

# A Descriptive Phenomenological Analysis of the experience of Blood Donation as a regular Donor.

## **Abstract**

Maintaining adequate blood supplies requires the recruitment of a significant number of regular donors. However, research examining the first-hand experience of blood donation from the perspective of regular donors is very limited. The present study sought to describe essential features of this experience from the accounts of ten regular donors, analysed using Colaizzi's descriptive phenomenological method. Eight essential themes contributed to the fundamental structure of the experience, emphasising issues of blood donor identity, comfortable routine, feeling good helping others and human connectedness and interaction in the donation process. Implications for future research and practice are discussed.

## **Introduction**

According to the British National Health Service (NHS), only around 3% of the population regularly donate blood (NHS Blood and Transplant, 2018). Globally, for the period 2011-2013, national rates of blood donation vary from 5.6% to less than 1% of the population, with more affluent countries tending to have higher rates (WHO, 2017). With continuing high demand for blood products, maintaining supplies requires both the recruitment of new donors and the retention of existing regular donors. The proportion of blood donations that come from regular donors varies enormously from country to country, with a median of 45%; in the UK donations from regular donors make up over 80% of donations (WHO, 2017).

In the light of the importance of regular donors, it is perhaps surprising that psychological research into donor behaviour has tended to focus on new donors and the initial decision to donate.

Research has focused on the characteristics of those more or less likely to donate (e.g. Charbonneau, Cloutier and Carrier, 2015; Griffin, Grace and O’Cass, 2014) and the factors influencing people to make a first donation or to decide not to donate (e.g. Bani and Strepparava, 2011; Veldhuizen and Van Dongen, 2013). There is also a body of literature that considers the moral nature of the blood donation decision and how this might impact on recruitment strategies. Whilst some such as Boenigk, Leipnitz and Sherhag (2011) claim blood donation is purely altruistic and individuals do not seek any kind of gain from the process, others disagree. Ferguson, Farrell and Lawrence (2008) found that there was a general belief in personal rather than societal benefit that predicts future donation. Their “benevolence hypothesis” proposes that donors perceive benefits both for the recipient and themselves, which has implications for recruitment strategies. Research rooted in marketing has highlighted that the “donor value” of the donation experience includes dimensions of altruistic value (helping others as its own reward), emotional value (positive feelings generated by the experience) and social value (acquiring prestige or enhancing social status). Any or all of these may serve as motivators to donate (Chell & Mortimer, 2014). There may be differences between demographic groups in how motivating factors influence them; for instance, a systematic review by Carver, Chell, Davison and Masser (2018) found that men tended to emphasise altruistic motives less than women and to be more motivated by incentives. Equally, purely practical factors may lead to higher or lower donation rates; for instance, Klinkenberg, Huis in’t Veld, de Wit, de Kort and Fransen (2019) found a low level of understanding of how the Dutch blood donation service worked that inhibited donation for African-Surinamese and Ghanaian migrants in the Netherlands.

While much research continues to focus on the recruitment of first-time donors, there is growing interest in how these can be “converted” into regular donors, and how regular donors may be encouraged to continue donating. As with first-time donors, there are patterns of demographic difference in who becomes a regular donor. In the UK (specifically England and North Wales), Lattimore, Wickenden and Brailsford (2015) found higher donor return rates for men than women, for white people than for other ethnic minorities, and for older rather than younger donors. Wevers,

Wigboldus, de Kort, et al (2014), working in the Netherlands, also found age to be positively associated with likelihood to return – more so for men than for women. A recent study in South Africa found that prosocial factors and exposure to marketing communications both predicted donor return for African-origin donors, while poor customer experience predicted nonreturn (Swanevelde, Reddy, Chowdhury, Olmsted, Brambilla, Jentsch et al, 2019). Adverse effects during or after donation reduce the likelihood of regular donation; for example, Van Dongen, Ruiters, Abraham et al (2013) and Newman, Newman, Ahmed et al (2006) both found fatigue after donation had a negative impact on future donation. The extent to which people can successfully plan their donations appears to influence the likelihood of long-term donor retention (Van Dongen, Ruiters, Abraham et al, 2014). Interventions to help people plan have been shown to have some success (e.g. Godin, Vézina-Im, Bélanger-Gravel et al, 2012) but care must be taken as feelings of excessive pressure to return have been found to decrease retention (Wevers, Wigboldus, Baaren et al 2013).

