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ORIGINAL RESEARCH

TRANSFUSION

The different barriers to donating plasma in plasma donors, whole blood donors, and non-donors in the United Kingdom

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Abstract

Background: Plasma donation is critical for the production of plasma-derived medicinal products, yet donor recruitment and retention remains challenging within a volunteer system. This paper explores deterrents to plasma donation among current plasma donors, whole-blood donors, lapsed whole-blood donors, and non-donors in the United Kingdom, and self-reported post-donation symptoms in plasma donors.

Study Design and Methods: An online survey of the UK general public (current and lapsed blood donors, and non-donors: $n = 2861$) and English current plasma donors ($n = 448$), and one-to-one interviews ($n = 25$) with plasma donors were conducted. Participants identified deterrents to plasma donation, and plasma donors described post-donation symptoms.

Results: Plasma donors reported distinct deterrents around time constraints and ineligibility. There were differences by donor status. Blood, plasma, and non-donors all report pain, lack of travel compensation, involvement of private companies and incentives as concerns. Lack of awareness was salient for non-donors and blood donors, while non-donors had concerns about neurodiversity and donors about incentives to change. Being deferred on the day, described as

Abbreviations: NHSBT, NHS Blood and Transplant; OLS, Ordinary Least Squares; ONS, Office for National Statistics.

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an embarrassing "walk of shame," was a unique deterrent to plasma donors. 11.8% (53/488) of plasma donors reported symptoms of feeling ill after donation. Of these, 73% ($n = 38$) occurred and were managed in center (e.g., feeling faint, bruising) and 25% ($n = 13$) outside of the center (e.g., feeling faint) and managed by the donor (2% other).

Discussion: Different profiles of deterrents were observed for plasma donors compared to whole blood and non-donors. Recommendations for the recruitment and retention of plasma donors in England are discussed.

1 | INTRODUCTION

The global demand for plasma is growing.[1,2] While paid donors from the United States provide a large proportion of plasma,[3] many countries are developing voluntary plasma donation systems.[4] However, reaching sustainable targets within a voluntary system remains challenging.[5] Therefore, it is important to understand the motivations and barriers of volunteer plasma donors. While the literature has largely focused on motivations for donation, there remains a paucity of research examining deterrents for plasma donation, particularly across different donor groups (i.e., non-donors, lapsed blood-donors, current-blood-donors, plasma-donors).[1,2,5–15] This paper seeks to fill this gap.

Converting whole-blood donors to plasma donation is a key strategy for many plasma programs.[12,16] However, research with donors suggests that different motives and deterrents exist depending on their level of engagement with plasma donation. Plasma donors are motivated by being asked to donate and the relationships they build with staff, but are deterred by the longer time commitment.[10] Whole blood donors are deterred by the expected frequency with which they perceive they need to donate and the safety of the process (e.g., fear of contamination of returned fluid), as well as "excessive" paperwork and concerns about being eligible to donate plasma.[14] However, little is known about the deterrents of those who are lapsed blood donors or who have never donated plasma, despite these being targets for recruitment. This paper is the first to explore how deterrents vary across non-donors, lapsed whole-blood donors, whole-blood donors, and active plasma donors, employing a mixed-methods approach that combines surveys and interviews. While evidence on the health consequences of blood donation is reported,[17,18] less is known about plasma donors' self-reported health and symptoms.[19–25] As this may deter plasma donors, we also explore the symptoms plasma donors report.

Plasma donation in England: NHS Blood and Transplant (NHSBT) launched a totally voluntary plasma donation program in 2021. Currently, there are three plasma donation centers in England, with expansion plans. Both female and male plasma donors can donate every 2 weeks (the median donation per year is two, with a median interval of 9 weeks between donations). In 2022/2023, the plasma donor base comprised 6000 registered donors.[26] Currently, there are 800,000 active blood donors across 27 fixed centers in England and 50 mobile teams. The minimum deferral period between whole blood donations is 12 weeks for male donors and 16 weeks for female donors.[26,27]

Aims: The primary objective is to examine perceived deterrents to voluntary plasma donation among non-donors, lapsed, current whole-blood donors, and plasma donors.[8,9,11,14–16] A secondary aim is to estimate the prevalence and symptoms reported by plasma donors.[19–25]

2 | STUDY DESIGN AND METHODS

2.1 | Sampling procedure

We conducted online surveys and interviews.

