# YOUNG BLOOD: PERSUADING YOUNG PEOPLE TO GIVE BLOOD BY APPLYING CONCEPTS OF SELF-PERCEPTION AND SOCIAL NORMS THEORIES TO RECRUITMENT ADS

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YOUNG BLOOD: PERSUADING YOUNG PEOPLE TO GIVE BLOOD BY APPLYING CONCEPTS OF SELF-PERCEPTION AND SOCIAL NORMS THEORIES TO RECRUITMENT ADS

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#### **DEDICATION**

There are many people to thank for their love and support throughout this process, but none could be more important than Abbey and Jebel, who suffered shorter walks and fewer scratches behind the ears for the last two and a half years.

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#### **ABSTRACT**

If blood collection agencies are to continue meeting the demand for a safe and adequate blood supply, communication professionals must find ways to recruit more donors to give blood more times. One possible demographic to target is young people, who could supply blood for years to come if they became regular donors.

Previous research indicates that those who have not donated before report that they are more likely to give if they feel pressured to adhere to society's prescribed social norms. On the other hand, donors cite that they are motivated by altruism to help those in need.

The results of this 2 x 2 factorial experiment, which applied both of these motivations to print advertisements, showed that donors and non-donors alike rated altruistic ads higher than social norms ads on the overall attitude assessment scale. Also, both groups reported that they were more likely to donate blood after exposure to altruistic ads.

Continued research is needed to determine effective communication tools that can reach the full range of people necessary to help keep the nation's blood supply pumping.

#### Introduction

There is a bond that links all men and women in the world so closely and intimately that every difference of color, religious belief, and cultural heritage is insignificant besides it. Never varying in temperature more than five or six degrees, composed of 55 percent water, the life stream of blood that runs in the veins of every member of the human race proves that the family of man is a reality (Titmuss, 1971, p. 15).

There are many factors currently straining the nation's blood collection agencies in their mission to provide the United States with a safe and adequate blood supply. Medical advances, a rapidly increasing older population, a shrinking pool of eligible blood donors due to high-risk behaviors, and more stringent donor restrictions are just a few of the issues impacting their success (Ibrahim & Mobley, 1993). In addition, the American Red Cross, which supplies approximately one-half of all the blood products in the United States, reports that only five percent of the eligible population gives blood, though it is estimated that nearly 95 percent of Americans will need blood or a blood product in their lifetime (American Red Cross).

So where will blood banks find voluntary donors to meet the ever

increasing need for blood? Until there is a substitute for human blood, this will be the major challenge for marketing practitioners, who must develop strategies that will effectively motivate individuals to give blood for the first time, and continually impress upon them the need to give on a regular basis.

The individuals now coming of age to donate blood are the "millennials" of Generation Y. It's the largest birth cohort in American history, consisting of more than 78 million people born between 1977 and 1994 (Leo, 2003). If blood collection agencies can establish these millennials as regular blood donors early on, it is hopeful that they will form a lifelong commitment to giving blood and will help stabilize the supply needs for years to come (Damesyn et al., 2003).

To illustrate how beneficial establishing donors from this generation could be, one should consider that if a person turning 17 this year begins giving blood every 56 days until the age of 76, he will donate nearly 48 gallons. Since each unit of blood can help save up to three different individuals, the donations from this one routine, lifelong donor would potentially save 1,152 lives (American Red Cross).

With this important fact in mind, questions emerge such as, 1.)

How will blood banks harness this potential market and bring young
people through the doors? 2.) What makes a person become a blood
donor in the first place? 3.) What prompts a person to give blood again
and again? 4.) What types of message appeals will be most successful in

prompting blood donations both for the first time and habitually for years to come? These are the main questions that have precipitated this study.

A substantial body of research has illustrated that there are significant differences between the characteristics of blood donors and those who have not given blood before (Belda Suarez et al., 2004; Glynn et al., 2002; Ibrahim & Mobley, 1993; Lemmens et al., 2005; Nonis, Ford, Logan, & Hudson, 1996; Piliavin, 1990). Specifically, research demonstrates that established donors who have given blood several times report altruism and awareness of the need for blood as their main reasons for giving (Glynn et al., 2002). In other words, a regular blood donor gives because they want to help others in need, and they act altruistically without expectation of reward.

Comparatively, research has shown that individuals who have just donated for the first time often cite that they felt influenced by external factors, such as social pressure from friends and family to donate, or the promise of reward (Glynn et al., 2002). This external pressure is what motivated the person's behavior initially because he felt that it was expected of him to do what he should and do what others of importance to him were doing.

So what happens from the first time a person donates under external pressure to bring him to the point where he donates again and again because he feels it is the right thing to do? Some of studies have delved further into this process to determine if there is a specific point at

which a person's main motivation for donating blood seems to change from being externally to altruistically focused.

One of the key explanations for this transition is Bem's selfperception theory (1967, 1972), which suggests that an individual begins
to develop his attitude about the type of person he is by observing his
own overt behaviors. As stated above, the initial motivation to act may
come from external forces such as peer pressure. But, through the selfperception process, the individual begins to internalize his actions as
"who he is", and he is motivated to act because he is acting in a way
congruent with his self-concept. Social pressure is no longer needed to
induce the action, as simply continuing in his identity of blood donor is
now the motivation.

This process illustrates that regular donors have perhaps undergone a change in self-perception and are now motivated to act in accordance with who they are without expectation of reward (i.e. altruism). On the other hand, those who have not donated have not experienced this change and are still motivated by external or social pressures. If what the research indicates is true, then it holds that different message strategies must then be necessary to appeal to the two different motivations of donors and non-donors. Donors are likely to be prompted most strongly by altruistic messages that remind them it is time to go donate again, whereas non-donors probably need to feel some

sort of pressure that they are expected to adhere to the social norms of donating blood before acting.

The purpose of this study was to apply Bem's self-perception theory and other associated socio-psychological concepts, such as social norms and role-identity, to the creation of blood donor recruitment advertisements, and then measure message efficacy for both donors and non-donors to test this assertion. In particular, the research aimed to determine if those who consider themselves to be blood donors and those who do not respond differently to two specific ad types.

One ad type was framed with an altruistically focused message, which the author predicted would be more effective for recruiting individuals who have established a self-perception and role-identity as a blood donor through regular donations. The other ad type used was a social pressure, externally focused message that asked non-donors to follow social norms, which the author hypothesized would work best to recruit first-time donors.

## Background/Literature Review

History of voluntary blood collection in the United States

Blood donation is a relatively new concept in our society. Large-scale, organized efforts to collect blood and plasma in the United States began in February 1941. That was when the Surgeon General of the Army and Navy asked the American Red Cross to begin a blood donor service since the country was on the brink of war (American Red Cross).

To engage citizens initially, posters, perhaps the most popular and effective mode of communication of that time, were spread around cities and towns throughout the nation proclaiming, "Blood saves lives." The powerful appeals were designed to provoke an immediate response from the American public, and often they featured soldiers on the battlefield who needed blood.

The messages were so effective that an amazing 6.6 million

Americans donated blood during the four years of the war, and 1.5

million of them gave more than three times (American Red Cross). The members of this generation have continued to stock the blood supplies for more than 60 years as regular, committed donors. Unfortunately, they are now more likely to need blood than they are likely to donate so a new generation of donors must be recruited to meet the demand (American Red Cross).