A blood donor's past behaviour and previous experiences influence the building of a self-identity as a blood donor, which seems to be important to the retention of regular donors (France, Kowalsky, France et al, 2014). Valentine (2005) argued from the perspective of theories of citizenship and subjectivity that regular blood donation can give people an inclusive, positive identity. Wevers, Wigboldus, Baaren et al (2013) found that individuals are more stimulated to return when they claim to have a strong identity as a blood donor. Masser, White, Hyde et al (2009) also found that donor identity predicted intention to donate for established donors.

Psychological research on blood donation has been predominantly quantitative, with much of it drawing on the Theory of Planned Behaviour (TPB), such as the studies cited above by Wevers, Wigboldus, Baaren et al (2013) and Masser, White, Hyde et al (2009). The potential value of qualitative research in the field of blood transfusion has been recognised for some time (Arnold and Lane, 2011), but there remain very few studies that have used such methods to explore issues related to regular blood donation. Exceptions include Belda Suarez, Fernández-Montoya, Rodríguez

Fernández et al's (2004) discursive study of how regular blood donors explain their behavior and Bagot, Bove, Masser et al's (2013) study of perceived deterrents to plasmapheresis donation. We argue that if we want to develop a rich understanding of what it means to be a regular blood donor – and thus enhance efforts at retention and recruitment – research needs to examine the actual experiences of such donors in depth. Phenomenological approaches, with their emphasis on first-person experience, are ideally suited to this task.

The aim of this study is therefore as follows: To explore the experience of blood donation for regular blood donors, through the phenomenological analysis of first-person accounts of donation.

### **Methodology**

Phenomenological psychology is the study of the lived experience of individuals from a first person perspective. It developed from the phenomenological philosophical tradition in the 1960s, with the work of Giorgi and his followers (Giorgi, 1970; 1985), and has since diverged into a range of different styles and approaches. It is conventional to distinguish broadly between descriptive and interpretive approaches in phenomenological psychology (e.g. Langdrige, 2007). The descriptive tradition draws strongly on the original philosophical position of Husserl, and is concerned with describing the “essence” or “essential structure” of a phenomenon. This is achieved by a systematic process of setting aside everyday, common sense ways of seeing the world, known as epochē or “bracketing”. The interpretive tradition is strongly influenced by the existential phenomenologists, especially Heidegger and Merleau-Ponty. It is sceptical of our ability to entirely set aside our preconceptions as the epochē demands, arguing that we cannot escape the particular place and time we find ourselves in.

For the present study we decided to use a descriptive phenomenological approach, as we wanted to get at what was essential to the experience of blood donation for those who are regular donors. There is a wide range of styles of descriptive phenomenological analysis, including those of

Giorgi (Giorgi and Giorgi, 2008), Moustakas (1994), Colaizzi (1978) and Todres (Todres and Galvin, 2005). For the present study we opted to use Colaizzi's method. This has been widely and successfully used in health and healthcare-related research and enables both the consideration of specific facets of experience through the identification of "essential themes" and a concise depiction of the fundamental structure of the experience. The seven steps in Colaizzi's analysis are shown in table 1.

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The seventh step of Colaizzi's process ("Seeking verification of the fundamental structure") has been the most controversial. Giorgi (2006) has argued that giving participants the opportunity to discuss the fundamental description as 'judges' is misguided, that the participants' view of the phenomenon will inevitably differ from the product of systematic analysis, and so this step should be avoided. However Colaizzi (1978) argues that participants should agree with the fundamental structure if you have stayed close to the data whilst going through each of the previous six steps. He also states that if disagreements or suggestions were put forward then these would be new contributions to the pre-existing data and would therefore be as equally relevant to the finding. We agree that respondent validation cannot simply "rubber-stamp" (as Morrow, Rodriguez & King, 2015, put it) the fundamental structure. However, we feel it does give additional credibility to the account we produce as researchers.

