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Retaining blood donors: A relationship management perspective

ABSTRACT

Strong organisation-stakeholder relationships contribute to the former attaining its goals. This is also the case with blood services, such as the South African National Blood Service (SANBS). Blood services are dependent on people donating blood to unknown recipients, without remuneration. This paper reports the approach of the SANBS to relationship management with its donors, as well as the perceptions of blood givers of the quality of this relationship. The SANBS's relationship management approach and activities are analysed from a qualitative approach, using mixed method research, namely qualitative semi-structured interviews and quantitative questionnaires to answer the research questions.

The SANBS's relationship with blood givers is strong, especially regarding relationship satisfaction as outcome. The blood service staff's behaviour and communication are the main contributors to donor satisfaction, since they provide education and comfort during the donation process. Two-way communication focusing on enhancing the outcomes of relationships, can therefore assist the SANBS in recruiting and retaining donors.

INTRODUCTION

It is difficult for any non-profit organisation (NPO) to recruit and retain donors. It is particularly difficult for blood services, since their donors do not merely make a financial or other kind of contribution to the organisation, but giving blood is an invasive procedure, it takes time, many people fear the process and may not feel well after the donation (the result of vasovagal reactions) (Rose, Geers, France & France, 2014; Vavic, Pagliariccio, Bulajic, Marinozzi, Miletic & Vlatkovic, 2012). Blood services differ from other NPOs in that they are not per se dependent on their donors for financial survival, but without donors there would not be blood products to sell. Strong donor relationships are vital because blood services struggle to fulfil the constantly high demand for blood products (Ringwald, Zimmermann & Eckstein, 2010; Vavic et al., 2012). A lack of safe blood results in high mortality rates, especially among women with pregnancy complications, trauma patients and, particularly in southern Africa, children with severe anemia as a result of malaria (Bekker & Wood, 2006). Adding to blood services' dilemma are new and aggressive surgical, oncological and transplantation procedures, the aging population that are increasingly in need of blood transfusions, as well as a decrease in younger persons willing to donate blood (Ringwald et al., 2010; Vavic et al., 2012). Furthermore, Bates et al. (2007, as quoted by Tagny, Owusu-Ofori, Mbanya & Deneys, 2010), found that donor recruitment and retention are major contributors to the high cost of blood from centralised blood services. Vavic et al. (2012) note that blood services also struggle to retain donors because the donation process has become complex and can sometimes result in substantial donor loss through deferral and disqualification.

Ringwald et al. (2010) point out that only about 3% to 8% of the age-eligible population in developed countries donate blood per year and almost half of the blood units come from the 1% who are frequent donors. The situation is even worse in developing countries. Blood services experience difficulties in retaining and converting first-time donors (FTDs) into repeat donors (RDs); this is unfortunate, because it is more cost-effective than continuous recruiting efforts (Ringwald et al., 2010; Vavic et al., 2012). A positive donation experience, especially by the young and FTDs, can contribute to them becoming RDs (Vavic et al., 2012). Retaining young donors is especially important in an African context, because they are more willing to donate blood than older persons (Tagny et al., 2010). Repeat donors enable blood services to plan ahead as their sources can be asked to donate blood at specific times, assisting the blood service to maintain a reliable and cost-efficient blood supply (Ringwald et al., 2010).

The South African National Blood Service (SANBS) operates in eight of South Africa's nine provinces, which are divided into seven zones: the Egoli, Vaal, Northern, Mpumalanga, Free State, KwaZulu-Natal and Eastern Cape zones. Although the SANBS was successful in increasing the number of donors in the 16-18-year age group while maintaining the donor base in the other age categories during 2014/15 (SANBS, 2015), the changing donor demographic should be managed effectively because it could lead to a reduction in blood donations. The service is thus currently focusing on increasing its African donor base because the White donor base is declining, though marginally, from 48% to 47% of all donors in 2014/15 (SANBS, 2015).

During 2014/15 the target for new donors was set at 15%, against which the service achieved a rate of 13% (SANBS, 2015). However, whole-blood collections for 2014/15 were 2% below target for all blood types and 1.5% below target for group O (SANBS, 2015). This implies that the SANBS needs to retain its current donors while also recruiting new ones. For these reasons, communication and relationship management is of the utmost importance for this organisation.