In the early 1970s, by the time the blood donation program was well-established, economist Richard Titmuss (1971) shook the industry by writing a rather critical book, *The Gift Relationship: From Human Blood to Social Policy*. In his writings, he condemned the use of professional donors or monetary incentives in exchange for whole blood donations. He argued that blood should not be a product bought in the marketplace like other natural resources because the value of human life should not be measured economically (Titmuss, 1971). He cited evidence that professional donors, particularly poorer ones, were less likely to be honest regarding their medical histories just so they would still be able to donate and get paid. But this dishonesty often put the recipients of the purchased blood at risk of disease, disability and possibly death (Titmuss, 1971).

Eventually, as a result of Titmuss and others' harsh criticisms of the system, as well as medical malpractice and federal trade issues, the National Blood Policy of 1975 put an end to money payments for donating whole blood. Subsequently, most blood collection agencies moved away from blood credit or insurance to a strictly unpaid, volunteer system (Piliavin, 1990). This paradigm shift challenged blood recruiters to develop new appeal strategies for giving blood that did not use a direct monetary reward as the motivator to give. Thus, the voluntary donor was born.

#### Research on blood donors

As Titmuss (1971) and others (Beal, 1999) have pointed out, the voluntary blood donor is very unique in his or her motivations for giving. Unlike those who gave in exchange for payment, the volunteer donor receives no gift in return, not even a personal thank you from the recipient they have helped. Plus, the voluntary blood donor, unlike other types of volunteers, may actually endure some level of physical pain in order to give. Yet, they still do so despite the fact that there is no penalty for choosing not to give. So what makes a person submit to such a process anyway?

Closely on the heels of the blood collection policy changes of 1975, Oswalt (1977) compiled a thorough meta-analysis of 60 previous research studies to develop blood donor profiles detailing what type of person a blood donor is likely to be. He interpreted the data such that distinct demographic characteristics differentiated blood donors from those who had never given before. In particular, he wrote

... The average donor tends to be male, a repeat donor, from an organized group, who does not give for a specific individual, gives at a mobile unit, and tends to be a resident of the community for which the blood is collected indicates, among other things, that men tend to be more highly motivated (or at least donate more) than are women (Oswalt, 1977, p. 123).

Oswalt also suggested that most donors felt pressured to make the first donation, but continued primarily out of a sense of altruism. Other secondary reasons included donating to receive personal/family blood credit, blood replacement, and peer pressure from someone they knew asking them to give (1977). His assessment of the compiled data was that additional studies on blood donor motivations were not necessary since studies had produced the same results for the last 20 years (1977).

In his final discussion section, without alluding to any theoretical basis, Oswalt recommended that recruiters use what could be classified as a social norms technique to overcome the fear or hesitation of those in the community who did not already donate. He thought it would be effective to publish a list of the names of current donors to make it seem that everyone else was doing it, and that it was the expected behavior of people in the community (1977).

Despite some interesting preliminary information on blood donor motivations, Oswalt's review so closely followed the changes to the blood policies that it might not have realistically indicated who would donate in the strictly voluntary system. To reassess his findings, Piliavin conducted a second comprehensive review of all research on blood donors from 1977 through the late 1980s.

First, Piliavin (1990) challenged Oswalt's conclusion by stating that there is very little evidence that demographic factors have a cause and effect relationship with one's willingness to donate blood in a voluntary system (p. 446). However, her review did confirm Oswalt's, as have countless studies since then, that there are motivational differences to consider when recruiting donors initially, and subsequently for repeated donations (Belda Suarez et al., 2004; Glynn et al., 2002; Ibrahim & Mobley, 1993; Lemmens et al., 2005; Nonis, Ford, Logan, & Hudson, 1996).

The compilation of literature led Piliavin to determine that in areas where there is a strongly perceived social norm, there are better outcomes of blood collection. Also, pressure to conform to others' expectations may play a large role in motivating donors as well (1990, p. 448). She noted that first-time donors tend to respond more favorably to incentives, while established donors are more likely to be prompted by altruistic reminders.

Belda Suarez et al. (2004), Glynn et al. (2002), and Ibrahim and Mobley (1993) specifically analyzed donors to find out what motivated them to give blood. Specifically, they evaluated how this information might be used for increasing retention and frequency of donations. They all found that altruism and being aware that blood is needed were the most important reasons cited by donors for giving. Glynn et al. (2002) and Ibrahim and Mobley (1993) also noticed that the motives changed slightly for first-time and young donors. They were more likely to be influenced by family, friends or coworkers.

Through a discriminant analysis, Ibrahim and Mobley (1993) went further to establish profiles of high and low donors so recruitment efforts could be tailored to those who best fit the profiles for multiple giving.

With similar ideas, Belda Suarez et al. (2004) used a qualitative discourse analysis of regular donors to better understand repeat donors, which revealed that convenience and ease of access to donation facilities explain why some individuals end up giving more often than some others who feel just as strongly about their role as a donor.

Unlike most other research investigating motivations for donating blood, Lemmens et al. (2005) looked exclusively at young adults who had never given blood before to predict behavioral intentions. The results of the study suggested campaigns targeting social norms variables plus personal moral norms are much more likely to be effective than straight informational ads. Campaigns that imply parents, friends and partners approve of donating are also likely to be successful.

### *Defining social norms and altruism*

As Cialdini and Trost (1998) explained, social norms are simply rules of behavior that are understood or adopted by most people within a social grouping. They guide our actions without being enforced by a written law (1998). These norms are generally learned through modeling and social reinforcement (Batson, 1998). The more strongly the behaviors are reinforced, the more people will perceive them to be the correct

behavior for the situation, and they will become the preferred responses in future situations (Cialdini & Trost, 1998).

In their focus theory of normative conduct, Cialdini, Reno and Kallgren (1990) argued that social norms do greatly influence human behavior, but they suggested that social norms must be dissected into both injunctive and descriptive norms to measure the impact properly.

Injunctive norms are the rules of a community that describe what people are expected to do or the "ought to" (Christensen, Rothgerber, Wood, & Matz, 2004; Cialdini & Trost, 1998). They are "rules or beliefs as to what constitutes morally approved and disapproved conduct" or simply doing what one ought to do (Cialdini et al., 1990, pg. 1015).

As with most norms, these behaviors are often learned first by observing social rewards or punishment until the act becomes regulated internally. Most people learn to repeat the behaviors that are approved of and stop doing things that end in punishment.

Since people perceive that these rewarded behaviors are the behaviors that others in the social group approve of, they feel proud when they act in accordance with these rules. Vice versa, when they fail to act appropriately to the set standards, they feel guilt or disappointment in themselves. Eventually, these injunctive norms are internalized and begin to form the basis of self-established standards that idealize for the individual the type of person he would like to be. These behaviors, originally based on conforming to social norms, come to

represent one's own self-concept of right and wrong (Cialdini & Trost, 1998).

While injunctive norms have a moral foundation and describe what people should do, descriptive norms tell what most people actually do or what is popular. Sometimes the injunctive and descriptive norms are the same, but not always (Cialdini et al., 1990). Since descriptive norms describe typical conduct, though not necessarily the appropriate conduct, conforming to the descriptive norm may not be reinforced or lead to a sense of pride in oneself.