## Method

## Sampling and Recruitment

Sample sizes in phenomenological studies are always relatively small, because the approach emphasises depth over breadth in analysis (Robinson, 2015). We therefore initially sought a sample of five participants who were regular blood donors, defined as having donated blood at least three times in the last five years. Potential participants were excluded if they felt that the interview could cause them distress. Our aim was to allow enough variation in the phenomenon for essential themes to be defined and an exhaustive description produced, but not so much data as to make the process unmanageable. Unlike IPA, descriptive phenomenological approaches encourage the recruitment of relatively diverse samples, so that a wide variety of examples of the phenomenon can be elicited, allowing a strong sense of what is essential to be obtained. We therefore sought diversity in terms of the gender, age and ethnicity of participants. Following preliminary analysis of the interview transcripts, we felt there was a need to increase the diversity of the sample to enhance the quality of the phenomenological description and therefore sought an additional five participants, especially targeting recruitment on older and male participants. This strategy relates to the notion of achieving “adequacy” in description, which we discuss further in the later section on quality appraisal.

Participants were recruited opportunistically, through social media and word of mouth. The final sample comprised ten participants, including six females and four males, varying in age from early twenties to mid-sixties. Participant details are shown on table 2.

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## Data Collection

Data were collected through semi-structured interviews, which took place either at the University of Huddersfield or participants’ own homes (at their choice). Prior to each interview,

participants were asked to provide a written account of their most recent experience of blood donation; this helped them to focus on the experience and allowed personalised questions to be incorporated into the interview guide for each participant. Questions included within the interviews were designed to elicit detailed descriptions of the donation experience, including both direct sensory impressions (e.g. “What was going on around you?” “Talk me through the layout of the donation centre.”) and the thoughts and feelings experienced whilst giving blood (e.g. “How were you feeling prior to going to give blood?”). Probes and prompts were also used throughout the interviews to help participants to develop their answers. The interviews varied in length from around half an hour to an hour. Consent forms were signed by each participant beforehand, and each interview was recorded for later transcription and analysis. Participants were aware that they were able to stop the interview at any time and withdraw from the study should they wish. Recordings were transcribed verbatim, and anonymised through the use of pseudonyms for people and places. Transcripts were stored on a password-protected computer, only accessible to the research team.

### **Quality Appraisal**

In qualitative research, the diversity of philosophical underpinnings across methods means that it is not possible to specify a single set of quality criteria that can be applied to all studies. The crucial requirement is that criteria are used which are coherent with the approach taken (Levitt, Motulsky, Wertz, Morrow & Ponterotto, 2016). In descriptive phenomenology, the extent to which the essential structure captures the nature of the phenomenon can be understood in terms of the “adequacy” of the description (Ihde, 2012). A relatively adequate description is one that is able to encompass many variations of the phenomenon in question. There are some parallels here with the notion of “saturation”, which originates in Grounded Theory (Aldiabat & Le Navenec, 2018). However, while saturation is often discussed as a definitive point that a study should reach, adequacy is always relative; it is always possible that considering more variations of the phenomenon will result in further refinements to the essential structure.

In the present study, we used a two-stage recruitment strategy, as explained above, to ensure a high degree of adequacy in our final description of the phenomenon. We found that when we incorporated the additional interviews, the essential themes identified in our preliminary analysis were enriched but not fundamentally altered. We therefore felt confident that we had achieved a robust account of the essential structure of the phenomenon of being a regular blood donor.

### **Ethics**

The study complied fully with the Code of Human Research Ethics of the British Psychological Society (BPS, 2014). Participants gave full, written informed consent to take part in the study, and for their pseudonymised words to be quoted. Ethical approval was granted by the Departmental Review Panel of the Department of Psychology, University of Huddersfield.

### **Findings**

As previously outlined (Table 1), Colaizzi's seven-step descriptive phenomenological method was used to analyse data collected from the ten interviews within this study. We present here summaries of the essential themes identified across participants, followed by a statement of the fundamental structure of the phenomenon of giving blood as a regular donor.