Blood services therefore need to build strong relationships with their donors. However, from a communication perspective, non-profit organisations (NPOs) such as blood services, do not always have the necessary knowledge of the value of strategic communication and relationship management (Wiggill, 2009; Wiggill, 2014). Moreover, NPOs often cannot afford to appoint qualified staff for communication and stakeholder management, or may appoint just a single person to perform multiple tasks, of which communication and relationship management is only one (Dyer, Buell, Harrison & Weber, 2002; Naudé, 2001; Wiggill, 2009). Many NPOs do not have a traditional communication department, or else the communication and marketing functions are combined into one department, as in the case of SANBS.

The main research question addressed in this study was: How should the SANBS manage donor relationships to ensure a sustainable supply of blood and blood products? The supplementary questions, to complement the main question, were: Firstly, What is the SANBS's approach to donor relationship management?; secondly, What are the perceptions of donors in the Potchefstroom area of their relationship with the SANBS?; and thirdly, In what way does the donors' blood donation experience influence their perception of their relationship with the SANBS?

This paper on a national blood service applying two-way communication to build and maintain strong relationships with donors appears to be the first of its kind. The research adds to communication and relationship management theory in showing its applicability to this unique type of NPO and it also adds to blood donor literature in presenting an approach, other than marketing, to retain donors. It reports on how a local section of this national blood service manages donor relationships to ensure a sustainable blood supply. Relationship management theory is next discussed.

1. DONOR RELATIONSHIP MANAGEMENT

As informed by the two-way symmetrical communication paradigm and Excellence theory, communication should be managed strategically to establish and maintain mutually beneficial relationships between an organisation and its stakeholders (Grunig, J.E., 2002; Grunig, L.A., Grunig & Dozier, 2002; Plowman, 2013; Slabbert & Barker, 2014). There are various cultivation strategies that can be applied to build strong relationships, which include providing stakeholders access to information and decision-making; openness (or transparency) and disclosing important information; building networks with those with whom stakeholders have connections; cooperating to build a mutually beneficial relationship; sharing tasks to solve problems together; keeping promises; and being positive about the association (Hon & Grunig, 1999; Jahansoozi, 2007; Plowman, 2013).

Although the above strategies imply two-way communication, Waters, Burnett, Lamm and Lucas (2009) specifically added interactivity, or providing stakeholders with opportunities to engage in two-way communication, as a means to foster strong relationships. Two-way communication is an essential relationship-building strategy for blood services because personal contact by recruiters and blood service staff can be powerful motivators, specifically face-to-face contact for those considering donating for the first time (Gillispie & Hillyer, 2002; Ringwald et al., 2010). Several studies have confirmed that interpersonal communication, using e-mails and personal telephone calls, as well as service staff communicating in such a way as to put donors (especially FTDs) at ease, all contribute to donor retention (Geyer, 2005; Godin, Amireault, Vezina-Im, Germain & Delage, 2011; Porto-Ferreira, De Almeida-Neto, Murphy, De Carmago Montebello, Nogueira, Da Silva, MacFarland & Custer, 2017; Ringwald et al., 2010; Vavic et al., 2012;). Most people are unaware of the need for blood and they fail to become regular donors because they are not specifically asked to contribute (Gillispie & Hillyer, 2002).

A set of relationship outcomes, or quality indicators that could be used to evaluate and describe organization-stakeholder relationships, have been identified (Hon & Grunig, 1999; Ki & Hon, 2007; Mays & Wiggill, 2016; Plowman, 2013; Slabbert & Barker, 2012). The outcomes of relationships are trust, mutual control, commitment and relationship satisfaction. Trust can be achieved by means of a combination of integrity, dependability, competence, as well as openness and honesty (Paine, 2003). Mutual control refers to power-sharing in a relationship, where all participants should have some say in situations that affect them, because everyone is afforded the opportunity to participate in decision-making (Van Dyk & Fourie, 2015). Commitment entails the involved parties feeling that the relationship is worthwhile. The degree of relationship satisfaction refers to the extent to which participants believe that they are benefiting from the association. Adding to relationship satisfaction in the case of blood services, is donors' physical well-being during the act of giving blood, as well as their perception of the communicative skills of and treatment by the staff (Gillispie & Hillyer, 2002). Blood service staff should provide donors with a feeling of being appreciated and strengthen the positive social aspect of being a blood giver (Ringwald et al., 2010). As a result, Ringwald et al. (2010) posit that blood donors who had a positive donation experience are 3.6 times more likely to return, compared to those with a very poor donation experience.

