

**Original Article: Case Study****Gifting Life: What do our Support Staff Think?**Varun Gaiki<sup>1\*</sup>, Manasi Khardekar<sup>2</sup>, Bakul Pande<sup>3</sup>, Nikhil Pande<sup>4</sup> and Vasant Wagh<sup>5</sup><sup>1</sup>Department of Community Medicine, Malla Reddy Medical College for Women, Hyderabad<sup>2</sup>Department of Anesthesia, Medi Citi Institute of Medical Sciences, Hyderabad<sup>3</sup>Nodal officer, Nagpur Municipal Corporation, Nagpur<sup>4</sup>Psychiatrist and Councillor, Nagpur, Maharashtra, India<sup>5</sup>Department of Community Medicine, JN Medical College, Wardha**ARTICLE INFO:****ABSTRACT****Article history:**

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Always, we look hospital staff, including medical and paramedic support staff as a source of inspiration, and a constant source of motivation for various health related behaviors, including blood donations, As paramedical support staff is included to a more extent in the interactions with patients and relatives of patients, they have a prominent role in bringing out behavior change communication. So this study was undertaken to know the perceptions of the support staff about blood donation. Though most of the participants were accepting it to be a noble cause and cause which can save someone's life, some were afraid of weakness and possibilities of transmission of infections, along with hygienic conditions and safety. These type of exercises can be useful while formulating policies and creating awareness about the noble cause.

**1. Introduction**

Worldwide, scarcity of voluntary blood donors (VD) exists and out of those few, who are encouraged to donate, are either permanently or temporality deferred, due to constant changing norms issued by governing authorities[1,2]. Despite of reduction in the blood donors, and availability of blood products, demand has been increasing constantly due to generalized increase in life expectancy and advancement in medical and surgical sciences[3-7].

This supply and demand gap constantly forces the blood banks and various organizations for search of new donors and maintenance of the existing donors[8]. This method of attracting new generation of donors to blood banks varies according to the socio-cultural differences of the community[9]. So, these efforts in any community has primarily focused on the overall increase in the blood unity collection and the conversion of Recruit Blood Donors (RDs) into regular voluntary blood donors (VD) to increase the safety and facilitate the management of the available blood supply.

During major emergencies like the earthquakes there is exodus of voluntary donors. Such calamities motivate people to help selflessly. Voluntary donations of all kinds are offered by volunteers and blood being one among them[10,11]. What is not yet realized by masses on large is that there is a necessity for

blood even otherwise. Hence there arises need for motivation to donate blood voluntarily on regular basis. There is a serious mismatch between demand and availability of blood in the country. Demand of 8.5 million units/year of blood products, has been estimated but we have the availability of only 4.4 million units/year, consisting of only 52% through voluntary donations[12]. Moreover it has been observed by some authors in their studies that majority of the blood donors are from minority community, all over the world including developing countries like India[13].

In spite of all research on the subject, however, the incentives that would motivate most people to become blood donors have yet to be determined[14].

There are a number of reasons why India, like many countries, would like to increase the number of regular voluntary donors. As stated above, the number of donations is insufficient to cover the demand leading to the importation of blood from abroad almost every year. Also, VDs are generally associated with safer blood supplies in terms of transfusion-transmitted diseases[15,16].

In fact, the World Health Organization and the Council of Europe recommend that blood and blood components should

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only be collected from voluntary, non-remunerated repeat donors[17,18]. In turn, blood donation systems that rely on volunteer blood donors who donate on a regular basis can better manage blood supplies and schedule transfusions. Finally, it is inappropriate, from an ethical point of view, that relatives of a patient in need of blood should, under emotional pressure, be obliged to search for people willing to donate blood for their relatives transfusion needs. Various barriers with reference to voluntary blood donation influence the behavior of people for blood donation like cultural beliefs in some ethnic groups, socio-economic factors, their knowledge or lack of knowledge with regards to blood donation and several other issues have been identified[19].

Traditionally the hospital staff including the non-medical and non-paramedical health staff (support staff) is looked upon by the community as a source of knowledge and motivation for various health related matters including blood donation. Also the non-medical staffs are involved in considerable interaction with the patients and their caretakers, in some instances more than physicians themselves[20].

However very few studies have been conducted to know perceptions of voluntary blood donation among the support staff of a tertiary care hospital. Also the effect of attitudes, norms and perceptions of support staff on community motivation is also a neglected area. Studies to find the perception and views of group of hospital staff about blood donation are also scarce. Few studies which are available are of quantitative in nature and have tried to look at this issue using questionnaires and analyzing proportions of different perception[21,22]. These questionnaire based studies usually represent perceptions as expected by the investigators rather than on those actually expressed by the participants. The participants end up choosing one of the available options. Qualitative methods on the other hand provide the chance to the participants to come out with all their perceptions without any constraints as there are no pre-existing options to choose from. This gives chance to investigators to go through the details of the responses and seek clarifications wherever needed. The present study aims to know the perceptions of the non-medical staff working in the hospital towards voluntary blood donation.