Through five well-designed experiments on littering behaviors, Cialdini et al. (1990) demonstrated that both types of social norms are key variables impacting people's behavior choices. However, they also point out that witnessing descriptive norms, or the real actions people do, when they are not consistent with the injunctive norms, can weaken the inclination to do what a person knows he should do.

This group of studies supports the assertion that drawing a person's attention to society's expectations through social norms messages could well have the desired impact on his behavior (i.e. get him to donate blood), but pointing out that only five percent of people give blood may undermine the injunctive norm by emphasizing the descriptive norm.

Donating blood is a prosocial behavior, which is defined as an act intended to benefit someone or a group of people other than oneself.

Such behaviors include helping, comforting and sharing (Batson, 1998). There are many motivations for acting in a prosocial way, from altruism to social pressure or any combination of the two. It is important to note that the motivation to do good things is not always synonymous with selflessness (Batson, 1998; Batson, Ahmad, & Tsang, 2002)

If a person is motivated by altruism, he is acting selflessly, without any promise of reward in return. Altruism is doing what should be done because one feels it is the right thing to do. It is the self-motivation to do the "ought to" part of injunctive norms (Batson, 1998; Cialdini & Trost, 1998). Those who have internalized "doing right" as part of their self-concept, often say that they are motivated by altruism and expect nothing in return. Thus, many regular blood donors who claim that they are giving because it is the right thing to do have internalized the injunctive norm as part of who they are. Being a blood donor is now part of their self-perception.

With the obvious motivational differences between blood donors and non-donors, it follows that ads to these two groups should deliver distinctly different messages to motivate them to act: First, to persuade an individual to give initially by applying mild external pressure to follow social norms, then, to motivate donors when it's time to repeat the action by delivering an altruistic message, which appeals to one's self-concept as a helping person.

Bem's self-perception theory

The premise of Bem's (1967, 1972) self-perception theory is that an individual infers his attitudes from observing his own behaviors. His experiments on performing menial tasks and pain tolerance demonstrated that when there is a discrepancy between attitude and behavior, the attitude that best fits with a recent behavior will be adopted and internalized, and thus, will instruct one on how he should behave in the future.

When an individual performs an action for the first time, he uses the same process of observing himself performing the act as he would if he were observing and evaluating someone else doing it. Afterwards, he updates his new attitudes and emotions about himself to incorporate them into his perception of himself (Bem, 1972). He begins to think of himself as the type of person who behaves in that way so he acts the same way when he is presented with similar situations in the future.

Bem's intent in introducing this concept was to offer an alternative explanation to cognitive dissonance theory. He conceded that dissonance theory is a valuable explanation, but that it is not always necessary in every situation to assume that there is "an aversive motivational drive toward consistency (1972, p. 189)."

Research has since accepted self-perception more as a companion theory that explains proattitudinal or consonant behaviors (Erwin, 2001; Fazio, Zanna, & Cooper, 1977). Self-perception appears to help reinforce

and advance positive attitude positions and make those positions less vulnerable to sway from conflicting future behaviors. Also, it is most useful in terms of attitude formation, not attitude change (Eagley & Chaiken, 1993).

Fazio et al. suggested self-perception could only be initiated when a desired action first falls within the person's *latitude of acceptance* (1977). In other words, one must feel that he is endorsing a position or performing an act that falls somewhere on his scale of satisfactory positions, even if it is more extreme than his first preference or baseline attitude. If the behavior is within his latitude of acceptance, and he does act, it may lead him to realign his self-concept to adopt the slightly more extreme position as his new normal stance. For example, a person must first accept that it is good to help those in need before he will commit to the more extreme measure of becoming a regular blood donor.

As mentioned previously, research on blood donors and non-donors seems to confirm that performing the donating behavior does, in fact, lead to internalization of the self-perception of oneself as a blood donor. There is evidence of a significant increase in self-perception as a blood donor between those who have never given or given only once, and those who have donated three to four times (Charng, Piliavin, & Callero, 1988; Glynn et al., 2002; Ibrahim & Mobley, 1993; Piliavin, 1990).

Therefore, hypothetically, if ad messages are effective enough to induce the behavior for the first time, it should initiate the self-

perception process and create a positive attitude toward donating in the future. The individual will likely repeat the action when faced with similar situations until it becomes a permanent part of his concept of self.

#### First-time donors and social norms

What influences a person to take the initial action of donating blood? Many social scientists have pointed to the influence of social norms on an individual as a useful indicator and predictor of human behavior (Cialdini et al., 1990).

Mead (1934), one of the forefathers of role-identity theory, believed that people develop a sense of who they are as individuals through the attribution of others' expectations. He theorized that some helping behaviors are instinctive or spontaneous, but others are solely based on societal expectations or social pressure. He went further to state that repetitive helping actions are based on one's acceptance of his role as defined by his social group or his role-identity in society (Callero, Howard, & Piliavin, 1987; Lee, Piliavin, & Call, 1999).

Similarly, Lee et al. (1999) added through research on giving time, blood, and money that the most important variables associated with developing an altruistic or helping role-identity are modeling the behaviors of others in the social group (descriptive norms), (injunctive) norms and past experience. Consistent with previous studies, this

suggests that becoming a blood donor starts with perceived expectations of others who are important in the individual's network of relationships, i.e. social pressure to adhere to the approved set of norms.

After social pressure induces the initial experience, Bem's theory predicts one should begin to internalize the injunctive norms as his self-perception as an altruistic person, leading to continued donations. Once he sees himself as a blood donor and others begin to see him as a blood donor, the individual will develop a total role-identity as a blood donor. This is defined socially by one's position within his community and individually by an accepted dimension of self (Callero, 1985; Callero et al., 1987; Charng et al., 1988; Piliavin, Grube, & Callero, 2002).

As demonstrated by such research, the author hypothesized that those who had not given blood before would be most influenced to donate for the first time by social pressure from messages that feature peers in their social groups reinforcing their acceptance of blood donation as a socially expected behavior. These appeals should establish blood donation as both injunctive (moral) and descriptive (popular) norms.

H1: Those who do not think of themselves as donors will rate social norms ads more positively overall (attitude toward the ad based on a seven-factor attitude assessment scale) than they will altruistic ads.

Developing self-perception as a donor, move toward altruism

Piliavin's article, unlike Oswalt's earlier meta-analysis, applied socio-psychological theories and approaches to suggest possible directions for new blood donor recruitment research. Piliavin analyzed blood donation data in the context of normative behaviors, attribution of responsibility to the self, modeling, theory of reasoned action, attribution, and role-identity theory. She referenced in her analysis a model of commitment developed and tested by she and her colleagues that is closely related to Bem's self-perception theory. The model suggests that a person goes through four steps in the process of becoming a life-long blood donor.

- 1) coping with and neutralizing the negative aspects of donation
- 2) developing internalized motives for donation and integrating them into the self-concept
- 3) developing a behavioral intention to continue giving blood
- 4) developing a self-sustaining habit of donation

(Piliavin, 1990, p. 453)

Interestingly, Piliavin's model of commitment and Bem's selfperception theory are both closely in line with Aristotle's ancient postulations on virtuous behavior in *The Nicomachean Ethics* (trans. n.d.). Andre and Velasquez (1992) pointed to Aristotle's argument in a review of why people give blood, concurring with the philosopher that the motivation behind virtuous acts moves from externally motivated to become internalized over time.