Exchange and communal relationships are the two main types of organisation-stakeholder relationships (Grunig, J.E., 2002; Hon & Grunig, 1999). In an exchange relationship, a party is willing to give benefits to the other because it expects to receive advantages of comparable value from the other (Clark & Mills, 1993; Grunig, J.E., 2002; Hung, 2005; Hung, 2007; Van Dyk & Fourie, 2015; Wiggill, 2014). A party that receives benefits incurs an obligation or debt to return the favour (Grunig, J.E., 2002), which might explain the nature of the exchange relationship between blood services and its donors in that everybody might need blood eventually and therefore should also be donating it in anticipation. Communal relationships are characterised by commitment and goodwill and benefits are provided for the good of the other party, without the benefactor expecting the beneficiary to return the favour (Hon & Grunig, 1999; Hung, 2007; Van Dyk & Fourie, 2015; Wiggill, 2014). Blood donors' relationship with blood services are distinguished in that they provide

blood for the good of other people, while they might never need blood themselves. In other words, one of the most important motivators for blood donors is altruism (Gillispie & Hillyer, 2002).

2. METHOD

An exploratory, qualitative research approach was followed since no previous study of its kind has been conducted in South Africa, and very few international studies focusing on relationship-building from a communication management approach to retain blood donors were found. The SANBS is unique in that it needs to build a relationship with donors of blood and not of resources such as funding. The subject of the study was demarcated by focusing on the city of Potchefstroom in the Vaal Zone (North-West province).

This study did not aim to generalise findings, but rather to obtain an understanding of the SANBS's approach to relationship management. Through a process of triangulation (data triangulation improves the construct validity of the study (Gibbert, Ruigrok & Wicki, 2008), the findings were supported by implementing mixed methods research to obtain the information needed to answer the research questions. Qualitative semi-structured interviews were conducted to determine the perceptions of relationship management with the National Marketing Manager, the Regional Marketing Manager at the SANBS head office, as well as the Head of Marketing of the Vaal Zone and the Public Relations Officer (PRO) situated in the Klerksdorp donation centre (also serving the city of Potchefstroom). The outcomes of these qualitative semi-structured interviews were interpreted in terms of narrative discourse analysis (Du Plooy, 2009), according to themes identified in the theory. The trustworthiness of the study was enhanced by purposely selecting participants according to their job descriptions and knowledge of the topic at hand, as well as describing the data "thickly" with sufficient detail and precision (Babbie & Mouton, 2001:277).

A quantitative questionnaire, adapted from the Hon and Grunig (1999) relationship questionnaire, as well as that of Vavic et al. (2012) on donors' experience of blood donation and the behaviour and communication of the blood service staff, was used to determine the perceptions of blood donors in Potchefstroom about the nature and quality of their relationship with the SANBS. Using and adapting existing questionnaires ensured expert-jury and concurrent validity in this study (Du Plooy, 2009:136). The questionnaire consisted of 40 items, including those on the respondents' gender, age, race, and duration of being a blood donor. The responses were graded by means of a 5-point Likert scale, which reflected the degree to which the donors *Disagree strongly* (1), at one extreme, to *Agree strongly* (5), at the other, with the statements.