Online surveys: We sampled members of the UK general public through Prolific (https://www.prolific.com/: 03/05/2024–13/05/2024), ensuring equal gender distribution. Prolific is an online sampling platform allowing researchers to sample across the globe, targeting specific demographics (https://www.prolific.com/about). To be included, participants had to be at least 18 years old. Participants were compensated at £9 per hour. Current plasma donors in England were sampled through the NHSBT plasma donor register (11/07/2024, reminders; 23/07/2024 and 26/07/2024) (Figure 1). Plasma donors were included if they were 18 years or older, male or female, had donated in the last 3 years, had an email address registered with NHSBT, and had not been approached to participate in the interview study. Plasma donors were not compensated.

Plasma donor interviews: 500 current NHSBT plasma donors in England were contacted via SMS (Short Message Service), and 127 replied, with 25 subsequently

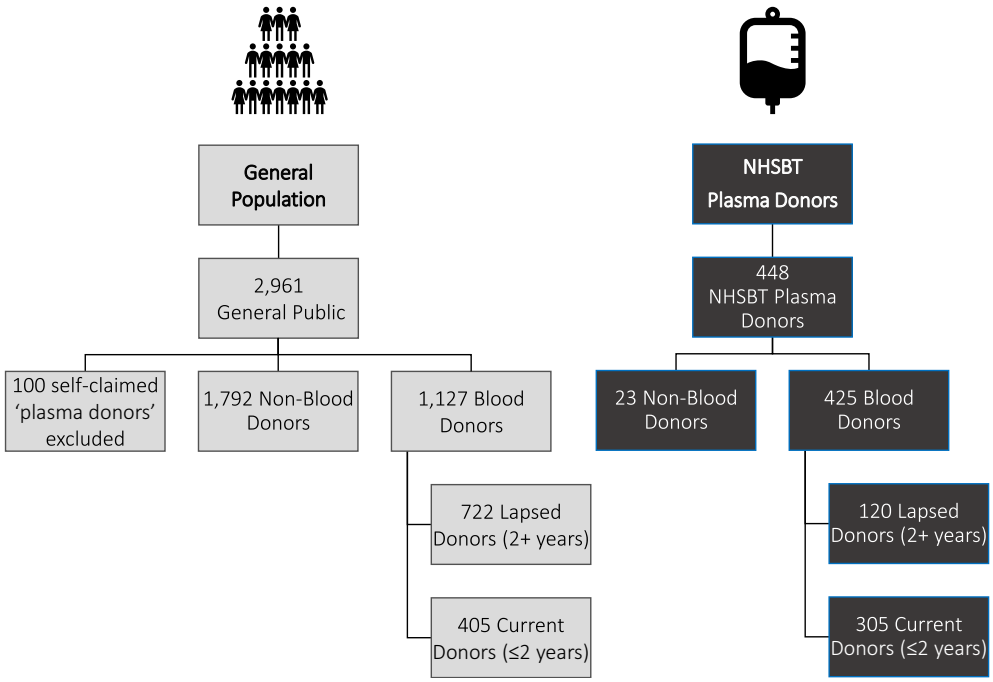

FIGURE 1 Summary of study and samples. One hundred participants in the general population sample stated they had donated plasma and were excluded. The main results do not change with or without their inclusion. Moreover, five participants did not answer the question about blood donation history.

interviewed. This is sufficient to identify repeat themes for a targeted interview.[28] Interviews were conducted between 22/07/2024 and 13/08/2024, and participants were offered a £20 voucher as a thank you. Plasma donors were included if they were 18 years or older, male or female, donated in the last 3 years, and had an email address registered with NHSBT.

2.2 | Online surveys

While the online surveys explored various themes (Supplementary File S1), including incentives, altruism, and motivations—findings from which are reported elsewhere[29] or will be presented in future publications—this paper focuses specifically on factors discouraging plasma donation.

2.3 | Measures

Demographics: We asked all participants the following demographic questions using the Office for National Statistics (ONS) categories for age, gender and ethnicity.[30–32] (Supplementary File S1, Block 10).