#### **Feeling good helping others**

Participants consistently described feeling good about donating blood to help others. For example, Emma talks about how she "always kind of looks forward to it because you are doing a little bit of good" and that her donation means that "someone's gonna benefit quite drastically".

Anna also says it's only a "few second of pain compared to like all the good it'll do". Sam states that donating is like "you've really given something back to the community." Doing good for others did not preclude a sense of personal benefit from the experience. For example Dawn explains how "there's always that little part of you that's like 'ooh I did it' and makes you feel a bit smug because you've done something good". Emma talks about how she always feels "a bit better afterwards, 'oh I did a good thing'". Dan also says "yeah I suppose I feel good about going cause you've done a good thing for someone else who's in need".

### **Being Looked After**

There was particular emphasis on the experience of feeling cared for, through the attention paid to the welfare of donors by staff. Participants were very complimentary towards the nurses and the service they provided. Melanie talks about how "it's all very warm and welcoming" and adds "They really stress, 'we want our donors to be well' ". Anna mentions how "everyone's friendly". and. Dawn says "I think I've realised that actually it is about you, they're looking after you because they want you to keep giving blood" and "I think it's less about the blood and more about you", indicating that donor well-being is at the heart of the process. All donors also talked about how the drink and biscuit offered at the end of a session added to the sense that all donors are important. Emma says "It also kind of feels like that's your rest and that's your reward at the end you get a nice cup of tea and a penguin biscuit as a little reward". Dawn also talks about this and says "they like you to have a drink and eat something, like I said I think that's partly for you but partly so they can just keep their eye on you". Overall, the experience described by participants was that staff pay attention to each donor and every person matters; they feel they are treated as individual human beings, rather than simply 'processed' in order to acquire their donated blood.

At the same time as appreciating the sense of being looked after, participants were keen not to create a fuss for the staff – for instance, by requiring additional attention during or after donation. Anna, who does occasionally suffer from side effects, said that "I sort of think well there's more

important things to do than helping me, like I'd feel a bit embarrassed with everyone looking and nurses fussing". Dawn who once needed assistance after donating said, "They just sit you down and they were doing this and that and saying just hold it like this and like that... it's embarrassing really". Sam said that if anything happened to him he would "be so embarrassed, I just feel like I don't need the fuss, especially with everyone watching too".

### **A Bustling, Sociable Atmosphere**

All participants described a bustling atmosphere in blood donation centres. There is a sense of purposeful activity as well as sociability. Dan captures this when he says "Yeah it's always busy, always kind of bustling really, there's always people coming in and out and people doing different stuff. There's always plenty of noise with people chatting". Anna says "there's all the hustle and bustle of all the people". Emma describes how the centre she previously attended "was always really busy and now in the new centre in [name of town] it's always really really busy" which she says is "really nice". Several participants referred to the fact that as regular donors they sometimes recognise and interact with fellow donors. For example, Melanie says "It is in a way a social circle and a social gathering...you sometimes recognise regular blood donors as well, and they'll say 'nice to see you again, how you keeping?' " Others refer to recognising familiar members of staff; for instance, Anna says "the regular people [staff], like, who are always there - so it's like you usually see someone who you recognise and you're like 'hiya!'".

### **An Orderly and Familiar Procedure**

The blood donation procedure was discussed in depth in all interviews and the nature of this was largely described in similar ways by all participants. It was described as very much an orderly, step-by-step experience, with which regular donors are very familiar. Emma says "there's always the same system as in the stages, you get there, you wait, you give blood". It is discussed as becoming a normal thing, as Anna says "I've done it for a while now and it's just normal, like it's just what I do". Dawn talks about how the procedure is "all really organised and very practised" and that "they're

very thorough". Emma furthers this discussion and says the experience becomes like "a ritual", she says "it's a ritual like we were talking about the stages you go through of it's always the same and you go through...". Ellie said "it can be strange, like it never seems to change, it's that much the same every time you go". Melanie, who has donated 75 times now, says "Well all of them are pretty much the same really". Ron also agreed with this staged idea of the process, "you go in and say I'm here and then you go through each bit and that and it's all just the same really...".