Aristotle philosophized that one initially performs a virtuous act only because he is subjected to external pressures or the promise of reward. By repeating the act, he develops a sense of satisfaction in acting that way for no other reason than for its own sake, which is essentially the definition of altruism. As Batson et al. explained, altruism has the ultimate goal of increasing the welfare of one or more individuals other than oneself (2002).

Charng et al. (1988) found that the Fishbein-Ajzen model of reasoned action (Ajzen & Fishbein, 1969) could be strengthened when predicting intentions to perform a repeated behavior, such as regular blood donations, by adding variables of identity theory, including role-identity salience and habit.

Charng et al. (1988) again demonstrated the transition from being motivated by social influence to perform the act initially to being motivated by one's self-concept as an altruistic person on subsequent actions. The results indicated that attitude toward donations and accepted norms were very significant to a first-time donor. Meanwhile, donors who had given between two and five times began to assume the role of blood donor as seen in the increase of significance of identity variables. After five donations, norms no longer were relevant to an

individual's decision to donate, but acceptance of one's role as a blood donor and habit were.

Piliavin et al. (2002) utilized Stryker's research to demonstrate how social structures influence one's self-concept, which in turn, affects one's behaviors. They described how an individual houses within him as many dimensions as he or she has roles in the network of society. For example, one can have the roles of father, lawyer and philanthropist simultaneously.

A role determines behavioral expectations based on its identifiable place within the social structure hierarchy. Fathers are expected to behave a certain way. Philanthropists also tend to behave according to the role expectations. The role of father is probably higher on the role-hierarchy and, thus, has more salience to the individual.

Abundant empirical data support the hypothesis that the more the role-identity is merged and internalized within the person, the less personal and social norms factor into actions and vice versa (Callero, 1985). This would indicate that established donors do not need to be pressured to adhere to moral laws of society as they have already merged themselves with the altruistic role of blood donor. The motive of altruism, cited by many regular blood donors as their main reason for giving, is based on empathy for other individuals or groups of people in need (Batson et al., 2002), not on social pressure to do what is right.

A recent study of blood donors demonstrates nicely the real-life

application of the "social pressure to self-perception to role-identity" process. In a marketing research study conducted on behalf of the American Red Cross (Wirthlin Worldwide, 2001), an analysis of the demographic data revealed that age correlates with a respondent's intensity of likelihood to give blood again in the near future.

Relative to other age segments, individuals age 18-24 are the least likely to have a strong opinion about whether they will donate again. Slightly less than two-thirds (65 percent) indicate they are very likely to donate blood and platelets again within the next 12 months. That number is compared to at least 84 percent in all other age segments.

It is documented in the report, however, that three out of 10 donors between the ages of 18-24 are first-time donors, which fits with research that this set of donors has not yet internalized the action to make it a habit. However, the 84 percent response from the other age segments shows that a large majority of older donors has made giving blood a habit they plan to continue.

H2a: There will be a strong positive relationship between those have donated blood before and those who think of themselves as donors.

H2b: Those who think of themselves as donors will rate altruistic ads as more positively overall (attitude toward the ad based on a seven-factor attitude assessment scale) than they will social norms ads.

H2c: Those who think of themselves as donors will score higher on four key altruism responses than those who do not think of themselves as donors.

H2d: People who have donated blood before will cite altruistic reasons for why they gave blood.

Strengthening self-perception through more donations

Ibrahim and Mobley's study (1993) on blood donor recruitment and retention went beyond comparing donors to non-donors and further distinguished between high donors and low donors. The study used demographic and attitudinal data collected through a survey to develop donor profiles for both high and low donors. It concluded that there are significant differences between the two groups, and that blood centers should develop marketing strategies specific to both.

In particular, messages to frequent donors (or high) should appeal to their self-esteem and humanitarianism. The hypotheses of this study, which state that those who consider themselves to be blood donors will respond better to messages with an altruistic or humanitarian appeal, tested Ibrahim and Mobley's recommendation.

By creating messages that are successful in encouraging an initial blood donation, there is a strong probability that the individual may

donate again until it becomes part of his routine. As already established, routine donors are critical to relieving the blood supply shortage. Thus, it is important to see theory through to application.

H3: For donors, the overall attitude toward the ad score (based on a seven-item scale) for altruistic ads will positively correlate to the number of times he or she has donated blood.

## Examples in prosocial advertising campaigns

Several prosocial campaigns have successfully applied social psychology and microsocialogical theories to the development of effective public service announcements from anti-litter campaigns to energy conservation to choosing mass transit options (Allen, 1982; Bator & Cialdini, 2000; Cialdini, 2003; Seethaler & Rose, 2003.) Research on campaigns aimed at reducing binge drinking and increasing organ donations also reveal important insights into prosocial behavioral messages (Morgan & Miller, 2002; Russell, Klapp, & DeJong, 1996).

In 2001, the United States Department of Health and Human Services announced funding initiatives specifically to support research in promotional campaigns to increase organ donation (Morgan & Miller, 2002). Similar to blood donations, most people feel that donating organs is the right thing to do (injunctive norm). Another similarity to blood donation, is that there is a significant amount of fear involved that can

sometimes prevent people from signing a donor card or speaking with their families about their wishes. For organ donation, this fear must be addressed before the injunctive norm can be emphasized.

Morgan and Miller's study (2002) revealed that patient narratives increased affective reactions to the message, while using statistical data illustrating the need for life-saving organs in the communications was effective in raising the cognitive reaction to the ads. One of the more interesting findings was that those who had low intentions of ever becoming organ donors responded quite negatively to both narrative and statistical messages types (Morgan & Miller, 2002).

This research supported the hypotheses that patient stories or narratives should be effective for initiating an emotional response. It also supports the notion that non-donors or those who have low intentions to become donors will not be particularly moved by narrative messages.

A study by Allen (1982) evaluated the use of attribution/labeling techniques in television commercials to affect socially conscious behaviors via mass appeals. The attribution approach is based on self-perception theory in that a positive message ascribes a desired trait to a person, even if he does not currently possess that trait. The message presents a mental cue to the individual with which he can identify. That helps him form a corresponding belief about himself, which in turn, promotes the desired trait. Allen's research demonstrated that attribution messages have a stronger impact than strictly persuasive

approaches because they carry explicitly positive labels that are easy for a person to believe of himself.

Based on his research, one could surmise that appeals aimed at getting first-time donors should also utilize the attribution approach to initiate the self-perception process. The ads should feature images that an individual might interpret as "someone like me", and the message should attribute the desired trait of doing what one ought to do by being a blood donor.

Bator and Cialdini (2000) suggested specific guidelines based on social psychology for creating effective public service announcements in their research studies on anti-littering ads. They advised campaign designers to apply attitude persistence, memory cues and social norms to the message content and investigate the target audience thoroughly before creating the ads. Also, they suggest that the message should not simply tell people what they should do, but instead, explain why the behavior is beneficial and how to perform the behavior (action steps). An encoding cue, such as a logo, is vital to the ad as well to spur the individual to remember the message when the cue is seen again in a different context (Bator & Cialdini, 2000).