Blood donor status: Donors were categorized as: (i) Non-donors (never donated before), (ii) Lapsed Blood Donors (donated >2 years ago),[33] and Current Blood Donors (donated ≤2 years ago, NHSBT definition) (Supplementary File S1, Block 2).

Discouraging factors: The general-population sample was asked, "What factors might discourage you from donating plasma?" and the plasma donor sample, "What factors might discourage you from continuing to donate plasma?" Both samples were asked to select as many of nine reasons they felt applied, with deterrents derived from both the literature[13–15] and discussions with NHSBT staff members. These are listed here and can also be found in Supplementary File S1, Block 9: "(1) Health-related (You are not eligible to donate), (2) Lack of knowledge and awareness of need (Lack of knowledge about the need to donate plasma, not aware that plasma donors are needed), (3) Lack of knowledge and awareness of how to donate (Lack of knowledge about where to donate, lack of knowledge on what happens when you donate), (4) Lack of trust in the safety of the donation process, (5) Beliefs (Religious, cultural, family or personal beliefs), (6) Health-related concerns (Scared of needles, worried about fainting, dizziness, pain etc.), (7) Time constraints (You do not have the time; it is an inconvenience), (8) Lack of trust (Lack of trust in medical setting, healthcare professionals, and getting back only your own blood), and (9) Deferral (e.g., travel restrictions from the risk of infections such as malaria, etc.), and Prefer not to say."

Participants could also provide an open-text response: "Share anything else you may feel will discourage you from donating plasma."

Plasma illness: NHSBT plasma donors were asked: "Please think about the time(s) when you have donated plasma. Have you ever felt unwell (i.e., faint, nauseous etc.)?" (yes, no). If "Yes," they could describe their symptoms (Supplemental File S1, Block 6.3/6.4).

2.4 | Interview study

The interviews focused on insight into the plasma donation process in England. One question prompted exploration of discouraging factors: "Was there anything different or unusual about the previous donation?" Two questions focused on health: (i) "Have you ever felt unwell after a donation?" and (ii) "How did you feel?"

2.5 | Analytic strategy

Quantitative data were analyzed using ordinary least squares (OLS) and logistic regression models specified in Stata-18, with all *p*-values two-tailed.

Qualitative data were analyzed using inductive thematic analysis.[34,35] One author (EF) initially read through and constructed themes from all non-missing responses (1846 of 3309) to the open-ended questions about what would discourage them from donating plasma and all 52 responses to the plasma illness questions following donation. To ensure the themes were reliable, 10% of all responses (185 of 1846) to the open-ended question about what would discourage them from plasma donation were randomly selected and coded by a second trained coder (RM). The second coder (RM) coded all 52 illness open-responses.

3 | RESULTS

Sample: Sample demographics are available in Supplementary File S2.

3.1 | Quantitative fundings

Discouraging factors: Figure 2 displays the proportion of respondents endorsing each discouraging factor by donor status. Within the general public, the most commonly cited factors included time constraints, lack of awareness of plasma need, and limited knowledge. Among non-donors, fear of needles or fainting was prominent. The most frequent concerns for plasma donors were fear of ineligibility, being deferred (e.g., travel/malaria), and time constraints.

Table 1 presents the logistic regressions, controlling for age, gender, and ethnicity. Key findings include:

Plasma donors vs. non-donors: Plasma donors were 2.3 times more likely to worry about being ineligible to donate ($p < .01$), 2.4 times more likely to cite time constraints ($p < .01$), and 2.2 times more likely to be concerned about deferrals ($p < .01$), but less likely than non-donors to endorse all other deterrents (all $ps < .01$).

Lapsed donors vs. non-donors: Lapsed donors were 1.3 times more likely to cite time constraints ($p < .01$) and significantly less likely to cite beliefs ($p < .05$) or other health-related concerns ($p < .01$).

Current blood donors vs. non-donors: Current donors were more likely to endorse deferrals (1.5 times) ($p < .05$), less likely to cite mistrust of the donation process ($p < .05$), mistrust of medical settings ($p < .01$), and health-related concerns ($p < .01$).