### **Relaxation**

Participants emphasised that blood donation can also be a very relaxing experience. Emma said "I find the process of giving blood quite meditative cause like I said you're just kind of on your own and you don't have to speak to anyone...". Lucy said "I just sit there, just think about things erm... it can be really relaxing actually". Dawn said "I mean you just lay down and just relax". Some participants also suggested that blood donation is a break from life. Emma sums this up nicely; "and I like sitting there and not having to do anything. Because nowadays there is not much chance in life actually that you can just sit and not have to do anything, cause even when you're not at work you're always thinking about time management and oh you've got to do something, you've got to go and see your friends, you've gotta go and cook dinner you know, do the chores, do the washing, you know everything like that but this is what, ten or twelve/ fifteen minutes where you don't have to do anything and you can relax and I quite like that...". This escape from everyday routine or reality aspect was evidenced in the majority of these interviews, highlighting the relaxing quality of donation.

### **Being a Donor**

A strong donor identity was also evident in all ten experiences. Emma identifies herself as a donor and says "I started donating when I was seventeen and it's just become part of my life that I do and I do it dutifully and I'm proud of doing it", she also says "it's good for you and I really would advocate it; I am an advocate of it". Dan emphasises the importance of his identity as a donor,

saying “you’ve gotta do something in life if you know what I mean? And that is my something... I’m a blood donor”. Melanie who had donated for many years also identifies as a blood donor and says she used to wear the big bandage as a “badge of honour” when she first began donating and also says she still feels proud to be a continuing donor. She was at pains to show the interviewer the many badges, stickers and certificates she had accumulated over the years. For all the participants, their sense of the importance of being a donor encouraged them to recommend blood donation to friends. Lucy says she’s “always recommending it to my friends, they probably get sick of me!”

### **Convenience**

Participants all found the convenience of attending sessions was an important facilitator of blood donation. There was a sense that going to give blood was not a difficult thing to do. Pat says “you can just choose when is most convenient for you”; Dawn comments that “It’s handy ‘cause I can walk up to there and I’m not having to traipse” and also that it is “near the bus station” for when she is going home. Emma also says, “I have been doing it on my way home from work, so I get the bus home and I just get off”.

### **Nervousness**

There was an awareness amongst participants that people may feel nervous when donating blood, and most of them highlighted occasions when they felt so themselves, although the extent and reasons for this varied. For example Ron said “I was most nervous when I first went, cause it’s kind of the fear of the unknown isn’t it?” and then went on to say he always felt some nerves beforehand, “I’m probably a little bit nervous but nothing majorly bad”. Some participants stated that their last experience largely directed their feelings for their next donation, for example if something negative had happened this would spark anxiety for their next donation. Dawn for example once needed extra assistance as her arm began bleeding after donation; she says “then of course next time I went I was a bit anxious I thought ‘oh god I hope it doesn’t happen again’”. Melanie, in contrast, claimed she had never been nervous, even on her first donation (“nervousness

has never been a problem for me”) while suggesting that she understood the situation was one in which feeling nervous was a possibility.

### **Fundamental Structure of Blood Donation**

The following fundamental structure was developed through the analytic process described above, based on the identified essential themes. It captures the essence of blood donation for the ten participants and sums up this phenomenon. This statement was further validated by participants;

*Blood donation for regular donors is a very structured experience occurring within a bustling and sociable atmosphere, facilitated by the convenience of the arrangements. It evokes feelings of relaxation and familiarity; donors feel that their welfare is very much at the heart of the process. Their experience is that they are treated as valued human beings, rather than merely processed for their donations. There is a strong aspect of donor identity for those who regularly donate, and feeling good whilst helping others is important. Whilst the overall process may be uncomfortable at times and can produce nervousness it is still a worthwhile experience, which they recommend to others.*

### **Discussion**

Our analysis has enabled us to produce a statement of the fundamental structure of the experience of giving blood as a regular donor. Of course, we do not claim that this fundamental structure can simply be generalised to the experiences of all regular donors; for descriptive phenomenology it remains an empirical question whether sufficient examples have been examined for a robust account of the essence of the phenomenon to be offered. We will return to this issue at the end of this discussion, when we consider implications for future research and for practice. First,

we will reflect on the light our research casts on the previous literature, especially in relation to debates around altruism and benevolence, Blood Donor identity and the social features of the blood donation process that may help retain regular donors.