Data was collected in Potchefstroom during July and August 2016. Questionnaires were distributed to blood donors while they were giving blood at various locations in the city during the following blood drives, namely: The North-West University student and staff blood drives at specific points of blood donation for students and staff on the main campus of North-West University; two locations serving two blood drives at different sections of the South African Defence Force located in Potchefstroom; two blood drives at different shopping malls; a blood drive at one secondary school (only donors of 18 years and older participated in the study); and

a blood drive over four days at the SANBS clinic itself in the city. A stratified random sample was therefore used. The number of donors expected by the SANBS at the blood drives amounted to 480 persons, while an estimation of expected donors at the SANBS clinic were unknown. All donors so encountered were asked to participate in the study, and a total of 209 completed the questionnaires. Among the respondents, 56.5% were 18 to 21 years old, 33% were 22 to 39 years of age, 5.7% were in the age group of 40 to 51 years, and 4.8% were 52 to 70 years old. Of these subjects, 47.4% were male; 15.3% were African, 4.3% were Brown, 1% was Indian and 77.5% were White¹. The respondents therefore reflected the shortage of donors from other populations groups than Whites. Statistical software (SPSS and Statistica) was used to analyse the data. The data was analysed by means of descriptive statistics, two-way frequency tables, Spearman rank correlations, factor analysis, ANOVAs and t-tests.

3. RESULTS

3.1 SANBS's approach to donor relationship management

The SANBS do not currently have a separate communication department, and the communication function forms part of the marketing department. Communicative actions are therefore not focused on strengthening relationship outcomes, but on recruiting and educating donors. The Regional Marketing Manager refers to public relations or communication management as “below-the-line marketing ... focusing on providing information” to the public. Public relations and relationship-building are managed on blood donation centre level, with the local PRO liaising with donors.

Nonetheless, the SANBS views retaining donors as a key task because the organisation cannot exist without them. The Regional Marketing Manager noted that “a regular donor is a safe donor” and that it is more economical to retain donors than to recruit them. The National Marketing Manager added: “They [current donors] are the people that actually become our brand ambassadors ... [we] must establish a great relationship [with them] so that they buy into your brand and sell it to whoever they come into contact with”.

Concerning blood donation education and recruiting new donors, especially among the African population, the SANBS has a peer promoters' programme in schools. In this two-year initiative, schoolchildren conceptualise and employ projects to encourage their peers to donate blood. According to the Klerksdorp PRO, 21% of the Vaal Zone's blood currently comes from schools. In this case *access to information* and *openness* as relationship-building strategies add to recruiting and retaining donors from schools.

The SANBS runs commitment campaigns for sixteen- to nineteen-year-olds, in which the targets are encouraged to donate three or four times per year. If they achieve this objective,

¹ Respondents indicated their race category themselves.

they are rewarded with a gift. The SANBS focuses strongly on these donors' contribution to society as encouragement to donate blood. However, the National Marketing Manager reported that despite all their efforts to attract donors in the age group of seventeen to twenty-five years, they still experience difficulties in this regard.

Potential donors are also recruited from organisations such as businesses and churches, where donor education takes place during meetings or at lunchtime. Whenever there is enough interest, a mobile clinic is set up nearby. A blood drive controller, a person who is passionate about blood donation, is recruited as liaison between the SANBS and the entity. This person receives training and material to educate potential and existing donors in the organisation. According to all interviewees, the blood drive controllers are a vital stakeholder group for the SANBS, since most of its products come from blood drives. The National Marketing Manager emphasised that "...nurturing that relationship, you'll have to go through that person face-to-face". The blood drive controller is responsible for building relationships with donors at their organisation and to persuade them to regularly donate blood. The Klerksdorp PRO mentioned in this regard that "...when they [controllers] are in it, we can see that about 60% of the work is already done". Once a year all blood drive controllers in a zone are invited to a "sit-down dinner" gala event where they are thanked for their important contribution to saving lives. The Klerksdorp PRO mentioned that the gala event is an important opportunity to obtain feedback from donors since blood drive controllers are encouraged to convey donors' needs to management during the event: "The controllers as well as the donors are then kept happy".

The SANBS hosts annual donor award ceremonies at which donors who gave 50 or more units of blood, are celebrated and thanked for their loyalty. The Klerksdorp PRO says that these events tell donors that "you are so special to us... your commitment over the past 10 years is to us more than just [giving] blood". The recipients of blood products commonly thank the donors on these occasions. These events, as well as those for the blood drive controllers, are used to demonstrate the SANBS's *commitment* to their relationship with donors.