Across the sample, younger participants were more likely to endorse concerns about ineligibility ($p < .01$)

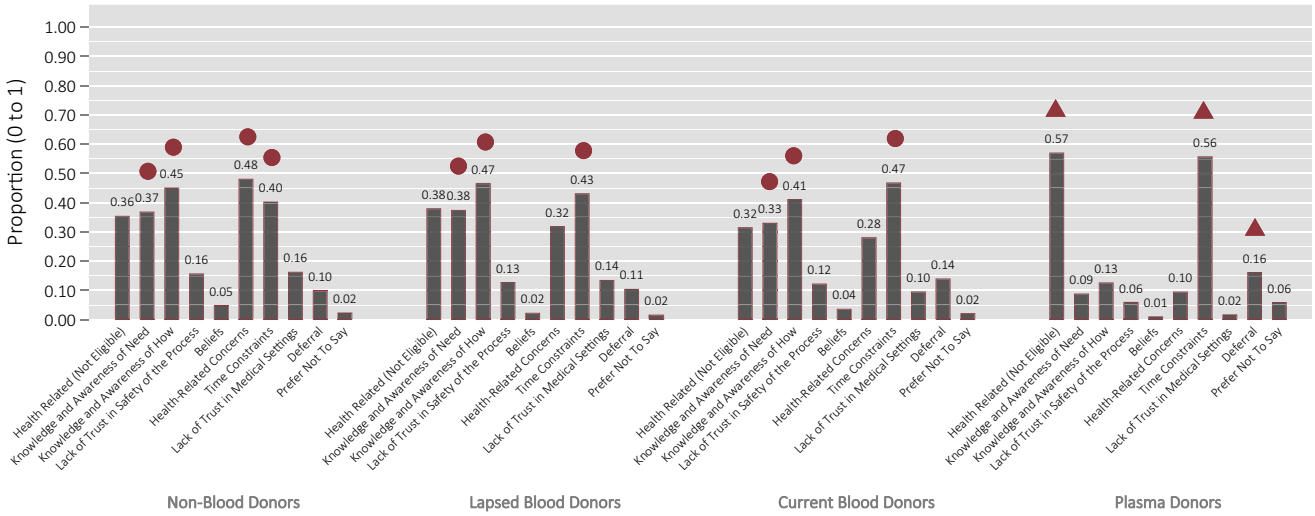

FIGURE 2 Deterrents to plasma surrounding plasma donation reported by each sample. Circles (◯) indicate the highest deterrents for the General Public across donor status. Triangles (△) indicate the strongest deterrents for the NHSBT sample.

TABLE 1 Logistic regressions of discouraging factors.

Variables	(1) Health related (not eligible)	(2) Knowledge and awareness of need	(3) Knowledge and awareness of how	(4) Trust in safety	(5) Beliefs	(6) Health-related concerns	(7) Time constraints	(8) Trust in medical settings	(9) Deferral
Sample pool									
Base: Non-blood donors									
Lapsed blood donors	0.987	1.075	1.093	**0.764****	**0.541****	**0.571*****	**1.308*****	0.830	1.177
	(0.094)	(0.102)	(0.100)	(0.104)	(0.152)	(0.055)	(0.123)	(0.111)	(0.177)
Current blood donors	0.883	0.816*	0.839	**0.692****	0.593*	**0.395*****	1.233*	**0.499*****	**1.461****
	(0.108)	(0.097)	(0.096)	(0.118)	(0.176)	(0.048)	(0.141)	(0.089)	(0.244)
Plasma donors	**2.273*****	**0.191*****	**0.194*****	**0.340*****	**0.235*****	**0.144*****	**2.422*****	**0.110*****	**2.201*****
	(0.264)	(0.034)	(0.030)	(0.076)	(0.124)	(0.025)	(0.276)	(0.040)	(0.362)
Demographics									
Age	**1.024*****	**0.991*****	0.995*	1.003	0.986*	**0.976*****	**0.975*****	0.997	**0.989****
	(0.003)	(0.003)	(0.003)	(0.004)	(0.008)	(0.003)	(0.003)	(0.004)	(0.005)
Base: Male									
Female	**1.644*****	0.935	0.940	0.916	**0.563*****	**1.246*****	**0.737*****	1.084	1.229*
	(0.125)	(0.072)	(0.070)	(0.098)	(0.114)	(0.097)	(0.054)	(0.118)	(0.139)
Base: White									
Asian	**1.683*****	0.696*	0.725*	**2.056*****	**4.764*****	0.865	1.015	**1.744****	1.412
	(0.290)	(0.130)	(0.127)	(0.428)	(1.339)	(0.164)	(0.174)	(0.387)	(0.337)
Black	1.215	**1.653****	1.236	**5.861*****	**7.240*****	1.351	0.665*	**4.401*****	**1.832****
	(0.273)	(0.339)	(0.257)	(1.242)	(2.135)	(0.287)	(0.143)	(0.975)	(0.474)
Mixed	1.352	0.815	0.929	1.508	**3.368*****	0.972	0.957	1.591	0.966
	(0.319)	(0.198)	(0.214)	(0.443)	(1.325)	(0.225)	(0.215)	(0.451)	(0.350)
Constant	0.155***	0.894	1.052	0.151***	0.078***	2.207***	2.230***	0.189***	0.143***
	(0.023)	(0.126)	(0.144)	(0.030)	(0.029)	(0.318)	(0.305)	(0.039)	(0.032)
Wald tests (Chi^2 statistics)									
Lapsed vs. current blood donors	0.42	**4.20****	**4.19****	0.25	0.06	**6.97*****	0.20	**6.34****	1.26
Lapsed blood donors vs. plasma donors	**42.36*****	**88.34*****	**114.57*****	**11.66*****	2.12	**55.83*****	**24.60*****	**29.18*****	**12.09*****