### **Feeling Good Helping Others**

The concept of feeling good whilst helping others was identified within all of the interviews undertaken throughout this research. As previously outlined, Boenigk, Leipnitz and Scherhag (2011) and others view the act of blood donation (where no remuneration is involved) as an altruistic one; it is a purely unselfish act and no gain or benefit is expected from partaking in the experience. This contrasts with Ferguson, Farrell and Lawrence's (2008) argument that blood donation is better seen as an act of "benevolence" rather than altruism, where donors both wish to help others but recognise gains or benefits for themselves. Our participants discuss the experience of regular blood donation in altruistic terms, as something that is good in and of itself, but also describe feeling positive about themselves as a result of donating. One could construe our findings as supporting either an "altruism" or a "benevolence" argument. However, we would argue that rather than splitting philosophical hairs over how to understand motivations to donate, it would be more fruitful to consider the nature of the experience of "feeling good helping others" and the range of ways this is manifest for regular donors. This concurs with the marketing-based research we discussed earlier, that recognises multiple dimensions to the value of the donation experience to donors (Chell & Mortimer, 2014).

### **Donor Identity**

Identity is a further essential theme in our data, and mentioned in some form by all participants. Previous literature (e.g. Valentine, 2005, Wevers, Wigboldus, Barren et al I, 2013) outlines how past experiences of blood donation influence the building of donor identity, which is an important factor involved in the retention of regular donors. The findings from the current research

identified a strong sense of donor identity from all ten accounts. All participants identified themselves as blood donors and stated that they were proud to be so; this identity seems to become an important part of their lives; for example, Emma said she now gives blood “dutifully” and she is an “advocate” of blood donation. Thorpe, Masser, Jensen, Van Dyke and Davison (2019) argue that identity can be an important motivator for continuing donors, and that this sense of identity tends to become salient around the fifth donation. Our findings therefore concur with the earlier research that suggests donor identity may be significant in influencing the retention of regular donors.

### **Social Features of the Blood Donation Experience**

Running through many of the essential themes in our data was a sense of the importance of human connections and interactions as part of the blood donation process. Participants valued being recognised by staff as regular donors, and recognising other donors. They valued a process that recognised their humanity, in which an orderly, predictable set of procedures did not stand in the way of an attitude of care. Previous research has shown that how donors are treated by staff can influence whether they return to donate again (e.g. Lynch & Cohn, 2018; Schreiber, Schlumpf, Glynn et al, 2006; Schwnevelde et al, 2019). Similarly, overall satisfaction with the experience of donation itself has been shown to have a positive effect on intentions to donate in future; as Nguyen, DeVita, Herschler and Murphy (2008) conclude from their survey of over 800 American donors: “the strategy for growing and keeping a donor base is threefold: getting donors in the door, keeping them happy while they are giving blood, and motivating them to return” (p.5). Raivola, Snell, Pastila, Helén and Partanen (2018) highlight the importance of an ongoing and reciprocal relationship with the blood donor service for Finnish donors. This sense of blood donation as a form of human connectedness chimes with previous work, such as Valentine’s (2005) emphasis on theories of citizenship and subjectivity. It likely feeds into the building of donor identity, given that previous research emphasises this as involving a sense of social inclusion rather than stemming from a purely individualistic process of self-identification.

### **Directions for Future Research**

On the basis of our research, we would suggest a number of valuable contributions that future research into blood donation could take. Firstly, descriptive phenomenology argues that the essential descriptions produced through the research process become more “adequate” through the inclusion of a wider range of examples of the phenomenon (Ihde, 2012). There is thus scope to extend the approach we have taken to different blood donation settings and different groups of regular donors – for instance, in rural or inner-city areas, more ethnically-diverse donors and so on. Secondly, our findings regarding the importance of human connectedness and donor identity in the blood donation experience may inform interventions aimed at increasing donor retention and frequency of donation. Finally, having demonstrated the value of this experiential approach in understanding the phenomenon of regular donation, we would suggest that similar research could contribute to enhancing knowledge of how people transition from “new” to “regular donor” status, addressing the question of when, how and why they begin to identify themselves as “donors”.