All interviewees emphasised that relationship building takes place from the moment a person decides to become a donor. Once the person is in the process of giving blood, the staff provides him or her with "bedside education", which includes explaining the donation process, what is expected from donors, and answering any further questions. As found in other studies (Geyer, 2005; Godin et al., 2011; Porto-Ferreira et al., 2017; Ringwald et al., 2010; Vavic et al., 2012), the interviewees stressed that the behaviour and communication of blood services' staff are very important in building a strong relationship with donors. All staff therefore receive training in customer service.

Strengthening the relationship is vital after the donor has given blood. The PRO calls donors the following day to thank them personally, after which the tele-recruiters follow up with a call to inform donors of their blood type, what is currently happening to their blood and the proposed date of the next donation. Lapsed donors are also called to encourage them to continue donating.

Although the SANBS does not specifically focus on obtaining *trust* from donors, the interviewees noted that this relationship outcome is strengthened by providing training and information, as well as engaging in two-way communication with donors and potential donors. To this end, the SANBS has a portable mobile unit (“... we take it everywhere...”- National Marketing Manager) as well as their website, social media such as Facebook or their toll-free number, whereby blood givers can log queries or suggestions. Trust as a relationship outcome has not been measured or evaluated previously.

Furthermore, the SANBS regularly determines – by means of their feedback systems, client satisfaction surveys, focus groups, online surveys and donor award events – how strong their relationship is with donors, and their *satisfaction* with the SANBS. However, the SANBS does not evaluate the other outcomes (trust, commitment, mutual control) to determine the quality of the organisation-donor relationship.

Concerning *mutual control*, two of the interviewees declared that the SANBS is run by donors, which implies that they control the organisation. Donors are represented on each management level and the Board of Directors also consists of donors. This structure ensures that donors’ views and needs are attended to at the highest level.

3.2 Donors’ perceptions on their relationship with the SANBS

All the participating donors’ perceptions of the quality of their relationship with the SANBS were positive, and they viewed their relationship as being communal in nature. The quality of this relationship is illustrated in Table 1.

Table 1: Descriptive statistics of the quality of the relationship outcomes and type of relationships between the donors and the SANBS

Relationship outcomes	Cronbach’s alpha	Min.	Max.	Mean	Standard deviation
Trust	.874	1	5	4.48	.775
Mutual control	.859	1	5	4.07	.996
Commitment	.888	1	5	4.38	.889
Relationship satisfaction	.923	1	5	4.58	.707
Communal relationship	.784	1	5	4.30	.960
Exchange relationship	.871	1	5	2.28	1.334

T-tests indicated that there is a meaningful statistical difference in the way in which African ($n = 32$) and White ($n = 162$) donors experience their relationship with the SANBS, with the

former having more trust (mean: 4.56) ($d = 0.59$) ($p = .002$), more mutual control (mean: 4.35) ($d = 0.41$) ($p = .005$) and relationship satisfaction (mean: 4.59) ($d = 0.43$) ($p = .009$) than their White counterparts. As a result, African donors ($n = 32$) believe that they have more of a communal relationship (mean: 4.47) ($d = 0.47$) ($p = .009$) with the SANBS than Whites.

3.3 Donors' perceptions of blood donation

Most of the participating donors indicated that they experience the act of giving blood as being positive. Table 2 indicates the correlation between the donors' perceptions of this activity, the outcomes of relationships and the type of relationship.

Table 2: Correlation (r) between donors' perceptions of blood donation, the outcomes of relationships and the type of relationship

Statement presented in questionnaire	Answer	Trust	Mutual control	Satisfaction	Commitment	Communal	Exchange
		r	r	r	r	r	r
Before donating blood I felt:	Pleasant/relaxed	.225**	.154*	.150*	.219**	.157*	-.037
	Comfortable	.199**	.130	.191**	.267**	.227**	.004
	Uncomfortable	-.141	-.022	-.112	-.098	-.160*	-.048
	Scared	.041	.044	-.066	-.035	.055	.047
Venipuncture was:	Almost painless	.102	.013	.033	.129	.080	-.095
	Bearably painful	-.045	.028	.059	-.013	-.065	.065
	Very bad	-.121	-.072	-.016	-.108	-.091	.199*
After donating blood, I felt:	Very well	.187**	.155*	.280**	.262**	.172*	.024
	Some discomfort	.034	.045	-.082	-.023	.044	-.005
	Very bad	-.074	-.064	-.166*	-.124	.013	.090

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

It is clear from Table 2 that there is a small correlation between the donors' experience of giving blood and their perception of their relationship with the SANBS. If they felt relaxed before donating, they had more trust ($r = .225$), a stronger feeling of control ($r = .154$), higher levels of satisfaction ($r = .150$), a higher sense of commitment ($r = .219$) from the staff and more of a communal relationship ($r = .157$) with the SANBS.