The application of social psychology theories such as selfperception and normative behaviors in advertising is the very foundation of this research. The concepts presented by the aforementioned authors were strongly considered and applied while developing the test messages for this experiment. The encoding cue was the Red Cross emblem, which appeared on the ads and is usually prominently displayed at any Red Cross-sponsored blood drives. Presumably, the message of social norms or altruism should be remembered upon seeing the logo and should encourage action.

Cialdini (2003) expanded his previous research with Bator to test public service messages framed with both injunctive and descriptive norms together to see which combination was most effective in evoking the desired behavior. The three campaigns included anti-littering and anti-theft of petrified wood ads as well as pro-recycling PSAs. The data indicated that the impact of the ads that were intended to decrease an unwanted action, i.e. littering, were undermined by showing that the action is being performed by many people anyway in showing an already littered area. And conversely, pro-action ads that illustrate that the action is both desired by society (injunctive) and performed by the majority (descriptive) are highly effective.

In designing ads to promote blood donation, these studies suggested it might be most important to focus on the desired behavior as being approved by society as well implying its popularity. The social norms ad treatments used in this research emphasized both the injunctive and descriptive norms. For the descriptive norm message, however, there was no mention that only five percent of the eligible population donates. Instead, the focus was on the thousands of people

who do give.

Russell et al. (2005) discovered through their research on an unsuccessful social norms campaigns to reduce binge drinking on college campuses that young people can often times perceive the descriptive norm to be much higher or lower than is actually the case. For instance, college students tend to believe that their peers participate in binge drinking more often than they actually do. This erroneous perception may lead a person to feel greater normative pressure to drink to fit in with the group (Russell et al., 2005). They recommended developing a social norms marketing campaign to correct this misperception and decrease the perceived normative pressure to drink.

The above campaign illustrates the power of the descriptive norm. If blood donation campaigns can emphasis that many young people do give blood already, there may be greater social pressure to comply with the perceived descriptive norm. But changing perceptions can be difficult, as evidenced by efforts to alter choices for mass transit.

Seethaler and Rose (2003) looked at applications of psychological principles to promote behavioral changes in mass transit choices for travel. They found that to get people to change engrained habits, a campaign must include participative involvement that induces the initial behavior, or the first step in the self-perception process.

Social validation in the ads may also play a part by increasing an individual's willingness to comply with the desired behavior when he sees

evidence that similar peers comply as well. In the case of blood donation, social validation may come from ads that feature blood donors from the target individual's peer group, in the case of this experiment, a young person.

Clearly, significant research has been conducted to determine what motivates people to donate blood with implications that these findings should be used to develop targeted collateral materials that speak to unique donor profiles. However, there has been little academic research conducted in blood recruitment to further these recommendations and actually test the effectiveness of specific message types in relation to the established profiles. Using the findings of other fields such as anti-litter, energy-conservation and mass transit campaigns as a guide, this paper aimed to fill that gap.

H4: The interaction between donor type and ad type will impact behavioral intentions to donate blood so that those who do not think of themselves as donors will exhibit greater intentions to donate after exposure to social norms ads, but those who do will exhibit greater behavioral intentions to donate blood after exposure to altruistic ads.

### Method

A 2 x 2 mixed design was utilized to test the hypotheses of this research. The independent variable of *donor type* was a between-subject factor, and the independent variable of *ad type* was a within-subject factor. The donor type included two levels: *thinks of self as donor* and *does not think of self as donor*, based on the self-report of the participant. The ad type also included two levels: *altruistic* and *social norms*.

### Independent variables

Donor type. For the purposes of this study, thinks of self as donor/does not think of self as donor was used as the donor type variable instead of merely measuring if a person had donated blood before. This was to account for those who may have given blood in the past, but did not internalize the experience as part of his or herself. Heretofore, non-donor will be used interchangeably to indicate the variable does not think of self as donor. Likewise, donor will be used along with thinks of self as donor.

Ad type. There were two levels of ad type in this experiment. The altruistic ads focused on the altruistic message of a blood recipient thanking individuals for giving blood to save his/her life. The social norms ads featured blood donors asking others to join them to help save lives.

### Dependent variables

Attitude toward ad. The seven-items<sup>1</sup> of the advertisement assessment scale that accompanied each ad measured the participant's overall attitude toward ad. Using a seven-point semantic differential scale, the participants were asked to rate both a social norms ad and an altruistic ad as likeable/not likeable, persuasive/not persuasive, emotional/not emotional, effective/not effective, boring/interesting, strong/weak, and positive/negative. The seven items were combined into one attitude index, which attained high reliability (Cronbach's  $\alpha = .93$ ).

Altruism. Using a five-point Likert scale ranging from strongly agree to strongly disagree, results for four statements were combined into an altruism index (Cronbach's  $\alpha$  = .63) to measure one's self-perception as an altruistic person. The four statements that were used were

- 1. Doing good things for others is an important part of who I am.
- 2. I feel empathy for those who need blood.
- 3. I do not have strong feelings about blood donation. (reverse scored)
- 4. Donating blood is something I ought to do.

Reason for giving. Those who had donated blood at least once

 $<sup>^{1}</sup>$  Relates to me/Does not relate to me was removed to increase the Cronbach's  $\alpha.$ 

before were asked to indicate the main reason for their last donation. They were asked to choose only one reason from a list of 11 that ranged from altruistic to health-oriented to social pressure from friends or family. The altruistic choices were: Felt it was the right thing to do, Heard there was a blood shortage, and I give regularly. The non-altruistic choices were

- 1. Wanted to receive an item or gift being offered.
- 2. Family member, friend or classmate encouraged it.
- 3. Knew someone who needed blood.
- 4. A doctor told me to donate for health reasons.
- 5. Someone asked me to go with him/her.
- 6. Wanted blood test results for an infectious disease.
- 7. I felt pressured to give.
- 8. Can't remember.

Donation frequency. Donors were asked to indicated the number of times they have given blood from the following choices: one time, two to three times, three to five times, more than five times.

Likelihood to donate. After being exposed to each ad treatment, participants were asked if the ad would change their likelihood to donate at the upcoming campus blood drive. Using a seven-point response scale, they were asked to indicate whether they would be *very likely* or *not very likely* to donate blood.

### Sample

The experiment was conducted using 186 college students who were taking a general physical education requirement at the University of North Carolina – Wilmington, a mid-sized university in southeastern North Carolina. Both the University of Missouri – Columbia's Institutional Review Board and the IRB of the host site approved the research procedures.

All participants were required to sign letters of informed consent to participate, and each student received one point of extra credit on his or her final grade for participating in the experiment or handing in an alternative written assignment.

Of the 186 participants, 121 were females and 65 were males; 84.4% were Caucasian. These demographics are consistent with the overall student population of the university. The students, all of which were considered members of Generation Y, ranged in age from 18 to 28 (M = 20.0, SD = 2.2). Four additional students filled out the questionnaire materials for the extra credit but were not included in the

final results because they were born prior to the cut off year of 1977.