In terms of implications for those practically involved in efforts to retain blood donors, our findings reinforce the significance of the experience of human connectedness that our participants described in blood donation centres. This may well help maintain the sense of identity as a regular donor, which appeared to be important to our participants. Our findings also broadly support Ferguson et al’s (2008) “benevolence hypothesis” as interviewees described reasons for donating both in altruistic and in more self-serving terms; interventions to encourage regular donation need to target both of these motivations.

### **Implications for Practice**

Our findings, building on previous literature, have implications for programmes aimed at retaining regular donors and encouraging others to become such. Encouraging the sense of “feeling good helping others” is clearly important, and we would concur with Ferguson et al (2008) and Chell and Mortimer (2014) that altruism is only one dimension of this feeling, so should not be the sole

focus of recruitment strategies. Perhaps the most distinctive aspect of our findings is the significance of the sense of human connectedness arising from the donation experience itself for repeat donors. The nature of personal interactions with blood donation staff and the comfort of a familiar, well-organised but friendly routine appears to contribute to a crucial sense of being valued as an individual donor. It may well be that this positive human connectedness in the donation experience encourages and reinforces donor identity which we, like previous researchers found to be important. Initiatives to encourage regular donors need to recognise and nurture these qualities of the human as well as physical environment for donation.

### **Conclusion**

This is, to the best of our knowledge, the first study to use an in-depth experiential approach such as descriptive phenomenology to examine the lived experience of being a regular blood donor. This has allowed us to highlight what is essential to this experience for our participants. Our findings provide support for previous research that has emphasised the importance of donor identity and a sense of feeling good helping others, and has added a significant new facet to this field with a detailed illumination of the role of human connectedness in the donation experience as a motivator for repeat donation. As we have discussed above, this has implications for practice as well as for future research.

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*Table 1. Colaizzi's descriptive phenomenological method (based on [Anonimised] 2015).*

Step	Description
1. Familiarisation	The researcher familiarises him or herself with the data
2. Identifying significant statements	The researcher identifies significant statements in the data; i.e. statements that are directly relevant to the phenomenon under investigation.
3. Formulating meanings	The researcher examines the significant statements in order to identify meanings relevant to the phenomenon. He or she seeks to reflexively "bracket" pre-suppositions about the phenomenon as far as possible.
4. Clustering themes	Meanings identified at step 3 are clustered into essential themes that are present in all accounts of the phenomenon. Care is taken to avoid any influence of existing theory or other sources of presupposition on the part of the researcher.
5. Developing an exhaustive description	The researcher produces a full and inclusive description of the phenomenon, including all the themes produced in the previous step..
6. Producing the fundamental structure	The exhaustive description is condensed to a statement that captures all the aspects the researcher has found to be essential to the structure of the phenomenon.
7. Seeking verification of the fundamental structure	Participants are presented with the statement of fundamental structure for their feedback. If they do not feel it captures their experience, the researcher may go back to earlier steps to improve the analysis.

*Table 2: Participant Details.*

Pseudonym	Age	Gender	Ethnicity	Recruitment strategy	Employment status
Phil	55-60	Male	White British	Word of mouth	Retired
Dan	20-25	Male		Word of mouth	Full time student
Steve	45-50	Male	White British	Social media	Human resources
Ron	20-25	Male	White British	Word of mouth	Welder/fabricator
Lucy	20-25	Female	White British	Social media	Full time student
Ellie	30-35	Female	White British	Word of mouth	Retail assistant manager
Anna	20-25	Female	White British	Social media	Full time student
Emma	20-25	Female	White British	Word of mouth	Student employed part time in retail
Melanie	60-65	Female	White British	Word of mouth	Retired
Dawn	45-50	Female	White British	Social media	Employed at University

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The Authors declare that there is no conflict of interest associated with this work.