(Continues)

TABLE 1 (Continued)

Variables	(1) Health related (not eligible)	(2) Knowledge and awareness of need	(3) Knowledge and awareness of how	(4) Trust in safety	(5) Beliefs	(6) Health-related concerns	(7) Time constraints	(8) Trust in medical settings	(9) Deferral
Current blood donors vs. plasma donors	**38.57*****	**51.52*****	**66.74*****	**7.18*****	2.49	**25.07*****	**21.49*****	**14.50*****	**4.07****
Observations	3235	3235	3235	3235	3235	3235	3235	3235	3235
Pseudo R^2	0.0422	0.0423	0.0426	0.0420	0.100	0.0847	0.0301	0.0559	0.0156
Chi^2	165.5	131.9	141.6	110.3	109.2	291.4	132.5	108.6	34.94
Prob < Chi^2	0	0	0	0	0	0	0	0	2.74e−05

Note: Robust standard errors in parentheses. Wald tests (Chi^2 statistics) show significant differences among Lapsed vs. Current blood donors, Lapsed donors vs. Plasma donors, and Current donors vs. Plasma donors on selected factors. Bolded values ($p < 0.05$ and $p < 0.01$).
***$p < 0.01$; **$p < 0.05$; *$p < 0.10$.

but less likely to express health-related concerns ($p < .01$), time constraints ($p < .01$), or fear of deferral ($p < .05$). Women were more likely to worry about ineligibility ($p < .01$) and more likely to report health-related concerns ($p < .01$), but less likely to cite beliefs ($p < .01$) and time constraints ($p < .01$) as barriers. Compared to White respondents (who form the majority of the donor base in England), participants identifying as Asian, Black, and Mixed were more likely to report having belief-based barriers (religious, cultural, etc.) ($p < .01$). For Asian and Black people, lack of trust in the safety of the process (all $ps < .01$) and medical settings (all $ps < .05$) were also significant discouraging factors relative to White people. While health-related concerns (ineligibility) were particularly salient for Asian people ($p < .01$), knowledge and awareness of need ($p < .05$), as well as concerns surrounding deferral ($p < .05$), were particularly prevalent for Black people.

3.2 | Qualitative findings

Discouraging factors: We identified 28 deterrents from a combination of free-text data from the surveys and interviews with plasma donors. These are summarized in Table 2 by donor category (Supplementary File S3 for example quotes). There was an initial agreement of 83.78% between the coders. All disagreements were resolved through discussion, resulting in a final agreed-upon coding frame.

