Altruism and Blood Donation

Blood donation is one behavior frequently associated with altruism. Two assumptions are often made about giving blood; altruism drives blood donation, and an increase in donor intentions will also increase a person’s likelihood to donate. A descriptive, cross-sectional study conducted by Eamonn Ferguson, Femke Atsma, Wim de Cort and Ingrid Veldhuizen, investigates these claims and further explores the relationship between altruism and a person’s intent to donate blood. Their research and findings appears in volume 52 of Transfusion, a journal published by the AABB (formerly known as the American Association of Blood Banks) in February 2012 under an article titled, “Exploring the pattern of blood donor beliefs in first-time, novice, and experienced donors: differentiating reluctant altruism, pure altruism, impure altruism, and warm glow.” The research also hoped to fulfill two other purposes: to address the distinctions in altruism that are often ignored, and to determine a correlation between motivations and donating blood. However, the study ultimately seeks to answer this question: “How do motivations cluster together and how do these clusters change as a function of donor experience?” (Ferguson, Atsma, de Kort, & Veldhuizen, 2012).

When this study took place, three forms of altruism were already in existence. Pure altruism is one’s desire to help another solely out of the kindness of one’s heart, not for one’s gain. Warm glow giving, also considered an incentive for helping all people, is a form of altruism in which people commit acts of benevolence, not because they are concerned about the recipient, but because they want to feel good. Impure altruism, a combination of these two concepts, occurs when a person does good to make him or herself feel good, while also caring about the consequences of his or her actions. Since trust is a theme in virtually all forms of
The theory of planned behavior (TBP) postulates one’s actions are dictated by one’s intentions which is, in turn, determined by one’s subjective norm, perceived behavioral control, and attitude that reflects one’s anticipation and evaluation of the consequences of one’s actions (Ferguson, Atsma, de Kort, & Veldhuizen, 2012). The researchers operationally defined such variables with statements on the survey that participants rated on the Likert scale, with 1
denoting completely disagree and 5 completely agree. Therefore, the higher the rating, the stronger the construct (i.e. trust, altruism, habit formation, etc.). However, cognitive and affective factors were measured by the semantic differential scale. Intention, the strongest indicator of blood donor returns, was operationally defined by by two items. Cognitive attitude was measured by three bipolar statements in which the participant described blood donation as either good or bad, positive or negative, or meaningless or worthwhile. The subjective norm, or one’s perceived approval from loved ones, was defined by statements reflecting what their significant others thought about the participant’s blood donation. The operational definition for self-efficacy, or a person’s perception of his or her ability to complete a task (donating blood) competently, were three statements revealing the donor’s self-reported capability of giving blood. Three statements regarding how one would feel if unable to give blood operationally defined personal moral norm--a person’s self-imposed obligation to donate. Pure altruism, or the motivation to primarily fulfill others’ needs and not one’s own, were measured through five items that reflected altruistic motives focussing on the other person their needs rather than of personal gain (Ferguson, Atsma, de Kort, & Veldhuizen, 2012). Role person merger, otherwise known as role identity, is how strongly one identifies oneself as a blood donor; this was operationally defined by three items indicating the importance of giving blood--or the lack thereof. Habit formation, the automatic responsiveness to give blood, is usually measured by the number of donations, but for this survey, it was operationally defined by two statements describing how hard or easy it is for one to give blood. Trust was operationally defined by two items which would indicate whether or not a person is trusting of other people. All measures were administered in Dutch.
The results led to the discovery of another type of altruism present in first-time donors called reluctant altruism, in which a person is driven to donate due to a mistrust of others (Ferguson, Atsma, de Cort, & Veldhuizen, 2012). The experiment also identified impure altruism in new donors distinguishing them from experienced donors who demonstrated warm glow and pure altruism. First-time donors were shown to exhibit three components; the first contains behavioral cognitions, habit formation, and sense of self, which the experimenters coined the cognitions-behavior-self complex. The second component, composed of normative beliefs (personal moral norms) and a general mistrust in others, was also present in this class of donors, moreso in males than females. Furthermore, those with a strong normative orientation were less inclined to trust others, implying frustration is a motivator for blood donation. The final component exhibited by first-donors was impure altruism. In contrast, novice donors were shown to have behavioral cognitions such as intentions and self-efficacy; affective process, or attitudes; altruism; habit formation; and sense of self as a donor. This is called the cognitive-impure altruism-behavior complex. Experienced donors, unlike their less experienced counterparts, were highly motivated by warm-glow and pure altruism-trust. To see donor motivations shift from trust to distrust suggest a positive correlation between altruism and trust exists. From a gender perspective, females were more likely to report altruism, stronger cognitive attitudes, and greater moral norms, whereas males were more likely to report reluctant altruism. Older novice donors received higher scores on the cognitive-impure altruism-factor, were shown to have stronger moral norms, but were less likely to be swayed by significant others. Perhaps the most important research finding is that of reluctant altruism. It is an important aspect in not only blood donation, but volunteerism and altruism as a whole. Reluctant altruism has the potential to be either
beneficial or detrimental; for instance, it can galvanize inexperienced donors to donate, yet it can also deter them from giving blood in the first place.