There were 79 students who had donated blood at least one time, 76 of those reported that they think of themselves as blood donors. There were 107 who had not donated blood before and 85 of those indicated they didn't think of themselves as donors. Twenty-five students reported they were not sure if they thought of themselves as donors.

### *Materials and procedure*

All total, six color ads were used alternatively in this experiment. There were three of each treatment type, *social norms* and *altruism*. The ads were created by an in-house advertising agency at a local hospital where the main researcher works.

All of the models pictured in the ads appeared to be in the same approximate age bracket as the students and varied in gender, ethnicity, and lifestyle. This was done in order to increase the likelihood that the students would relate personally to at least one photo used in the ads.

None of the photos showed tattoos or body piercings as these are sometimes grounds for deferment when donating blood. While the photos were different on all of the ads, all of the altruistic ads used the same copy and all of the social norms ads used the same copy. The ad copy for both appeal types was pilot-tested for readability and purpose of the message by 10 health care and marketing professionals.

The questionnaire was developed using several ad assessment

instruments and previous blood donor research questions as a guide since there was no specific previous research in this area to follow (Callero, 1985; Glynn et al., 2002; Zaichkowsky, 1986). The questionnaire asked the participants to provide demographic information as well as some information about their blood donation history.

Each participant received a test booklet that included an informed consent letter to sign, a questionnaire, and the ads with the accompanying ad assessment for each. Both donor types were exposed to both ad types. In each booklet there was one ad manipulation representing the social norms treatment and one altruistic treatment. To control for order effects, six different orders were created and students were randomly assigned to one of the orders.

The experiment was conducted during regular class time with the permission of the instructor. One week prior to the study, the researcher visited the classroom to announce the upcoming opportunity for students to participate in the experiment and earn one point of extra credit toward their final grade.

On the day of the experiment, this researcher again explained that this experiment was to help determine the most effective messages for recruiting young people to donate blood. After fielding questions and reiterating that the experiment was completely voluntary, the students who were over the age of 18, but not older than 28, received a test booklet and completed the experiment. The process took less than 20

minutes and the students remained in class for a lecture after the experiment.

### Results

An alpha level of .05 was used for all statistical tests following in this section.

Hypothesis 1 predicted that those who do not think of themselves as donors would have a more positive attitude toward social norms ads than they would toward altruistic ads. Using the *attitude toward ad* index as the measurement tool, the mean score for social norms ads as rated by non-donors (n = 81) was M = 4.75, (SD = 1.06). In fact, the opposite of the hypothesis was indicated because the mean scores were higher for the altruistic ads rated by non-donors, M = 5.29, (SD = 1.16). Using a paired sample t test to compare means, Hypothesis 1 was not supported in the predicted direction, t(80) = 4.67, p < .01, d = .40.

Hypothesis 2a predicted that there would be a strong positive relationship between those who have donated blood before and those who think of themselves as donors. The results supported this hypothesis showing that of the 161 responses, there was a very strong correlation (r = .613, p < .01) between someone who thinks of himself as a donor (M = .47, SD = .5) and someone who has donated blood before (M = .42, SD = .5).

Hypothesis 2b stated that those who think of themselves as donors would rate altruistic ads more positively overall than they would social

norms ads.

Based on responses from donors (n = 74) on the altruistic ads, the mean was 5.56 (SD = 1.05), while the social norms ads were rated significantly lower (M = 5.02, SD = 1.19; t(73) = 3.60, p < .01, d = .38). Thus, Hypothesis 2b was supported.

H2c predicted that those who think of themselves as donors would score higher on altruism, based on the altruism index, than those who do not think of themselves as donors, and this hypothesis was supported. Donors (M = 4.32, SD = .44) scored significantly higher than non-donors (M = 3.79, SD = .53; t(159) = 6.95, p < .01, d = 1.10) on altruism. Therefore, it is likely that those who think of themselves as donors report themselves to be more altruistic as well.

The results of Hypothesis 2d are in keeping with the large body of research on blood donor motivations. It stated that people who have donated blood before would cite altruistic reasons for why they gave. This study demonstrated that a majority of donors reported that they were motivated by altruistic reasons to give blood. Of responses from those who had donated blood at least once (n = 73), 41 of them (56%) reported that the reason for their last donation was because they felt it was the right thing to do. Another nine donors (12%) reported that they give regularly.

Hypothesis 3 predicted that the overall *attitude toward ad* scores for altruistic ads would be positively correlated with the number of times

participants reported that they had donated blood. Based on Pearson's correlation (one-tailed), there was not a significant relationship between the number of times a person donated and higher scores for the altruistic ads, r = -.17, p > .05. Therefore, hypothesis 3 was not supported.

However, there was a significant relationship between the number of times participants had given blood and their attitudes toward social norms ads, r = -.28, p < .01. The more times participants donated blood, the more negatively they rated social norms ads.

Hypothesis 4 predicted that the interaction between donor type and ad type would impact behavioral intentions to donate blood so that non-donors would exhibit greater intentions to donate after exposure to social norms ads, but donors would exhibit greater behavioral intentions to donate blood after exposure to altruistic ads. A 2 x 2 ANOVA did not demonstrate an interaction between donor type and ad type as Hypothesis 4 had predicted, F(1, 153) = .69, p = .41, partial  $\eta^2 = .00$ . However, altruistic ads did have a significant main effect on the likelihood to donate, F(1, 153) = 6.95, p < .01, partial  $\eta^2 = .04$ .

### Discussion

The results of this research showed that non-donors do not rate social norms ads more favorably than altruistic ones, as the hypotheses had predicted. Also, there was no significant interaction between donor type and ad type to indicate that non-donors would respond to ad messages differently than those who are donors. Of ads that use either social norms messages or altruistic messages, the altruistic ads appeared to be more effective for both donors and non-donors.

On the other hand, as previous research by Glynn et al., Lemmens et al., and others suggested, donors rated altruistic ads more favorably than social norms ads. In fact, donors' overall attitude toward social norms ads was significantly more negative the more times they had donated blood in the past.

This suggests that altruistic ads should be used in all instances. Whether communicating with a group of donors or potential donors, the altruistic messages seem to be the most effective format to reach both groups. Glynn et al. (2002) offered that caveat in their research by suggesting that using real patient stories in advertisements would likely appeal to all demographics. This research supports that recommendation. (Though, a test between testimonials and straight altruistic messages may also prove interesting to see if there is any difference between the two.)

There were several limitations to this study that may have affected the outcome of the results. One issue was possibly introduced by the unclear statement, "Donating blood is something I ought to do." Many participants may have responded yes, but for several different reasons. Altruistic participants may have responded that donating blood is something they ought to do simply because they perceive they are good people (internalized). Meanwhile, other participants could have responded that they ought to donate blood simply because it's what others in their social group expect of them (external pressure). Both motivations could be defined by doing what one ought to do, but the questionnaire tool was not sensitive enough to differentiate between self-perceived altruism and internalized injunctive norms resulting from social pressure.

Future studies may consider utilizing a 2 x 3 design to look at ads using injunctive norms, personal norms, and descriptive norms separately to more accurately measure these motivations between donors and non-donors.