All groups reported nine determinants. Key among these were convenience, location, and distance to the plasma centers, as well as how this aligns with their busy lives. Linked to this is the lack of parking availability, the need to pay for parking, and problems scheduling appointments, especially the need to book too far in advance when lives are busy and planning is difficult. In terms of health, concerns about (i) potential (non-donors, blood donors) or actual (plasma donors) pain, (ii) health consequences (e.g., fatigue, potential weakening of the immune system), and (iii) eligibility due to existing health problems (e.g., chronic illnesses, medication use) were expressed. People were also unsure of the age limit and whether they were too old. All groups raised concerns about the ethicality of the plasma industry in general, including the sale of blood and plasma, third-party involvement for profit, and the potential privatization of UK plasma. Finally, the idea of financial compensation, as offered in other countries, was raised; however, some blood donors viewed it as a slippery slope toward commodifying blood and plasma.

There were unique deterrents specific to each group. For non-donors, there were concerns about whether

TABLE 2 Self-reported deterrents to plasma donation by the study groups.

	Non-donors	Blood donors		Plasma donors
		Lapsed	Current	
All donor groups				
Convenience/Locations [distance, few centers, fit with lifestyle]	✓	✓	✓	✓
Cost of travel/Parking costs [low availability and cost]	✓	✓	✓	✓
Appointment scheduling [poor availability, too long to wait, not convenient times]	✓	✓	✓	✓
Health eligibility [ineligible due to illness, medication or physiology]	✓	✓	✓	✓
Perceived effects on Health [concerns of the ill effects that plasma donation may cause]	✓	✓	✓	✓[a]
Pain [concerns about how painful]	✓	✓	✓	✓[a]
Age [concerns of age eligibility]	✓	✓	✓	✓
Involvement of private companies [plasma/blood being sold and used for profit with external companies, ethicality of the plasma industry]	✓	✓	✓	✓
Incentives/compensation [need to incentivize plasma donors, as it is in other countries, and people are experiencing a cost-of-living crisis]	✓	✓[b]	✓	✓[b]
Non-donors, lapsed and current donors				
Lack of awareness [where, when, and who can donate and how]	✓	✓	✓	
Fear of needles	✓	✓	✓	
The procedure [what's involved and does it hurt]	✓	✓	✓	
Non-donors, lapsed donors and plasma donors				
Pressure to donate again [once the person has donated, they feel pressured to donate again]	✓	✓		✓
Non-donors, current donors and plasma donors				
Returning blood after plasma is extracted	✓		✓	✓
Non-donors and lapsed donors				
Previous ban on LGBTQ+ [unwilling to donate because of the previous ban on men who have sex with men]	✓	✓		
Infected blood inquiry [unwilling to donate because of the association of plasma with the infected blood scandal]	✓	✓		
NHS at breaking point/NHS Management [concern about how the NHS is managed and if it has a viable future]	✓	✓		
Non-donors and current donors				
Previous deferrals [being deferred before]	✓		✓	
Infection risk from donating [concerns about acquiring an infection from donating]	✓		✓	
Lapsed donors and plasma donors				
Bad experience as a donor		✓		✓
Comparison of plasma donation to blood donation		✓		✓
Unique specific deterrents				
Neurodiversity [can those with neurodiversity donate?]	✓			
Negative emotions	✓			
Cleanliness [concerns about unhygienic and unsterilized equipment]	✓			
Where plasma goes [who receives plasma?]		✓		
Incentives to change [what is the incentive to change from blood to plasma donation]			✓	
Deferral on the day (The "walk of shame") [embarrassment of being seen by other donors to be referred and having to walk past them]				✓
Cautious staff				✓

Note: Significant bold value represents main dividing heading and italics values are incaure base line.

[a]Experiences effects.

[b]Also believed incentives are immoral.

people with neurodiversity can donate, anticipated negative emotions and the cleanliness of the donor center. Lapsed donors were concerned about whether plasma goes to those most in need. Current donors did not see an incentive to change. Finally, plasma donors reported the "walk of shame" ("It's frustrating to have to walk out. It's almost like the walk of shame ...": Male, interview), and in their opinion, overly cautious staff.

Other deterrents varied across the groups and were neither unique to one group; these are described in detail in Supplementary File S3.

Illness following plasma donation: Figure 3 shows that of the 448 plasma donors, 11.8% reported feeling ill. Compared to those not reporting illness, they did not differ by age or sex but were significantly more likely to be from an ethnic minority.