T-tests indicated that there is a meaningful statistical difference ($p = .000$) in the way in which males ($n = 82$) and females ($n = 89$) experience blood donation, with the latter being more scared (mean: 1.23) ($d = 0.53$) than males (mean: 1.91) in anticipation. Females ($n = 109$) indicated that they experience their relationship with the SANBS as being slightly more of a communal relationship (mean: 4.46) ($d = 0.38$) than males (mean: 4.11).

For FTDs (first-time donors), t-tests signified a meaningful statistical difference as well as practical meaningful values (effect size) in the way in which they experience blood donation as opposed to regular donors. FTDs ($n = 19$) indicated that they were uncomfortable before donating blood (mean: 2.16) ($d = 0.52$) ($p = .006$) and that they were scared (mean: 2.26) ($d = 0.47$) ($p = .004$), showing a medium effect size. FTDs ($n = 20$) also indicated that venipuncture was almost painless (mean: 3.75) and RDs' (repeat donors) ($n = 165$) experience was almost the same (mean: 3.99). Furthermore, FTDs ($n = 22$) (mean: 4.23) and RDs ($n = 167$) (mean: 4.46) both felt "very well" after donating blood. FTDs experienced their relationship with the SANBS as being slightly more of an exchange relationship (mean: 2.79) ($d = 0.38$) than RDs (mean: 2.24).

3.4 Donors' perceptions of the behaviour and communication of the staff

A total of 93.2% of the donors found the staff's behaviour and communication as putting them at ease while donating blood. According to other studies (Geyer, 2005; Godin et al., 2011; Porto-Ferreira et al., 2017; Ringwald et al. 2010, p. 298; Vavic et al., 2012), the behaviour and communication of blood services' staff have an influence on donors' perception of the quality of their relationship with the service. This assumption was tested in the present study, as shown in Table 3.

Table 3: Correlation (*r*) between donors' perceptions of the staff's behaviour and communication and their perceptions of their relationship with the SANBS

Statement presented in questionnaire	Answer	Trust	Mutual control	Satisfaction	Commitment	Communal	Exchange
		<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>	<i>r</i>
When I arrived, the staff members greeted me	Friendly	.381**	.345**	.424**	.511**	.355**	-.041
	Without any interest	-.169*	-.216**	-.314**	-.345**	-.204**	.104
	Unfriendly and rude	-.090	-.233**	-.274**	-.251**	-.099	.085
During blood donation the staff	Spoke kindly to me	.354**	.334**	.384**	.412**	.362**	-.078
	Did not pay any attention to me	-.218**	-.248**	-.193*	-.278**	-.256**	.004
	Was very unkind	-.118	-.192*	-.263**	-.235**	-.096	-.043
After blood donation the staff	Thanked me kindly	.368**	.292**	.303**	.353**	.387**	-.115
	Said nothing to me	-.249**	-.203*	-.158	-.236**	-.288**	.123
In my opinion, communication of the staff was	Friendly	.437**	.348**	.390**	.467**	.414**	-.001
	Professional	.290**	.348**	.351**	.386**	.348**	-.060
	Unkind	-.168*	-.104	-.177*	-.192*	-.107	-.014

* Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

The results in Table 3 show that there is a medium to strong correlation between staff members' friendly, kind and professional communication and behaviour and respondents' perception of a positive, communal relationship with the SANBS. These results furthermore indicate that if the respondents have a higher perception of relationship satisfaction ($r = -.223$) and a communal relationship ($r = -.180$), they are more prone to agree that the staff's communication put them at ease during the act of donation. There was no correlation between the donors' perceptions of the staff's behaviour and communication, the quality of their relationship with the SANBS and their decision to donate blood in future.