## 2. Materials and methods

Purposively selected 20 paramedical staff of Acharya Vinoba Bhave Rural Hospital rural hospital, a tertiary health care Hospital, attached to Jawaharlal Nehru medical college, located in wardha district of Maharashtra state was selected for this qualitative study, which comprised of free listing and pile sorting exercises. Participants who volunteered to participate were selected purposively from different cadre of supportive services, which comes in frequent contact with either patients or relatives of patients. This included nursing staff, front office staff, enquiry counter staff, other class IV staff, and security staff. After explaining the nature of study, these participants were provided with paper and were asked to write down their perceptions regarding blood donation. The participants were allowed to write in any of the three languages, i.e. Marathi,

Hindi or English. They were instructed that they can write anything that came to their mind about blood donation. There was no time restraint to submit the completed sheets. Clarification was sought from the participants to explain some of the points when researcher felt the need. The sheets were finally translated to English for analysis, with the help of participants and researchers. Out of the 29 responses 15 most common responses were considered for the next stage. The next stage being a technique which is used for identifying any possible domains. 4 independent participants were purposely selected for this stage. The 15 most common responses from previous stage were written on cards, numbers 1-15 assigned to each card and provided to each of these 7 participants. They were instructed to sort out the perceptions into different groups based on any possible similarities or logic. The participants were then asked to explain their reasons for each of the pile and same was noted and used for analysis and final reporting. The data for each respondent indicating different groups and perceptions in each group was entered in notepad document. Different groups were identified using the Anthropac software. Post analysis the respondents were shown the results and their feedback regarding our conclusions was taken.

## 3. Results and discussion

The total of 20 respondents, who were included in study, were part of supporting staff in hospital which included staff nurse and other class IV employees. They were purposively selected with the intention to identify the perceptions of individuals about blood donation, who are with contact with patients and their relatives for most of the time. So, Staff nurse and class IV from outpatient department, staff from medical and surgical wards were included. In all, 10 female and 10 male staff were identified and included in the study.

Of the selected staff, 7 were female staff nurses, and 3 were male staff nurses, 3 were female other class IV employees, and 7 male other class IV employees.

After seeing the pattern of responses by individuals, 5 participants out of 20 gave less than or equal to 3 responses. About 11 participants gave responses between 4 to 6 and 3 participants were observed to give more than 7 responses.

It was observed that total of 100 responses were quoted by total of 20 participants. After analyzing the responses and clubbing together the similar responses, total of 29 responses were left. Out of these, 29 responses, first 15 responses which were more frequent, were selected for pile sorting. When pile sorting exercise was done, it was observed that, participants clubbed similar responses together and were this exercise was repeated with four purposively selected participants, who were not part of the free listing.

No such similar study was found to have been carried out to assess perception of the supportive staff of a hospital about blood donation services. It was observed that most of the support staff selected willingly participated in the study to give 100 individual responses, which during analysis were

categorized in 29 opinions. These 29 opinions were mostly describing blood donation as a noble work, to save someone's life. It brought forward the feelings of people about the misconceptions, including it may cause weakness to transmission of infections.

These data are similar to that from other studies, for example, fear of the collection process was the dominant factor for avoiding donation among young Canadian college students[23]. Our findings from the section of the study that addresses perceived risks highlighted a problem of inadequate briefing of support staff, in hospitals about the medical procedures to which donors will be subjected and their associated risks. Doctors should be made aware of this issue and the patients' rights and the hospital support staff should be encouraged to communicate with patients, informing them of the potential importance of the voluntary blood donation, the benefits of blood transfusion, the possible side effects and risks. Similar observations were observed by Marantidou et al. [24].

#### 4. Conclusion

This study helps us to understand how is the blood donation perceived differently by individuals in study groups and it is important to understand in designing of the educational programme for the group.

No doubt this study revealed the weaknesses of the blood donation system regarding recruitment and retention of donors and the perceptions of people who donate. We believe that the results will provide useful insights that will be helpful to form plans for encouraging current donors to donate more often, and to motivate eligible people to donate which will support to fulfill the nations transfusion needs. This will also help in converting large force of replacement donors into voluntary donors.

This study has many limitations in its way. It being qualitative in nature, finding cannot be generalizable. Findings obtained are representative of national sample, but may not be exact representation. Sample selected was not exact representation of all support staff of the hospital. Their working duration in health care services was not taken into consideration.

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