The actual and imagined customer experiences of blood donation: A customer value perspective

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The Actual and Imagined Customer Experiences of Blood Donation: A Customer Value Perspective

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Blood donation as an altruistic service

Altruistic services are increasing; there is significant growth in the number of social enterprises and commercial organisations are increasingly committed to becoming transformative in nature as they seek to improve the lives of others. One such altruistic service is blood donation, which is an essential service underpinning effective health programs in any country. Typically, blood donors are volunteers and therefore a sustainable blood supply is reliant on the goodwill and altruistic commitment of donors. In Australia, as in many other developed nations, there are considerable challenges to maintaining a sufficient and sustainable blood supply (Caulfield, 2013). From a marketing perspective, blood donation is a unique context. First, it is a ‘people-processing’ service (Lovelock, 1983, Russell-Bennett et al., 2013) where the marketing exchange relates to bodily fluid rather than to money. Second, blood donation is an altruistic social service in that it has no direct benefit for the customer donor, and only benefits other people and society as a whole (Kotler and Zaltman, 1971). Prior research has identified the customer experience as an important motivator or deterrent of this donation behaviour (Russell-Bennett, Hartel, Previte and Russell 2012; Russell-Bennett, Previte, Gallegos, Hartel, Smith and Hamilton 2013) and thus understanding the nature of the value derived from the altruistic experience is an important contribution to the value literature. Typically service researchers have investigated the value as perceived by current
customers; in extending this scholarship the current study investigates the imagined value of potential customers and in an altruistic service context. In an altruistic service, the donor is an operant resource or is an interactive agent (McColl-Kennedy et al., 2012) providing skills and abilities (and body parts) for the organization to deliver its service (blood supplies to medical institutions). Considering the important resources that blood donors bring to the service experience, we respond to the call for more research on the broadened role of customers in the customer experience by McColl-Kennedy and colleagues (2015). We argue that services scholars require deeper understanding of both the actual and imagined value a service contributes to knowledge about customer value.

Customer value can be conceptualised as economic (Ziethaml 1988) or experiential (see Sweeney & Soutar, 2001; and Holbrook, 1994). The experiential approach situates value as being created not just from an outcome, but from the interaction and service experience itself. We suggest the experiential approach is specifically relevant to for blood donation as customer value represents more than a typical service exchange of value. We adopt Holbrook’s (2006, p. 715) definition of customer value as being an ‘interactive, relativistic, preference experience’, and incorporate the four component value conceptualisation; altruistic, emotional, social and functional.

*Figure 1. Conceptual model*

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Given the altruistic nature of the service, it would be reasonable to anticipate that the dominant value type would be altruism however qualitative evidence on blood donors suggests ego-centric value types may also be at play (see Russell-Bennett, Previte, Gallegos, Hartel, Smith and Hamilton 2013). Blood donation promotional campaigns typically seek to leverage altruistic value however if altruism is not the key or only value derived, then
alternative campaign appeals should be exploited to reach those customers who seek other
types of value. Understanding the nature of value created through actual experience (donors)
compared with imagined experience (non-donors) provides theoretical implications in terms
of differences in the creation of value perceptions. Additionally, these insights also have
practical implications in terms of different promotional approaches for recruitment and
retention of donors. The research questions addressed in this study are; RQ1. *What is the
relative influence of altruistic, emotional, functional and social value on satisfaction,
intentions and behaviour about blood donation for donors and non-donors?* and RQ2. *What is
the difference in actual and imagined value between donors and non-donors? A conceptual
model is shown in Figure 1 with hypothesised relationships.

**Method**

An online survey of 366 blood donors and 523 non-donors in Australia was conducted. The
total sample was: 44% male and 56% female, ranging in age from 18-65 years and living in
different cities across the country. Measures were derived from validated scales and adapted
for both the blood donation context and for donors and non-donors. Non-donors were asked to
imagine a blood donation experience, whereas blood donors were asked about their last blood
donation. The measures used were; functional value (Mathwick et al 2001), emotional value
(Nelson and Byus 2002), altruistic value (Mostafa 2008) and social value (Sweeney and
Soutar 2001), satisfaction (Taylor and Baker 1994) and behavioural intentions (Zeithaml et al
1996) on a 1-7 likert scale.

**Results**

The results indicated that the measurement model had a moderate to good fit to the data for
both the donor (CMIN/DF=2.95, CFI=.92, RMSEA=.07) and non-donor sample
(CMIN/DF=5.45, CFI=.93, RMSEA=.09). The full structural model was then tested.
Modification indices indicated better fit would be achieved by adding a relationship between
emotional value and behavioural intentions in both samples. This resulted in moderate to good
fit structural for the donor (CMIN/DF=2.75, CFI=.92, RMSEA=.06) and non-donor
(CMIN/DF=4.94, CFI=.92, RMSEA=.08) samples. For donors, satisfaction was associated
with only two of the four value types; emotional and altruistic while for non-donors there was
a positive association between satisfaction and three value types; emotional, functional and
altruistic.
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T-tests were conducted on the value dimensions to compare imagined and actual experiences with significant differences for all but social value (See Figure 2) with the actual experiences (donors) scoring higher than the imagined experiences (non-donors) for altruistic value (F=33.29, p=.000), emotional value (F=14.09, p=0.000), functional value (F=4.52, p=0.03). There were no significant differences for social value.

*Figure 2. Comparison of value types (actual and imagined experiences)*
Discussion

While non-donors imagined that altruistic value was the most important value type to influence satisfaction with blood donation ($\beta = 0.47$) and emotional and functional value were the least ($\beta = 0.23$ and $\beta = 0.27$), donors experienced the opposite. For donors, emotional value was the most important value type to influence satisfaction ($\beta = 0.35$) and altruistic value was the lowest ($\beta = 0.24$). Interestingly social value had no influence and functional value was only important for non-donors.

So, what do we now know about the nature of the value derived from the altruistic experience? First, the lack of relationships between some of the value types of satisfaction and behavioural intention indicates that the nature of customer value may be a bundle of value types rather than a multi-dimensional construct where all dimensions are required to be present. While Holbrook is vague about whether the types of value are dimensions of a construct or different types of value (Holbrook 1994; 2006), other researchers have treated them as dimensions of a customer value construct (Sweeney and Soutar 2001). Second, this research shows that an altruistic service may not always create altruistic value as the most important influence on marketing outcomes. This is consistent with psychological investigations into the deeper motives for blood donation that consistently reveal egoistic motives representing the personal benefit derived from helping others (Phillips and Phillips 2009). The t-test differences in the three significant value types between donors and non-donors indicate that non-donors under-estimated the altruistic, functional and emotional value created in the blood donation experience compared to the donors. From a managerial perspective, this insight has implications for retention and acquisition of donors. Non-donors imagine that altruism has the most important influence on satisfaction with the donation experience, but donor experience shows that it is actually the experience of emotional value. If you are a non-donor who is not motivated by altruism then blood donation may not appeal. Yet promoting the emotional value gained by donating to non-donors may overcome some of the myths and misperceptions of altruism and increase donation. For donors, increasing the social value of blood donation would appeal to particularly younger consumers who are influenced by others.

Conclusion

Further research is needed on the nature of customer value; is there a hierarchy amongst value types, importance weighting or minimum requirement? The differences in actual and
experienced value can create misperceptions amongst non-customers and be a deterrent (when there is an underestimation of value) or create disappointment (where there is an overestimation of value). Finally altruistic services are increasing and understanding the customer value created above and beyond altruistic value is important to understanding the drivers of important marketing outcomes.
References