The hypothesis was proven somewhat, for the experimenters successfully identified changes in altruistic motives in donors at different points their careers. For instance, for male first-time donors, impure altruism predicted their intention-behavior factor while females of the same category showed both impure altruism and reluctant altruism. Novice donors had the propensity to demonstrate reluctant altruism whereas experienced donors exhibited warm glow and pure altruism. All in all, the research outlines changes in motivation throughout the donor’s career, but does not offer why or how this change came to be.

This research was well done because it proved its hypothesis, albeit partially. It proves changes in motivation occur throughout the donor’s career, but an explanation for these changes was not provided. A longitudinal rather than a cross-sectional study would have been more appropriate for this line of research because the former would make it easier to see how a person’s motivations behind blood donation change over time and why this occurs. In addition, the classes of donors should have been more evenly distributed; there was a disproportionate number of experienced donors--over ten thousand donors compared to the 536 first-time and 1,418 novice donors. Therefore, the possibility of skewed results exists.

Despite its faults, the research was extremely valuable. The experimenter’s efforts led to the discovery of a new form of altruism called reluctant altruism, or, in this case, “a desire to donate blood, coupled with a distrust of others in general” (Ferguson, Atsma, de Kort, & Veldhuizen, 2012). In other words, the person is galvanized to do good by a mistrust in others. This completely revolutionizes psychology in regards to altruism for it refutes the belief altruism
is solely motivated by trusting others. Similarly, advertising by blood banks may also undergo drastic changes because of this breakthrough. Since warm glow is a strong motivator for blood donation, the study offers alternative approaches for blood banks to recruit a larger number of potential donors by revising slogans so they emphasize the benefits of giving blood rather than the benefits of receiving it as an appeal to the multitude of people who do not give blood. Indeed, further research needs to be conducted, but reluctant altruism at the moment can possibly explain why people donate blood, or any altruistic act in the first place.

The study was done ethically, for it was approved by the Medical Ethical Committee Arnhem-Nijmegen in the Netherlands. Donors were fully informed of the study, receiving details, in addition to a questionnaire and a reply card, through the mail. Those who did not wish to participate sent the reply card back to the blood bank, while those who wished to take part gave informed consent. The research applies to the blood donation community and perhaps those considering giving blood. It is also relevant to blood banks because the motivations for donating are outlined in the article, which can they can then utilize to adjust their marketing strategies.

Ever since the discovery reluctant altruism, altruism as people know it has been put into question. The next step in this line of research is to continue studying this newfound form of altruism. Determining how altruism is affected under different circumstances is another path that can be taken. For instance, will an individual be less likely to give blood if they know the person who receives it bears the stigma of a drug addict, a prostitute, or a person with AIDS? Another experiment could be conducted in which blood banks modify their advertising tactics so they emphasize donor reward to see if it appeals to the people who do not give blood. The discovery of reluctant altruism has altered psychology as people know it, so the research cannot stop here.
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