4. DISCUSSION

It was clear from the interviews that the SANBS views relationship building with donors as invaluable for its survival. The service therefore most frequently applies access to *information* and *openness* as relationship-building strategies because of its focus on educating and training

people about giving blood. If donors did not trust the SANBS to deliver on its promise of providing world-class blood transfusion services as well as a safe blood donation environment, they would not be willing to continue to give their blood.

Ample opportunity for *two-way communication* with donors is provided during blood donation education and training, interaction with blood drive controllers and blood service staff, as well as through other communication channels. Blood givers' views and needs also receive attention at the highest level because of donor representatives serving in management.

Notwithstanding, regarding *mutual control*, the results of the item *Donors' perception of them having an influence on the decision-makers of the SANBS* (mean: 3.68) indicates that it is not communicated clearly to all donors that the SANBS is managed by donors. *Mutual control* is also the lowest scoring outcome of strong relationships (mean: 4.07) (see Table 1), indicating that the SANBS needs to improve their communication on donors' participation in decision-making processes. Knowing that every donor has a part to play in managing the service might strengthen the quality of their relationship with the SANBS.

The gala events and donor award ceremonies, blood service staff's communication and behaviour, the PRO's follow-up interaction with donors, feedback systems and several communication channels through which donors can connect with the service, illustrate the SANBS's *commitment* to its relationship with donors. In doing so, the latter's satisfaction with the association heightens. As a result, *satisfaction* as a relationship outcome is ranked highest by the participating donors (see Table 1).

Given the organisation's attempt to recruit more African donors, it seemed that those who participated in the study perceive their relationship with the SANBS to be stronger than the corresponding White donors did. This suggests that once the SANBS has recruited African donors, they are successful in building a relationship with them. However, the SANBS might well focus more relationship-strengthening efforts on White donors, so as not to lose them in future.

This study reflected findings from former studies (Geyer, 2005; Godin et al., 2011; Porto-Ferreira et al., 2017; Ringwald et al., 2010, p. 298; Vavic et al., 2012) that the blood service's staff's interpersonal communication and friendly behaviour add to donors' perception of a positive relationship with the SANBS. Reminding donors of their next donation date reinforces Gillespie and Hillyer's (2002) recommendation to specifically ask people to donate blood.

On a practical level, it is recommended that the SANBS approach their relationship with donors from a strategic communication and relationship management perspective, and not from a marketing perspective only. This would imply that communicative actions are planned to strengthen all outcomes of strong relationships. Donor relationship management would then not be left to PROs at blood donation centre level only, but receive attention at the highest management levels.

A further recommendation is to develop donor education programmes to include a focus on applying relationship cultivation strategies such as sharing tasks to solve problems together (by focusing on the donor's contribution in solving the national need for blood and its by-products); keeping promises (by communicating about the way in which the SANBS addresses the needs of donors); and being positive about the association (by emphasising the donor's contribution to the organisation as well as society) to strengthen the outcomes of strong relationships. Although the importance of blood centre staff's behaviour and communication is widely acknowledged, the SANBS can optimise its significant role in donor relationship management by sensitising its staff to strategies on how to strengthen donors' trust in the SANBS as an entity; ensuring donors of the organisation's commitment to their relationship; and encouraging blood givers to partake in donor management activities to ensure mutual control of the national service. In this way the staff can fulfil a complementary relationship-building role, supplementing and confirming the PRO's work. Furthermore, the SANBS can strengthen its organisational legitimacy by communicating its achievements, such as being internationally acknowledged for blood safety (SANBS, 2015). By doing so, the SANBS would strengthen its reputation, making it more attractive for people to be associated with it.

The study on a national blood service applying two-way communication to build and maintain strong relationships with donors is to be the first of its kind in South Africa. It confirms previous research that interpersonal communication between blood service staff and donors has an important role in strengthening their mutual relationship. Furthermore, it adds to theory in showing that two-way communication focusing on enhancing the outcomes of strong relationships can assist this particular non-profit organisation in retaining donors. However, although the SANBS focuses strongly on enhancing relationship satisfaction in particular, it should include all possible outcomes in communication efforts to build strong relationships with donors.

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