Of the 53 who reported feeling ill (four Asian donors, two Black Donors, three Mixed-Ethnicity donors, and 42 White donors, with two missing), 52 provided free responses. These free responses were grouped into nine symptoms (96.15% agreement between the coders). These were divided between those that occurred in the center (73%), outside of the center (25%), and other (2%) (Supplementary File S4). Within the center, the majority were feeling faint or lightheaded, with many stating that this was their first donation, had experienced no problems since, and that these issues had been successfully managed in the center. The other issues were fatigue, pain, bruising, and an allergic reaction to the anticoagulant. Out-of-center reactions focused mainly on feeling faint, which was related to donor actions (e.g., running to catch public transport) or were managed by the donors (e.g., eating or drinking). Longer-lasting effects after donating in terms of "hangover" type symptoms, fatigue, weakness and restless legs.

4 | DISCUSSION

This study highlights two main findings. First, current plasma donors have a different profile of deferral concerns than whole blood and non-donors. Second, 11.8% of our plasma donor sample reported experiencing illness following donation, with some symptoms persisting beyond the donation center.

Some deterrents are common across all groups, with convenience, time, scheduling, and parking being key, as well as distrust of the plasma industry and a call for compensation. Addressing concerns about the ethics and morality of the plasma industry is necessary and needs clear clarification for services operating in a non-reimbursed system. Views on financial incentives are split: some participants support them, while others see them as a slippery slope. However, self-sufficiency is only observed in countries where plasma donors are paid.[35] This suggests that some form of incentive is likely needed for countries to achieve plasma self-sufficiency, but they

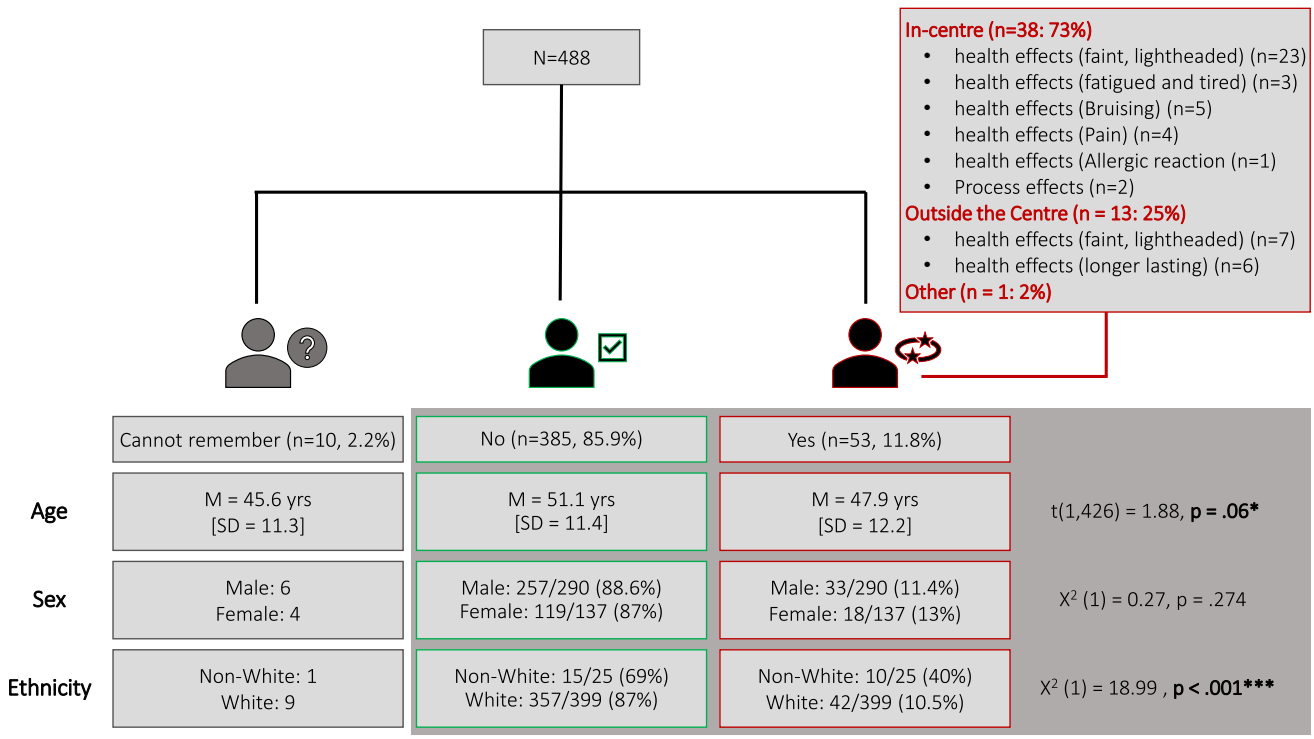

FIGURE 3 Reported illness and health effects of plasma donation.

must be designed in a way that is sustainable and financially compatible within a volunteer system.