It is noteworthy that there appeared to be a discrepancy between perceived injunctive norms and descriptive norms in the results, which Cialdini and others warned could present problems (Cialdini, 2003; Cialdini et al., 1990; Cialdini & Trost, 1998). When asked to respond to the statement *Most people donate blood*, 73.7% answered *strongly disagree*, *disagree* or *neutral*. However, on the statement *Donating blood* 

is something I ought to do, a full 77.9% answered that they agreed or strongly agreed with the statement. This indicates that perhaps the descriptive message in the ad was not strong enough to overcome preconceived opinions on one's peers' normative behavior.

It is also interesting that a large number of participants (79.2%) in this study who were not currently blood donors said they had considered giving blood at some time or another. Assuming their responses were not biased by social desirability, this gives hope that with the right message and the right opportunity, many more people possibly would give blood.

As Morgan and Miller wrote regarding their study on recruiting organ donors, "Most people are aware of the need for organs for transplant. ... What is not entirely known is how to convert awareness and a positive attitude toward donation into actual behavior (2002, p. 176)." The same is true for recruiting blood donors.

This study produced results similar to prior research, which demonstrated that most people believe that donating blood is the right thing to do, but that awareness of the injunctive norm does not always translate into behavior.

Thompson (1999) postulated that blood recruiters should look at other messages besides the need for blood or the moral implications for donating. Instead, he felt that recruiters should reach donors by making it easy feel easier for them to give. Similarly, Belda Suarez et al. (2002) suggested that non-dramatic blood promotion campaigns should focus

on the ease of donating blood and the low costs and effort involved in helping others. These messages could be tested using a similar study design.

Since fear of donating blood is a key concern for many people according to this research (53.8% agree or strongly agree) and many others, a study of messages that address those specific issues in lieu of social pressure ads may be worthy of further investigation also.

Collecting a safe and adequate blood supply will continue to be a complex challenge for blood collection agencies throughout the world, but Generation Y is a huge and diverse population that, when targeted effectively, could help sustain the blood supply for years to come. Yet, there are many complicating factors involved in reaching out to millennials that were not addressed in this experiment.

A study reported in *Transfusion* (Damesyn et al., 2003) voiced concern that younger blood donors appear to have a higher risk profile than older donors because of increased incidences of high-risk behaviors. According to the survey results, donors younger than 25 years of age were significantly more likely to seek an HIV test through blood donation or not report a deferrable risk than those 25 years or older.

Although the Damesyn report indicated that actual incidence rates of HIV did not significantly differ between age groups, it reiterates to marketers the importance of reinforcing messages to younger donors that they should not donate when a behavioral risk is present or for obtaining

HIV tests. Further message tests should be conducted to find effective strategies for conveying this information to donors before they begin the donation process.

It is also critical to note that recruiters applying too much social pressure may contribute to younger, less experienced donors not reporting deferrable risks such as tattoos and piercings as seen in the incident of "Greek Week" at the University of Missouri – Columbia (Associated Press, 2004).

The design of this research, set out before the event at MU occurred, used pre-tested, mild forms of social pressure appeals using Batson's theories on altruism and prosocial behavior as the guide (1998). Batson cautioned heavy-handedness in imposing volunteer requirements as individuals may be less likely to volunteer freely in the future. Instead, he suggested that preserving a person's sense that they are voluntarily choosing to act increases the individual's intentions to volunteer again. Though social norms ads were seemingly less effective for both donor types, recruiters should strive for a proper balance of ad types if they choose to use messages with social pressure appeals.

With a larger pool of participants, many variations of demographic groupings could also be evaluated such as male verses female, a student's year in school, or ethnicity. A separate between-subjects study using students from the community college, university, and individuals not enrolled in school may also deliver valuable data regarding

educational effects. Even comparing Gen Y to other age groups may yield interesting results. Since there has been so little study of recruitment messages specifically, many different manipulations would provide new and useful data.

Also, an experiment based on this study could test which medium is most effective for reaching millennials. Glynn et al. (2002) found that 63 percent of the donors they surveyed preferred e-mail or a letter to their homes as the best reminder tool when it was time to donate again. They recommended that blood centers investigate the feasibility of using web pages or ads on Internet sites to attract new generations of donors.

Finally, this experiment focused on blood appeals from the American Red Cross, as that is the only blood collection agency in the testing area. However, it is possible that the symbol of the Red Cross is itself a confound within the study. The Red Cross is one of the most identifiable images in the world and carries with it many pre-conceived thoughts and emotions. Particularly following the events of September 11, 2001, and Hurricane Katrina Relief, negative emotions may be tied to the American Red Cross due to negative coverage in the media. Using a fictitious blood bank or a lesser-known hospital collection program may eliminate this possible interference in replications of the study.

### Conclusion

If blood collection agencies are to continue meeting the demand for a safe and adequate blood supply, communication professionals must find ways to recruit more donors to give blood more times. One possible demographic to target is young people, who could supply blood for years to come if they became regular donors.

Previous research indicated that those who had not donated before reported that they were more likely to give if they felt pressured to adhere to society's prescribed social norms. On the other hand, previous donors cited that they were motivated by altruism to help those in need.

The results of this 2 x 2 factorial experiment, which applied both of these motivations to print advertisements, showed that donors and non-donors alike rated altruistic ads higher than social norms ads on the overall attitude assessment scale. Also, both groups reported that they were more likely to donate blood after exposure to altruistic ads. There was no interaction between donor type and ad type.

The findings suggest that blood donors who have internalized their reasons for giving and do so because it is the right thing will respond more favorably to ads featuring people whose lives have been saved by receiving blood. Altruistic ads are also more effective than social norms ads for recruiting new potential donors. But there may be other issues to address to initiate the donation process, particularly fear of needles or

passing out.

Collecting a safe and adequate blood supply will continue to be a complex challenge for blood collection agencies throughout the world, but Generation Y is a huge and diverse population that, when targeted effectively, could help sustain the blood supply for years to come.

Continued research is needed to determine effective communication tools that can reach the full range of people necessary to help keep the nation's blood supply pumping.

## **Ad Assessment Questions**

## 1. In general, this ad is:

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# Blood donors hold a special place in my heart.

Everyday my heart beats thanks to generous blood donors who have given of themselves and given me the gift of life. Each donation can help save as many as three lives. I'm lucky that one of them was mine. Thank you from the bottom of my heart.

Your donation is needed to help save lives. Please give blood today.

## UNCW BLOOD DRIVE April 4, 2006 Warwick Center 10 am - 2 pm

## **Ad Assessment Questions**

## 1. In general, this ad is:

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## Ad Assessment Questions

## 1. In general, this ad is:

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# UNCW BLOOD DRIVE April 4, 2006 Warwick Center To am - 2 pm

The thousands of blood donors who stock our nation's blood supply need your help. Nearly 95 percent of Americans will need a blood product sometime in their lives. Your donation could help save as many as three of them. If just one person can save three lives, imagine what we can all do together?

People are counting on you. Please join us in donating blood.

## Ad Assessment Questions

## 1. In general, this ad is:

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People are counting on you. Please join us in donating blood.

UNCW BLOOD DRIVE April 4, 2006 Warwick Center 10 am - 2 pm

## Ad Assessment Questions

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# It takes us all.



