (control beliefs) of the behaviour. These belief-sets, respectively, result in a negative or positive evaluation (attitude), perceived social pressure (subjective norm), and perceived ease or difficulty (perceived behavioural control; PBC) of performing the behaviour. In the model, attitude, subjective norm, and PBC underpin intention which, in turn, is a proximal determinant of behaviour. PBC can also directly predict behaviour. The efficacy of the TPB in explaining blood donation has been supported by meta-analytic evidence with attitude and PBC, in particular, demonstrating strong associations with intentions [22].

Only three studies have examined plasmapheresis donation using the TPB in a non-remunerated setting [23–25], reporting similar results with direct predictors accounting for substantial variance in intentions (between 50% and 77%). The Veldhuizen and van Dongen [23] study provides valuable information regarding the pre-donation differences between WB and plasmapheresis donors, including that, prior to their first donation, subsequent plasmapheresis donors reported higher self-efficacy, more positive attitudes, and less anxiety about the donation than subsequent WB donors [23]. However, this study did not specifically target drivers or deterrents of commencing plasmapheresis donation. Addressing this limitation, two prospective studies with plasma-eligible WB donors revealed that attitude [24] and PBC [24,25] predicted intentions of making a first lifetime plasmapheresis donation within a 4- to 6-month follow-up period, with intention predicting subsequent behaviour.

These studies provide key information to BCAs for their recruitment messaging by identifying targets for behaviour change interventions [26]. One issue with the extant quantitative research on voluntary non-remunerated plasmapheresis donors is the sole focus on identifying the key direct predictors of intention within the TPB. These broad direct predictors do not readily translate to marketing campaigns [27,28]. In short, while we know that changing attitudes and perceptions of control will change plasmapheresis commencement intentions and subsequently behaviour, we do not know how to change donors’ attitudes and control perceptions. Further, to date, no study has considered retention within the voluntary non-remunerated plasma panel. To develop effective targeted messages for both recruitment and retention, it is important to establish which behavioural, normative, and control beliefs are contextually salient and influence behaviour [26].

The aim of this paper was to identify the critical beliefs of plasmapheresis intentions among WB donors (to identify beliefs underlying commencement) and first-time plasmapheresis donors (to identify beliefs underlying continuation). The specific objective was to assess the relative importance of contextually salient TPB-based behavioural, normative, and control beliefs to establish the unique predictors (critical beliefs; see Ref. 29) of plasmapheresis intentions. These beliefs were examined by two donor demographic factors likely to influence beliefs and subsequent BCA operations: gender [27] and donation experience [30]. Gender differences in blood donation beliefs [31] may be critical for BCAs given the clinical benefits associated with differences between male and female plasmas [32,33] requiring recruitment of specific genders. Underlying beliefs may also vary due to prior WB donation experience [31]. Specific beliefs may be used in developing targeted persuasion messages to optimise BCA recruitment and retention strategies.

2. Materials and methods

2.1. Participants and procedure

2.1.1. WB donor sample

WB donors were recruited over an 8-week period from 18 Australian donor centres across three states. Eligible donors (N = 1957) were sent a questionnaire package including a personalised letter and survey facilitators of a pen and two teabags within approximately 3 days (M = 2.13, SD = 1.49) of an in-centre conversion to plasmapheresis conversion. A reminder postcard was sent to non-respondents, with 993 donors returning the questionnaire (50.74% response rate). After applying exclusion criteria (i.e., had completed a prior apheresis donation, had experienced an adverse reaction within 1 week of their last WB donation, had a deferral applied, or had been exposed to a plasma marketing recruitment campaign during the data collection period), the final WB sample comprised 624 participants (52.3% males; M_{age} = 41 years, SD = 13 years; 18–66 years).

2.1.2. Plasmapheresis donor sample

During the same time period, the survey package was also sent to 1725 eligible donors between 2 and 15 days (M = 3.56, SD = 1.59) after successfully completing their first plasmapheresis donation. First-time plasmapheresis donors were identified via the national BCA donor management records. Completed surveys were returned by 956 participants (55% response rate). After applying adapted exclusion criteria (i.e., having experienced an adverse reaction within 1 week of their first plasmapheresis not their last WB donation), 460 first-time plasmapheresis donors (51.9% males; M_{age} = 41 years, SD = 13 years; 18–65 years) were retained for analyses.

2.2. Measures

2.2.1. Identifying potential underlying beliefs

An initial pool of beliefs was drawn from prior TPB (e.g., Ref. 27) and blood donation (e.g., Ref. 26) literature (i.e., referent groups of family, friends, colleagues) and prior

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