There are also unique concerns. Non-donors are concerned about eligibility for neurodiverse people. Linked to this, previous MSM deferral policies are raised as a deterrent by non- and lapsed-donors, along with the legacy of the infected blood scandal in England and concerns about the sustainability of the NHS.[13–15] Ineligibility was linked to what plasma donors referred to as the "walk of shame," highlighting the visibility and embarrassment associated with being deferred. The shame and embarrassment arising from being observed leaving by the other donors indicate clearly that the social context of the donation matters. This is consistent with theories of stigma and identity threat.[36,37] Goffman's stigma theory[36] describes how an individual experiences a "spoiled identity" when publicly marked as unfit for participation, which can[37] lead to withdrawal behaviors.[37] Research indicates that even minor public social evaluation leads to avoidance of similar future situations in the future.[38–42] A second concern is the self-report health effects of plasma donation. These effects are primarily concerned with how donors felt in-center and were managed in the center by the staff. Donors also reported their decision-making and reasoning based on these experiences to manage future donations to minimize fainting. This indicates how motivated plasma donors are to continue donating, and that feeling faint does not always deter donation, but can be an opportunity for personal growth. A few donors reported ill effects after leaving the center, but most were generally mild (faint, exhausted, run-down) and manageable by the donor (e.g., drinking). Other longer-lasting effects included migraine and restless legs. More severe delayed reactions can reduce rates of return[22] and be hazardous not only to the donors but also to others.[23,24] Donors also reported feeling restless legs, which may be due to reduced calcium levels resulting from the use of the anticoagulant.[43]

Limitations, future research, and policy: All data in this study rely on self-reports, which may lead to under- or over-reporting due to inaccuracies in recall[44] or social desirability.[45] Future studies should consider corroborating self-reported experiences with objective clinical data. The quantitative list of deterrents may be regarded as limited; however, it was compiled from those most relevant in the existing literature and discussions with NHSBT staff. Furthermore, this was complemented by extensive qualitative data. Being asked to report ill health may have led to potential over-reporting, reporting inconsequential or misattributed symptoms.[10] However, the donor's experience and reporting still form part of their memories of the donation, which are likely to impact their future donations.[41,42]

In terms of influencing plasma donor recruitment, raising awareness among non- and lapsed blood donors would be beneficial. This could be achieved by increasing the number of centers, compensating for travel, and allaying concerns about past scandals, perceived injustices, and links to the plasma industry. Finding ways to incentivize current blood donors to convert to plasma is essential but requires further research. For plasma donor retention, increasing the number of centers and compensating for travel are also key, as is improved appointment scheduling and managing emotions in the center when the donor is deferred. These emotions need to be better understood in the context of whole blood and plasma donation.[40–42] This could be addressed by (i) considering the design of the donor center to allow donors to leave discreetly, (ii) ensuring greater pre-donation checks (e.g., donors sending a picture to assess vein quality),[46,47] and (iii) normalizing emotional reactions through communications, indicating this is a normal part of the donation experience.[48] These communications could be from staff to indicate that it is normal to feel nervous or disappointed during the donation process.

AUTHOR CONTRIBUTIONS

All authors contributed to the conceptualization and design of the study. Tiffany Jones and Tamara Edwards contributed expertise in donor recruitment and retention. Roshan Desai and Richard Mills ran the study and analyzed the data. Roshan Desai conducted the interviews. Eamonn Ferguson and Barbara Masser are the leads the behavioral science theme of the BTRU in Donor Health and Behaviour. All authors contributed to drafting and revising the manuscript and approved the final version for submission.

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CONFLICT OF INTEREST STATEMENT

The authors have disclosed no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The School of Psychology Ethics Committee (F1524, 10/04/2023) at the University of Nottingham approved this study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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