The thousands of blood donors who stock our nation's blood supply need your help. Nearly 95 percent of Americans will need a blood product sometime in their lives. Your donation could help save as many as three of them. If just one person can save three lives, imagine what we can all do together?

People are counting on you. Please join me in donating blood.

## UNCW BLOOD DRIVE April 4, 2006 Warwick Center 10 am - 2 pm



## Ad Assessment Questions

## 1. In general, this ad is:

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# 2. My overall attitude toward this ad is:

Negative
Positive

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## **Ad Assessment Questions**

### Seahawks! Attention

### **UNCW Blood Drive** Tuesday, April 4, 2006 Warwick Center 10 am - 2 pm

110 pounds and be in good overall health to You must be age 17 or older, weigh at least donate. Please bring photo ID with you.

Give Blood.

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# 2. My overall attitude toward this ad is:

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	3. If I saw this ad posted on campus, I would be
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### **Participant Questionnaire**

Please answer the following questions as honestly and thoroughly as possible. Participation in this survey is strictly voluntary and your responses are confidential. You must be 18 to participate.

Have you ever been asked to donate blood by someone you know? Yes No Do not recall	12. Have you ever donated blood or a blood product (plasma or platelets)? Yes No
2. Do you think of yourself as a blood donor? Yes No Not sure	If YES, please answer the questions in the box labeled YES. If NO, answer the questions in the box labeled NO.
3. Do you have a friend or relative who is a regular blood donor? Yes No Not sure	If you answered YES to #12, answer the questions in this box ONLY.
Would you consider donating blood if someone asked you personally to give? Yes No Not sure      Has a friend or relative you are close to ever received blood that you are aware of? Yes No Not sure	13. How many times have you donated blood? 1 time 3-5 5 or more  14. How long has it been since you last donated blood?
6. Have you personally ever received a blood product that you are aware of? Yes No Not sure	Within the last two months (last time you were eligible) Some time in the last year More than a year ago
7. Approximately how many hours a month do you spend volunteering or performing community service?  Less than 1 hour  1-5 hours  10 or more hours	Can't remember  15. Think of the most recent time you donated blood, what was the MAIN reason you donated? (Pick only one.)  Felt it was the right thing to do.
<ol> <li>Please circle the number that shows how much you agree or disagree with the following statements using a scale of 1-5, with 1 being strongly disagree and 5 being strongly agree.</li> </ol>	Heard that there was a blood shortage.  Wanted to receive an item or gift that was being offered.  Family member, friend or classmate encouraged it.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Knew someone who needed blood.  A doctor told me to donate for health reasons.  Someone asked me to go with them.
B. Doing good things for others is an important part of who I am.	Wanted blood test results for an infectious disease.
1 2 3 4 5 Strongly Disagree Disagree Neutral Agree Strongly Agree	I give regularly I felt pressured to give.
$\begin{array}{ccccc} \text{C. Donating blood is something most people do.} & & & 5 \\ 1 & 2 & 3 & 4 & 5 \\ \text{Strongly Disagree} & \text{Disagree} & \text{Neutral} & \text{Agree} & \text{Strongly Agree} \end{array}$	Can't remember.
D. I feel empathy for those who need blood.	If you answered NO to # 12, answer the questions in this box ONLY.
1 2 3 4 5 Strongly Disagree Disagree Neutral Agree Strongly Agree	
E. I really don't have any strong feelings about blood donation.  1 2 3 4 5  Strongly Disagree Disagree Neutral Agree Strongly Agree	13. Are you aware of any reason that you cannot donate blood? Yes No Not sure
Strongly Disagree Disagree Neutral Agree Strongly Agree F. Donating blood is something I ought to do.	14. Have you ever considered donating blood before?
1 2 3 4 5 Strongly Disagree Disagree Neutral Agree Strongly Agree	Yes No Not sure
G. My parents would be proud of me if I donated blood.	15. What would you say is the main reason you have not donated blood before? (Pick only one.)
1 2 3 4 5 Strongly Disagree Disagree Neutral Agree Strongly Agree	I have never been asked to donate.
H. I am scared of donating blood.	I am scared of needles.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	I did not know where/when a blood drive was being held. I had a bad experience when I tried to give blood before.
9. What is your Date of Birth?/(DD/MM/YY)	I am not eligible to give for a specific reason. (weight, travel) My parent/guardian would not allow me to.
10. Please indicate if you are Male or Female	I did not want to Never a good/convenient time.
11. Which race do you consider yourself to be part of?	I am afraid I would faint or have embarrassing reaction. I have no specific reason.
AsianHispanicWhite	· mare to openine remon.
BlackNative AmericanOther	

### INFORMED CONSENT FOR PARTICIPATION IN RESEARCH PROJECT

Dear UNCW student,

Jennifer O. Windley Vennifer Windley

My name is Jennifer Windley and I am a master's student at Missouri University. As part of my thesis project I am conducting a study to test the effectiveness of blood donor recruitment ads aimed at young people between the ages of 18-25. The information you will provide will play an important part in formulating new campaign strategies targeted for similar audiences. We need your help!

You have received this letter of consent along with a brief survey about your past experiences and opinions about blood donation, and three ad samples with ad assessment questions for you to answer about each ad. If you decide to participate, you will need to sign the bottom of this letter and then answer the questionnaires as accurately and truthfully as you can. Once you have answered all of the questions, you will put your materials booklet in the designated drop box in the front of the classroom. The expected time to complete this study is less than 30 minutes.

Your professor has agreed to grant you one point of extra credit on your final grade for your participation today. However, he will not take away credit or penalize you in any way if you choose not to participate or if you must discontinue the survey at any time. (There is an alternative assignment for those who wish to try for extra credit but do not want to participate. Please see the researcher for details.) Your participation is strictly voluntary.

If you do participate, your individual answers will be kept strictly confidential. The only time your name will be used during this research is on this consent letter. Once the researcher has verified that there is a signed consent form attached with the completed answers, the consent form will be separated from the booklet and kept on file by the researcher. The information entered into the database will not use individuals' names nor will it be traceable back to the person who completed the survey. The cumulative data will be published as part of the thesis paper. Since there are approximately 200 students participating in the study, it will be nearly impossible to associate answers with individuals.

If you have questions regarding this research, you may contact the researcher directly via her e-mail address at jowyfo@missouri.edu. Or, if you have questions regarding your rights as a research participant, please contact Dr. Candace Gauthier, UNCW IRB Chair, at 910-962-3558.

By signing this letter of consent, you are indicating you and agree to participate in this experiment. You are als	u have read and understand the above information o verifying that you are at least 18 years old.
Date: April 3, 2006	
Print name clearly:	
Signature:	2007-535
	Protocol 2006-535  Approved 3/23/06  IRB Expires 3/23/07

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### VITA

Jennifer Windley, a native of Belhaven, NC, graduated from the University of North Carolina at Chapel Hill in 1997 with a Bachelor of Arts in Journalism and a concentration in Spanish. She also studied abroad in Sevilla, Spain in 1995. She received a Master of Arts in Strategic Communications and Media Management from the School of Journalism at the University of Missouri – Columbia in May 2006. She is presently the marketing manager for New Hanover Regional Medical Center. She resides in Wilmington, NC, with her dog and cat, and enjoys working on remodeling projects on her historical home.